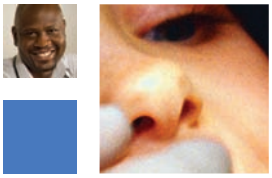
SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

ANNUAL REPORT 2007/08







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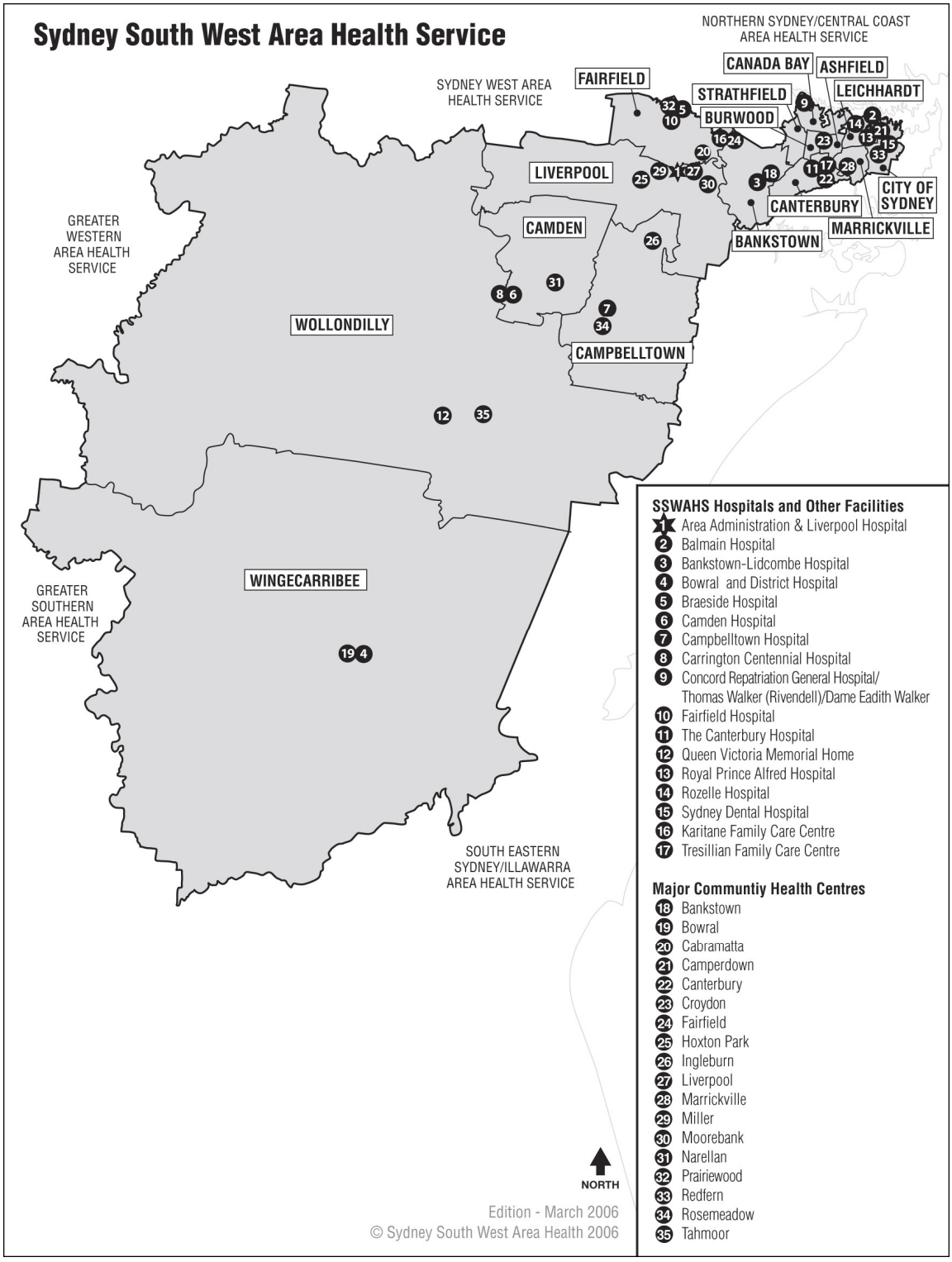


SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

The Hon J Della Bosca, MLC
NSW Minister for Health
Governor Macquarie Tower
1 Farrer Place
SYDNEY NSW 2000

Dear Minister

I have pleasure in submitting the Sydney South West Area Health Service (SSWAHS) 2007/08 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2007/08 Directions for Health Service Annual Reporting.

Yours sincerely

Mike Wallace
Chief Executive

Chief Executive Year in Review

2007-08 marked a number of significant developments for Sydney South West Area Health Service (SSWAHS).

The Area Health Service is continuing to work to improve the networking of services across the Area and to address the significant population growth in Sydney's south west.

In 2007 senior clinicians, together with hospital general managers and the Area executive, reviewed the current clinical stream structure across the two zones of the Area Health Service. This included the allocation of departments within the clinical streams, the interaction between departments within and across streams, and the relationship between clinical streams and facilities.

The Area Health Service has now developed and implemented a model for a single clinical stream structure. The new structure creates a single, multi-campus health service delivery system across SSWAHS.

This new structure will allow the development of better networked services and assist in meeting the challenges of workforce, quality and safety.

The implementation of the Emergency Department (ED) data management system - *FirstNet* - in a number of facility EDs has seen difficulties in accurately reporting performance data. We are continuing to work on resolving this issue.

SSWAHS again experienced an increase in ED activity with presentations increasing from 310,828 in 2006-07 to 328,282 in 2007-08. Ambulance presentations increased by seven per cent from the previous year to 100,408.

To assist SSWAHS in coping with this increased demand, the current service models for both acute and aged services were revised. This resulted in the establishment of a comprehensive *Acute and Aged Care Services Model* which aims to ensure all patients continue to receive good quality and timely health care. This Model encompassed an Area-wide strategy to relieve pressure on EDs by establishing 66 Medical Assessment Unit (MAU) beds across SSWAHS (for more details see page nine). Occupancy rates for the MAUs have increased steadily since implementation in April 2008. Plans are underway to establish an MAU at Fairfield Hospital.

2007-08 saw the Area's Clinical Redesign program further develop educational and organisational capacity by building strategies to support organisational change, performance management and improvement. In this third year of the Program four additional major projects were undertaken. Implementation progressed on solutions and initiatives identified from the redesign projects including the *Area Performance Framework and Culture Project* and the *Older Persons and Aged Care Health Services Project*.

New projects undertaken in the year included the *Macarthur Patient Flow Project* (Campbelltown and Camden Hospitals); *Fairfield Hospital Patient Flow Project*; *Patient, Carer and Staff Experience Co-Design Project* in Bankstown Hospital ED; *Respiratory Chronic and Complex Care Project* (*RCCC)* at RPA and Balmain Hospitals.

Patient Flow Projects undertaken at Fairfield Hospital and Macarthur (Campbelltown and Camden Hospitals) aimed at improving the efficiency, effectiveness and the quality of the patient journey through the Hospitals. The projects also aim to ensure patients receive high quality inpatient care which flows smoothly from one step in the journey to the next.

The *RCCC Project* aimed to develop and implement improved models of care for the management of respiratory chronic and complex patients. The Project intends to identify and undertake service improvement to improve the patient journey and patients' experience of the service.

The *Bankstown Co-Design Project* aimed to better understand and improve the experiences of patients and carers who attend the ED at Bankstown Hospital. It also aims to develop initiatives through the active participation and cooperation of staff, patients and carers.

All of these projects delivered a broad range of solutions and initiatives within the timeframes, resources and scope of the projects. Implementation of these initiatives is actively progressing and being managed by the relevant facilities. While it is too early to tell if the projects have affected relevant key performance indicators, early indicators are positive.

Being ready for new risks and opportunities requires solid planning processes. Corporate Business and Health Services Planning within SSWAHS continues to be guided by the strategic framework mapped out

Chief Executive Year in Review

in the Area's strategic plan *A New Direction for Sydney South West, Towards 2010.* The Plan was formally launched by the Minister for Health and the Area Healthcare Advisory Committee in October 2008.

The quality of the plans developed by SSWAHS reflects the ongoing commitment to consultation and the participation of the community. Examples include the *Overweight and Obesity Prevention and Management Plan* which involved interviews with 300 people in shopping centres and included substantial input from General Practitioners, local Councils, Government agencies and non-government organisations. Multicultural focus groups were engaged as part of the planning for Maternity Services. Other significant planning processes over 2007-08 included the *Carers Plan*, the *Disability Action Plan*, *HIV/AIDS*, *Aboriginal Health* and *Youth Health Plans.*

When planning for the future and challenges ahead, Sydney's growing south west communities continue to receive particular attention. The redevelopment of Liverpool Hospital was the first major step, now the development of a clinical services plan for Macarthur is required. The development plan will aim to position the Area so that it is aware of future needs and service models for acute hospital, chronic care and integrated and primary care services. Urban planning is also an important agenda for the Area and has been enhanced through the continuing strengthening of partnerships with all 15 local Councils.

Recently, the University Medical Clinics of Camden/Campbelltown (UMCCC) were established and will improve patient access by delivering specialist services that are not currently available within Camden Hospital. The clinics will provide a broad range of specialist outpatient services.

The UMCCC will enhance the Macarthur Clinical School's capacity to teach in a variety of clinical environments. It will provide a unique opportunity for Camden and Campbelltown Hospitals to further expand their specialist training facilities for medical students and basic/advanced trainees.

The Clinical Governance Unit has had a successful and busy year. The key focus has been on refining the processes involved in the investigation and analysis of serious adverse events and in developing the skills of staff involved in this work. Consequently, the quality of the process outcomes has improved significantly, resulting in more targeted recommendations for improvement. The next year will see greater emphasis on human factors and changing behaviours to achieve a higher level of patient safety.

Several special projects have been initiated, which are yielding important information and opportunities for improvement in the areas of sedation, dealing with blood products, falls prevention, medication management and death/morbidity review. Other important areas of emphasis have been hand hygiene, environmental cleaning and resistant bacteria in the hospital setting. One exciting aspect of this work is focusing on the appropriate selection of antibiotics in high risk areas such as the Intensive Care Unit. After an initial pilot at Liverpool Hospital, this program will now be rolled out on a larger scale across the Area.

The Area Clinical Quality Council, Clinical Council and Clinical Stream Director meetings continue to be important avenues for the exchange of information between facilities, clinicians and Clinical Governance.

The SSWAHS capital works program is progressing well with the continuation of several major projects. The Liverpool Stage 2 redevelopment, which is the largest single project underway within SSWAHS, has moved from scheme design to detailed design for many of the Units. The redevelopment will result in the Hospital becoming one of the largest, busiest inpatient facilities in Australia and the largest teaching hospital in New South Wales. A large number of Liverpool Hospital staff continue to contribute valuable time and expertise to ensure the best outcomes for the Hospital during the design phase.

The recent completion of the Mental Health Precinct, located at Concord Hospital, is the single largest piece of mental health infrastructure in NSW in more than 50 years. The $58 million centre was officially opened in June 2008 by the then Premier Morris Iemma and the then Minister Assisting the Minister for Health (Mental Health) Paul Lynch. It is hoped that the new Centre will help to change community attitudes towards mental health problems which affect one in five Australians at some stage in their lifetime.

Chief Executive Year in Review

The Nursing and Midwifery Service continued to focus on managing the SSWAHS workforce. The Service continues to provide comprehensive clinical leadership and development opportunities for staff.

The Centre for Education and Workforce Development, together with Nursing and Midwifery Services has worked to strengthen Leadership and Management development. This is being achieved through the Mentoring and Clinical Supervision Program and the development of a Masters of Clinical Leadership and Supervision, both in partnership with the University of Tasmania.

The Area continues to provide the highest number of clinical placement days in NSW at around 400,000 representing 36 per cent of all Metropolitan placements in NSW.

