

2003-2004 ANNUAL REPORT



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16th annual report for the year ended 30 June 2004
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June 2004

Hon Morris Iemma, MP
Minister for Health
Parliament of NSW
Macquarie Street
SYDNEY NSW 2000

Dear Minister

We have pleasure in submitting the Western Sydney Area Health Service 2003/2004 annual report including statements for the financial year ended 30 June 2004 as certified by the Auditor-General of NSW.

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



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

Establishment

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

Our Goal

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

Our Purposes

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

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

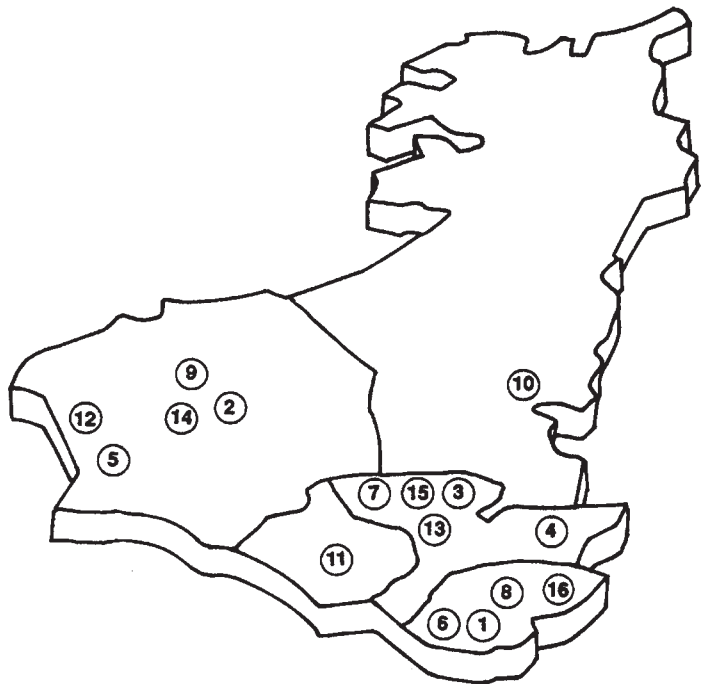
Our Values

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

- The service is committed to the pursuit of excellence in health care delivery and health advancement, efficient resource management and promotion of research and teaching.
- The service exists to serve the community through health advancement and the provision of accessible quality health care.
- The service's staff are its greatest asset. The development of staff skills throughout the organisation, increased opportunities for staff involvement in decision making, the maintenance of a safe working environment and fair rewards for effort are essential for the achievement of the service's goals.

WSAHS consists of the following facilities:

- 1 Auburn Hospital
- 2 Blacktown Hospital
- 3 Cumberland Hospital
- 4 Lottie Stewart Hospital*
- 5 Mt Druitt Hospital
- 6 St Joseph's Hospital*
- 7 Westmead Hospital/Institute of Clinical Pathology and Medical Research (ICPMR)
- 8 Auburn Community Health Centre
- 9 Blacktown Community Health Centre
- 10 The Hills Community Health Centre
- 11 Merrylands Community Health Centre
- 12 Mt Druitt Community Health Centre
- 13 Parramatta Community Health Centre
- 14 Doonside Primary Health Care Centre
- 15 Parramatta Linen Service (PLS)
- 16 Division of Analytical Laboratories (DAL)



* Affiliated Health Organisations as defined in the Health Services Act 1997

Our Community

Western Sydney is one of the major growth areas in NSW, with new housing developments underway and more planned, as well as ongoing urban consolidation. These developments are contributing to projected population increases. Based on projections from the 2001 Census the Western Sydney Area Health Service had an estimated resident population (ERP) of 729,942 in 2003, a 17 per cent increase in the ten years from 1993.

Partly as a response to the increasing population, urban development and consolidation policies are changing the pattern of development in Sydney, as in most large cities. The so-called inner and middle-ring suburbs comprising much of Western Sydney accommodate an increasing share of this population and housing growth. This represents a key public health challenge in the new millennium due to the significant potential negative impacts from the nature and scale of the changes required of large-scale urban consolidation. These changes include a loss of amenities, impacts on physical and mental health, and pressures on urban infrastructure.

The Blacktown population is the largest of the five LGAs in Western Sydney and will remain so. The major growth areas in the decade from 2001-2011, however are projected to be Baulkham Hills (26% increase in population) and Auburn (23% increase).

In the last 5 years, while the total population of WSAHS has increased by 8.9% (n=55,558), the NESB population has increased by 44% (n=71,633). The number of people speaking languages other than English at home has increased by 52% (n=91,635), and the number of people that speak poor/no English has increased by 10.9% (n=4,034).

WSAHS has experienced an increase in the number of new arrivals to all local government areas (LGA's). From 7/8/99-15/6/2002 a total of 12,157 permanent arrivals settled in WSAHS. Of this number, 2,771 were refugees or humanitarian entrants, 4,623 were in the Family Migration category and 4,751 were business migrants. The largest recently arrived birthplace groups are from India, Philippines, China, Lebanon, Sri Lanka and Iraq. WSAHS has on-arrival accommodation sites for humanitarian entrants in Auburn, Blacktown and Parramatta.

Demographic and Socioeconomic Characteristics

AGE STRUCTURE

The population of Western Sydney Health is relatively young compared to the rest of NSW, especially in Blacktown. The number of children aged 0-14 years will decrease slightly from 2001 to 2011 in Blacktown, but the LGA will be home to 40 per cent of children resident in Western Sydney in 2011. Increases are expected in the 0-14 and 15-44 age groups.

CULTURAL DIVERSITY

Western Sydney has a high level of cultural diversity. The 2001 Census recorded that 233,601 or 34.5 per cent of residents were born overseas. Auburn LGA had the highest proportion (56.7 per cent) and Baulkham Hills LGA the lowest (28.9 per cent).

THE INDIGENOUS COMMUNITY

At the 2001 Census, the number of indigenous people had increased to 8,756 or 1.3 per cent of the WSAHS population. 58 per cent of the population are aged less than 25 years and 69.6 per cent live in Blacktown.

SOCIOECONOMIC DISADVANTAGE

The Australian Bureau of Statistics (ABS) index ranks the Auburn LGA in the lowest 25 per cent of LGAs nationally. A number of suburbs in the Blacktown LGA are ranked lower still.

Community Liaison and Ministerial Access

Western Sydney Health is committed to providing timely and thorough handling of enquiries and complaints - which includes action taken to resolve issues expeditiously.

During the year staff processed 323 ministerial letters, 180 ministerial briefing requests and 29 items for the Parliamentary Folder. Twenty nine requests for information were received from the Health Care Complaints Commission.

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

Highlights

WORLD'S BEST PRACTICE treatment for heart attack with the opening of the cardiac catheterisation laboratory at Westmead Hospital.

THE FIRST private practice in specialist dentistry operating in a public setting in NSW opened at the Westmead Centre for Oral Health.

INAUGURAL Area-wide staff quality awards took place in July. The Leading Edge Awards attracted up to 80 entries demonstrating quality, better service and innovation in health.

A COLLABORATIVE project between ICPMR Pathology Collection and the Medical Oncology Unit of WSAHS for "Implementation of a Home Collection Service for Medical Oncology Patients in WSAHS" won a Leading Edge award in the *Improving Access* category.

ENERGY CONSERVATION was a big winner with 80 per cent of phase one of the Energy Performance Contract (EPC) completed resulting in savings of over \$850,000 during 2003/04 in water, electricity and gas.

TELEVISION series Medical Rookies on Channel 7 observed the day-to-day lives of junior doctors and nurses at Westmead Hospital. The program achieved an average of 1.1 million viewers per episode.

FIRST locally designed Information System for Oral Health (ISOH) was successfully implemented as a joint venture with Queensland Health. It is the first product in NSW to be selected by another state and is now available to all public dental clinics in NSW and QLD.

AUBURN Hospital is now the home of the Institute for Diversity in Health Care, aimed at breaking new ground in multicultural health.

A STATEWIDE solution to patient management into Blacktown, Mt Druitt, Auburn and St Joseph's Hospitals through the implementation of the Patient Information and Management System (PIMS) which has resulted in a single linked patient management system that supports high quality patient care.

ONE OF THE HIGHEST Numerical Profile scores (90.1 per cent) in the AHS achieved by ICPMR - this included assessment of the ICPMR laboratories at Mt Druitt, Blacktown, Auburn and Westmead.

ORAL Health Services have led the way in supplying dental officers on rotation to rural and remote areas across NSW. The program provides dental officers to public clinics and Aboriginal Medical Services on the north and south coast.

ICPMR entered into an agreement to provide Workplace Drug Testing Service to NSW Corrective Services July 2004.

A NSW FIRST for mental health with the appointment of a mental health Nurse Practitioner, who is providing excellent service to people attending the Auburn and Westmead emergency departments.

THE PREMIER announced funding of \$1.6 million for the relocation of the Transitional Living Unit at the Brain Injury Rehabilitation Service, which will make it the largest brain injury service in the State.

LEADING the way in networking cancer services in western Sydney, WSAHS currently has linkages with Nepean Cancer Care Centre, enabling access to cross-site clinical appointments, funding for new initiatives and services.

ESTABLISHMENT of the WAtCHER (Women's and Children's Event Reporting) system. This quality system combines an electronic on-line incident reporting and corrective action monitoring function with a network of linked groups to investigate, review and implement system improvements in response to all incidents.

ICPMR was awarded the contract for the provision of pathology services to Broken Hill Hospital in December 2003.

NEW Sydney Cellular Therapies Laboratory opened. The \$600,000 Sydney Cellular Therapies

Laboratory, located at Westmead Hospital, is the state's first specialist lab for processing blood and bone marrow stem cells used in bone marrow transplants and pancreatic islet cells.

Launch of the ICPMR Public Health Newsletter in September 2004. This newsletter is produced by the Public Health laboratories of CIDMLS and the Analytical Laboratories at Lidcombe.

DEVELOPMENT of Early Pregnancy Assessment Clinics. These clinics provide streamlined and fast care to women having a threatened miscarriage without extensive waits in emergency departments.

A PREMIER'S commendation to the WSAHS Transport Department for its overall performance, including acknowledgement for best practice.

SUCCESSFUL implementation of the Statewide Infant Screening Hearing Program (SWISH). The team was successful in achieving an outstanding 99.6 percent coverage across western Sydney.

OPENING of the Westmead Breast Centre by the Minister for Cancer, Frank Sartor, incorporating the NSW Breast Cancer Institute. This will provide a one-stop service for women seeking treatment for the disease.

A NEW Endoscopy Unit and Day Surgery Perioperative Unit was opened at Westmead Hospital complementing the new Ambulatory Centre.

ANTENATAL Outreach Service established to improve access to services to pregnant women in the Mt Druitt area, especially those from Aboriginal and Torres Strait Islander background.

NEW PURPOSE-BUILT headquarters for the NSW newborn and paediatric Emergency Transport Service (NETS) officially opened by the Minister for Health, Morris Iemma.

ICPMR/DAL received the NSW Premiers Silver Award in November 2003 for a collaborative project with NSW Health Water Unit on the "Rural Drinking Water Monitoring Program".

Corporate Plan 2003-2007

OUR VALUES

Excellence	Learning,	Ethical,	Collaboration
Equity	Research &	Honest &	and Teamwork
Respect	Innovation	Open Practice	Responsiveness

OUR VISION

We are a quality health care organisation that embraces learning and innovation to achieve better health for the people we serve

OUR PURPOSE

Improving the health of our community through excellence in health care

STRATEGIC THEMES

- | | | | | |
|--|---|---|--|--|
| 1. Preventing disease and promoting health | 2. Prioritising resource utilisation to meet the needs of the community | 3. Providing high quality, effective and efficient services | 4. Providing a service that is accountable and value for money | 5. Supporting our skilled and valued workforce |
|--|---|---|--|--|

OBJECTIVES

- | | | | | |
|---|--|--|---|---|
| 1.1 Developing strategic partnerships to promote healthy physical and social environments | 2.1 Achieving fair access to health services for our residents | 3.1 Enhancing our clinical management structure | 4.1 Optimising the use of resources | 5.1 Ensuring the delivery of services by skilled, caring and motivated staff |
| 1.2 Using information on health status and need to inform service development | 2.2 Distributing health resources to meet needs between and within clinical streams and across the Area | 3.2 Developing a quality health care system underpinned by evidence based practice | 4.2 Managing assets effectively | 5.2 Supporting staff in achieving excellence |
| 1.3 Providing disease prevention and early intervention services | 2.3 Reducing waiting times for health services | 3.3 Providing infrastructure to enable improved health care and outcomes | 4.3 Meeting activity targets within budget | 5.3 Developing management and leadership capability throughout the organisation |
| 1.4 Encouraging strategic research and applying its outcomes | 2.4 Giving priority to improving the health of groups with poor health status | 3.4 Implementing an effective community consultation and participation program | 4.4 Providing excellent regional and Statewide services | 5.4 Excelling in staff safety |
| 1.5 Developing effective care management systems for chronic and acute conditions | 2.5 Focussing on access to services and health outcomes for Aboriginal and Torres Strait Islander people | 3.5 Communicating effectively with patients, families and their carers | 4.5 Improving capacity by increasing revenue | 5.5 Supporting staff to recognise and respond to cultural and linguistic needs of our diverse community |
| 1.6 Focussing on children, young people and families to improve long-term health outcomes | | 3.6 Providing services, that are clinically and culturally appropriate to the needs of the individuals and the community | 4.6 Embracing change and innovation to promote efficiency and effectiveness | 5.6 Developing a workforce to meet the challenges of the future |
| | | 3.7 Promoting a culture of service and partnership with patients and carers | 4.7 Excelling in organisational communication and information management | 5.7 Adopting best practice and innovation in recruitment, retention and career pathways |
| | | 3.8 Working in partnership with general practitioners and other agencies and service providers | | 5.8 Enhancing our activity in teaching, training, research and innovation |
| | | | | 5.9 Providing comprehensive teaching training and staff development programs |

Quality Initiatives

2003/4 was a year of planning and consolidation for the newly created directorate of Clinical Systems and Quality. The directorate, under the leadership of Dr Michael Smith, completed its first annual business and also participated in the Quality dimensions of the Area Strategic Plan.

HIGHLIGHTS

- September 2003, launch of the Safety Improvement Program (SIP). Since then, WSAHS has commenced a formal process of Root Cause Analysis (RCA) to address serious clinical incidents. The intent of an RCA is to promote systems improvement through detailed analysis of an incident and its root causes. In 2003/4, 25 new RCAs were commenced.
- Introduction of an Area web based patient incident reporting system. Originally developed in Women's and Children's Health, the system, known as WAtCHER, was redeveloped for general application and rolled out to the whole Area Health Service commencing April 2004.
- Over the past year, both the Acute Medical, and the Procedural Services Clinical Management Unit have undertaken an ACHS survey and both have been successful in receiving accreditation.
- In order to better recognise excellence in local quality improvement projects, WSASH launched the inaugural "Leading Edge Awards".
- Staff were sponsored to undertake Clinical Practice Improvement Training, resulting in projects relating to improving patient flow in ED, reducing nosocomial infection in ICU and improving patient throughput in rehabilitation.
- Over the year WSAHS has participated in three of the statewide collaborative improvement programs under the guidance of the Institute for Clinical Excellence: the Blood Transfusion Improvement Collaborative, the Patient Flow Collaborative and the Chronic Care Collaborative.
- In June 2004, in line with the NSW Health Patient Safety and Clinical Quality initiatives, the directorate was renamed the Clinical Governance and Patient Safety Unit with Dr Andrew Baker appointed as acting director.

NSW Health has foreshadowed significant investment in clinical governance functions and the challenge for the future will to co-ordinate and integrate these functions within WSAHS while managing the growth and development of the unit in the new Area Health Service.