This year, SSWAHS administration was pleased to welcome two new additions, Dr Maree Bellamy and Ms Corryn McKay. Dr Bellamy was appointed as the Director of Clinical Governance and is responsible for the Clinical Governance Unit (CGU). The CGU's primary role is to ensure that appropriate patient safety and quality activities are occurring within the Area Health Service. Ms McKay was appointed as the Director, Public Affairs and Marketing. She is responsible for the strategic management of the local and metropolitan media as matters arise and for providing advice and assistance to staff in SSWAHS in managing media issues.

I would like to commend all our staff and volunteers on the hard work and dedication shown throughout 2007-08. I look forward to 2008-09 with SSWAHS continuing to improve the way we deliver health care through a focus on quality and safety.

Highlights

SSWAHS Strategic Plan launched

The Strategic Plan launched this year maps how Sydney South West Area Health Service (SSWAHS) will continue to deliver high quality health services to the most diverse and fastest growing population in NSW. Reducing health disadvantage, preventing illness and improving health are some of the priorities for SSWAHS over the next four years.

Hospitals go smoke free

All hospitals within SSWAHS went smoke free in July 2007. SSWAHS hopes the smoking ban on all campuses will help reduce the harms associated with tobacco use among staff, patients and visitors.

Awards for SSWAHS

Each year the Minister for Health recognises the outstanding contributions and achievements of workers from across the NSW Health System. In 2007, SSWAHS picked up awards in a number of categories:

Winner - *Best Overall Performance by an Area Health Service* 2006-07

Winner - *To Keep People Healthy - Most Improved Performance* 2006-07

Winner - *To Provide the Health Care People Need - Most Improved Performance*, 2006-07

Winner - *To Manage Health Services Well - Best Performance* 2006-07

Winner - *Hospital Performance Award - Principal Referral and Specialist Hospitals - Most Improved Performance* 2006-07 Liverpool Hospital

Winner - *Hospital Performance Award - Major Metropolitan Hospitals - Most Improved Performance* 2006-07 Fairfield Hospital

Winner - *Make Smart Choices about the Costs and Benefits of Health Services*. Shortlisted for the Minister's Excellence Award

Finalist - Create better experiences for people using health services

SSWAHS helps to close the gap

SSWAHS facilities marked national *Close the Gap* day in April, publicly demonstrating a commitment to closing the 17-year life expectancy gap between Indigenous and non-Indigenous Australians.

RPA records historic milestone – 125 years

Royal Prince Alfred Hospital commemorated its 125th anniversary this year with a range of celebrations and official functions.

$58 million Concord Centre for Mental Health officially opened

Mental health staff and patients are delighted with their new surroundings following their move from Rozelle Hospital to the new Concord Centre for Mental Health. The new state-of-the-art facility is the single largest new mental health facility to be built in NSW for many decades. It was designed as a place of healing and hope for the many people in society affected by mental illness.

$390 million redevelopment of Liverpool Hospital

Work is underway on the $390 million Stage 2 redevelopment of Liverpool Hospital. The project has been fast tracked for completion in 2011. The redevelopment will significantly increase the capacity of Liverpool Hospital to cater for the significantly growing population and increasing demand on health services. By 2016 it is predicted almost one million people will reside in the south west of Sydney. Once completed Liverpool Hospital will be one of the largest tertiary facilities in Australia.

Bowral Hospital Paediatric Unit upgrade

The multi-million dollar upgrade of Bowral Hospital's Paediatric Unit has begun. The redeveloped Unit aims to provide a more modern, family friendly environment for sick children and their families.

Mental health emergency room for Campbelltown Hospital

Campbelltown Hospital opened a $1.4 million Psychiatric Emergency Care Centre (PECC) to provide specialist care to patients presenting to its Emergency Department (ED) with mental illness. The new PECC is designed to ensure mental health patients receive the care most appropriate to their clinical needs.

Highlights

Establishment of Medical Assessment Units

Medical Assessment Units (MAUs) are a new type of acute care ward where specialist doctors, nurses and allied health professionals design and lead the care of older patients and those with chronic illnesses. MAUs were established at Royal Prince Alfred, Liverpool, Canterbury, Campbelltown, Bankstown and Concord Hospitals to provide faster and better coordinated care within the hospital, community and home for older patients and those with chronic disease.

New research institute for Sydney's south west steps forward

The newly formed Ingham Health Research Institute (IHRI) appointed a Chairman and Board and issued its first research grants this year. The IHRI aims to strengthen the capacity and reputation of Sydney south west as an area of excellence in medical research and technology.

Motor neuron disease gene discovered

In a world first, the ANZAC Research Institute at Concord Hospital found a new gene abnormality that is responsible for causing the fatal paralysis, motor neuron disease (MND). This exciting discovery has initiated a new chapter in MND research. Work has now commenced to understand how the abnormal gene causes MND.

World First Bone Graft Research at Fairfield Hospital

Research at Fairfield Hospital will give new hope to patients requiring revision hip replacements. For the first time, researchers at Fairfield Hospital's Whitlam Joint Replacement Centre have been able to grow a bone graft into a metal prosthesis, which has the potential to lead to stronger hip replacements in the future.

A Trauma Team world first at Liverpool Hospital

Liverpool Hospital's emergency and trauma department has developed a world first program for nurses enabling them to quickly detect internal bleeding in patients suffering severe injury after a major trauma, such as a car accident. The Hospital's emergency and trauma team uses the international best-practice ultrasound scan, Focused Assessment with Sonography in Trauma (FAST), to determine the presence of intra-abdominal fluid in patients with abdominal trauma. Until recently the scans were carried out by ED doctors credentialed in FAST.

Australian first study holds hope of easier cannabis withdrawal

Groundbreaking research by SSWAHS' Corella Drug Treatment Service has shown a common mood stabiliser, lithium carbonate, has the potential to help heavy cannabis users beat their dependency. Researchers found significant improvements in abstinence from marijuana use among the 20 participants, all of whom met the definition for cannabis dependence when starting the program.

Millions to tackle diabetes in Sydney's south west

SSWAHS has been commissioned to conduct a $5.2 million, three-year community-based diabetes prevention pilot program. People at risk of developing diabetes in Sydney's south west will benefit from the program which aims to help them make the lifestyle changes required to avoid the disease. The program will screen up to 30,000 people aged between 40 and 64 years to identify those who may be at high risk of developing type 2 diabetes.

Leading technology at RPA

Australasia's first purpose built Intraoperative MRI operating theatre was opened at RPA. The Intraoperative MRI enables neurosurgeons to perform a series of MRI scans during complex surgery to remove glioma and pituitary gland tumours from the brain without leaving the operating theatre or closing the incision. The purchase of this state-of-the-art technology was made possible thanks to the late Myfanwy Peters who made a generous $6 million bequest to RPA neurosciences in honour of her husband, Norman Peters.

$3 million machine to boost cancer treatment

RPA now has a fourth linear accelerator machine to treat cancer patients with radiation therapy. The machine has allowed more patients to be treated sooner.

New scanner for Bankstown Hospital

Bankstown Hospital's new state-of-the-art LightSpeed 64-slice CT scanner was the first of its kind in a public hospital in NSW. With its enhanced imaging ability, the scanner reduces the need for invasive procedures such as cardiac catheters, colonoscopies and angiographic procedures.

Highlights

State-of-the-art scanner for Fairfield

Fairfield Hospital received $1 million in special purpose funding for a new 64-slice CT scanner and a new ultrasound machine this year. It brings the most advanced scanning technology in Australia to Fairfield patients. It is used to help diagnose blood vessel disorders, diabetes, and look for problems with bones and organs.

Boost to hospital services in the Macarthur area

Local residents are benefiting from changes at Campbelltown and Camden Hospitals that have improved access to high quality specialist services in the Camden area and integrate day surgery into larger facilities at Campbelltown Hospital. The changes include the establishment of the new University Medical Clinics of Camden/Campbelltown that will provide patients with access to specialist care in allergies, respiratory medicine and diabetes in pregnancy.

Sydney Dental Hospital goes digital

The Community Oral Health Clinic at Sydney Dental Hospital changed to a new digital imaging system. Digital imaging saves time for patients and staff with instant availability of x-ray images. The x-rays appear on a chair-side computer screen which helps patients better understand their dental condition.

New falls education program at Bowral Hospital

Bowral Hospital's Occupational Therapy Department launched *Stepping On* this year, a falls education program to teach elderly people how to build their confidence and learn strategies to reduce the risks of falls. Falls are the most common cause of injury among the elderly and loss of independence is of great concern to the elderly and their families.

Make a Move Campaign

Successful health promotion surrounding the *Make a Move* campaign this year encouraged people over the age of 60 to become more physically active. Research shows regular exercise not only has many health benefits, but in people over the age of 60, can also significantly reduce the risk of falling. Tai chi and aqua fitness were some of the activities coordinated for the campaign.

Encouraging local kids to eat fresh fruit and veg

Local kids in the Inner West and Macarthur have been involved in fun food activities and taste testing this year as part of the *Go for 2 and 5* fruit and vegetable campaign to encourage healthy eating.

Hospital and military join forces

Liverpool Hospital teamed up with the Australian Defence Force this year to provide army health personnel from Liverpool Military Area units with additional training. The Hospital Skills Program is an annual six week placement providing an opportunity for personnel to continue to treat severely injured or unwell patients during peacetime.

Balmain Hospital's Medical Acupuncture Clinic

The first Medical Acupuncture Clinic based in a hospital setting in NSW, is helping patients in the treatment of their pain and non-pain conditions. The Clinic has provided an effective holistic approach to patient care to more than 2,400 patients since its opening in June 2006.

Helping the elderly stay healthy

Bankstown Hospital volunteers are taking part in a trial to provide mealtime assistance to patients unable to feed themselves while in hospital. The trial is modelled on successful programs run at RPA Hospital.

Rewarding career opportunities in health service management

The third intake of the Graduate Health Management Program successfully graduated this year. Carlo San Juan, Jason Cheng, Anna Lang and Lavena Ramdutt are all working in operational management positions. The Graduate Health Management Program is run over a two year period, with new graduates joining the program each year. Throughout the Program, graduates are placed in junior operational management positions such as Executive Officers to General Managers where they receive mentoring, support, training and education to ensure rapid career development.

International Nurses Day Celebrated at SSWAHS

The hard work and dedication of nurses was celebrated with special events across all SSWAHS facilities on International Nurses Day (12 May).

Health Service Profile

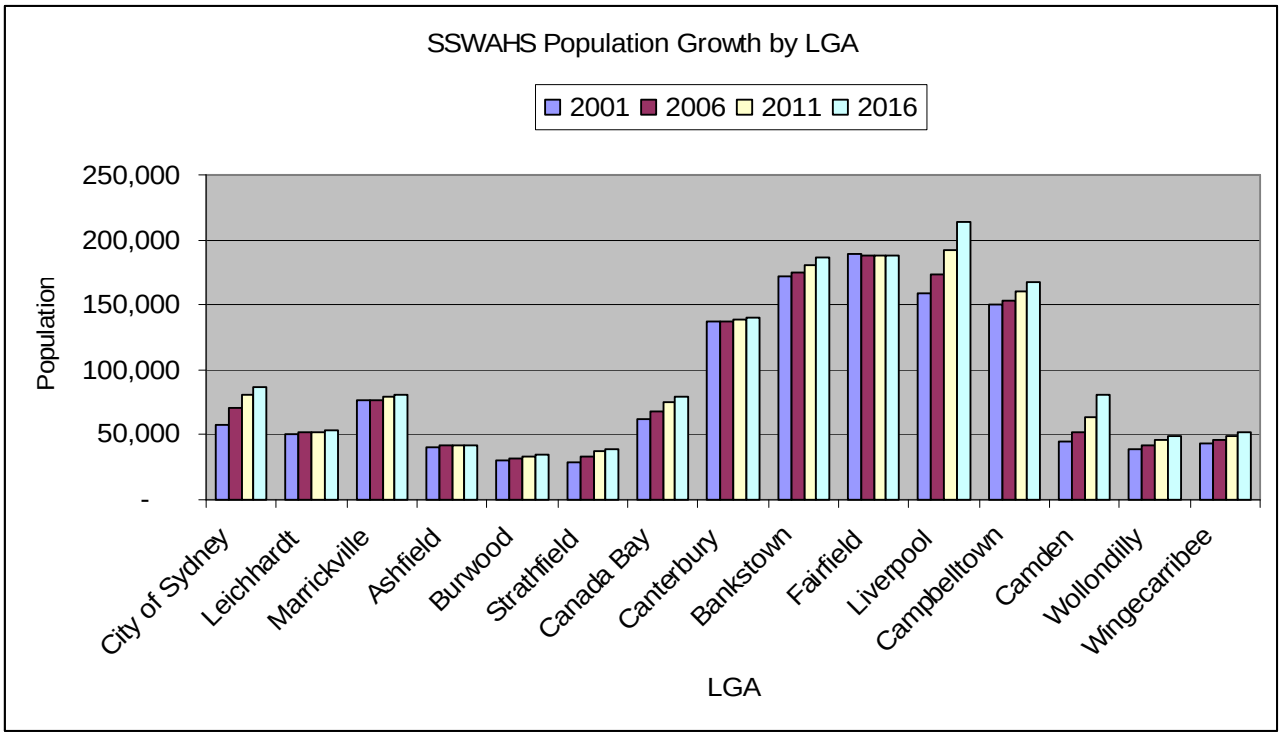
Sydney South West Area Health Service was formed as a legal entity on 1 January 2005 and is currently the most populous area health service in NSW, with approximately 20 per cent of the NSW population residing within its borders.

SSWAHS covers a land area of 6,380 square kilometres and in 2006 had an estimated residential population of 1,340,378 residents.

With areas projected for both substantial new land release for residential development and medium density urban infill, SSWAHS continues to be one of the fastest growing regions in the State. Its population is projected to increase by 11 per cent over the next ten years, reaching almost 1.5 million people by 2016.

SSWAHS is comprised of the following 15 Local Government Areas (LGAs):

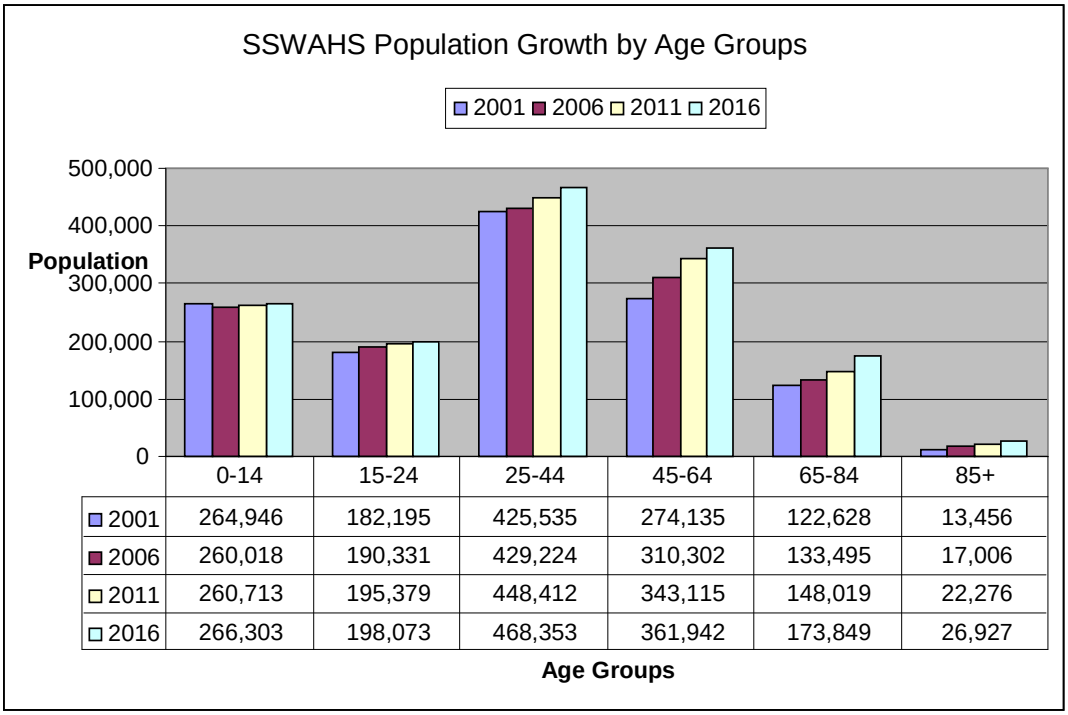
City of Sydney (part)
Leichhardt
Marrickville
Ashfield
Burwood
Strathfield
Canada Bay
Canterbury
Bankstown
Fairfield
Liverpool
Campbelltown
Camden
Wollondilly
Wingecarribee



	2001	2006	2011	2016
TOTAL	1,284,897	1,342,391	1,419,933	1,497,474

Source: NSW Department of Planning, 2007

Health Service Profile



	0-14	15-24	25-44	45-64	65-84	85+
2001	264,946	182,195	425,535	274,135	122,628	13,456
2006	260,018	190,331	429,224	310,302	133,495	17,006
2011	260,713	195,379	448,412	343,115	148,019	22,276
2016	266,303	198,073	468,353	361,942	173,849	26,927

Source: NSW Department of Planning, 2007

Population Characteristics

SSWAHS is the most ethnically diverse area health service in Australia, with 39 per cent of the population speaking a language other than English at home. This is most notable in Fairfield and Canterbury, where over 60 per cent of the population do not speak English at home. A high proportion of new migrants to Australia, including refugees, choose to settle in Sydney's south west. There is considerable variation between LGAs in the proportion of the population identifying as Aboriginal, which is highest in South Sydney and Campbelltown.

SSWAHS has some of the most disadvantaged communities in NSW. Fairfield is the fourth most disadvantaged LGA in NSW. At a local level the degree of disadvantage is considerable. A total of 9 suburbs in SSWAHS are in the 30 most disadvantaged suburbs in NSW and in the 15 most disadvantaged suburbs in metropolitan Sydney (Socio-Economic Indexes for Areas 2006 Australian of Bureau Statistics).

The Area's population is also growing by around 20,000 births per annum, representing over 22 per cent of all births in NSW. SSWAHS contains areas with some of the highest fertility rates in the State, with some suburbs well above the State average of 1.79 births per woman, including Bankstown (2.15) Liverpool (2.12), Camden (2.11), Canterbury (2.08), and Wollondilly (2.07).

Area-wide, there are approximately 266,000 children (aged 0 to 14 years) who account for 19 per cent of the SSWAHS population.

The LGAs with the largest number of children are: Macarthur (Campbelltown, Camden and Wollondilly LGAs) 58,246; Liverpool 41,160; Fairfield 38,345; Bankstown 36,000 and Canterbury 26,000.

LGAs with the highest proportion of people aged 85 years and over are Ashfield, Burwood and Strathfield. Area-wide, there are 17,000 people over the age of 85 (1.3 per cent of the population). Hospital data indicates that people over the age of 65 years utilise 45 per cent of all acute hospital bed days. The number of people aged 65 years and over is projected to increase by 33 per cent by 2016, when they will represent 13 per cent of the SSWAHS population.

The age standardised mortality rates (2000 to 2004 combined) for SSWAHS residents are slightly lower than the State average for both males (780.9 per 100,000 to 811) and females (523.2 per 100,000 to 533.2). The major causes of death are circulatory diseases, cancers, injury/poisoning and respiratory diseases. These comprise about 80 per cent of all deaths in both SSWAHS and NSW.

The four major causes of death apply to both males and females. Deaths due to cancer, injury/poisoning and respiratory diseases were higher among males. The proportion of female deaths due to injury/poisoning is 4 per cent compared to 8 per cent for males.

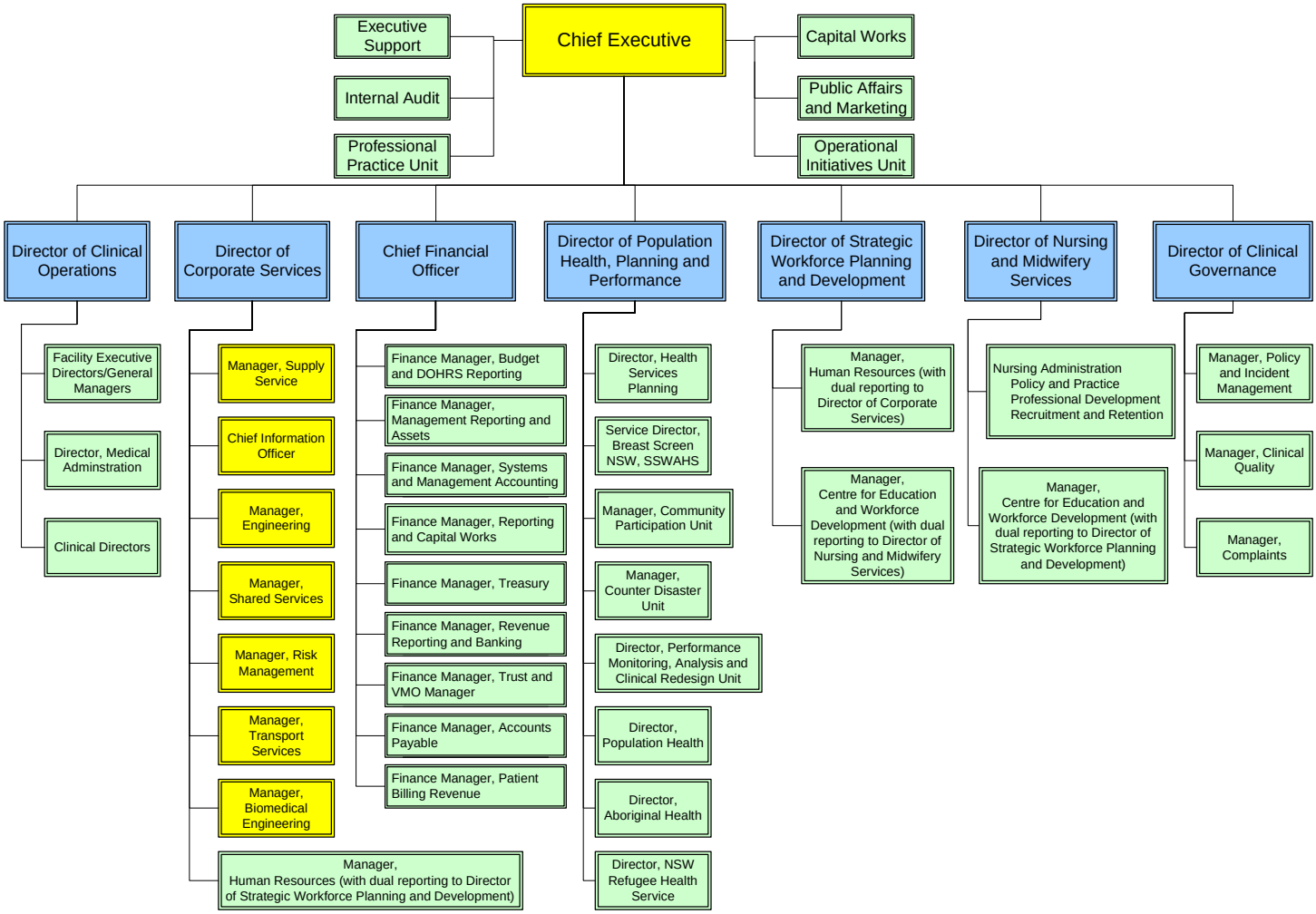
Organisation Chart

The organisational structure is separated into tiers and incorporates the clinical governance model as well as legislative and statutory responsibilities for SSWAHS.