Research Projects

Westmead Millennium Institute

Tolerance and apoptosis.

Screening pregnant women to prevent group B streptococcal sepsis.

Hepatic fibrogenesis in nonalcoholic steatohepatitis.

Atrial dynamics and function; its contribution to cardiac output in health and disease.

Birthweight and metabolic syndrome in twins study.

CJ Martin Fellowship.

Microwave and laser energies for percutaneous cardiac ablation for the cure of arrhythmias.

Snoring: cause of vascular disease.

Molecular and cellular pathogenesis of nonalcoholic steatohepatitis: Insight from human studies.

Birthweight and the metabolic syndrome.

Clinical outcomes and metabolic effects of insulin therapy following acute myocardial infarction.

National Centre in HIV Research.

Effector and regulatory interstitial inflammatory cells in chronic proteinuric renal disease.

Non immunological barriers to successful treatment of diabetes by xenotransplantation.

The role and function of Macrophages in cellular xenograft rejection.

Development of a rapid, sensitive and cost-effective technology for the diagnosis of SARS virus using rolling circle amplification.

Rheumatology research.

Mental Health Research Institute.

Integration of multimodality registration software.

Airway ion transport in asthma.

Anorexia nervosa research.

The role of lipids in the inflammatory response of neutrophils.

Evaluation of treatments for heart arrhythmias.

A preclinical model of pig islet xenotransplantation as treatment for Type 1 diabetes.

Cardiac impulse propagation.

A randomised study of insulin/dextrose infusion for myocardial infarction in patients with diabetes.

Improve outcomes in chronic liver disease.

Epithelial ion transport defects in CF.

Investigation of positional candidate genes in susceptibility to multiple sclerosis.

Spatiotemporal variability in human cardiac arrhythmias.

Regulation of Cytochrome P450 3A genes by bile acids in humans and a humanised transgenic mouse model.

Centre for Clinical Research Excellence in Renal Medicine.

Regulators of growth as therapeutic drug-targets in chronic kidney disease.

Localisation of genes for multiple sclerosis in the HLA region.

A controlled trial of an opportunistic intervention to reduce suicide risk among alcohol and other substance misusers.

Determination of diagnostic molecular profiles for intraduct lesions of the breast.

Activated dendritic cell monoclonal antibodies as therapeutics to prevent graft versus host disease.

Detection characterisation and transmissibility of recombinant HIV-1.

Evaluation of the Wisconsin Card sorting test and Category test.

Heart Foundation Postgraduate Scholarship.

Diabetes research.

Detection of susceptibility genes for multiple sclerosis.

The testing of anti-HIV antibody for viral variation.

Molecular genetics study of childhood asthma and atopy.

The effects of Risperdal on emotional wellbeing and clinical outcome in Schizophrenia.
Clancey/Donald Memorial Fellowship.
The vascular consequences of snoring and obstructive sleep apnoea.

Development of Attendant Carer Support and Training Network.
Production of HLA-DR2 protein to study the molecular basis of multiple sclerosis.
Upper airway extraluminal tissue pressure in rabbits.
Leukaemia research.
Determination of diagnostic molecular profiles for intraduct lesions of the breast.
Objective study in rheumatoid arthritis (OSRA).
Haplotype analysis of candidate genes from a region on the 19q13 of the human genome newly identified as highly associated with MS.

The optic disc twin study.
Cancer linkage research study.
Role of Rel/NF-kB in mediating cyclin D1 and tubular epithelial cell proliferation.
IIAR Scholarship.
The role of fibrocytes in burn wound healing.
PCO diabetes research.
Postgraduate Scholarship.
Generation of immune anti-leukaemia effect using gene transfer to human leukaemia cells.
Mechanisms of neural cooperation underlying brain function: A computational and experimental study with application to schizophrenia and epilepsy.
A survey of CT protocols for paediatric patients in Australia.
Centre for Infectious Diseases and Microbiology (CIDM) public health.
T cell activation, gene variation and immune disease.
Nursing research and development.

The mechanisms of neointima formation following synthetic vascular grafting.
Invivo Beta Lactam resistance.
Millennium Foundation Grants Initiating and Stipend Enhancement Grants.
Glaucoma Research Unit.
The mechanisms of neointima formation following synthetic vascular grafting.
Skin and Cancer Foundation Scholarship.
Cognitive Remediation.
Diversity Health Institute - Research, Education and Training Centre.

Testing of neutralising antibodies.
Identification of genetic susceptibility to multiple sclerosis through the study of differential gene expression (microarray analysis) of CFS cells.
Cognitive remediation.
Enhancing Treatment Effectiveness in Acute Stress Disorder
Imaging supra- versus sub-threshold perception: Towards a neural “signature” of conscious experience.
Kconfab.
Skin and Cancer Foundation Scholarship.
Neurobiological predictors of Huntington’s Disease.
Chinese health survey.
Evaluating markers of dysautonomia and noradrenaline related cardiac damage following severe traumatic brain injury.
Pilot study in preparation for a major proposal to the US National Institutes of Health for the Pulse Oximeter Saturation Trial for prevention of Retinopathy of Prematurity (POST-ROP).
Analysis of retinal signs in the Funagata population-based study.
Investigating mechanisms of recovery following acute traumatic brain injury: The role of sex hormones.
Dendritic cell defensin in Type 1 interferon responses in HIV.
Vision and hearing testing for Aged Care Assessment Team clients.

Institute of Clinical Pathology and Medical Research

Department of Haematology

Assuring ongoing quality in the laboratory diagnosis of von Willebrand Disorder.
Quality Assurance in the Diagnostic Haemostasis Laboratory:
Assuring the quality of diagnostic testing in the laboratory investigation of haemostasis and thrombosis.
Working Party on von Willebrand Factor Assays in von Willebrand Disease Diagnosis.
A cross-over, multi-centre study to compare the pharmacokinetics of two factor concentrates (Biostat® and AHF (High Purity)) in people with von Willebrand disorder.
Protein Z Levels in Renal Failure.

Human Diversity Institute and Laboratory Endocrinology, ICPMR cooperative projects.

Thiopurine Methyltransferase (TPMT) Activity and its genotype.
Development of a screening panel of the main CYP (Cytochrome P450) genes for the pharmacogenetics and other clinical studies by using dHPLC methodology.

Department of Forensic Medicine

An investigation of methods to determine the age of bruises.
Dept of Medical Entomology, Centre for Infectious Diseases and Microbiology (CIDM), Westmead Hospital
Investigating the ecology of the freshwater wetland mosquito *Coquillettidia linealis*, a vector of Ross River virus.
Development and use of ‘sterile’ maggots for wound debridement and healing therapy.

Calibration of SSC/ISTH Coagulation Standards.
Development of consensus guidelines on anti-cardiolipin antibody testing and reporting.
A Post-Marketing Surveillance Study to assess the Safety and Efficacy of Biostat® as Factor VIII Replacement Therapy For Haemophilia A.
Safety and efficacy of Biostat® in Patients with von Willebrand disorder (VWD).
A multi-centre evaluation of the intra-assay and inter-assay variation of commercial and in-house anti-cardiolipin antibody assays.

Detection of Mutations causing Familial Hypercholesterolaemia.

Investigations into the resurgence in bed bugs in Australia towards their management and control.
Investigations into mosquito production from constructed wetlands created for waste- and storm-water treatment and/or storage.

Chief Executive Officer/Administrators Report

I am happy to report that during the year 2003/04 Western Sydney Area Health Service continued to deliver on its corporate and clinical objectives of achieving health service delivery to the communities of Western Sydney and beyond.

It's now been just over 2 years since I was appointed as Chief Executive Officer and during that time the main stay of my focus has been to establish our organisational structure of clinical streaming/networking. I am often asked - at various meetings both within Western Sydney and outside - what is the purpose of clinical streaming? The key objective of "tipping the organisation on its side" is to ensure that our knowledge, skills and resources flow to where the patients intersect with the facility. In previous structures we often found that innovation was stifled because of artificial structures and often bureaucracy that impeded the rapid implementation of well accepted clinical practice.

In the last 2 years I have seen tremendous innovation driven by our clinical directors to continue to achieve not only state's best practice but also national and international best practice. Some of the examples of the tremendous work that we are doing in the areas of Mental Health, Cardiac Services, Renal Services and Women and Children's Health - it is difficult to single out any particular domain, but all of our domains have been extremely active.

I have also been strongly encouraged by our expansion into new areas, or consolidation of existing areas, that particularly address those people at special disadvantage. Our work in Aboriginal Health continues apace and the establishment of the Diversity Health Institute has also strengthened our relationships with those communities that may have difficulty accessing health services. The common theme amongst many of these groups that have a population health focus is that of partnership. Partnerships have been established at all levels of government, with non government organisation groups with community interest groups, local government as well as a range of other advocacy groups. Working in partnership to deliver health care will be a constant theme for health services into the future. The "clinical enterprise" is ably and strongly supported by our corporate teams. These teams provide a solid foundation for the effective and efficient resourcing and implementation to achieve clinical services delivery. Whether it is in the area of corporate services, supply, food, linen, or biomedical engineering our clinical services could not be delivered in a manner that we understand it today

without these key players.

I would especially like to mention our finance and budget teams that keep the machinery of the organisation ticking over. These dedicated staff continue to achieve phenomenal financial performance that the Area can be tremendously proud of - they have done this consistently over an 18 year period. Special thanks must go to Bernard Deady and Theraviam Balakrishnadas and all the other members of the finance and revenue teams.

I would also like to mention the efforts of the Information Technology Department. This group has set a state benchmark on performance and innovation and continues to deliver on strategies that are ahead of their time. This year saw the completion of the roll out of the Patient Administration System (PiMS) and the introduction of new point of care clinical systems (PoCCS).

I have strongly encouraged many of our groups to think beyond the boundaries of Western Sydney Area Health Service. Many of our clinical and corporate groups including Pathology, Imaging, ITD, and Oral Health now provide clinical and corporate services beyond those boundaries. These services have been provided as a way of supporting others who do not have the necessary capability or capacity to be able to deliver these services locally. I strongly believe that in this new era we are about to embark upon with the consolidation of Area Health Services, this model of deploying knowledge and skills will be a way that we will conduct ourselves into the future.

In the last few months the Minister has announced changes to the existing Area Health Services structure and as I write this we are in a process of transition. We have had a remarkable period of stable structures in New South Wales that has allowed the introduction of major organisational reform. The future will entail further advancements of the way we deliver our work to ensure patient safety, high quality clinical care and sustainable access for both emergency and elective patients.

Finally, I would like to thank the members of my executive team, the clinical stream directors, our corporate directors and the Board of Western Sydney Area Health Services that has been ably led by Professor Peter Castaldi.

Steven Boyages

Chairman's Report

Since the 2003 Independent Pricing and Regulatory Tribunal (IPART) report was released it has been clear that a major reorganisation of the NSW health service was imminent.

As a result of the reforms to the health service announced on 27 July 2004 by the NSW Premier and Minister for Health, this will be the last annual report from the Board of the Western Sydney Area Health Service (WSAHS) and the last opportunity for me, as Chairman, to comment.⁽¹⁾

It has been a privilege and a great opportunity to have been a Board member since 1990, Chairman since 1996 and a participant in a process initiated by Alan McCarroll as the then Chief Executive Office (CEO) to evaluate our area health services. Alan laid the groundwork and initiated the essential building blocks – the Area Clinical/Dental appointment process and the Area Clinical Staff Council and set up the managerial realignments that were necessary to make the whole process plausible. We were fortunate that his successor Steven Boyages took up the challenge and implemented a new perspective on all the original plans. Steven has brought vigor and an innovative approach to the position of CEO and has carried out a demanding programme of community and staff consultation.

Board members have been selfless and committed in their duties in finance, audit, quality, appointments, ethics and planning. They have been leaders and wise counsellors and have come to be known and appreciated by many people, as well as the executives with whom they worked. I owe them a particular debt of gratitude and know they will continue as contributors to improving the health system from which the community will benefit.

Our finances have been ably managed in the face of challenges, from service provision to the WIN development program. Our bottom line was achieved in spite of these challenges. It should be possible in the new working environment to achieve economies of scale, enhance collaboration and to profit from the enlarged pool of talented people now working in Western Sydney.

There are also challenges in public health and disease prevention, in the engagement of the Aboriginal community, in equitable access to all specialist and community services and in the mix of general practice, emergency and the private sector. All of these elements are susceptible to improvements and the tools are available for this to be achieved. Enlightened leadership, co-operative specialists and appropriate funding should ensure continued progress and maintenance of a balanced and productive health system.

Research has and will continue to flourish. This year has been outstanding in attracting major National Health and Medical Research Council (NHMRC) grants in a competitive environment. The Westmead Millennium Research Institute, the research centres and the research hub with The Children's Hospital have been wonderfully productive in publishing papers, conference participation, nurturing research students and participating in education. Research is the glue that holds the health services together. As long as we cherish the challenge of discovery and innovation, and the sharp test of peer acceptance, we will succeed and leave a mark on the future health system of which we can be proud.

Peter Castaldi

⁽¹⁾ The Planning Better Health reforms announced by the Minister for Health, the Hon Morris Iemma, MP on 27 July 2004 were aimed at addressing the challenge of rapidly increasing demand for health services in NSW and includes a state-wide restructure of health administration to direct more money to frontline services. To enable this, AHS boards were dissolved and Administrators were appointed to implement the new structure to upgrade and improve all aspects of clinical care and patient safety. Area Health Advisory Councils will also be established to strengthen clinical and community involvement in health decision-making.

Future corporate governance will be managed by a CEO and their management team. This will be accompanied by clear lines of accountability from the CEOs, the Director-General to the Minister.

Corporate Governance Statement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The board complies with the provisions of the Accounts and Audit Determination for Area Health Services.

Processes are in place to:

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

Western Sydney Health Senior Executive Service Profile

<i>Level</i>	<i>7</i>	<i>5</i>	<i>4</i>	<i>2</i>
2004	1	1	0	1
2003	1	0	1	1

One of these positions is occupied by a woman.

Performance Statement

NAME: A/Prof Steven Boyages
POSITION: Chief Executive Officer
SES: Level 7
PERIOD: Full year

STRATEGIC INITIATIVES

- Strategic Plan 2004-2007 was developed and promulgated across the organisation.
- Incident reporting and monitoring system (WATCHER) has been implemented across WSAHS, allowing the reporting and monitoring of patient incidents, as well as identifying areas for improvement.
- First Area wide staff Quality Awards took place in 2004.
- Antenatal outreach services have been set up at Mt Druitt Hospital to improve access to services to pregnant women in the local area particularly those from Aboriginal and Torres Strait Islander background.
- Work has commenced at St Joseph Hospital Psychiatry and neurosciences inpatient unit which will provide more private and safer services to older people with severe depression.
- A new Endoscopy Unit and Day Surgery Perioperative Unit was opened in Westmead Hospital complementing the new Ambulatory Centre.
- The headquarters for the NSW Newborn & Paediatric Emergency Transport Service (NETS) opened officially in 2004.
- A satellite renal dialysis service was established in Penrith through the Wentworth/Western Sydney Renal Network.
- Aged care service emergency teams (ASETs) have been established in Auburn, Blacktown, Mt Druitt and Westmead Hospitals to improve access for older people.
- A vascular ulcer clinic was implemented in Blacktown Hospital, resulting in better access to rehabilitation for patients within BMDH.
- Auburn Hospital is now home of the new Institute for Diversity in Health Care, aimed at breaking new ground in multicultural health.
- Roll out of PIMS (patient information management systems) has facilitated access of relevant clinical information across the entire organisation.
- Participation in the multidisciplinary Mt Druitt Community Solutions and Crime Prevention Strategy.
- New Sydney Cellular Therapies Laboratory - Westmead Research Hub opened in July 2004.
- A new cardiac catheterisation laboratory at Westmead Hospital opened in March 2004 to improve access to the latest in diagnosis and treatment for heart disease

MANAGEMENT ACCOUNTABILITIES

WSAHS finished the 2003/2004 FBT (Salary Packaging) year with a take up rate of 50.26% (5150 out of 10247 eligible staff) up from 34.91% the previous year and the Area's' share of the savings was \$8,750,000.00.