The first tier within SSWAHS is the position of Chief Executive. The Chief Executive is accountable for the overall corporate governance, performance and strategic planning of the organisation. Positions reporting directly to the Chief Executive offer support in delivering these functions.

The position of Chief Executive reports directly to the Director-General of NSW Health.

The seven positions within the second tier of SSWAHS report to the Chief Executive. These senior management positions are responsible for the delivery of clinical services, strategic planning, workforce planning, performance, corporate support, finance and nursing for the organisation.



Purpose and Goals

SSWAHS has incorporated NSW Health's vision *Healthy People – Now and in the Future* into its own strategic plan – *A New Direction for Sydney South West Health Service Strategic Plan towards 2010.*

The vision is underpinned by four goals and seven strategic directions. The four goals are:

- To keep people healthy
- To deliver high quality health services
- To provide the health care people need
- To manage health services well.

The seven strategic directions are:

- Make prevention everybody's business
- Create better experiences for people using the health system
- Strengthen primary health and continuing care in the community
- Build regional and other partnerships for health
- Make smart choices about the costs and benefits of health services and health support services
- Build a sustainable health workforce
- Be ready for new risks and opportunities.

For each of the seven strategic directions, SSWAHS has developed local objectives. These directions are summarised below.

1. Make prevention everybody's business

- Encourage the adoption of healthy lifestyles and the development of healthy environments
- Reduce health disadvantage
- Improve awareness of prevention activities and services

2. Create better experiences for people using the health system

- Utilise collaborative processes involving consumer feedback and information from health care reporting systems to continuously improve the quality and safety of health services
- Improve service access, efficiency and effectiveness
- Provide integrated and networked care across the whole of SSWAHS

3. Strengthen primary health and continuing care in the community

- Expand the range of services available in the community and domiciliary setting
- Increase the focus of SSWAHS activities on early intervention

4. Build regional and other partnerships for health

- Actively participate in and develop appropriate forums to build the capacity of the region to respond to current and anticipated health issues
- Engage and involve stakeholders in the development of SSWAHS policies, plans and initiatives

5. Make smart choices about the costs and benefits of health services and health support services

- Strengthen the financial sustainability of SSWAHS
- Provide the information necessary to support decision making

6. Build a sustainable health workforce

- Ensure SSWAHS is the Area Health Service that people want to work in and in which they can build a career
- Ensure our workforce profile is matched to the needs of our population, in terms of numbers and skills

7. Be ready for new risks and opportunities

- Build the capacity and reputation of SSWAHS as a leader in health research and education
- Respond to changes in the operating environment of SSWAHS in a timely manner

The SSWAHS values of justice, respect, integrity, conviction, reflectiveness and flexibility will be evident in all aspects of operations and accountability will be strengthened through regular and improved performance reporting.

Corporate Governance Statement

The Chief Executive

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

The Chief Executive is committed to better practices as outlined in the Guide on Corporate Governance, issued by NSW Health.

The Chief Executive has practices in place to ensure the primary governing responsibilities of Sydney South West Area Health Service (SSWAHS) are fulfilled with respect to:

- Setting strategic direction
- Ensuring compliance with statutory requirements
- Monitoring performance of the Area Health Service
- Monitoring financial performance of the Area Health Service
- Monitoring the quality of health services
- Industrial relations/workforce development
- Monitoring clinical, consumer and community participation
- Ensuring ethical practice.

Strategic direction

The Chief Executive has processes in place for the effective planning and delivery of health services to the communities and patients serviced by SSWAHS.

This process includes setting a strategic direction for both the organisation and for the health services it provides.

Code of conduct

The Chief Executive and the Area Health Service have adopted a Code of Conduct (the Code) to guide all employees and contractors in carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community, compliance with laws and regulations, and ethical responsibilities.

A statement about the Code is included in the annual report.

Risk management

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

The Chief Executive receives and considers all reports of SSWAHS external and internal auditors and, through the Audit and Corporate Risk Management (CRM) Committee, ensures that audit recommendations are implemented.

SSWAHS has a Risk Management Program and Risk Register that includes both clinical and non-clinical risks.

Committee structure

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

Quality committees

The Chief Executive has systems and activities in place for measuring and routinely reporting on the safety and quality of care provided to the community. These systems and activities reflect the principles, performance and reporting guidelines as detailed in the *Framework for Managing the Quality of Health Services in NSW* documentation. The key quality committees for SSWAHS are the Clinical Quality Councils (eastern and western zones).

Audit and Risk Management Committee

The Chief Executive has established an Audit and Risk Management Committee.

The Audit and Risk Management Committee is chaired by an independent external expert, with the following membership:

- Chair: independent external expert
- Second external expert
- Chief Executive

The following people attend each meeting:

- Manager Internal Audit
- Chief Financial Officer
- Independent Auditor

Corporate Governance Statement

The Audit and Risk Management Committee meets five times per year. The objectives of the Committee are to:

- Maintain an effective internal control framework
- Review and ensure the reliability and integrity of management and financial systems
- Review and ensure the effectiveness of the internal and external audit functions
- Monitor the management of risks to the health service, including responsibility for reviewing and updating the Risk Register. It is the responsibility of the Clinical Quality Councils (eastern and western zones) to analyse and control clinical risks and implement preventative clinical risk strategies. The authority to analyse and control non-clinical risks, implement preventative risk strategies and control non-clinical risks is delegated to officers, as outlined in the Risk Management Program.

Finance and Performance committee

The Chief Executive has established a Finance and Performance Committee. This Committee is chaired by the Chief Executive, with the following membership:

- Director Clinical Operations
- Director Corporate Services
- Chief Financial Officer
- Director Population Health, Planning and Performance
- Director Nursing and Midwifery

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

- Examine budget allocations
- Monitor overall financial performance in accordance with budget targets
- Develop and maintain efficient, cost effective finance functions and information systems
- Ensure appropriate financial controls are in place
- Manage funds effectively.

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

Performance appraisal

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

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

This statement reflects the corporate governance arrangement in place with the Sydney South West Area Health Service (SSWAHS).

Clinical Governance

The Clinical Governance Unit (CGU) has had a busy and successful year. The focus has been on refining the processes involved in the investigation and analysis of serious adverse events and in developing the skills of staff involved in this work. The next year will see greater emphasis on human factors and changing behaviours to achieve a higher level of patient safety.

Sydney South West Area Health Service (SSWAHS) continues to lead the way in offering advanced training to the leaders of investigation teams and will introduce further courses to ensure the highest standard of adverse event assessment.

SSWAHS has maintained its reputation for best practice performance in complaints management. The CGU has also developed an improved model for managing serious concerns about a clinician, which assesses performance on a broader front and incorporates qualitative and quantitative components.

Several special projects have been initiated, which are yielding important information and opportunities for improvement in the areas of sedation, dealing with blood products, falls prevention, medication management and death/morbidity review.

EQuIP accreditation

All SSWAHS facilities are fully accredited and continue to meet the Australian Council on Healthcare Standards EQuIP Accreditation standards.

Quality awards

SSWAHS conducts internal awards to recognise quality improvement projects that demonstrate sound improvements in processes and outcomes.

We also enter projects in the NSW Health Awards, NSW Premier's Public Sector Awards, Australian Council on Healthcare Standards Awards, Asia Hospital Management Awards and Australian Healthcare Association National Awards.

SSWAHS had two finalists and one winner in the project section of the 2007 NSW Health Awards. SSWAHS also did extremely well in the performance section of the 2007 NSW Health Awards, receiving the following:

Category	Award received by SSWAHS
To Keep People Healthy	Most improved performance
To Provide the Health Care People Need	Most improved performance
To Manage Health Services Well	Best performance
Hospital Performance Award – Principal Referral and Specialist Hospitals	Winner most improved performance: Liverpool Hospital
Hospital Performance Award – Major Metropolitan Hospitals	Winner most improved performance: Fairfield Hospital
Best Overall Performance by an Area Health Service	Winner

Hand hygiene and infection control

The campaign to improve staff compliance to hand hygiene continued this year. Effective hand hygiene is the single most important practice to reduce the spread of infections in our hospitals. Our current compliance rate is comparable to the State average.

There are many other strategies used to try to eliminate hospital acquired infections, including: ensuring the correct antibiotics are prescribed, effective hospital cleaning, following guidelines in Intensive Care Units when inserting central lines and ensuring staff and visitors wear protective garments in high risk settings.

Complaint management

The SSWAHS Designated Senior Complaints Officer (DSCO) investigates and manages serious patient related complaints or issues relating to patient care and clinical practice.

3577 complaints were logged on the Incident Information Management System. The CGU closely monitors all Area patient complaint recommendations and the progress of the implementation of the HCCC recommendations.

In January 2008, all facilities were asked to demonstrate their compliance with the Australian Council for Safety and Quality in Health Care complaint management guidelines. SSWAHS is compiling the results and working on an action plan.

Clinical Governance

Correct Patient, Correct Procedure, Correct Site

A NSW Health policy directive *Correct Patient, Correct Procedure, Correct Site* was issued across SSWAHS for implementation. Tool kits with educational and promotional material were distributed. An audit was conducted within operating theatres to determine the level of compliance with the policy and SSWAHS performed above the State average. Educational initiatives have included a road show and targeted sessions for junior medical staff.

Rights and responsibilities pamphlet

SSWAHS updated its *Rights and Responsibilities* pamphlet following consultation with key stakeholders, including consumer groups. The SSWAHS Consumer Community Council endorsed the updated pamphlet.

The pamphlet has been extensively promoted and is posted on the CGU website. It is being translated into a number of different languages and provision is being made for larger font and braille versions.

Incident Information Management

The Area Health Service has reported 25,370 incidents within the Incident Information Management System (IIMS) during the financial year. This represents a 16 per cent increase in reporting since the last financial year and an increasingly healthy culture for reporting issues of concern. IIMS clinics were provided to staff to improve incident notification and management.

NSW Health Patient Survey

The NSW Health Patient Survey was developed to gain information from users of health care services about their experiences within the health service.

The results show an overwhelming majority of patients (88.1 per cent) rated their care as good, very good or excellent. In addition, 62.5 per cent said they would definitely recommend the health service to friends or family.

The sedation safety project

This project focuses on the administration of sedation by non-anaesthetic trained personnel and the ability of staff administering the sedation to recognise and manage the associated complications that may arise.

Performance Indicators

Strategic Direction 1: Make prevention everybody's business
Performance Indicator: Chronic disease risk factors

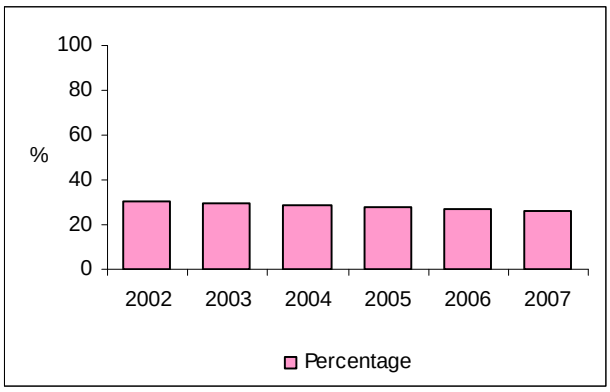
Desired outcome
Reduced prevalence of chronic diseases in adults.

Overall context
The NSW Health Survey includes a set of standardised questions to measure health behaviours.

Alcohol

Context
Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health and wellbeing of others through alcohol-related violence and road trauma, increased crime and social problems.

Percentage of alcohol risk drinking behaviour, SSWAHS, 1997-2007
(Source: NSW Health Survey)



	Percentage
1997	35.6
1998	34.5
2002	30.8
2003	29.4
2004	28.8
2005	27.7
2006	26.6
2007	25.8

Source: NSW Health Survey. Centre for Epidemiology and Research

Interpretation
Data for the chronic disease risk factors are published in the NSW Population Health Survey 2007. Sydney South West Area Health Service's (SSWAHS) target for the chronic disease risk factor of alcohol was to achieve a reduction on the baseline amount of 27 per cent. As at the 2007 NSW Health Survey Report, SSWAHS had achieved 25.8 per cent. The predicted prevalence is 27 per cent.

Future initiatives
Drug Health Services (DHS) continues to provide a range of services to reduce chronic disease risk factors in this target group. Outpatient services include intake, assessment, counselling and specialist medical clinics which offer pharmacotherapy treatments. Detoxification and rehabilitation services are also provided in the inpatient and outpatient setting.

In line with NSW Health priorities, DHS continues to provide support for people seeking help for alcohol related problems. During 2007-08, alcohol was the principal drug of concern, accounting for 32 per cent of presentations to DHS. The most commonly managed substances were opioids (41 per cent), alcohol (37 per cent), amphetamines (8 per cent) and cannabis.

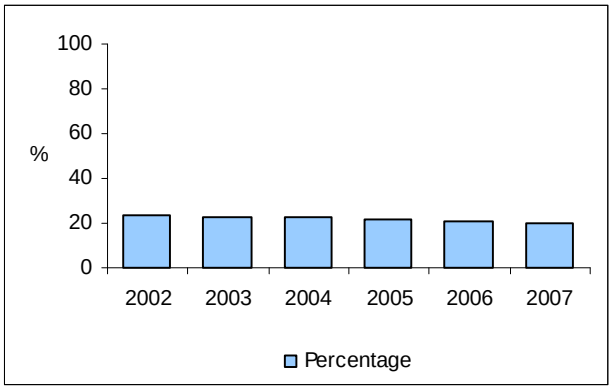
Professor Paul Haber, Drug Health Services Medical Director and Associate Professor Kate Conigrave are key investigators currently supervising 10 research projects at Royal Prince Alfred Hospital (RPA) specifically directed to reduce the harms associated with alcohol use. In addition, DHS is involved in an evaluated training program for GPs in assessment and delivery of brief interventions. DHS' Aboriginal Working Group received a grant from the National Drug Research Institute to deliver alcohol education and brief intervention to Aboriginal community groups.

Performance Indicators

Smoking

Context
Smoking is responsible for many chronic health conditions including cancers, and respiratory and cardiovascular diseases, making it the leading cause of death and illness in NSW. The burden of illness resulting from smoking is even greater for Aboriginal adults than the general population.

Percentage of current smokers aged 16 years and over, SSWAHS, 1997-2007 (Source: NSW Health Survey)



Smoking - daily or occasionally (%)	
	Percentage
1997	26.3
1998	25.6
2002	23.4
2003	22.8
2004	22.3
2005	21.9
2006	21.0
2007	20.1

Source: NSW Health Survey. Centre for Epidemiology and Research

Interpretation
SSWAHS' target was to achieve a reduction in smoking prevalence from a 2002 baseline of 23 per cent. This has been achieved. In the 2007 NSW Health Survey the measured prevalence of smoking in SSWAHS was 20.1 per cent. Overall data indicates a continuing decline in smoking prevalence. This is particularly marked in men. Smoking prevalence is now almost equal in men and women (data not shown). The 2008 forecast is for a further decline in prevalence. The measured prevalence of smoking in NSW as a whole in 2007 was 18.6 per cent.

Future initiatives
Ongoing reductions in smoking rates amongst adults may be due in part to tobacco control activities coordinated by the NSW Cancer Institute and its tobacco control mass media network. Locally, the Smoke Free Environment Policy has been implemented throughout the Area Health Service and additionally, SSWAHS is continuing to offer a program of free Nicotine Replacement Therapy and support for smoking cessation to patients and staff.

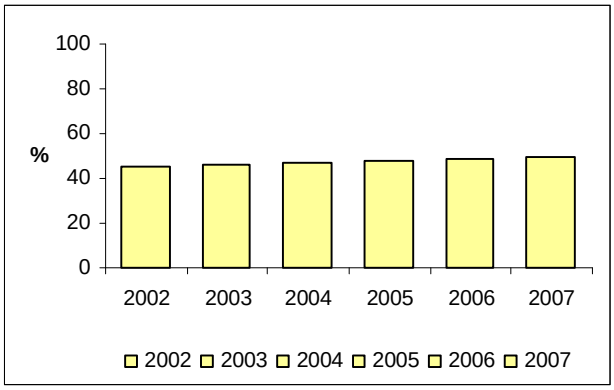
The Health Promotion Service has identified tobacco control in the Strategic Plan for 2006 - 2011 as one of four major priorities. Specific projects have been implemented in collaboration with other health service departments and external agencies including a smoking cessation and pregnant women project, a Chinese tobacco project, Aboriginal and Torres Strait Islander tobacco control strategies, an Environmental Tobacco Smoke Intervention in the Healthy Beginnings Project, a local government project with Fairfield Council, an Arabic Waterpipe Project, evaluation of the Arabic Tobacco Control Project and provision of support for the NSW Health Telehealth workforce training program. The Smoke Free Environment Legislation which banned smoking in licensed pubs and clubs from July 2007 - except for unenclosed areas – continues to be a focus of monitoring and enforcement for the coming year by Environmental Health Officers from the Public Health Unit.

Performance Indicators

Overweight and obese

Context
Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning. Overweight is defined as a body mass index (BMI) 25 and above. Obese is defined as a BMI of 30 or greater.

Percentage overweight and obese, persons aged 16 years and over, SSWAHS, 1997- 2007
Source: NSW Health Survey. Centre for Epidemiology and Research



Overweight or obese (%)	
	Percentage
1997	40.6
1998	41.6
2002	45.0
2003	46.0
2004	47.0
2005	48.2
2006	48.7
2007	49.8

Interpretation
SSWAHS' target was to achieve a reduction in the proportion of adults who are overweight and obese from a baseline of 48.7 per cent. This has not yet been achieved. In the 2007 NSW Health Survey the measured prevalence of overweight and obese in SSWAHS was 49.8 per cent. This closely matches the target of 48.7 per cent and is better than the State prevalence of 51.7 per cent. In the foreseeable future, a reduction in the prevalence of overweight and obesity is unlikely to occur in NSW, given the complex social and environmental causes. Social factors, such as the widespread availability of fast foods and unrestricted advertising of low nutritional quality foods to children, are impacting on the number of people who are overweight and obese in the community.

Future initiatives
SSWAHS has initiated a wide range of projects to address this issue, including:

- Development of an Area-wide strategic plan *The Overweight and Obesity Prevention and Management Plan 2008-2012* to prevent and manage overweight and obesity
- Implementation of a National Health and Medical Research Council (NHMRC) funded Randomised Control Trial of an early intervention project (*Healthy Beginnings*) targeting parents of 0-2 year olds to prevent unhealthy weight gain
- Implementation of two major projects funded by NSW Health (*Live Life Well @ School*, and *Munch and Move*) addressing physical activity and nutrition in primary school students and children in pre-schools (respectively)
- Continuation of the Cycling Connecting Communities project to increase levels of cycling in Fairfield and Liverpool and increase levels of physical activity (now in its third year)
- Establishment of Metabolic clinics including exercise classes at Concord Hospital
- Establishment of a Metabolic clinic will commence at Campbelltown Hospital in November 2008.

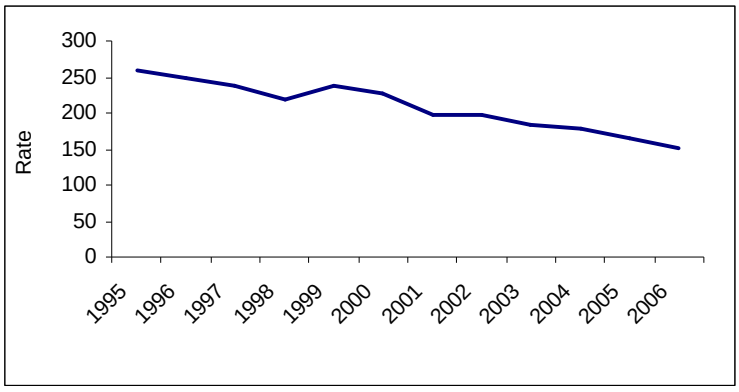
Performance Indicators

Strategic Direction 1: Make prevention everybody's business
Performance Indicator: Potentially avoidable deaths

Desired outcome
Increased life expectancy.

Context
Potentially avoidable deaths are those attributed to conditions that are considered preventable through health promotion, health screening and early intervention, as well as medical treatment. Rates of potentially avoidable deaths (before age 75 years) provide a measure that is more sensitive to the direct impacts of health system interventions than rates for all premature deaths.

Potentially avoidable deaths in persons aged <75 years, SSWAHS, 1995-2006 (rate per 100,000)
Source: ABS mortality data and population estimates (HOIST)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
SSWAHS	258.3	248	239	220	237.4	226	198.4	196	183	177.9	164	151.1

Interpretation
Premature avoidable deaths have fallen steadily between 1995 and 2006. The target for SSWAHS was to achieve a reduction in the rate of potentially avoidable deaths among persons aged less than 75 years from a baseline of 164 per 100,000 in 2005. In 2006, the age-adjusted avoidable death rate per 100,000 population fell from 164 to 151.1.

Future initiatives
SSWAHS continues to implement many clinical and public health programs that target health promotion and prevention, early identification and management of acute and chronic diseases, the combined effect of which is to reduce the rates of potentially avoidable deaths amongst persons aged less than 75 years. These programs include promotion of breastfeeding, immunisation, prevention of cardiovascular disease and reducing mortality from existing disease (through, for instance, tobacco control, promotion of healthy diet and healthy weight, treatment of high blood pressure, best practice management of cardiovascular events), prevention of cancer and reducing mortality from existing disease (through, for instance tobacco control, screening programs, best practice management of cancer), early detection and best practice management of diabetes, and falls prevention programs.

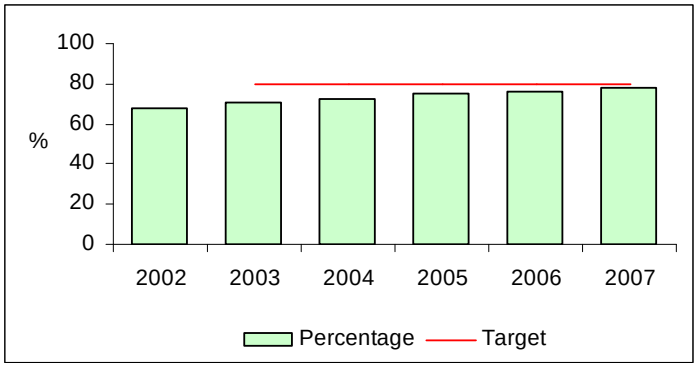
Performance Indicators

Strategic Direction 1: Make prevention everybody's business
Performance Indicator: Adult immunisation

Desired outcome
Reduced illness and death from vaccine-preventable diseases in adults.

Context
Adult vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and provided free of charge for people aged 65 years and over, Aboriginal people aged 50 and over, and those aged 15–49 years with chronic ill health.