Patient Activity Targets exceeded by 1.6%. Budget Targets (Expenditure and Revenue) achieved. Creditors Targets achieved. Improvements in all Emergency Triage categories.

Training Initiatives

JUNIOR MEDICAL OFFICER EDUCATION

Only hospitals that have been accredited by the Post Graduate Medical Council of NSW (PMC) are able to employ interns and RMO1s. Auburn, Blacktown-Mt Druitt and Westmead Hospitals have received full PMC accreditation. Auburn was last accredited in November 2003, Blacktown-Mt Druitt in April 2004 and Westmead is due for accreditation again in April 2005.

All interns starting in WSAHS participate in a one-week orientation program before they commence working on the wards. This orientation program includes both OH&S topics as well as clinical management issues.

There are regular junior medical officer (JMO) tutorial sessions run at each of the hospitals. The topics are specifically chosen and aimed at PGY 1 and PGY 2 and the tutorial time is considered protected time. Further, "Breaking Bad News" workshops are run each year for the interns. Attendance to these is mandatory and the interns are covered on the ward while they attend these sessions. There are a wide range of educational opportunities for the JMOs at all the hospitals to which they rotate. Airways management sessions are organised for them, they are encouraged to attend Medical and Surgical Grand rounds and participate in departmental meetings.

There is a comprehensive Basic Physician training program that is integrated across Westmead and Blacktown/Mt Druitt campus. Also a comprehensive surgical training program for surgical trainees. Each specialty has its own comprehensive training program for its trainees.

Board Profiles

A/PROFESSOR STEVEN BOYAGES, PhD DDU MB BS FRACP FAFPHM

Steven Boyages is the Chief Executive Officer of Western Sydney Area Health Service. He was formerly the Director of Clinical Operations in Western Sydney Health and previously headed up the Centre for Research and Clinical Policy in NSW Health. Steve is a leading clinician in the field of diabetes and endocrinology. He was the head of the Department of Diabetes and Endocrinology at Westmead Hospital from 1991 to 2001. His interests include biotechnology, the development of research infrastructure, medical training and education, chronic and complex health care strategies and quality management initiatives. Appointed March 2002. Committees: Finance, Audit, Planning, CQC. Meetings 11, attendance 10.

PROFESSOR EMERITUS PETER CASTALDI, AO MD DU Paris (Hon) FRACP

Peter Castaldi was appointed Professor of Medicine and Director of the Department of Medicine at the new Westmead Hospital in 1978. He retired from his academic position in 1995 and has since been active in private practice as a clinical haematologist. He was Acting Associate Dean of the Western Clinical School of the University of Sydney 1997-98. He had previous experience in Melbourne at the Austin Hospital and University of Melbourne, and has long-standing contacts with the University of Paris. He has special interest in education and medical research and has been one of the driving forces over the years in the development of a strong research base in the clinical school. He has been a visiting specialist at Blacktown-Mt Druitt Health and has encouraged the development of a strong clinical base and of teaching medical undergraduates in this environment.

As board chairperson, Peter is particularly interested in the development of clinical streams and is keen to encourage the convergence of clinical research and teaching with the practice aspects of the service delivery. Appointed 1 August 1990, appointed chair 18 November 1996. Committees: Audit, Finance, MDAAC (chair), Planning, Research. Meetings 11, attendance 11.

VERNON DALTON, AM BA

Vernon Dalton has been an active member of the board of Western Sydney Area Health Service since 1994. He is also a member of the board of Wentworth Area Health Service and deputy chair of the Greater Western Sydney, Southern and Northern Health Services groups since June 2002. He is the Area's representative on the board of the NSW Health Service Association.

Vernon had a distinguished career in the human service fields of the NSW Public Service, and in voluntary community service. He retired in 1992 after five years as chairman of the NSW Corrective Services Commission, followed by five years as Director-General of the NSW Department of Community Services and chairman of the board of the NSW Home Care Service. He conducts a management consultancy and disputes resolution service. As a local resident with previous experience as a member of the board of Prospect Area Health Service, he has specialised and relevant management experience. Through his knowledge of the workings of government, Vernon continues to make a valuable contribution to the board through his skills, commitment and involvement. He has a particular interest in community health. Appointed 1 August 1994. Committees: Charitable Trust (chair), Planning (chair), MDAAC (alternate chair). Meetings 11, attendance 11.

HON PAUL ELLIOTT, BA MLitt

Paul Elliott is a Westmead resident who has been involved in community activities in the Parramatta district for over 25 years. He has served as an Alderman, as Mayor of Parramatta and as a member of the Australian Parliament for Parramatta from 1990-1996. Paul was a board member of the Greater Western Sydney Chamber of Commerce and Parramatta Riverside Theatres, and is a member of a local advisory committee supporting an employment project for people with disabilities. He has initiated many activities to upgrade community facilities in the region. Integral to his community service is a long-standing interest and involvement in health issues in Western Sydney. Paul works in the financial and technology industries. First appointed 18 November 1996. Meetings 11, attendance 8.

PROFESSOR STEPHEN LEEDER, BSc (Med) MB BS PhD FRACP FFPHM FAFPHM

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

ROSANNA MARTINELLO, BCom GDipAppFin ASCPA CFTP

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

MICHELLE ROWLAND, BA (Hons) LLB

Michelle Rowland is a solicitor in the Competition and Regulation group at the Sydney law firm Gilbert and Tobin. Her main areas of practice are telecommunications law and utilities regulation, with a growing focus on regulatory issues in health. She has lived in Blacktown all her life, and has special interest in the expansion and enhancement of community health services for growing regions such as North-West Sector. She is involved in a variety of broad-based community initiatives in her local area. Michelle has worked in Corporate Affairs and Communications at NRMA Ltd and as an advisor to a federal member of Parliament. She attained her Bachelor of Arts (Hons) and Bachelor of Law at Sydney University and is completing her Master of Law at the same institution, focusing on competition and regulation. She is particularly interested in the privacy implications of personal information in technology and health, and the imperatives of health policies to meet the demands of population growth. Appointed 1 August 2000. Meetings 11, attendance 5.

PROF GRAEME STEWART, AM BSc(Med) MB BS PhD FRACP FRCPA

Graeme Stewart was appointed as founding Head of Immunology at Westmead Hospital in 1980. He is also the inaugural director of the Institute for Immunology & Allergy Research, one of the four founding research groups of the Westmead Millennium Institute. Graeme was the inaugural president of the Australasian Society for HIV Medicine and has played a role at national and international levels in HIV policy, medical education and research. His research group focuses on the genetics of auto-immune diseases, particularly multiple sclerosis, HIV and allergies. He is a past chairman of the Westmead Medical Staff Council, the Western Sydney Area Medical Staff Executive Council, is currently co-chair of the NSW Medical Staff Executive Council and a member of the executive committee of the National Public Hospitals Clinicians' Taskforce. He is a member of the NSW Ministerial Clinical Council and deputy chair of the Greater Metropolitan Transition Taskforce. He has a strong interest in clinical leadership and clinician involvement in governance of health. Appointed 7 August 2002. Committee: Ethics (chair). Meetings 10, attendance 9.

JAN TWEEDIE, RN

Jan Tweedie is the staff-elected member of the board. She is a Registered Nurse with 35 years experience and has worked in tertiary, district and aged care hospitals. She has been at Auburn Hospital since 1990, first as the Deputy Director of Nursing and currently as the Director of Nursing/Manager Clinical Services. She is a fellow of the NSW College of Nursing, a member of the College of Nursing, Australia, and a member of the Institute of Nursing Executives. Her qualifications include a Coronary Care Certificate, Ward and Unit Management Certificate, Bachelor of Nursing Administration, and Master of Science Health Policy and Management. Jan is an unpaid director of the Peninsular Village Aged Care Facility. Appointed November 2002. Meetings 11, attendance 10.

TALAL YASSINE, BA LLB LLM FAICD

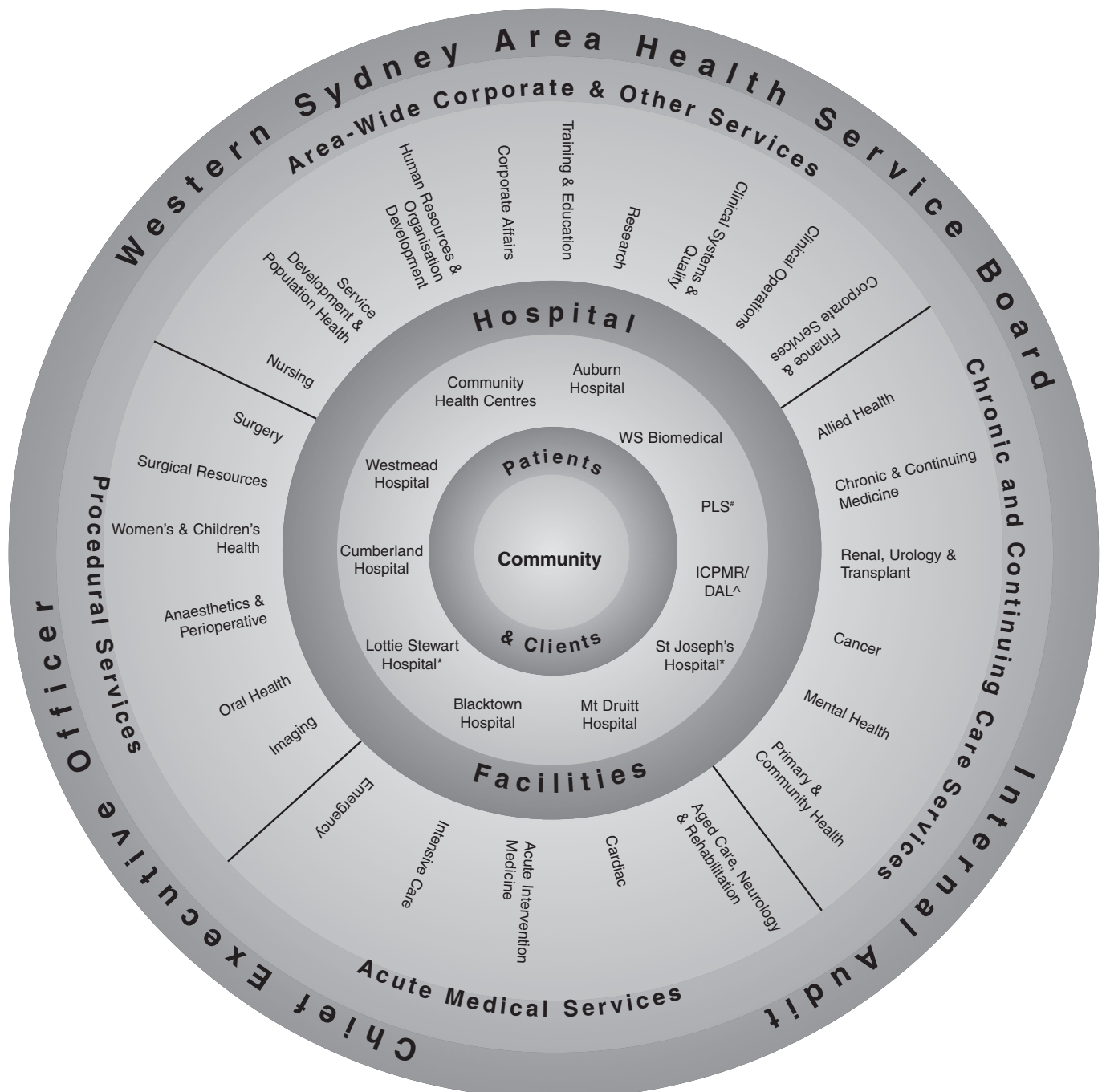
Talal Yassine is a director of PricewaterhouseCoopers Legal in the Strategic Advice and Public Policy Group. He holds a Master of Law, specialising in corporate governance. In his practice he assists and advises some of Australia's largest companies, including Woolworths, NRMA and Collex, on strategic, legal and business issues. He is a part-time lecturer at Macquarie University and is a former member of the Macquarie University Council. He is often asked to participate in seminars and speaking engagements relating to corporate practices, procedures and governance issues. Taking a very active role in community affairs, he serves as vice-president of the Australian Welfare Group, an organisation which has provided welfare needs to members of his local area for over 22 years. Appointed 1 August 2002. Committees: Audit, CQC, Consumer Participation (chair). Meetings 11, attendance 7.

DR LING YOONG, MB BS MBA

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

Organisational Structure

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



Key

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

EEO Report

Table 1.3: Per cent of Total Staff by Level

\$ LEVEL	TOTAL STAFF	Sub-group as per cent of total staff at each level			Sub-group as estimated per cent of total staff at each level				
		% Respondents	% Men	% Women	% Aboriginal people & Torres Strait Islanders	% People from racial, ethnic, ethno-religious minority groups	% People whose language first spoken as a child was not English	% People with a disability	% People with a disability requiring work-related adjustment
<28,710	428	64	6	94	1.8	35	57	3	1.1
28,711-37,708	3,423	69	27	73	1.8	23	35	4	0.6
37,709-42,156	784	71	24	76		22	30	3	0.7
42,157-53,345	2,623	65	18	82	0.7	27	35	4	0.8
53,346-68,985	1,877	67	22	78	0.9	25	25	4	0.8
68,986-86,231	619	51	47	53	1.3	23	17	4	1.3
>86,231 (non-SES)	379	55	72	28		27	20	5	
>86,231 (SES)	2		50	50					
TOTAL	10,135	66	25	75	1.1	25	32	4	0.7
<i>Estimate Range (95% confidence level)</i>									
					1.0 to 1.3	24.4 to 25.6	31.5 to 32.8	3.6 to 4.2	0.6 to 0.9

Table 3.3: Per cent of Total Staff by Employment Basis

LEVEL	TOTAL STAFF	Sub-group as per cent of total staff at each level			Sub-group as estimated per cent of total staff at each level				
		% Respondents	% Men	% Women	% Aboriginal people & Torres Strait Islanders	% People from racial, ethnic, ethno-religious minority groups	% People whose language first spoken as a child was not English	% People with a disability	% People with a disability requiring work-related adjustment
Permanent Full-time	6,893	66	31	69	1.2	27	35	4	0.8
Permanent Part-time	2,395	65	10	90	0.8	20	27	4	0.5
Temporary Full-time	575	73	26	74	1.0	27	30	3	0.5
Temporary Part-time	196	69	14	86		19	25	8	1.5
Contract - SES	2		50	50					
Contract - non-SES	9		56	44					
Training Positions	65	95	20	80	4.8	21	23	3	1.6
Retained Staff									
Casual	694	56	21	79	1.0	22	30	3	0.8
TOTAL	10,829	65	25	75	1.1	25	32	4	0.7
<i>Estimate Range (95% confidence level)</i>									
					1.0 to 1.3	24.1 to 25.3	31.6 to 32.9	3.6 to 4.1	0.6 to 0.8
SUB-TOTALS									
Permanent	9,288	66	26	74	1.1	25	33	4	0.7
Temporary	771	72	23	77	0.7	25	29	4	0.7
Contract	11		55	45					
Full-time	7,468	66	31	69	1.2	27	34	4	0.8
Part-time	2,591	65	10	90	0.8	20	27	4	0.6

The Area Health Service is developing working relationships with relevant external organisations in order to increase the opportunities for people with a disability to be employed within the organisation.