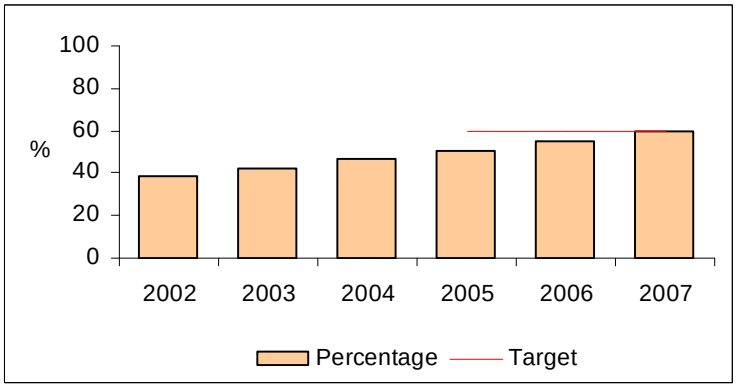
Percentage of persons aged 65 years and over vaccinated against influenza in the last 12 months, SSWAHS, 1997-2007



	Percentage	Target
1997	60.7	
1998	62.2	
2002	68.3	
2003	70.6	80
2004	72.8	80
2005	74.9	80
2006	76.6	80
2007	78.2	80

Source: NSW Health Survey, Centre for Epidemiology and Research

Percentage of persons aged 65 years and over vaccinated against pneumococcal disease in the last five years, SSWAHS, 2002-2007



	Percentage	Target
2002	38.2	
2003	42.0	
2004	46.5	
2005	50.3	60
2006	54.6	60
2007	59.5	60

Source: NSW Health Survey, Centre for Epidemiology and Research

Interpretation
SSWAHS' target for influenza immunisation amongst people aged 65 years and over was to achieve 80 per cent coverage. In 2007 the proportion of people aged 65 years and over vaccinated against influenza in the last 12 months was 78.2 per cent, just short of the 80 per cent. The overall proportion in NSW vaccinated was 72.8 per cent. Influenza immunisation rates have plateaued in recent years.

In contrast, the proportion of people aged 65 years and over vaccinated in the last five years against pneumococcal disease in SSWAHS has increased steadily and in the most recent 2007 NSW Survey was 59.5 per cent, which again is just short of the 60 per cent target. The State result was 59.1 per cent.

Future initiatives

The influenza vaccination program and the associated pneumococcal vaccination program are largely funded and coordinated by the Commonwealth government. SSWAHS has been, and will continue to be, involved in promoting the influenza vaccination program by providing information to Divisions of General Practice quarterly meetings and general practitioner newsletters. Nursing homes within the Area that had not ordered influenza vaccine, will continue to be followed up by phone to ensure that the vaccination program is available to residents.

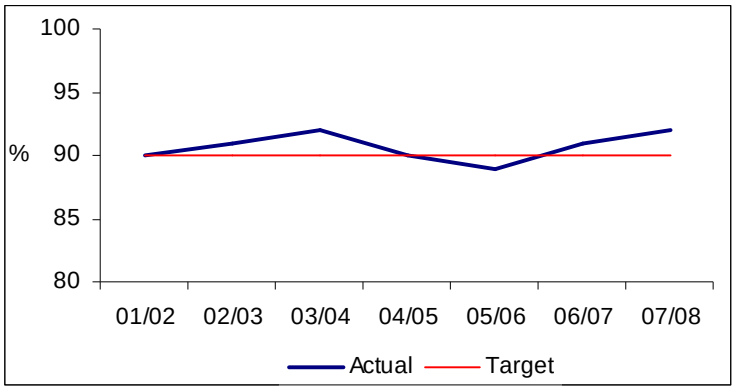
Performance Indicators

Strategic Direction 1: Make prevention everybody's business
Performance Indicator: Children fully immunised at one year

Desired outcome
Reduced illness and death from vaccine-preventable diseases amongst children.

Context
A range of childhood vaccinations are provided free of charge as part of the NSW immunisation schedule. There has been substantial progress in reducing the incidence of vaccine-preventable disease in NSW. However, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Percentage of SSWAHS children fully immunised by age 12 months
Source: Australian Childhood Immunisation Register (ACIR)



Source: Australian Childhood Immunisation Register (ACIR)

	01/02	02/03	03/04	04/05	05/06	06/07	07/08
Actual	90	91	92	90	89	91	92
Target	90	90	90	90	90	90	90

Interpretation
The target level of immunisation coverage amongst children at one year of age for SSWAHS in 2007-08 is >90 per cent. SSWAHS achieved 92 per cent and met the State target. These rates are calculated using data from the Australian Childhood Immunisation Register (ACIR), which records childhood immunisations, and the number of Medicare-registered children in each age group resident in the area.

General practitioners (GPs) are the providers of at least 85 per cent of vaccinations in NSW for this age group. Councils also provide some childhood immunisations. Barriers to achieving higher immunisation rates include:

- Parental choice and information about immunisation
- Mobility of families and children after birth. Focus groups conducted by the Public Health Unit with GPs in Ashfield have identified that many Asian-born parents travel overseas after the birth of the baby, often until the child is ready for school. This impacts upon immunisation rates, as documented by the ACIR (these children are counted as being overdue for immunisation until they return to Australia and documentation of overseas immunisation is provided, if available, to the ACIR)
- Data issues - for example, lack of immunisation data provided by GPs to the ACIR.

Future initiatives

Overall, it is the individual clinical practice of GPs in counselling parents, vaccinating children, and submitting necessary forms to the ACIR which is the largest influence on this childhood immunisation coverage. SSWAHS will continue to provide support through the following activities:

- Undertaking regular formal and informal liaison with Divisions of General Practice about immunisation issues
- Assisting the Divisions and individual general practitioners with specific technical issues which arise relating to immunisation and ACIR reporting
- Implementing all policies and procedures recommended by the Immunisation Section of Public Health Division, NSW Health, about vaccination and maximising uptake
- Preparing articles about immunisation, changes to the schedule and tips about ACIR reporting for submission to the Divisions of General Practice newsletters
- Organising an educational forum for all GPs belonging to the Central Sydney and Canterbury Divisions of General Practice on immunisation
- Reviewing and liaising closely with Council clinics to support them in their activities and improve ACIR reporting
- Conducting annual updates for nurse immunisers.

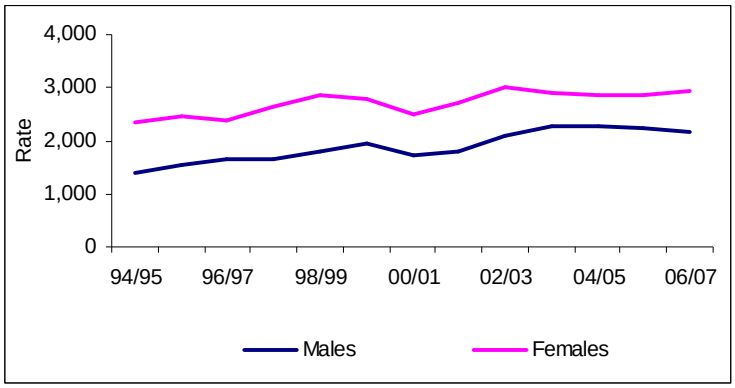
Performance Indicators

Strategic Direction 1: Make prevention everybody's business
Performance Indicator: Fall injury hospitalisations – people aged 65 years and over

Desired outcome
Reduced injuries and hospitalisations related to falls in people aged 65 years and over.

Context
Injury due to falls is one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. Nearly one in three people aged 65 years and older living in the community reports falling at least once in a year.

Hospital separations for falls per 100,000 for adults 65 years and over, SSWAHS, 1994/5 – 2006/7
Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST)



	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07
Males	1390.3	1542.5	1658.0	1662.7	1809.6	1933.5	1710.5	1796.0	2086.6	2271.0	2275.3	2233.2	2160.2
Females	2354.3	2447.7	2397.8	2631.1	2869.7	2791.8	2499.5	2714.9	2995.8	2886.1	2873.6	2849.7	2941.8

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

Interpretation
This indicator measures the number of hospitalisations (overnight stays) for people aged 65 years and over per 100,000 population (age-adjusted) for both males and females. In SSWAHS for the year ending June 2007 there were 2,160 falls resulting in a hospital stay per 100,000 in males and 2,941 falls per 100,000 resulting in a hospital stay in females. The target of reducing the falls rate was achieved for males but not for females.

Future initiatives
Evidence suggests that the most effective strategies to prevent falls in older people at a general population level are physical activities that improve strength and balance. The most effective strategies to prevent falls in older people at high risk of falling are more multi-factorial and focused on particular physiological factors. Strategies being implemented include:

- Development of a comprehensive Area-wide falls prevention plan
- Implementation of an effective committee structure across the Area to support consistency of practice and oversee the implementation of the Falls prevention plan
- Implementation of the Area Acute Fall Injury Prevention Policy
- Implementation of the Area Admission and Discharge form including the falls risk assessment for all adult presentations to all hospitals in the Area
- Identification and management of patients presenting with falls to EDs and increasing the capacity of the community to provide appropriate physical activities as well as motivating older people to become more physically active.

Performance Indicators

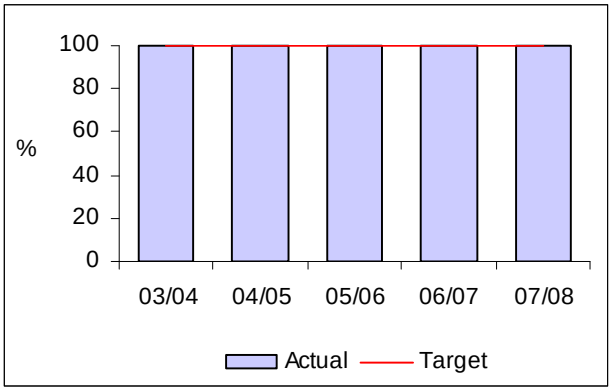
Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Emergency Department Triage times - cases treated within benchmark times

Desired outcome
Treatment of Emergency Department (ED) patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

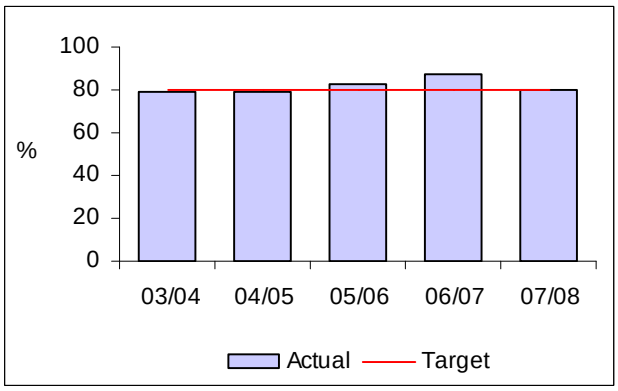
Context
Timely treatment is critical to emergency care. Triage aims to ensure that patients are treated in a timeframe appropriate to their clinical urgency. Patients presenting to the ED are classified into one of five triage categories and are seen on the basis of their need for medical and nursing care. Good management of ED resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

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

Triage 1 (within 2 minutes)

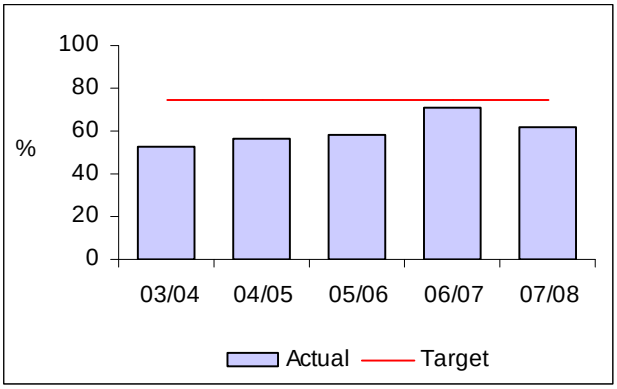


Triage 2 (within 10 minutes)

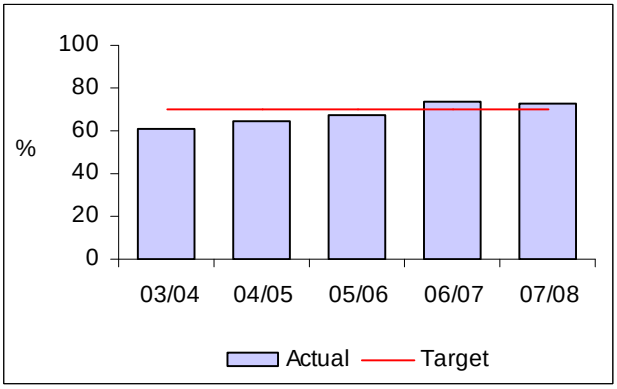


Performance Indicators

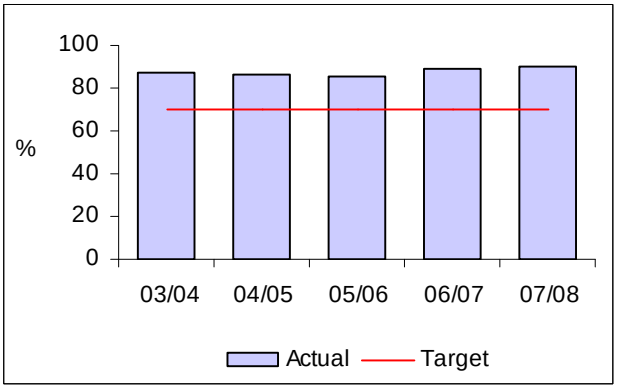
Triage 3 (within 30 minutes)



Triage 4 (within 60 minutes)



Triage 5 (within 120 minutes)



Interpretation

Triage performance has been maintained for all triage categories except triage category 3 despite the significant increase in activity. Triage 1, 2, 4 and 5 were above target. 2007-08 saw a significant increase in the number of patients presenting to EDs across SSWAHS. ED presentations increased from 310,822 in 2006-07 to 327,945 in 2007-08; an increase of 6 per cent (or 17 per cent over the last two years). There were 79,352 ED admissions in 2007-08, which represents a 10 per cent increase over the last two years. However, there has only been an increase of 1 per cent in ED admissions in 2007-08, despite the increase in ED presentations. This may be as a result of the increased impact of strategies to reduce admission to hospital. There has also been a 22 per cent increase in ambulance presentations over the last two years. Hospitals within SSWAHS have had difficulty in meeting this increased demand.

Future initiatives

Initiatives to improve triage performance include:

- Evaluation of business procedures to ensure triage times are captured correctly
- Review of Fast Track processes within Facilities
- Utilisation of advanced clinical initiatives nurse/Rapid Emergency Assessment Teams to manage triage 3 patients
- Establishment of Medical Assessment Units (MAUs) at Concord, RPA, Canterbury, Bankstown, Liverpool and Campbelltown Hospitals
- Implementation of a trial for direct admissions from General Practitioners at Bankstown Hospital with the Division of General Practice
- Trial of direct admissions of patients from specialist rooms to the MAU.

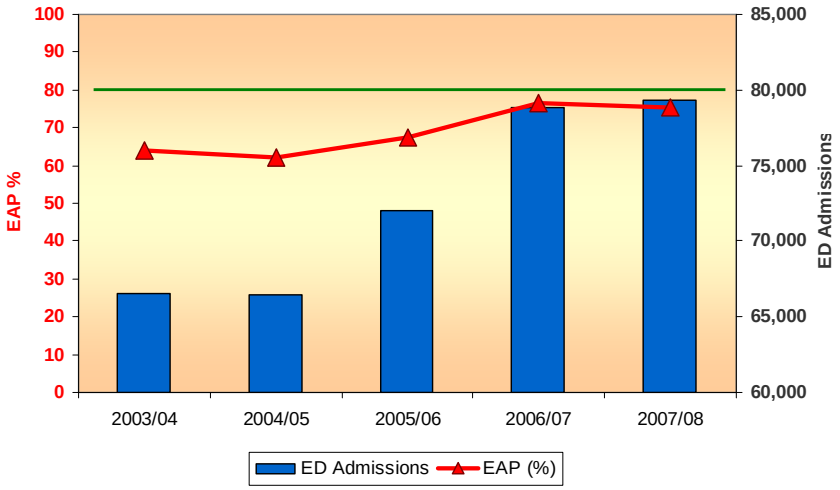
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Off stretcher time < 30 minutes

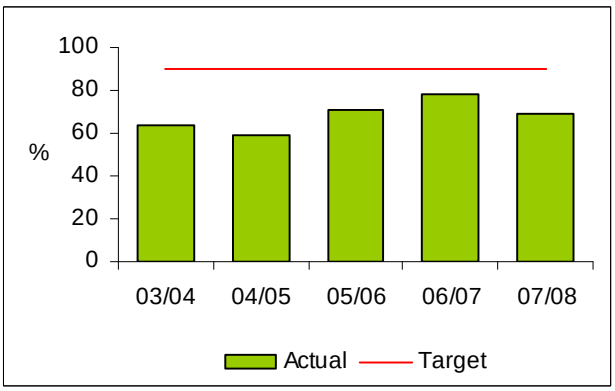
Desired outcome
Timely transfers of patients from ambulance to hospital EDs, resulting in improved survival, quality of life and patient satisfaction, as well as improved ambulance operational efficiency.

Context
Timeliness of treatment is a critical dimension of emergency care. Better coordination between ambulance services and EDs allows patients to receive treatment more quickly. Additionally, delays in hospitals impact on ambulance operational efficiency.

Emergency Department Ambulance Arrivals (EDNA* Cases Priority 1,2,3)
Source: NSW Ambulance Service Computer Aided Dispatch (CAD) System



% Off Stretcher Time (OST) within Benchmark (Ambulance Cases within OST Benchmark)
Source: NSW Ambulance Service Computer Aided Dispatch (CAD) System



Interpretation
SSWAHS receives more ambulance presentations than any other Area Health Service. There was a total of 100,408 ambulance presentations to SSWAHS in 2007-08, an increase of 6 per cent. This is in addition to the 16 per cent increase for the previous year. Thus there has been a 22 per cent increase in the last two years. This led to deterioration in off-stretcher time performance from 74 per cent in 2006-07 to 69 per cent in 2007-08.

*Emergency Department Network Access Scheme (EDNA)

Emergency Access Performance (EAP)

Future initiatives

Initiatives to improve off-stretcher time performance include:

- Implementation of a navigator to focus on ambulance off-load in each Facility
- Implementation of a new escalation communication plan to facilitate offload
- Utilisation of ambulance arrival boards in the ED Ambulance stretcher areas to promote timely offloads
- Review of discharge lounges processes
- Establishment of the Aged Care Triage Unit to triage residents of Residential Aged Care Facilities to appropriate services rather than to the EDs
- Enhancement of Aged Service Emergency Teams (ASET) within EDs at Concord, RPA, Canterbury, Bankstown, Fairfield and Liverpool Hospitals to provide extended hours of coverage
- Commencement of an ASET at Campbelltown Hospital
- Trial of Technical Assistants within RPA and Liverpool EDs to assist the staff specialists
- Completion of the expansion of the ED at Bankstown with the establishment of an eight bed Emergency Medical Unit and a redesigned triage area.

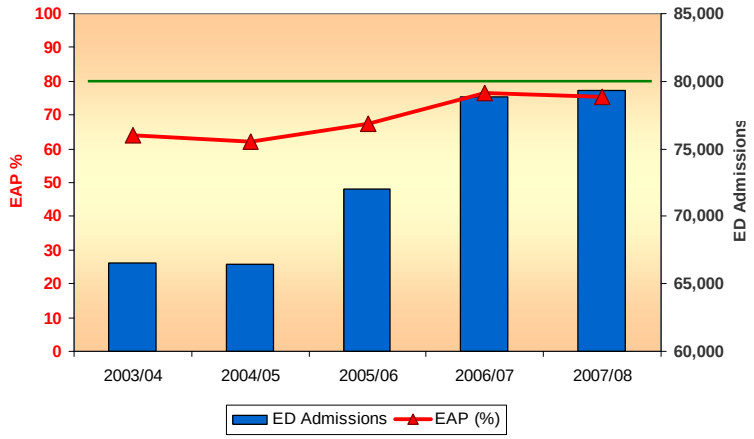
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Emergency admission performance – patients transferred to an inpatient bed within 8 hours

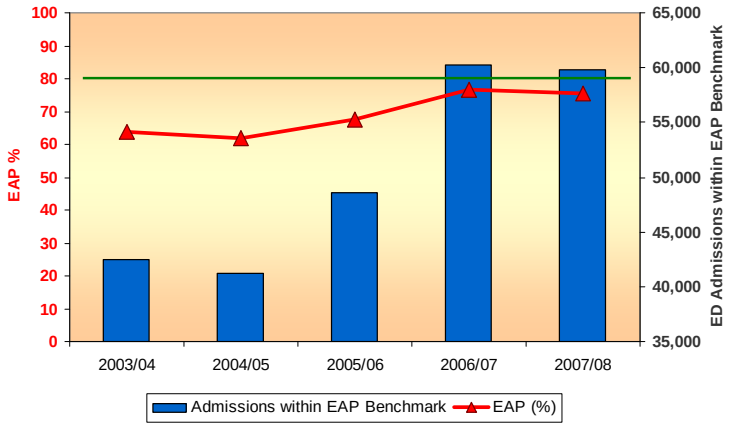
Desired outcome
Timely admission from ED for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context
Patient satisfaction is improved with reduced waiting time for admission from the ED to a hospital ward, Intensive Care Unit bed or operating theatre. Additionally, ED services are freed up for other patients.

Emergency Access Performance (ED Admissions)
Source: Health Information Exchange (HIE)



Emergency Access Performance (ED Admissions within EAP Benchmark)
Source: Health Information Exchange (HIE)



Performance Indicators

Interpretation
2007-08 saw a significant increase in the number of patients presenting to EDs across SSWAHS. ED presentations increased from 310,822 in 2006-07 to 327,945; an increase of 6 per cent (or 17 per cent over the last two years). There were 79,352 ED admissions in 2007-08, which represents a 10 per cent increase over the last two years. Despite this increase in activity, Emergency Access Performance (EAP) has been maintained at 75 per cent in 2007-08 against a target of 80 per cent. The State EAP was 77 per cent.

Future initiatives
SSWAHS is implementing a range of strategies to improve EAP including:

- Establishment of the Medical Assessment Units
- Strengthening Aged Services Emergency Teams
- Implementing new workforce models such as technical assistants to support staff specialists at Liverpool and RPA Hospitals
- Enhancement of community services to support early discharge process
- Implementation of the Aged Care Triage Unit to support patients from Residential Aged Care Facilities and patients with chronic conditions.

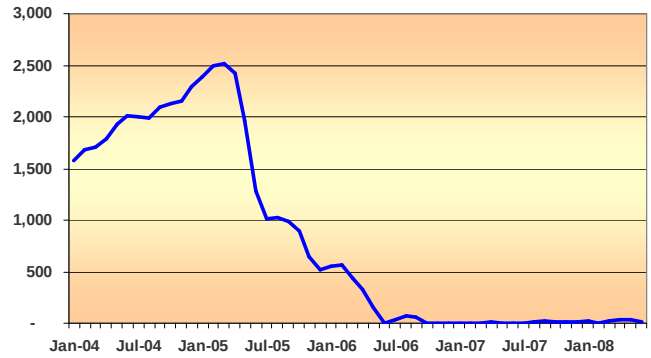
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Booked surgical patients

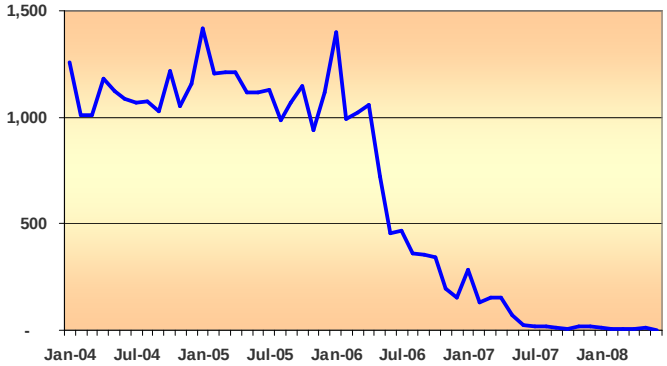
Desired outcome
Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

Context
Long wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Long waits – Patients Waiting More than 12 months – Category C
Source: NSW Health Waiting List Collection On-line System (WLCOS)



Overdues – Patients Waiting More than 30 days – Category A
Source: NSW Health Waiting List Collection On-line System (WLCOS)



Interpretation
SSWAHS has continued to achieve excellent results in the management of its surgical performance. Surgical activity significantly increased in 2007-08 which was supported by initiatives from the Surgical Clinical Redesign Program. Access to surgery improved across the Area with a total of 74,582 operations being performed in hospitals in SSWAHS in 2007-08 compared to 73,009 in 2006-07, an increase of 1,573 (2 per cent). There has been a 7 per cent increase in surgical procedures over the last two years. This demonstrates that SSWAHS maintained and improved access to surgery despite the significant demand through ED.