Patient and Staffing Statistics

	Area Services	Area Pathology Service	Auburn Hospital & CHS	Blacktown Hospital	MtDruitt Hospital & CHS	Westmead/Cumberland & CHS(4)	WSAHS Incorporated Hospitals		Lottie Stewart Hospital	St Joseph's Hospital	WSAHS Affiliated Hospitals		WSAHS Consolidated	
							Total 2004	Total 2003			Total 2004	Total 2003	Total 2004	Total 2003
Bed Capacity Total Beds at 30 June 2004 Average Available Beds			138 138	293 293	167 167	1,099 1,099	1,697 1,697	1,952 1,648	126 126	73 73	199 199	191 188	1,896 1,836	2,143 1,836
Inpatients No in Hospital at 1 July 2003 Admissions (incl Live Births)			124 15,126	301 28,056	148 17,021	961 70,468	1,534 130,671	1,506 128,846	103 298	66 1,143	169 1,441	174 1,319	1,703 132,112	1,680 130,165
Total Patients Treated Discharges (incl Unqual Babies) Deaths			15,250 14,988 138	28,357 27,719 337	17,169 16,564 440	71,429 69,409 1,038	132,205 128,680 1,953	130,352 127,068 1,750	401 266 31	1,209 897 240	1,610 1,163 271	1,493 1,014 310	133,815 129,843 2,224	131,845 128,082 2,060
Number in Hospital At 30 June 2004 Unqual Baby Bed Days All Other Bed Days Total Occupied Bed Days			124 2,984 43,283 46,267	301 6,327 107,061 113,388	165 2 61,468 61,470	982 9,939 368,556 378,495	1,572 19,252 580,368 599,620	1,534 18,687 542,414 561,101	104 41,453 41,453	72 24,650 24,650	176 66,103 66,103	169 63,199 63,199	1,748 19,252 646,471 665,723	1,703 18,687 605,613 624,300
No of Operations			5,047	7,120	3,511	13,032	28,710	29,203					28,710	29,203
Babies Males Females Total			582 579 1,161	1,245 1,164 2,409	6 5 11	2,059 1,983 4,042	3,892 3,731 7,623	3,893 3,757 7,650					3,892 3,731 7,623	3,893 3,757 7,650
Emergency Department Attendance			20,193	26,926	24,367	38,874	110,360	111,343					110,360	111,343
Non-Inpatient Services Hospital Occasions of Service Community Health Occasions Dental Occasions of Service Total Occasions of Service	65,224 65,224	459,105 459,105	66,722 32,379 - 99,101	135,882 18,170 4,861 158,913	58,619 148,490 5,759 212,868	903,424 327,327 177,396 1,408,147	1,688,976 526,366 188,016 2,403,358	1,630,757 466,748 210,624 2,308,129	1,422 331 1,754	18,093 3,552 21,645	19,515 3,883 23,398	26,052 3,509 29,561	1,851,487 530,249 188,016 2,569,752	1,656,809 470,257 210,624 2,337,690
Averages Daily Average Occupied Beds Adjustments * Outpatients (1) * Babies * Comm Residential Care * Dental Patient Flow Adjusted Daily Average (ADA) Length of Stay Bed Occupancy Rate % (5) (6) Net Cost per ADA (2)	 17.8 17.8	 125.4 125.4	118.3 27.1 4.1 - 149.5 3.1 86.4% \$ 873.42	292.5 42.1 8.6 1.3 344.5 4.0 100.9% \$ 746.88	154.4 56.6 0.0 1.6 226.2 3.6 100.3% \$ 787.93	992.9 336.3 13.6 48.5 1,405.4 5.4 91.6% \$ 868.06	1,558.1 605.3 26.3 51.4 2,268.8 4.6 93.4% \$ 966.85	1,457.7 453.5 25.6 57.7 2,022.9 4.4 90.2% \$ 1,024.54	113.3 0.5 113.8 139.6 89.9% 143.20	67.3 5.9 73.2 21.7 92.7% 557.52	180.6 6.4 187.0 46.1 90.9% 305.30	173.1 8.1 181.2 47.7 92.2% 283.19	1,738.7 611.7 26.3 51.4 2,455.8 5.0 93.6% \$ 916.48	1,630.9 583.8 25.6 57.7 2,325.3 4.8 90.8% \$ 913.39

Full time equivalent staff as at 30 June 2004 ⁽³⁾

	2003/04	2002/03	2001/02
Medical	790	725	715
Nursing	3,135	3,047	2,953
Corporate Administration	409	419	400
Allied Health Professionals	1,658	1,597	1,535
Hospital Employees (e.g. Wardsmen, Technical Assistants)	1,876	1,832	1,769
Hotel Services	877	897	898
Maintenance and Trades	100	100	106
Other	117	125	110
Total excluding 3rd schedule hospital	8,962	8,742	8,486
3 rd Schedule Hospitals	365	361	361
Total including 3rd schedule hospital	9,327	9,103	8,847

Notes:

- (1) The formula used to convert non-inpatient occasions of service (Outpatient Adjustment) for the Adjusted Daily Average (ADA) was 10.
- (2) The Net Cost of Services base has been used to derive at the Net Cost per ADA.
- (3) An improved and more accurate reporting system was developed in 2003/04, which means the format of Workforce reporting differs from previous years.
- (4) "Westmead/Cumberland" includes Westmead & Cumberland hospitals & Community Health Services.
- (5) Bed Occupancy Rate % excludes Unqualified Baby Bed Days.
- (6) Occupancy Rate can go over 100% where beds are used for more than one patient in a 24 hour period.

Community Programs (Funded Non-Government Organisations)

Name	\$ Amount	Review	Program	Nature and purpose of the project
NGO Grants Program				
Workers Health Centre	159,000	2006	1	Preventive education about occupational health and safety and hazardous substances in the workplace
Blacktown A&OD Family Service	76,500	2005	1	Support and counselling service for A&OD users and their families
Ted Noffs Foundation	887,100	2006	1	Medium-term residential drug and alcohol treatment service for young people (14-19 years)
Wayback Committee	261,600	2005	1	Residential and outpatient drug and alcohol treatment service
AIDS Council of NSW West	40,900	2004	1	1. Support and assistance regarding employment for People Living With AIDS (PLWAs) 2. Home based step down, stabilisation and/or respite care to PLWAs
Western Suburbs Haven	71,100	2004	1	Living centre for PLWAs providing social support and convalescent respite care
Daruk Aboriginal Medical Service	117,000	2005	1	Antenatal outreach service for Aboriginal women
Cumberland Women's Health Centre	30,300	2004	1	Anti-violence project with women from culturally and linguistically diverse backgrounds
Cumberland Women's Health Centre	211,700	2004	1	Crisis and other counselling, domestic violence support and advocacy group work, women's health information and programs, community education and referral
Auburn District Community Health Advisory Council	48,700	2004	1	Itinerant speech pathology service for pre-school and day care centres in the Auburn LGA
Blacktown Women's and Girls' Health Centre	381,000	2004	1	Clinical, counselling and support, health promotion, information, referral and outreach services for women and girls living in the Blacktown LGA
Brain Injury Association	131,600	2004	1	Information, referral and education services for individuals and families affected by brain injury
Charmian Clift Cottages	656,500	2006	1	Residential treatment service for women with mental illness and their dependant children
Doonside Mt Druff Pregnancy Help	8,800	2006	1	Counselling and support service for parents and prospective parents
Lifeline Western Sydney	78,000	2005	1	24-hour telephone counselling and face-to-face counselling for people experiencing psychological distress
Maronite Natural Family Planning Service	15,900	2004	1	Natural family planning education and advice for women and couples of the Maronite faith
Australian Breast Feeding Association (NSW Branch)	25,600	2005	1	Education, advice and support for breastfeeding women
SIDS and Kids (SANDS and SIDA NSW amalgamation)	107,100	2006	1	Support and counselling for families who experience the loss of a child through stillbirth, neonatal death, SIDS or any other unexpected cause. Direct counselling and 24-hour emergency support to parents who have lost a child suddenly or unexpectedly
After Care Adolescent Service - Kurinda	642,400	2006	3	Residential treatment for young people with serious mental illness who for some reason cannot live at home
GROW - Western Metro Project	48,500	2005	3	Self-help support network for people experiencing mental illness in western Sydney
Arthritis Foundation NSW	31,600	2006	1	Education, training and information about arthritis
Aust Huntington's Disease Association	39,900	2006	1	Information, support and self-help service for sufferers, families and carers of people with Huntington's Disease
Continnence Foundation	71,500	2005	1	Continnence information/education for health professionals and public. Clinical service, information and referral
Epilepsy Association	91,800	2004	1	Counselling, information, support and education for people with epilepsy, their families and wider community
Waremba	68,700	2006	1	Specialist support service for people with an acquired brain injury
Healthy Older People Association	12,000		1	Health information and activities for older people
Mental Health Programs				
Burnside	53,184.18		3	NewPin centres aim to prevent child abuse and emotional/behavioural problems by building parent social networks, providing children's support, and improving the security of attachment between children and parents
Embark Enterprises	89,500			Vocational programs for mental health clients.
Richmond Fellowship	496,043.80		3	Supported residential accommodation.
Parramatta Mission	347,621		3	Supports mental health services within Parramatta Mission
Psychiatric Rehabilitation Association (PRA)	50,000		3	To contribute to PRA employment of additional full-time support officer and additional part-time welfare officer to support mental health clients from Cumberland Hospital at PRA's Harris Park facilities
After Care - Kurinda	75,503		3	Increase in night shift staff
Other				
Blacktown A&OD Family Service	70,360		1	Support and counselling service for A&OD users and their families
Wayback Committee	47,580			Merit Program
Daruk Aboriginal Medical Service	130,041.45			Aboriginal Medical Service
Total NGO funding	5,674,633.43			

Ethnic Affairs Priorities Statement

Western Sydney Area Health Service (WSAHS) demonstrates an ongoing commitment to the EAPS Program in accordance with the requirements of the Community Relations Commission and Principles of Multiculturalism Act 2000. The Area fully implemented the planned initiatives outlined in the 2002/2003 EAPS and responded to additional needs identified during the year.

EAPS maintains a high profile at the WSAHS executive level. The Chief Executive Officer is directly responsible for multicultural health policy, and is the Chairperson of the Combined Area Multicultural Access Committee and the Ethnic Consumer Council. Cultural and linguistic diversity are key features in the WSAHS Corporate Plan and Business Plans. EAPS outcomes are documented routinely in business reporting mechanisms. In 2003/2004, WSAHS successfully engaged executive and senior management in a second series of EAPS briefing sessions resulting in an increase in the number of services complying with EAPS planning and reporting requirements.

WSAHS maintains local multicultural health services and manages a number of services at national and state levels. These include the Area Multicultural Health Unit, Health Care Interpreter Service, and the Diversity Health Institute comprising the Global Health Institute, Research Institute, NSW Transcultural Mental Health Centre, NSW Education Program on Female Genital Mutilation, NSW Suicide Prevention Program, NSW Multicultural Gambling Project, Auburn Service of Excellence Team, the Women's Health at Work Program and Multicultural Mental Health Australia.

During 2003/2004 WSAHS achieved an increase in reported achievements and planned initiatives at all levels within the organisation. A detailed record is contained in the WSAHS EAPS report 2003/2004.

Highlighted achievements from the past year include:

- Increased compliance with EAPS planning and reporting across all clinical streams in WSAHS
- The establishment of DHI Clearinghouse to provide access to multicultural health information and services for the general public and health workers across Australia
- The DHI Clinical Research laboratory that will undertake pharmacogenetic and clinical studies within culturally and linguistically diverse communities in Western Sydney
- Global Health Institute initiatives and partnerships to identify and promote global health initiatives within WSAHS
- The TMHC Older NESB Suicide Reduction Project - to enhance mental health through "Wisdom and Well Being Groups" targeting five community language groups
- Chinese Cultural Competency Workshop for workers to improve cultural knowledge and skills in working with the Chinese community - attended by 200 participants.

Highlighted initiatives planned for 2004/ 2005 include:

- Systematic audits and improvements to multilingual clinical and interpreter signage across WSAHS.
- Auburn Service of Excellence in Diversity Health Care Seeding Grants Program awarded to teams to promote the development of culturally appropriate models of health care.
- A pilot Oral Health Clinic at Westmead Dental Hospital targeting newly-arrived refugees.
- The Youth Suicide Prevention Project, "No One is an Island" targeting young parents from Pacific Islander communities.
- Establishment of the Families First Interpreter Service in partnership with the Department of Community Services.

Public Health Indicator

The NSW Health System Performance Indicators for child and adult immunisation are the proportion of infants fully immunised at 12 to 15 months, and the proportion of people aged 65 years and over immunised against influenza and pneumococcal disease.

The Australian Childhood Immunisation Register (ACIR) coverage report dated 30 June 2004 for the Western Sydney Area Health Service reports a fully-vaccinated rate of 90 per cent for infants aged 12 to less than 15 months. Due to late vaccinations and lack of reporting by service providers, Western Sydney Health estimates the actual fully-vaccinated rate in this age group to be approximately 93.5 per cent.

Data from the 2003 NSW Health Survey estimates influenza vaccine uptake as 76 per cent and pneumococcal vaccine uptake within the preceding 5 years as 53 per cent in persons aged 65 years and over in WSAHS.

Performance Indicators

	<i>Baseline 02/03</i>	<i>Actual 03/04</i>
Healthier People		
Percentage of confinements where first antenatal visit was before 20 weeks gestation:		
Indigenous:	54.4	62.5
Non-indigenous:	82.8	82.5
Percentage of children fully immunised at 12 to less than 15 months	91	91
Supplementary Mental Health Activity Indicators:		
• Acute inpatient separations	2,549	2,336
• Non-acute inpatient days	52,569	51,301
• Total Mental Health clinical staffing levels (FTEs)	740	682
Fairer Access		
Percentage of cases where transfer of care to emergency department was within 30 minutes of ambulance arrival		
• Quarter ending 30 September	73	71
• Quarter ending 31 December	71	70
• Quarter ending 31 March	74	71
• Quarter ending 30 June	73	66
Cases treated within benchmark times as a percentage of all cases for EDIS site Emergency Departments:		
• Triage 1	100	100
• Triage 2	79	78
• Triage 3	44	47
• Triage 4	47	51
• Triage 5	84	84
The percentage of ED patients not admitted to an inpatient bed within 8 hours of commencement of active treatment	39	42
Number of medical and surgical (categories 1 and 2) patients waiting more than 30 days	233	513
Number of medical and surgical patients (categories 1, 2, 7 and 8) waiting more than 12 months	372	431
Percentage of booked surgery patients admitted and discharged on the same day	53	51
Percentage of booked surgery patients admitted on the day of surgery (DOSA)	75	76
Number of inpatient separations	130,208	131,545
Number of case-weighted separations	117,885	119,884
Number of non-admitted patient occasions of service (NAPOOS)	2,337,693	2,569,752
Percentage of booked medical and surgical patients experiencing a single delay	2.7	2.5
Percentage of booked medical and surgical patients experiencing multiple delays	0.03	0.07
Quality Health Care		
Incidence rate (percentage) of acute separations where there is:		
• an unplanned re-admission to hospital following Booked Surgery within 28 days of discharge	2.7	2.9
• an unplanned readmission to ICU within 72 hours of discharge from an ICU	0.02	0.02
• an unplanned return to an operating room	0.74	0.92
Total ambulatory care sensitive hospital separations (rate per 100,000 population)	2,782	2,745.8
Better Value		
Net Cost of Service - General Fund (General) percentage variance against budget.	0.14	0.12
Total General Creditors Profile Monthly Average (Days)	29	28
Creditors > 45 Days as at the end of year (\$000)	0	0
Operating within total Area capital allocation as issued (major and minor works) - percentage variance against approved total Area capital allocation.	-6.3	-19

Risk Management

The implementation of OH&S, workers' compensation and workplace based rehabilitation risk management strategies and programs has resulted in a surplus of \$3.1m from the Treasury Managed Fund (TMF) between the deposit and benchmark premiums. In addition the TMF advised of surplus hindsight adjustments (returns) for 98/99 of \$1.7, 99/00 of \$1.8m and 00/01 of \$3.8m.

In 2003/04 the Area processed 3,130 accident/illness/incident reports (3.3 per cent less than 2002/03). From these eventuated 655 workers' compensation claims (11.6 per cent reduction on 2002/03). The estimated cost of these claims is \$9.3m (a reduction of \$1.5m compared to 2002/03).

There has been one WorkCover prosecution of WSAHS during 2003/04.

WSAHS continues to implement driver training programs for all employees required to drive Area vehicles. While there has been a small increase in the fleet size, there has been a 15 per cent reduction in incident numbers (235 to 199), an improvement in claims experience, a reduction in the premium shortfall of \$33k, a reduction in the deposit premium (due to improved claims performance) and a hindsight surplus (return) of \$141,782 from the 2002/03 TMF Motor Vehicle Fund.

Other major risk management initiatives implemented or commenced in 2003/04 include the Zero Tolerance to Violence and Aggression program, progression of the Smokefree Environment strategy, an employee Vaccination and Health Screening program and the development of an Integrated Risk Management Framework, including clinical and corporate risks.

Complaints Handling

Western Sydney Area Health Service has in place a long-established mechanism for the handling of complaints about the service it provides and the Patient Representative is available to those wishing to lodge a complaint.

All complaints are then addressed as per the Better Practice Guidelines for Frontline Complaints Handling and are reported through the statewide Complaints Data Collection process.

Complaints are categorised as articulated according to the complainants perceptions. A "snapshot" of complaints received shows that the most dominant issue under the national system of categorisation is "communication". The Area Health service continues to address these issues through its quality systems.

Consumer Participation

The involvement of consumers of health services, carers and the community at large in the planning, development and evaluation of health care service within Western Sydney Health is a high priority. An active consumer participation framework is in place to enable this process to occur and there has been an increase in the number of consumers involved in planning over the last year.

The Consumer Participation framework includes a number of consumer groups that feed into an organisation-wide committee structure. Because the involvement of the community is important to Western Sydney, an evaluation of the program has taken place and the comments and opinions of the community will be used to shape the framework in the future.

Freedom of Information

Western Sydney Area Health Service received a total of 13 Freedom of Information applications in the 2002/03 financial year. This figure is an increase on the previous year's total of six. Eight of these applications were of a personal nature and five were regarding non-personal issues. Full access was granted in nine cases, partial access was granted in four cases and, in one case, access was denied. Two cases requested an internal review to be undertaken. Two requests involved third party consultation. There was one internal review undertaken for an application from 2002/03.

There were no requests for amendment of records. Three applicants were eligible for a discount on application fees. Western Sydney Area Health received FOI fees of \$1,575. Nine requests were completed within 21 days, two within 22-35 days and two over 35 days (out of time determinations were due to delays encountered with third party consultations, the applicants were kept informed of the progress of their applications at all times).

Enquiries for information on FOI should be directed to the Executive Officer on 9845 6988.

Corruption Prevention

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

<http://westnet/internal/policy/westmead/ORGPP/ORG/CODECOND.PDF>

Financial Overview

Executive Summary

The Western Sydney Area Health Service received its Budget Allocation for the 2003/04 financial year on 30 September 2003.

The agreed 2003/04 Net Cost of Services budget for the Health Service was \$816 million against which the audited actuals of \$812 million represented a positive variation of \$4 million or 0.5 per cent.

The reported variation can be largely attributed to timing issues associated with the receipt of grants and the expenditure against these grants.

In achieving the above result the Health Service is satisfied that it has operated within the advised level of Government Cash Payments and restricted operating costs to the budget available. Further, it has ensured that no general creditors over 45 days exist at the end of any month and has effected all loan repayments within the time frames agreed.

The Area's balance sheet shows a healthy financial position as at the balance date.

The Area experienced a net outflow of \$29.9 million for both inter-area flows within NSW and interstate flows as against \$42.6 million for the previous year.

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

The audited financial statements published within this report record the Area's consolidated results – both General Fund and Special Purposes and Trust Funds.

Significant Budget Increases 2003/04

Some of the major increases in budget allocations that occurred during 2003/04 are as follows:

- Use of General Growth enhancements for such services as Emergency, Auburn Hospital Surgical Trial and Diversity Health Institute, Auburn.
- During the year award increase of 5 per cent occurred, thereby increasing salary costs by \$29 million.

Program Reporting

The program statement of expenses and revenue is shown on page 27. The dynamics of health service delivery has meant that certain health programs show changes in dollar terms when compared to the previous year. Increases in salaries and wages expenditure and goods and services expenditure and increases in revenues from best practice revenue initiatives, inter-area patient flow income and grants income were the main reasons for changes in expenditure, revenue and net cost of services. However, as a percentage of overall expenses, overall revenue and overall net cost of services, the change in individual programs is not significant.

The overhead allocation procedure was redefined to reflect the process employed in the Unaudited Annual return. In the previous year, the overheads of the area were allocated by the hospital/unit profiles. This year the overheads are allocated utilising the costing algorithm in COMBO, which is NSW Health's recommended cost modeling system.

Directions in Financing

- NSW Health issued advice on revenue best practices on 24 June 2003. These best practices have been adopted by the Area and a patient liaison officer position has been established.
- In 2003/04 an improvement was effected in the reporting/monitoring of episode funding for acute, emergency department and ICU, and other hospital allocations.

Quarterly reports on the performance for episode funded hospitals were lodged with the Department, in a format facilitating the application of funding models and program allocation in a standard form across NSW Health.

- As part of the 2003/04 Budget deliberations of Government, all budget sector agencies were targeted at achieving efficiency and better use of resources of goods and services expenditures.

Under this requirement the Western Sydney Area Health Service had to meet targeted cost savings in the areas of corporate related expenses, fuel, light and power, telephone and other related costs, travel (both overseas and domestic), advertising, consulting fees, courier and freight, auditors remuneration, legal expenses, membership/professional fees, books and magazines.

The 2004/05 Budget

- For 2004/05 NSW Health has instructed Health Services of the importance of timely creditor payments and liquidity management. A greater emphasis is to be placed on the financial reporting of operating and balance sheet results, capital reporting, specific projects and program performance.
- Budgetary practices have been reviewed and accountabilities tightened for cash management purposes.
- In the development of management structures for the newly established Area Health Services the Finance and Corporate Services structure will bring together all finance, corporate and non-clinical functions under the overall management of a single Director.

Consultancies

		\$	\$
CONSULTANCIES \$30,000 AND OVER			
Acetek Communications	Tibet IDD Elimination Project	78,037	
Computer Associates	Services Desk Upgrade	70,827	
Magik New Media	NSWCSP Website Alterations	30,550	179,414
CONSULTANCIES UNDER \$30,000 (67 consultancies)			502,298
TOTAL CONSULTANCIES FOR FINANCIAL YEAR			681,712

The attached financial statements of the Western Sydney Area Health Service for the year ended 30 June 2004

- have been prepared on an accruals basis and in accordance with applicable Australian Accounting standards, other mandatory professional reporting requirements and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for the Area Health Services and Public Hospitals;
- present fairly the financial position and transactions of the Health Service;
- have no circumstances which would render any particularly in the financial statements to be misleading or inaccurate.



Administrator



A/Director of Finance

5/8/04

8/8/04

Date



GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

WESTERN SYDNEY 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 Western Sydney Area Health Service:

- (a) presents fairly the Western Sydney Area Health Service's financial position as at 30 June 2004 and its financial performance and cash flows for the year 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 Western Sydney Area Health Service show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2004
- (b) the accounts and associated records of the Western Sydney Area Health Service have been properly kept during the year in accordance with the Charitable Fundraising Act 1991 (the CF Act) and the Charitable Fundraising Regulation 1998 (the CF Regulation)
- (c) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act and the CF Regulation, and
- (d) there are reasonable grounds to believe that the Western Sydney Area Health Service will be able to pay its debts as and when they fall due.

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

The Administrator's Role

The financial report is the responsibility of the Administrator of the Western Sydney Area Health Service. It consists of the statement of financial position, the statement of financial performance, the statement of cash flows, the 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 Administrator 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 Administrator had failed in his reporting obligations.

My opinions do not provide assurance:

- about the future viability of the Western Sydney Area Health Service,
- that it has carried out its activities effectively, efficiently and economically,
- about the effectiveness of its internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

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 J Baulous, CA
Director of Audit

SYDNEY
3 September 2004

Western Sydney Area Health Service
Statement of Financial Performance for the year ended 30 June 2004

	Notes	Actual 2004 \$000	Budget 2004 \$000	Actual 2004 \$000
Expenses				
Operating Expenses				
Employee Related	3	610,565	611,444	552,657
Visiting Medical Officers		21,942	21,997	20,623
Goods and Services	4	270,132	266,752	252,863
Maintenance	5	23,676	24,650	25,381
Depreciation	2(j), 6	50,106	50,124	50,790
Grants and Subsidies	7	30,541	32,254	28,055
Borrowing Costs	8	48	-	11
Payments to Affiliated Health Organisations	9	19,927	19,927	18,058
Total Expenses		1,026,937	1,027,148	948,438
Revenues				
Sale of Goods and Services	10	173,906	173,695	157,929
Investment Income	11	8,575	8,846	8,738
Grants and Contributions	12	23,359	20,359	14,736
Other Revenue	13	5,984	5,632	3,320
Total Revenues		211,824	208,532	184,723
Gain/(Loss) on Disposal of Non-Current Assets	14	3,219	2,419	(13)
NET COST OF SERVICES	32	811,894	816,197	763,728
Government Contributions				
NSW Health Department				
Recurrent Allocations	2(d)	728,126	728,126	685,637
NSW Health Department				
Capital Allocations	2(d)	30,089	30,158	17,506
Asset Sale Proceeds transferred to the NSW Health Department	21	(8,933)	(8,933)	-
Acceptance by the Crown Entity of employee superannuation benefits	2(a)	50,015	50,015	45,852
Total Government Contributions		799,297	799,366	748,995
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	27	(12,597)	(16,831)	(14,733)
Net Fair Value Value Adjustment (increase)	2(k), 27	114,796	-	-
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	27	102,199	(16,831)	(14,733)

The accompanying notes form part of these Financial Statements

Western Sydney Area Health Service
Statement of Financial Position as at 30 June 2004

	Notes	Actual 2004 \$000	Budget 2004 \$000	Actual 2003 \$000
ASSETS				
Current Assets				
Cash	17	86,669	84,900	76,164
Receivables	19	19,139	18,056	18,770
Inventories	20	7,944	8,407	8,479
Other Financial Assets	18	54,050	46,395	41,962
Other	22	1,426	1,442	1,092
Total Current Assets		169,228	159,200	146,467
Non-Current Assets				
Other Financial Assets	18	486	578	578
Property, Plant and Equipment				
- Land and Buildings	21	747,196	637,694	638,666
- Plant and Equipment	21	66,645	65,573	78,822
Total Property, Plant and Equipment		813,841	703,267	717,488
Total Non-Current Assets		814,327	703,845	718,066
Total Assets		983,555	863,045	864,533
LIABILITIES				
Current Liabilities				
Payables	24	50,150	48,272	47,449
Interest Bearing Liabilities	25	449	325	143
Provisions	26	55,194	55,549	51,213
Total Current Liabilities		105,793	104,146	98,805
Non-Current Liabilities				
Interest Bearing Liabilities	25	3,525	3,478	792
Provisions	26	103,120	103,334	96,018
Total Non-Current Liabilities		106,645	106,812	96,810
Total Liabilities		212,438	210,958	195,615
Net Assets		771,117	652,087	668,918
EQUITY				
Reserves	27	222,343	107,547	107,547
Accumulated Funds	27	548,774	544,540	561,371
Total Equity		771,117	652,087	668,918

The accompanying notes form part of these Financial Statements

Western Sydney Area Health Service
Statement of Cash Flows for the year ended 30 June 2004

	Notes	Actual 2004 \$000	Budget 2004 \$000	Actual 2003 \$000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		555,774	554,556	485,221
Grants and Subsidies		30,541	32,254	28,055
Borrowing Costs		48	-	-
Other		337,591	327,235	322,396
Total Payments		923,954	914,044	835,672
Receipts				
Sale of Goods and Services		173,521	174,341	155,718
Interest Received		8,575	8,846	8,738
Other		38,426	25,491	27,320
Total Receipts		220,522	208,679	191,776
Cash Flows From Government				
NSW Health Department Recurrent Allocations		728,126	728,126	685,636
NSW Health Department Capital Allocations		30,089	30,158	17,506
Asset Sale Proceeds transferred to the NSW Health Department		(8,933)	(8,933)	-
Cash Reimbursements from the Crown Entity		2,170	-	1,409
Net Cash Flows from Government		751,452	749,351	704,551
NET CASH FLOWS FROM OPERATING ACTIVITIES	32	48,020	43,986	60,655
Cash Flows From Investing Activities				
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		10,249	9,803	1,782
Proceeds from Sale of Investments		-	-	7,519
Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(38,808)	(43,604)	(41,346)
Purchases of Investments		(11,996)	(4,318)	-
NET CASH FLOWS FROM INVESTING ACTIVITIES		(40,555)	(38,119)	(32,045)
CASH FLOWS FROM FINANCING ACTIVITIES				
Proceeds from Borrowings and Advances		3,040	2,869	821
NET CASH FLOWS FROM FINANCING ACTIVITIES		3,040	2,869	821
NET INCREASE / (DECREASE) IN CASH		10,505	8,736	29,431
Opening Cash and Cash Equivalents		76,164	76,164	46,733
CLOSING CASH AND CASH EQUIVALENTS	17	86,669	84,900	76,164

The accompanying notes form part of these Financial Statements

Western Sydney Area Health Service
Program Statement – Expenses and Revenues
for the year ended 30 June 2004

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	
	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenses																						
Operating Expenses	61,057	55,217	611	550	61,057	49,145	36,634	38,652	232,015	204,302	42,740	39,141	67,162	60,738	36,634	33,130	17,706	22,087	54,949	49,695	610,565	552,657
Employee Related	658	619	-	-	2,633	2,269	439	619	12,287	11,753	3,950	3,094	878	619	219	412	659	619	219	619	21,942	20,623
Visiting Medical Officers	10,626	9,821	167	160	18,217	19,643	15,538	16,146	157,058	141,351	36,301	34,117	7,590	9,821	11,140	7,935	4,387	4,209	9,109	9,660	270,133	252,863
Goods and Services	2,131	3,300	14	16	3,315	3,537	1,657	1,523	9,456	10,153	1,657	1,523	1,184	1,269	1,421	1,015	1,184	1,269	1,657	1,776	23,676	25,381
Maintenance	3,006	4,063	25	25	7,015	8,126	3,508	3,555	21,546	20,318	3,006	4,063	4,008	3,047	3,507	2,539	1,478	2,032	3,007	3,022	50,106	50,790
Depreciation and Amortisation	3,360	3,647	-	-	304	-	-	-	-	-	-	-	1,222	-	-	-	25,349	24,408	305	-	30,540	28,055
Grants and Subsidies	3	1	-	-	6	2	2	1	22	4	6	1	2	1	3	-	1	-	3	1	48	11
Borrowing Costs	-	-	-	-	-	-	-	-	-	-	-	-	1,993	1,806	17,934	16,252	-	-	-	-	19,927	18,058
Payments to Affiliated Health Organisations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	80,841	76,668	817	751	92,547	82,722	57,778	60,496	432,384	387,881	87,660	81,939	84,039	77,301	70,858	61,283	50,764	54,624	69,249	64,773	1,026,937	948,438
Revenue																						
Sale of Goods and Services	2,441	2,300	7	11	5,004	5,200	5,400	4,627	126,979	114,249	12,446	9,074	2,441	2,300	11,991	11,761	847	1,149	6,349	7,258	173,905	157,929
Investment Income	686	786	2	2	600	610	343	262	3,516	1,397	429	350	686	699	600	350	170	262	1,544	4,020	8,576	8,738
Grants and Contributions	1,402	442	5	3	1,168	734	-	147	701	737	234	147	1,635	737	467	295	930	884	16,817	10,610	23,359	14,736
Other Revenue	239	133	2	1	718	398	120	66	1,675	929	180	100	239	133	419	199	178	133	2,214	1,228	5,984	3,320
Total Revenue	4,768	3,661	16	17	7,490	6,942	5,863	5,102	132,871	117,312	13,289	9,671	5,001	3,869	13,477	12,605	2,125	2,428	26,924	23,116	211,824	184,723
Gain/ (Loss) on Disposal of Non Current Assets	129	(1)	1	-	386	(2)	64	-	901	(4)	97	-	129	(1)	223	(1)	97	(1)	1,192	(3)	3,219	(13)
Net Cost of Services	75,944	73,008	800	734	84,671	75,782	51,851	55,394	298,612	270,573	74,274	72,268	78,909	73,433	57,158	48,679	48,542	52,197	41,133	41,660	811,894	763,728

- The name and purpose of each program is summarised in Note 16.
- The program statement uses statistical data to 31 December 2003 to allocate the current year's financial information to each program.
- No changes have occurred during the period between 1 January 2004 and 30 June 2004 which would materially impact this allocation for the entire year.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

1. THE HEALTH SERVICE REPORTING ENTITY

The health service, as a reporting entity, comprises all the operating activities of the hospital facilities and the community health centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets that are restricted for specified uses by the grantor or the donor, are controlled by the health service.

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The health service's financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) Consensus Views and the requirements of the Health Services Act 1997 and its regulations, including observation of the Accounts and Audit Determination for area health services and public hospitals. Where there are inconsistencies between the above requirements, legislative provisions have prevailed.

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

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

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

(a) Employee Benefits and Other Provisions

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

Liabilities for salaries and wages, annual leave, 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 12 months. This in turn is based on past trends and known resignations and retirements.

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

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

(ii) Long Service Leave and Superannuation

Long service leave is measured on a short-hand basis at an escalated rate of 3.7 per cent above the salary rates immediately payable at 30 June 2004 for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

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

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 entity has a present legal, equitable or constructive obligation to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events. These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

(b) Insurance

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

(c) Borrowing Costs

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

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

(d) Revenue Recognition

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

Sale of Goods and Services: Revenue from the sale of goods and services comprises revenue from the provision of products or services, i.e., user charges. User charges are recognised as revenue when the health service obtains control of the assets that result from them.

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

Investment Income: Interest revenue is recognised as it accrues. Rent revenue is recognised in accordance with AAS17 "Accounting for Leases". Dividend revenue is recognised when the health service's right to receive payment is established.

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

Use of Hospital Facilities: Specialist doctors with rights of private practice are 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. It is not practical to estimate the related values.

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 Statement of Financial Performance before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided on behalf of the department. Allocations are normally recognised upon the receipt of cash.

General operating expenses/revenues of St Joseph's Hospital and Lottie Stewart Hospital (Affiliated Health Organisations) have only been included in the Statement of Financial Performance 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 Statement of Financial Position. 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.

Cash flow in respect of GST have been recognised in the statement of cash flows for the first time in 2003/04 and accordingly the prior year figures have been restated in the statement of cash flow.

(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 because the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Recurrent Allocation.

Interstate 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 2002/03 activity data using standard cost weighted separation values to reflect estimated costs in 2003/04 for

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

acute weighted inpatient separations. Where treatment is obtained outside the home health service the State/Territory providing the service is reimbursed by the benefiting Area.

The reporting adopted for both inter-Area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area's resident population and to 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.

Patient flows have been recognised in the cash flow statement for the first time in 2003/04, and accordingly the prior year figures have been restated in the statement of cash flow.

(g) Receivables

Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.

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

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

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

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

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 and 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:

Buildings	2.5%
Electro-medical equipment - Costing less than \$200,000	10.0%
- Costing more than or equal to \$200,000	12.5%
Computer equipment	20.0%
Computer software (health service to nominate)	20.0% to 33.3%
Infrastructure systems	2.5%
Office equipment	10.0%
Plant and machinery	10.0%
Linen	20.0%
Furniture, fittings and furnishings	5.0%

(k) Revaluation of Physical Non-Current Assets

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 AASB 1041 from financial years beginning 1 July 2002. There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the health service.

Where available, fair value is determined with regard for 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, i.e., 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 physical non-current assets 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 was completed on 1 July 2000 and was based on an independent assessment. An indexation of 1.1 % on land and 1.5 % on buildings have been applied in 2003/04 as Fair Value Adjustments (until a revaluation is done in 2004/05) on the basis of professional advice from the NSW Department of Commerce.

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.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year from Ordinary Activities, the increment is recognised immediately as revenue in the Result for the Year from Ordinary Activities. Revaluation decrements are recognised immediately as expenses in the Result for the Year from Ordinary Activities, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

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

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

(m) 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 inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

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

(n) Inventories

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

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

(o) Other Financial Assets

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

For non-current “other financial assets”, revaluation increments and decrements are recognised in the same manner as physical non-current assets.

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

(p) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to “Accumulated Funds”. This treatment is consistent with Urgent Issues Group Abstract UIG 38 “Contributions by Owners Made to Wholly Owned Public Sector Entities”.

Transfers arising from an administrative restructure between health services/government departments are recognised at the amount at which the asset was recognised by the transferring 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.

(q) Financial Instruments

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

In accordance with Australian Accounting Standard AAS33, “Presentation and Disclosure of Financial Instruments”, information is disclosed in Note 36 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

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

Terms and Conditions: - Monies on deposit attract an effective interest rate of approximately 5.5 per cent.

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

Investments: Accounting Policies - Investments reported at cost include both short term and fixed term deposits, exclusive of Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Statement of Financial Performance when earned. Shares are carried at cost with dividend income recognised when the dividends are declared by the investee.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

Terms and Conditions – Short term deposits have an average maturity of 180 days (180 days in 2002/03) and effective interest rate of 5 per cent to 5.5 per cent as compared to 4 per cent and 5 per cent in the previous year. Fixed term deposits have an average maturity of 365 days (365 days in 2002/03) and effective interest rates of 5 per cent to 5.5 per cent as compared to 5 per cent and 6 per cent in the previous year.

Payables: Accounting Policies - Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the health service.

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

Interest Bearing Liabilities: 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 Australian Accounting Standard AAS17.

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

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

(r) Payables

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

(s) Interest Bearing Liabilities

All loans are valued at current capital value.

(t) 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.

(u) Budgeted Amounts

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

(v) Impact of Australian equivalents to International Financial Reporting Standards (AIFRS)

See note 37.

3. Employee Related

Employee related expenses comprise the following:

	2004	2003
	\$000	\$000
Salaries and Wages	458,664	408,058
Long Service Leave [see note 2(a)]	17,368	19,631
Annual Leave [see note 2(a)]	47,795	47,420
Sick Leave and Other Leave	14,819	12,491
Nursing Agency Payments	7,428	7,277
Other Agency Payments	1,292	982
Workers Compensation Insurance	13,181	10,950
Superannuation [see note 2(a)]	50,015	45,852
Fringe Benefits Tax	3	(4)
	610,565	552,657

Salaries and Wages includes \$145,448 paid to members of the health service board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands:

<i>\$ range</i>	<i>Number paid</i>
\$0 to \$15,000	9
\$15,000 to \$30,000	1

Maintenance staff costs included in Employee Related Expenses [see note 5]: \$6.6m

Western Sydney Area Health Service
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4. Goods and Services	2004	2003
	\$000	\$000
Computer Related Expenses	3,414	4,032
Domestic Charges	8,063	7,789
Drug Supplies	39,705	35,852
Food Supplies	7,786	7,251
Fuel, Light and Power	6,184	6,300
General Expenses	15,711	13,935
Hospital Ambulance Transport Costs	1,190	1,171
Insurance	917	859
Inter-Area Patient Outflows, NSW	117,048	111,648
Interstate Patient Outflows	1,280	911
Medical and Surgical Supplies	32,783	30,047
Postal and Telephone Costs	4,328	4,052
Printing and Stationery	4,245	3,913
Rates and Charges	1,368	2,092
Rental	1,331	577
Special Service Departments	19,535	17,236
Staff Related Costs	687	803
Travel Related Costs	4,557	4,395
	270,132	252,863
	<u><u>=====</u></u>	<u><u>=====</u></u>
(a) General Expenses include:		
Advertising	575	1,038
Books and Magazines	1,123	1,303
Consultancies - Operating Activities	681	715
Courier and Freight	730	629
Auditor's Remuneration - Audit of financial reports	125	109
Auditor's Remuneration - Other services	-	13
Legal Expenses	794	423
Membership/Professional Fees	330	297
Motor Vehicle Operating Lease Expense	2,251	2,123
Other Operating Lease Expense	2,906	1,971
Provision for Bad and Doubtful Debts	623	583
Other	5,573	4,731
	15,711	13,935
	<u><u>=====</u></u>	<u><u>=====</u></u>
(b) Expenses for Inter-Area Patient Flows, NSW [see note 2(f)] on an Area basis are as follows:		
Central Sydney Area Health Service	23,088	23,179
Northern Sydney Area Health Service	26,736	23,896
Wentworth Area Health Service	13,856	14,089
South Western Sydney Area Health Service	9,316	9,371
South Eastern Sydney Area Health Service	10,617	9,649
The Children's Hospital at Westmead	30,383	28,826
Other	3,052	2,638
	117,048	111,648
	<u><u>=====</u></u>	<u><u>=====</u></u>
(c) Expenses for Interstate Patient Flows [see note 2(f)] are as follows:		
Australian Capital Territory	133	225
Northern Territory	47	21
Queensland	426	338
South Australia	247	40
Tasmania	16	16
Victoria	347	208
Western Australia	64	63
	1,280	911
	<u><u>=====</u></u>	<u><u>=====</u></u>

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

5.	Maintenance	2004	2003
		\$000	\$000
	Repairs and Routine Maintenance	19,142	18,639
	Other - Renovations and Additional Works	128	189
	- Replacements and Additional Equipment less than \$5,000	4,406	6,553
		<u>23,676</u>	<u>25,381</u>
		=====	=====
	The value of Employee Related Expense [Note 3] applicable to maintenance staff was \$6.6m for 2003/04 and \$6.4m for 2002/03, such cost covering engineers, trades staff and apprentices' salary costs, workers compensation and superannuation.		
6.	Depreciation and Amortisation		
	Depreciation - Buildings	27,407	26,951
	Depreciation - Plant and Equipment	22,699	23,839
		<u>50,106</u>	<u>50,790</u>
		=====	=====
7.	Grants and Subsidies		
	Breast Screening	22,234	21,284
	Cervical Screening	656	574
	Non-Government Organisations	5,675	4,859
	Other	1,976	1,338
		<u>30,541</u>	<u>28,055</u>
		=====	=====
8.	Borrowing Costs		
	Interest	48	11
		=====	=====
9.	Payments to Affiliated Health Organisations		
	Recurrent Sourced - Lottie Stewart Hospital	6,572	6,443
	- St Joseph's Hospital	13,355	11,615
		<u>19,927</u>	<u>18,058</u>
		=====	=====
10.	Sale of Goods and Services		
(a)	Sale of Goods and Services comprise the following:		
	Patient Fees [see note 2(d)]	30,451	27,332
	Staff Meals and Accommodation	4,377	4,087
	Infrastructure Charge- Monthly Facility Fees [see note 2(d)]	13,584	13,360
	- Annual Charge	3,283	9,108
	Car Parking	2,203	2,349
	Fees for Medical Records	217	239
	Linen Service Revenues - other health services	15,438	15,492
	Linen Service Revenues - non-health services	1,235	635
	Sale of Prostheses	4,456	4,718
	Services Provided to non-NSW Health Organisations	7,295	6,470
	Patient Inflows from Interstate	1,871	1,915
	Inter-Area Patient Inflows, NSW	86,586	68,005
	Other	2,910	4,219
		<u>173,906</u>	<u>157,929</u>
		=====	=====

Infrastructure charge (Annual Charge) for the previous year covers 3 financial years 2000/01, 2001/02 and 2002/03.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

(b) Revenues from Inter-Area Patient Flows, NSW [see note 2(f)] on an Area basis are as follows:		2004	2003
		\$000	\$000
	Central Sydney Area Health Service	5,592	4,515
	Northern Sydney Area Health Service	6,723	5,801
	Wentworth Area Health Service	26,230	21,660
	South Western Sydney Area Health Service	25,489	20,382
	Mid-Western Health Service	4,233	3,127
	Illawarra Area Health Service	1,973	1,569
	South Eastern Sydney Area Health Service	2,251	1,884
	Central Coast Area Health Service	2,806	2,321
	Hunter Area Health Service	1,813	1,117
	Southern Area Health Service	1,159	900
	Mid-North Coast Area Health Service	1,780	1,395
	Macquarie Area Health Service	2,786	1,080
	Other	3,751	2,254
		86,586	68,005
(c) Revenues from Patient Inflows [see note 2(f)] from interstate are as follows:			
	Australian Capital Territory	655	675
	Northern Territory	20	20
	Queensland	657	715
	South Australia	124	108
	Tasmania	66	64
	Victoria	248	235
	Western Australia	101	98
		1,871	1,915
11.	Investment Income		
	Interest	5,793	5,533
	Lease and Rental Income	2,782	3,205
		8,575	8,738
12.	Grants and Contributions		
	Clinical Drug Trials	1,808	1,355
	Commonwealth Government Grants	6,970	1,115
	Industry Contributions/Donations	2,824	3,512
	Research Grants	6,727	5,981
	University Commission Grants	106	121
	Other Grants	4,924	2,652
		23,359	14,736
13.	Other Revenue		
	Other Revenue comprises the following:		
	Commissions	340	426
	Westmead Millennium Institute	203	235
	Conference and Seminar Fees	738	617
	Treasury Managed Fund Hindsight Adjustment	1,769	-
	Value of Shares Received - Brain Resource Co	486	543
	Salary Packaging Admin Fees	804	652
	Other	1,644	847
		5,984	3,320

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

14. Gain/(Loss) on Disposal of Non-Current Assets	2004	2003
	\$000	\$000
Property Plant and Equipment	13,756	6,635
Other Assets	722	713
Less Accumulated Depreciation	7,447	5,556
Written Down Value	7,031	1,792
Less Proceeds from Disposal	10,250	1,779
Gain/(Loss) on Disposal of Non-Current Assets	3,219	(13)

15. Conditions on Contributions	Purchase of Assets	Health Promotion, Education & Research	Other	Total
	\$000	\$000	\$000	\$000
Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	445	-	6,150	6,595
Contributions recognised in previous years which were not expended in the current financial year	675	-	41	716
Total amount of unexpended contributions as at balance date	1,120	-	6,191	7,311

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 lifestyle.
Program 1.3	Outpatient Services
Objective	To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.
Program 2.1	Emergency Services
Objective	To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.
Program 2.2	Overnight Acute Inpatient Services
Objective	To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.
Program 2.3	Same Day Acute Inpatient Services
Objective	To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.
Program 3.1	Mental Health Services
Objective	To improve the health, wellbeing and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.
Program 4.1	Rehabilitation and Extended Care Services
Objective	To improve or maintain the wellbeing and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.
Program 5.1	Population Health Services
Objective	To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and 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 wellbeing of the people of New South Wales.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

17.	Current Assets - Cash	2004	2003
		\$000	\$000
	Cash at bank and on hand	11,013	6,334
	Deposits at call	75,656	69,830
		<u>86,669</u>	<u>76,164</u>
		<u><u>86,669</u></u>	<u><u>76,164</u></u>
18.	Current/Non-Current Other Financial Assets		
	Current		
	Other Loans and Deposits	54,050	41,962
		<u>54,050</u>	<u>41,962</u>
	Non-Current		
	Other Loans and Deposits	486	578
		<u>486</u>	<u>578</u>
		<u><u>486</u></u>	<u><u>578</u></u>
19.	Current/Non-Current Receivables		
	Current		
(a)	Sale of Goods and Services - Patient Fees	5,486	5,256
	- Other	7,829	7,117
	Other Debtors	4,507	4,524
	GST Receivables - Net	1,962	2,263
	NSW Health Department	<u>7</u>	<u>29</u>
	Sub-Total	19,791	19,389
		<u>19,791</u>	<u>19,389</u>
	Less Provision for Doubtful Debts	<u>(652)</u>	<u>(619)</u>
		<u>19,139</u>	<u>18,770</u>
		<u><u>19,139</u></u>	<u><u>18,770</u></u>
(b)	Bad debts written off during the year		
	Sale of Goods and Services	590	375
		<u>590</u>	<u>375</u>
		<u><u>590</u></u>	<u><u>375</u></u>
(c)	Patient Fees includes: Patient Fees - Compensable	2,867	2,174
	Patient Fees - Ineligible	1,029	1,275
	Patient Fees - Other	<u>1,590</u>	<u>1,807</u>
		<u>5,486</u>	<u>5,256</u>
		<u><u>5,486</u></u>	<u><u>5,256</u></u>
20.	Inventories		
	Current - at cost		
	Drugs	4,334	4,562
	Medical and Surgical Supplies	3,133	3,359
	Food and Hotel Supplies	284	277
	Other including Goods in Transit	<u>193</u>	<u>281</u>
		<u>7,944</u>	<u>8,479</u>
		<u><u>7,944</u></u>	<u><u>8,479</u></u>
21.	Property, Plant and Equipment		
	Land and Buildings		
	At Fair Value	1,434,144	1,298,208
	Less Accumulated Depreciation	<u>686,948</u>	<u>659,542</u>
		<u>747,196</u>	<u>638,666</u>
		<u><u>747,196</u></u>	<u><u>638,666</u></u>
	Plant and Equipment		
	At Fair Value	212,981	211,120
	Less Accumulated Depreciation	<u>146,336</u>	<u>132,298</u>
		<u>66,645</u>	<u>78,822</u>
		<u><u>66,645</u></u>	<u><u>78,822</u></u>
	Total Property, Plant and Equipment at Net Book Value	<u>813,841</u>	<u>717,488</u>
		<u><u>813,841</u></u>	<u><u>717,488</u></u>

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

Reconciliation of Carrying Amounts:

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000
Carrying amount at start of year	121,210	488,075	29,381	78,822	717,488
Additions	-	316	30,406	7,971	38,693
Disposals	(2,990)	(1,875)	-	(2,166)	(7,031)
Depreciation expense	-	(27,407)	-	(22,699)	(50,106)
Reclassifications	-	3,599	(8,316)	4,717	-
Carrying amount at end of year	175,990	519,735	51,471	66,645	813,841

- (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 Terry Stevens of Australian Valuation Office on 1 July 2000 [see note 2(k)]. He is not an employee of the health service.
- (iii) An indexation of 1.5% on land and 1.1% on buildings have been applied in 2003/04 as Fair Value Adjustments (until a revaluation is done in 2004/05) on the basis of professional advice from the NSW Department of Commerce.
- (iv) The net sales proceeds on the sale of Thomas Street, Parramatta amounting to \$8.9m was transferred to NSW Health Department

22. Current/Non-Current Assets - Other	2004	2003
	\$000	\$000
Prepayments	1,426	1,092
	=====	=====

23. Restricted Assets

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

Category	Brief Details of Externally Imposed Conditions Including Asset Category Affected		
Specific Purposes	Health Promotion	1,120	707
Other	Miscellaneous	<u>6,191</u>	<u>88</u>
		7,311	795
		=====	=====

24. Payables	2004	2003
Current	\$000	\$000
Accrued Salaries and Wages	8,441	14,761
PAYG and Other Payroll Deductions	4,388	2,206
Creditors - Recurrent	37,321	26,749
- Capital	<u>-</u>	<u>3,733</u>
	50,150	47,449
	=====	=====

25. Interest Bearing Liabilities		
Current	449	143
	=====	=====
Non-Current		
Other Loans and Deposits	3,525	792
	=====	=====

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

Repayment of Borrowings (excluding finance leases)

Not later than one year	170	143
Between one and five years	626	792
Later than five years	<u>3,178</u>	<u>-</u>
Total Borrowings at Face Value (excluding finance leases)	3,974	935
	=====	=====

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

26. Current/Non-Current Liabilities - Provisions	2004	2003
Current	\$000	\$000
Employee Annual Leave	47,270	44,343
Employee Long Service Leave	7,924	6,870
Total Current Provisions	55,194	51,213
Non-Current		
Employee Annual Leave	10,054	11,439
Employee Long Service Leave	93,066	84,579
Total Non-Current Provisions	103,120	96,018
Aggregate Employee Benefits and Related On-costs		
Provisions - current	55,194	51,213
Provisions - non-current	103,120	96,018
Accrued Salaries & Wages and on-costs [Note 24]	8,441	14,761
	166,755	161,992

27. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
Balance at the beginning of the financial year	561,371	575,604	107,547	108,047	668,918	683,651
Result for the year	(12,597)	(14,733)	-	-	(12,597)	(14,733)
Increment/(Decrement) on Fair Value Adjustments - Land and Buildings	-	-	114,796	-	114,796	-
Asset Revaluation Reserve balances transferred to Accumulated Funds on disposal of asset	-	500	-	(500)	-	-
Balance at the end of the financial year	548,774	561,371	222,343	107,547	771,117	668,918

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).

An indexation of 1.1 % on land and 1.5 % on buildings have been applied in 2003/04 as Fair Value Adjustments (until a revaluation is done in 2004/05) on the basis of professional advice from the NSW Department of Commerce.

28. Commitments for Expenditure	2004	2003
(a) Capital Commitments	\$000	\$000
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	33,790	7,076
Later than one year and not later than five years	95,817	-
Total Capital Expenditure Commitments (including GST)	129,607	7,076

Of the commitments reported at 30 June 2004 it is expected that \$NIL will be met from locally generated monies. This relates to the WIN Stage 1 program which is funded by NSW Health, and therefore the Area's funding commitment in this context is NIL.

(b) Other Expenditure Commitments		
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	222	209
Later than one year and not later than five years	166	335
Total Other Expenditure Commitments (including GST)	388	544

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

(c) Operating Lease Commitments	2004	2003
	\$000	\$000
Future non-cancellable operating lease rentals not provided for and payable:		
Not later than one year	5,544	4,299
Later than one year and not later than five years	10,956	10,460
Total Operating Lease Commitments (including GST)	16,500	14,759

Prior year figures in respect of operating lease commitments have been restated in that commitments of only contracted items at balance date have been included.

29. Trust Funds

The health service holds trust fund monies of \$8.283m 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 because the health service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust accounts:

	Patients' Trust		Private Practice Trust Funds	
	2004	2003	2004	2003
	\$000	\$000	\$000	\$000
Cash Balance at the beginning of the financial year	135	113	8,568	13,867
Receipts	971	941	31,374	31,322
Expenditure	951	919	31,814	36,621
Cash Balance at the end of the financial year	155	135	8,128	8,568

30. Contingent Liabilities

(a) Claims on Managed Fund

Since 1 July 1989, the health service has been a member of the NSW Treasury Managed Fund. The fund will pay to, or on behalf of the health service, all sums which it shall become legally liable to pay by way of compensation or legal liability if sued. Exceptions are 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

TMF normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 1997/98 final year and an interim adjustment for the 1999/2000 fund year were not calculated until 2003/04. As a result, the 1998/99 final and 2000/01 interim hindsight calculations will be paid in 2004/05.

The basis for calculating the hindsight premium is undergoing review and it is expected that the problems experienced will be rectified for future payments.

(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 that 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 that may exist or be formulated between the administering bodies of the organisation and the department.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

31. Charitable Fundraising Activities

Western Sydney Area Health Service conducts direct fundraising in all hospitals under its control. All revenue and expenses have been recognised in the financial statements of Western Sydney Area Health Service. Fundraising activities are dissected as follows:

	Income Raised	Direct Expenditure*	Indirect Expenditure+	Net Proceeds
	\$000	\$000	\$000	\$000
Appeals (consultants)	23	3	-	20
Appeals (in-house)	15	1	-	14
Fetes	13	2	-	11
Raffles	9	2	-	7
Functions	17	3	-	14
	77	11	-	66
Percentage of Income	100%	14%	0%	86%

* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc.

+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:	\$000
Purchase of Equipment	66

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

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

	2004	2003
	\$000	\$000
Net Cash Flows from Operating Activities	(48,020)	(60,655)
Depreciation	50,106	50,790
Inter-Area Patient Outflows	-	-
Inter-Area Patient Inflows	-	-
Provision for Doubtful Debts	33	208
Acceptance by the Crown Entity of Employee Superannuation Benefits	50,015	45,852
(Increase)/Decrease in Provisions	11,083	20,588
Increase/(Decrease) in Prepayments and Other Assets	(168)	4,008
(Increase)/Decrease in Creditors	(2,701)	(7,497)
Net Gain/(Loss) on Disposal of Property, Plant and Equipment	3,219	13
NSW Health Department Recurrent Allocation	728,126	685,231
NSW Health Department Capital Allocation	30,089	17,506
Repayable Loans from NSW Health Department	(3,039)	(832)
Annual Infrastructure Charge - prior years	-	6,029
Asset Sale Proceeds transferred to the NSW Health Department	(8,933)	-
Capital Work-in-Progress Written Off - prior years	-	535
Shares received	(86)	543
Cash Reimbursements from the Government	2,170	1,409
Net Cost of Services	811,894	763,728

The above reconciliation takes into account cross border flows and cash reimbursement from the Government for non First State Super payments which have been recognised in the Statement of Cashflows for the first time in 2003/04, and the above reconciliation have been restated accordingly [see note 2 (f)].

33. 2003/2004 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the health service. Services provided include:

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

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

34. Unclaimed Monies

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

All money and personal effects of patients which are left in the custody of health services by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of 12 months are recognised as the property of health services.

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

35. Budget Review

Net Cost of Services: The actual Net Cost of Services was lower than budget by \$ 4.3m and this is 0.5% of the budget and not material.

Assets and Liabilities: The increase in assets is a consequence of the Fair Value Adjustment by \$172.4m of Land and Buildings and has no corresponding budget.

Cash Flows: Cash flows reflect an increase in the level of cash with a corresponding increase in current liabilities when compared to last year.

Movements in the level of the NSW Health Department Recurrent Allocations that have occurred since the time of the initial allocation on 13 September 2003 were as follows:

	\$000
Initial Allocation, 13 September 2003	651,556
Award Increases	28,803
Commonwealth Palliative Care Program	1,075
Elective Surgery Program - Auburn Hospital	1,500
Innovative Health Service for Homeless Youth	587
National Mental Health Plan	1,123
Additional Funding for Breastscreen NSW	1,780
National Specialty Centres - Pancreas Transplants	2,065
Nursing Strategy Allocation	1,551
National Meningococcal C Vaccination Program	251
Highly Specialised Drugs Program Additional Funding	1,470
General Assistance Grants 2003/04	4,501
Inter-Area Patient Flows	30,462
Other	2,199
Balance as per Statement of Financial Performance	728,126

36. Financial Instruments

(a) *Interest Rate risk*

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

Financial Instruments	Floating interest rate		Fixed interest rate maturing in:						Non-interest bearing		Total carrying amount as per the Statement of Financial Position		Weighted average effective interest rate*	
			1 year or less		Over 1 to 5 years		More than 5 years							
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 %	2003 %
Financial Assets														
Cash	6,000	-	80,605	76,101	-	-	-	-	64	63	86,669	76,164	5.20	4.70
Receivables	-	-	-	-	-	-	-	-	19,139	18,770	19,139	18,770	-	-
Shares	-	-	-	-	-	-	-	-	486	578	486	578	-	-
Other Loans and Deposits	-	-	54,050	41,962	-	-	-	-	-	-	54,050	41,962	-	5.25
Total Financial Assets	6,000	-	134,655	118,063	-	-	-	-	19,689	19,411	160,344	137,474	5.20	5.42
Financial Liabilities														
Borrowings-Other	-	-	171	143	626	792	3,178	-	-	-	3,975	935	-	-
Payables	-	-	-	-	-	-	-	-	50,150	47,449	50,150	47,449	-	-
Total Financial Liabilities	-	-	171	143	626	792	3,178	-	50,150	47,449	54,125	48,384	-	-

*Weighted average effective interest rate was computed on a semi-annual basis.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

(a) *Interest Rate risk (cont'd)*

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

Credit Risk by classification of counterparty.

	<i>Governments</i>		<i>Banks</i>		<i>Patients</i>		<i>Other</i>		<i>Total</i>	
	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000	2004 \$000	2003 \$000
Financial Assets										
Cash	64	63	86,605	76,101	-	-	-	-	86,669	76,164
Receivables	1,969	9,609	-	-	5,486	5,256	11,684	3,905	19,139	18,770
Shares	-	-	-	-	-	-	486	578	486	578
Other Loans and Deposits	-	5,030	-	36,932	-	-	-	-	-	41,962
Total Financial Assets	2,033	14,702	86,605	113,033	5,486	5,256	12,170	4,483	106,294	137,474

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totaled \$1.0m at balance date (\$0.9m in 2002/03).

(c) *Net Fair Value*

As stated in Note 2(q) financial instruments are carried at cost. The resultant values are reported in the Statement of Financial Position and are deemed to constitute net fair value.

(d) *Derivative Financial Instruments*

Western Sydney Area Health Service holds no Derivative Financial Instruments.

37. Transition to Australian Equivalents to International Financial Reporting Standards (AIFRS)

(1) Management of Transition

The Health Service will apply the Australian Equivalents to International Financial Reporting Standards (AIFRS) from the reporting period beginning 1 July 2005.

The Service is managing the transition to the new standards by allocating internal resources and/or engaging consultants to analyse the pending standards and Urgent Issues Group Abstracts to identify key areas affected by the transition regarding policies, procedures, systems and financial impacts.

As a result of this exercise, the health service has taken the following steps to manage the transition to the new standards:

- The Health Service's Finance Committee is overseeing the transition. The Director of Finance is responsible for the project, and reports to the Committee on progress against the plan and any changes in reporting requirements mandated by NSW Health and the NSW Treasury.
- The following phases that need to be undertaken have been identified:
 - determination of opening values as at 1 July 2004 and full year comparatives for 2004/05
 - preparation of 2005/06 accounts in accordance with AIFRS
 - determination of specific policy changes and the accounting effect thereof

Work in each of these phases will be progressed in accordance with timetables to be advised by NSW Health. NSW Treasury is assisting agencies to manage the transition by developing policies, including mandates of options; presenting training seminars to all agencies, providing a website with up-to-date information to keep agencies informed of any new developments, and establishing an IAS Agency Reference Panel to facilitate a collaborative approach to manage the change.

Western Sydney Area Health Service
Notes to and forming part of the financial statements for the year ended 30 June 2004

(2) Key Differences in Accounting Policies

The health service is aware of a number of differences in accounting policies that may arise from adopting AIFRS. Some differences arise because AIFRS requirements are different from existing AASB requirements. Other differences could arise from options in AIFRS. To ensure consistency at the whole government level, NSW Treasury has advised the options it is likely to mandate, and will confirm these during 2004-05. This disclosure reflects these likely mandates.

The health service's accounting policies may also be affected by a proposed standard designed to harmonise accounting standards with Government Finance Statistics (GFS). This standard is likely to change the impact of AIFRS and significantly affect the presentation of the income statement. However, the impact is uncertain, because it depends on when this standard is finalised and whether it can be adopted in 2005-06.

Based on current information, the following key differences in accounting policies are expected to arise from adopting AIFRS:

- AASB 1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards requires retrospective application of the new AIFRS from 1 July 2004, with limited exemptions. Similarly, AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors requires voluntary changes in accounting policy and correction of errors to be accounted for retrospectively by restating comparatives and adjusting the opening balance of accumulated funds. This differs from current Australian requirements because such changes must be recognised in the current period through profit or loss, unless a new standard mandates otherwise.
- AASB 117 Leases requires operating lease contingent rentals to be recognised as an expense on a straight-line basis over the lease term rather than expensing in the financial year incurred.
- AASB 1004 Contributions applies to not-for-profit entities only. Entities will either continue to apply the current requirements in AASB 1004 where grants are normally recognised on receipt, or alternatively apply the proposals on grants included in ED 125 Financial Reporting by Local Governments. If the ED 125 approach is applied, revenue and/or expense recognition will be delayed until the agency supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied.

38. The Millennium Foundation and the Charitable Trust Fund

The Millennium Foundation is a company limited by guarantee. It has a membership and an independent Board. The objective of the Foundation is to raise funds and enhance community awareness in support of medical research and related healthcare at Westmead Medical Campus, Western Sydney Area Health Service and Westmead Millennium Institute, plus any other purposes beneficial to the medical community that the Board approves. However, in the context of AAS 24 and UIG 28, there is a level of uncertainty as to whether the accounts of the Foundation should be consolidated with that of the Area. This matter is being currently reviewed by NSW Health as similar arrangements could exist across NSW Health.

The Charitable Trust Fund comprises the residues of staff specialists (on whose behalf the Area bills and collects and accounts for the monies received to them) and was covered by a valid Trust created under the Charitable Collection Act. Legal opinion confirms that the Area has no control over the Trust.

However, in the context of AAS 24 and UIG 28, there is a level of uncertainty as to whether the accounts of the Fund should be consolidated with that of the Area. This matter is currently being reviewed by NSW Health as similar arrangements could exist across NSW Health.

39. Post Balance Sheet Event

Major reforms of the Health System were announced by the Minister for Health, Morris Iemma on 27 July 2004. The 17 Area Health Services will be combined to create 8 larger Area Health Services, effective as of 28 July 2004. The Western Sydney Area Health Service Board was dissolved on 27 July 2004 and will be replaced by an Area Health Advisory Council in due course. In the interim, Professor Steven Boyages has been appointed as the Administrator for the Western Sydney Area Health Service and Mr Bernard Deady has been appointed as the Deputy Administrator.

End of Audited Financial Statements

Donations & Bequests

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

Greater than \$100,000

Dew, Patricia, estate of late
Mills, RE, estate of late
Westmead Hospital
Westmead Institute of Reproductive Medicine

Greater than \$50,000

Anonymous

Greater than \$30,000

Doug White Foundation Inc
Mayne Pharmaceutical P/L
Rooty Hill RSL Club
Trudinger, Prof Brian

Greater than \$20,000

Allergan Australia P/L
Lions Club Parramatta
Mascot Chapter No 17
Sanofi Synthelabo Australia P/L
St Josephs SPTF Auburn
United Hospital Auxiliary Blacktown Branch
Wilkinson, Amelia, estate of late

Greater than \$10,000

Aventis Pharmaceuticals
Ball, Leslie
Hardas, Dr George
Hutton, K & S
Motor Neurone Disease Association
Smithfield Sydney Baseball
Sydney West Advanced
Trudinger, Prof Brian
Wyeth Australia P/L

Greater than \$5,000

Auburn Hospital Auxiliary No 1
Auburn Hospital Auxiliary No 2
Auburn Hospital Fundraising Committee
Berry, Mary
Chan, Dr Tao
Duncan, Dale
Glaxo Smith Kline Aust P/L
Merrylands Bowling Club
Pfizer Aust
Roche Products

Greater than \$1,000

Bransby, Mr & Mrs
Breast Cancer Institute
Cardiac Support Group

Cardone, Mark
Citibank P/L
CLS Ltd
Coca Cola Vending Machine
EAC Charity Club
Friends of Auburn Hospital Volunteers
Furness, Mr
Gloria Jeans - Mt Druitt
Hall, Walter & Eliza Trust
Hamilton Health Service
Hodder, Christofer
Janssen Cilag
Johnson & Johnson Medical
Lee, Dr Choong
Lee, Lai Kok Ha
Lions Club Auburn
Mitre 10 - Cammeray
National Australia Bank
National Council of Jewish Women
Nepean Therapy Dog Club
Nicolas Charara Tiling P/L
OCC Australia P/L
Olsson Industires P/L
Parramatta Leagues Club
Pauls Warehouse
Pink Ribbon Donations
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Environmental Services - Mt Druitt	Inter relate NSW	McNulty, Barbara	Reid, Terrence Robert	Thompson, Mrs
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Faulding Mayne Pharmaceutical P/L	John, Dr Elizabeth	Miller, Helen	Richmond High School	Ticehurst, Y
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Finn, William	Kandala, Dr Upendhar	Milo, D	Riverstone Public School PCA	TMB
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Fletcher, Mr & Mrs	Kemer, Zual	Mizzi, Alfred	Roche Diagnostics	Transfield Services
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Freeman, Joan	Kilgannon, Dulcie	Mount St Joseph Milperra Ltd	Rotary Club - Blacktown	Trivascular Inc
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Giavenor, MP	Kotzur, Barbara	Nanosonics P/L	Ruttley, R & G	Vittalraj, Dr Rupeshras
Gillings, Banie	Laservision P/L	Ninnes, William	Ryan, Amanda	Voluntary Services
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Graham, C	Leece, Joan	Nursing Benevolent Fund	Scheilander, Dietmer	Wangmann, P&K
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Grasso, Anthony	Lesley, Graham	O'Brien, Leanne	Selecon Australia	Warry, MJ & JS
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Gravolin, R & S	Lidcombe Women's Bowling Club	One Steel Manufacturing P/L	Sepehr, Mahbaneh	Watson, D
Green, Joyce	Lightsmoves P/L	Order of the Eastern Star - Lidcombe Chapter 42	Sheldon, John	Watson, Rae
Greenwood, K	Lin, Xiao	Ories, Iona	Shoemark, Edward	Webster Paint Centre
Griffith, Michelle	Lindsay, Lorraine	O'Shannessy, William	Showtime Promotions & Productions	Wehmeyer, Helen
Haberfield Bakery P/L	Lottie Stewart Hospital	Osmond Electronics P/L	Simpson, Gary L	Welsh, Alan
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Haines, Patricia	Lux Entertainment Tech	Owens, JW	Smith, Timothy	Westmead Rehabilitation Department
Hallahan, Paula	Macartney, B & K	Page, Dr Frances	Smiths Snack Food	Whitefire Ceramics - West Gosford
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Holt, Dr Elizabeth	Matter, Francoise	Prendergast family	Storm, Catriona	Yip, Dr Kerry
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Horlyck, RD	Matthews, RW & RA	Prickett, Dr John	Sunrise Choral Society	Zulamoski, M&S
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	McWhirter, Peter	Pro Light & Sound	TCB Holdings P/L	
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	McArdle, Gerry	Pursglove, Alan	Telfor, P	
	McCue, Edna family & friends	Pursglove, Steven	Telmut Ventures P/L	
		Pursglove, Veronica		

Volunteers & Community Support Groups

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

Air Liquide	Complex Volunteers	Paramatta Riverside Theatres
Alliance for Mentally Ill	Diabetes Australia, Paramatta Branch	Paramatta RSL
Alzheimer's Disease & Related Disorders Association	Edna Lyall-Linley Memorial Fund - P Perks	Paramatta Triple O
Amgen Australia	Fairfax Community Newspapers	Pastoral Care Volunteers
AMP Foundation/General Insurance	Fairfield Ladies' Golf Club	Paul's Warehouse, Blacktown
American Express Sports & Social Club Sydney	Friends of Auburn Hospital Support Group	Penrith Adult Brain Injury
Association of Children's Welfare	Greek Orthodox Church Blacktown	Plumpton Rural Fire Brigade
Association of Civilian Widows	Green Team, Mt Druitt Hospital	Plumpton Shopping Centre
Association of Relatives and Friends of the Mentally Ill	Guildford Netball Club	Price, R (International Women's Day)
Astra Zeneca P/L	Hammer Village	Psychiatric Rehabilitation Association
Auburn Aged Day Care Advisory Committee	Handicapped Bowls - Denistone Bowling Club	Punchbowl RSL Club
Auburn Aged Day Care Centre Volunteers	Hevington House Carers Support Group	Rainbow Girls
Auburn Council	Homecare Service of NSW	Rauland Australia P/L
Auburn District Community Health Advisory Committee	Host Volunteers, Mt Druitt Hospital	Red Cross
Auburn Hospital Auxiliary No. 1	Industries Mutual Credit Union	Regents Park Red Cross
Auburn Hospital Auxiliary No. 2	IKEA Prospect	Riverside Lyric Ensemble
Auburn Hospital Volunteers	Kids West	Rooty Hill Lions Club
Auburn Hospital Fundraisers	Les Baddock & Sons	Rooty Hill RSL Club
Auburn Pensioners Charity Workers	Lidcombe Catholic Workmen's Club	Rooty Hill Volunteer Bush Fire Brigade
Auburn RSL & Sub-branch	Lidcombe Ladies Working for Auburn Hospital Support Group	Rotary Club of Eastwood
Auburn Salvation Army	Lidcombe RSL Sub-branch	Rotary Club of Blacktown & Mt Druitt
Auburn St Thomas' Church	Lidcombe Women's Bowling Club	Rotary Club of Rydalmere
Australian Chinese Buddhist Society	Lifeline - Parramatta	Rotary Club of Ryde
Bankers Trust	Lions Club of Auburn/Lidcombe	RSL Australia
Bethany Respite Care Centre Volunteers	Lions Club of NSW & ACT	Ryde City Council
Blacktown Bowling Club	Lions Club of Mt Druitt	Ryde Eastwood Leagues Club
Blacktown City Council	Lions Club of Prospect	Salvation Army
Blacktown City Lions Club	Lions Club of Wentworthville	Schizophrenia Fellowship of NSW
Blacktown Inner Wheel Club	Lottie Stewart Auxiliary	SES, Mt Druitt
Blacktown Rotary Club	Lottie Stewart Day Centre	St Claire Shopping Centre
Blacktown City RSL Club	Lottie Stewart Library	St Joseph's Hospital Auxiliary
Blacktown City Women's Bowling Club	Lottie Stewart Men's Workshop	St Joseph's Hospital Rehabilitation Ambassadors
Blacktown Hospital Ladies Auxiliary	Lottie Stewart Patient Support	St Joseph's Hospital Volunteers
Blacktown Hospital Pink Ladies	Lottie Stewart Patient Visiting/Escorting	St Marys Leagues Club
Blacktown Inn	Lottie Stewart Activity Groups	St Marys Lions Club
Blacktown Workers Club	McDonald's Aust Ltd	St Marys Salvation Army
BMDH Aged Care Volunteers	McDonald's, Blacktown	St Patrick's Tavern, Mt Druitt
Breast Cancer Support Service Volunteers	McDonald's, Mt Druitt	SGE Credit Union
Bridgeway House Volunteers	McDonald's, Plumpton	Starlight Children's Foundation
Broken Hill Mine Employees' Pension Fund	Meals on Wheels, Mt Druitt	Stiklites Aust
Brush Park Bowling Club	Mission Australia	Surgical Products Educational Fund
Bunning's Warehouse, Blacktown	Motor Accidents Authority	Sydney Woodturners Guild
Bunning's Warehouse, Minchinbury	Mt Druitt Cancer Support Group	Tallowood Volunteers, Mt Druitt Hospital
Busy Fingers	Mt Druitt Hospital Kiosk Volunteers	Target Blacktown
Café Lottie	Mt Druitt Hospital Ladies Auxiliary	Uniting Church in Australia, Paramatta Regional Mission
Castle Hill RSL Club	Nepean Pets as Therapy Club	Voluntary Transport Drivers, Mt Druitt Hospital
Catholic Schools Parents' Forum	Northolm Grammar School	Ulysses Bike Club Eastern Creek
Confused and Disturbed Elderly (CADE)	NSW State Forests	Wallacia Associates
Commonwealth Bank Employees	Nurses' Association of NSW	Westfield Mt Druitt Shoppingtown
Country Women's Association (CWA)	Order of Eastern Star - Lidcombe Chapter 42	Westfield Parramatta Shoppingtown
Community Support Network (West)	Order of Eastern Star - Mt Beulah Chapter 2	Westmead Cardiac Institute
Crestwood Volunteers, Blacktown	Parramatta City Council	Westmead Hospital Arts Society
Cumberland Newspapers	Parramatta Leagues Club	Westmead Hospital Voluntary Services
Cumberland Women's Bowling Club	Parramatta Lions Club	Westmead Renal and Pancreas Transplant Support Group
Cumberland Hospital Day Services	Parramatta Mission	Westpoint Shopping Centre
		Wheelie Warriors
		WISHBONE

Westmead Hospital
Cnr Hawkesbury and Darcy Roads, Westmead NSW 2145
Telephone: 02 9845 5555
Facsimile: 02 9845 5000
Patient Enquiries: 02 9845-6588
Classification: Tertiary

Westmead Hospital is the largest teaching hospital in Australia and a major tertiary referral facility. It is home to the internationally recognised Westmead institutes of health research. Westmead leads the way in areas such as renal and transplantation, neonatology, cancer, immunology and allergy and cardiac disease.

Mt Druitt Hospital
Railway Street, Mt Druitt NSW 2770
Ph: 02 9881 1555
Fax: 02 9881 1690
Classification: Metropolitan

Mt Druitt Hospital is set to be a centre of excellence for surgery, paediatric care and rehabilitation.

Blacktown Hospital
(PO Box 6105)
Blacktown Road, Blacktown NSW 2148
Ph: 02 9881 8000
Fax: 02 9881 8020
Classification: Metropolitan

Blacktown Hospital is a teaching hospital with University of Western Sydney and provides world class service to members of the local government area.

Auburn Hospital and Community Health Services
(PO Box 263 Auburn 1811)
Norval Street, Auburn NSW 2144
Ph: 02 9563 9500
Fax: 02 9563 9666
Classification: Metropolitan
Auburn Hospital celebrating 40 years of service to our culturally diverse community.

Cumberland Hospital
1-11 Hainsworth Street, Westmead NSW 2145
Telephone: 02 9840 3000
Facsimile: 02 9840 3700
Classification: Tertiary

Lottie Stewart Hospital
40 Stewart Street, Dundas NSW 2117
Telephone: 02 9858 3255
Facsimile: 02 9874 9213
Classification: Affiliated Health Organisation

St Joseph's Hospital
Normanby Road, Auburn NSW 2144
Telephone: 02 9649 8941
Facsimile: 02 9649 7092
Classification: Affiliated Health Organisation