Performance Indicators

Long waits
By June 30, 2008 there were no patients waiting longer than 12 months for surgery.

Category A
By June 30, 2008 there were no Category A patients waiting for surgery.

Future initiatives
Clinicians and managers in Sydney South West Area Health Services continue to focus on maintaining SSWAHS surgical performance. Strategies include:

- Review of Extended Day Only beds and processes
- Review of operating theatre utilisation across the Area
- Ongoing review of theatre lists within and across facilities to match demand.

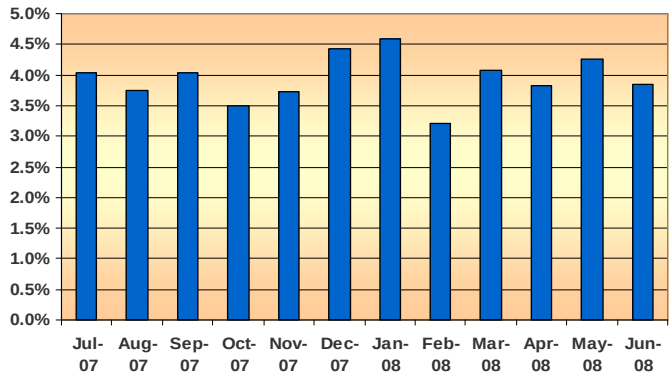
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Planned surgery – cancellations on the day of surgery

Desired outcome
Minimise the number of cancellations of patients from the surgical waiting list on the day of planned surgery, resulting in improved clinical outcomes, greater certainty of care and convenience for patients.

Context
The effective management of elective surgical lists minimises cancellations on the day of surgery and ensures patient flow and predictable access. However, some cancellations are appropriate, due to acute changes in patients' medical conditions.

Planned surgery – Cancellations on the Day of Surgery (%)
Source: SSWAHS Operating Theatre Systems



Interpretation
Better management of elective surgical lists minimises cancellation and avoids the uncertainty and distress associated with cancellations of scheduled surgery. Cancellations, when they do occur, should be occasional and should be as a result of an acute change in the patient's medical condition. Improved quality of life and clinical outcomes may be achieved, as well as patient satisfaction and community confidence in the health system.

SSWAHS has been working to achieve the new target for cancellations on the date of surgery of less than 2 per cent. Although SSWAHS improved on last year's performance of 4.6 by achieving 4.2 per cent cancellations, it did not achieve target. SSWAHS is endeavouring to improve its performance in planned surgery cancellations, thereby avoiding the uncertainty and distress to patients associated with cancellations of scheduled surgery.

Access to surgery improved across the Area with a total of 74,582 operations being performed in hospitals in SSWAHS in 2007-08 compared to 73,009 in 2006-07, an increase of 1,573 (2 per cent). There has been a 7 per cent increase in surgical procedures over the last two years. This demonstrates that SSWAHS maintained and improved access to surgery despite the significant demand through ED.

Future initiatives
SSWAHS is implementing a range of strategies to reduce cancellations including:
- Review of cause of cancellations by facility, list and surgeon
- Review of theatre list allocations to identify inefficiencies to reduce cancellations
- Review of surgery demand and capacity including availability of Extended Day Only and Intensive Care Unit beds.

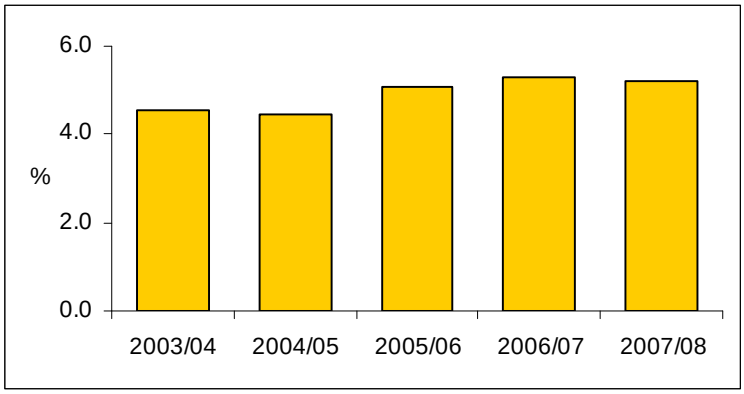
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Unplanned/unexpected readmissions within 28 days of separation – all admissions

Desired outcome
Minimal unplanned/unexpected readmissions, resulting in improved clinical outcomes, quality of life, convenience and patient satisfaction.

Context
Unplanned/unexpected readmissions to a hospital may reflect less than optimal patient management. Patients might be readmitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post discharge planning was inadequate. However, other factors occurring after discharge may contribute to readmission, for example poor post discharge care. Continual improvements are being made to reduce readmission rates. Improved quality and safety of treatment reduces unplanned events.

Unplanned/unexpected Readmissions Within 28 Days of Separation – all Admissions (%)
Source: HIE



Year	%
2000/01	4.7
2001/02	5.0
2002/03	4.8
2003/04	4.5
2004/05	4.5
2005/06	5.1
2006/07	5.3
2007/08	5.2

Source: HIE (for both tables)

Interpretation
SSWAHS has successfully maintained the unplanned/unexpected readmission rate for the last few years.

Future Initiatives
SSWAHS is continuing to implement strategies to maintain its unplanned/unexpected readmission rate including:

- Ongoing review of all cases where the patient was an unplanned/unexpected readmission to hospital. Discussion at clinical departmental multidisciplinary morbidity and mortality meetings to determine ways to improve care and to act upon these decisions
- Enhancement of services within the community to support patients when discharged into the community
- Establishment of the Aged Care Triage Unit to support patients from Residential Aged Care Facilities.

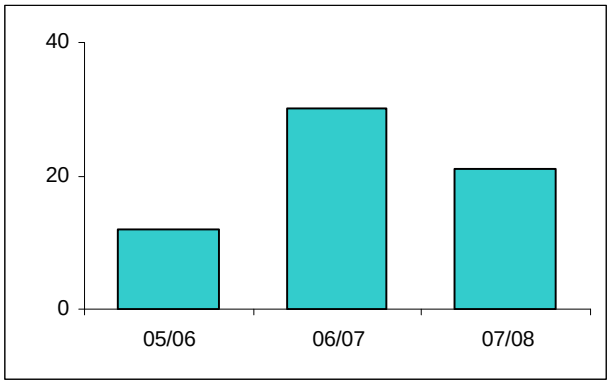
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Incorrect Procedures

Desired outcome
Elimination of incorrect procedures, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context
Incorrect procedures, though low in frequency, provide insight into system failures that allow them to happen. Health studies have indicated that, with the implementation of correct patient / site / procedure policies, these incidents can be eliminated.

Wrong Patient, Site, Procedure (number)
Source: TRIM/Quality & Safety Branch RIB/RCA Database



Interpretation
Incidents of incorrect procedures are self reported by SSWAHS staff. Most of these procedures have been in radiology and have caused no harm to the patient i.e., wrong x-ray. There has been a statewide focus on the issue of incorrect procedure and self reporting has improved.

Future initiatives
SSWAHS is implementing a range of initiatives to prevent incorrect procedures being performed on patients. A 'time out' function has been added to many procedures as a double check that the correct procedure / test / medication is to be given to the correct patient. In addition, in many procedures, two staff members are required to do a cross-check before the procedure commences. Extensive education has occurred throughout the Area Health Service and all staff receive information during the Staff Orientation Program. The Area Health Service is exploring online education initiatives in patient identification. In addition:

- Regular feedback from recurrent audits is provided to the Clinical Stream Directors at the Clinical Quality Council
- Wrong x-ray root cause analyses (RCA) are reviewed for human factors and other system issues
- Feedback is provided to clinicians to improve performance
- All staff (including medical, ward orderlies/porters, nursing and clerical) are given reinforcement regarding the importance of following the correct protocol for patient identification
- A boarding pass initiative is being trialled in the ED at Canterbury Hospital
- Ward handover and identification procedures are being formalised across all Facilities for ward patients undergoing investigations.

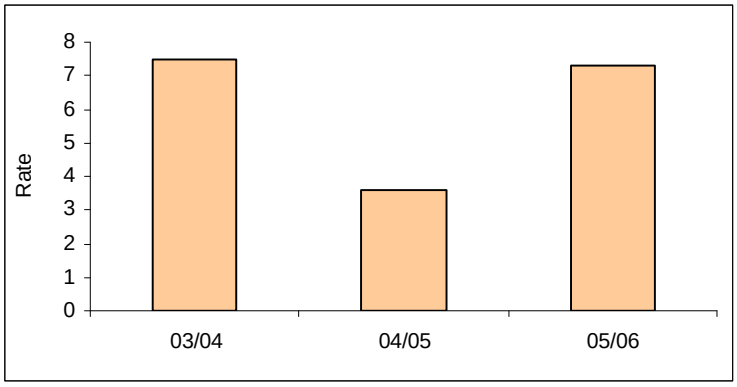
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Health care Associated Bloodstream Infections

Desired outcome
Sustained, continual reduction in the incidence of central line bloodstream infections resulting in increased patient safety and improved clinical outcomes in Intensive Care Unit (ICU) patients.

Context
The implementation of the Clinical Excellence Commission Hand Hygiene Program *Clean Hands Save Lives*, the recommendations made by the NSW Multi Resistant Organism Expert Group and the use of a best practice clinical guideline for inserting central lines, have positioned the NSW Health System to reduce the number of health care associated infections in ICU patients.

Rate of Intensive Care Unit Central Line Associated Bloodstream Infections per 1000 line days
Source: ACHS



Year	Rate
03/04	7.45
04/05	3.59
05/06	7.29

Interpretation
The Central Line Associated Bacteraemia (CLAB) infection rate has varied over the years. Senior staff in ICU have collaborated with other ICUs around SSWAHS and the State to refine the data collection methods. When small numbers are involved in an indicator, a single case of infection can create a large increase in the rate.

Future initiatives
Since the collaboration of all SSWAHS ICU staff, many initiatives have been rolled out around the Area to endeavour to eliminate infections. Some protocols have been devised and are still being tested to determine if they are effective. Line insertion techniques have been under review and standardisation will be introduced in the near future. More stringent infection control techniques have also been adopted.

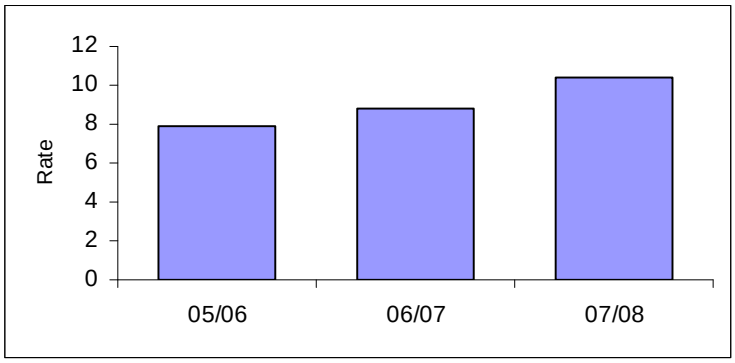
Performance Indicators

Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Sentinel events (rate per 100,000 bed days)

Desired outcome
Reduced sentinel events, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context
Sentinel events are incidents agreed as key indicators of system problems by all States and Territories and defined by the Australian Council for Safety and Quality in Healthcare as 'events in which death or serious harm to a patient has occurred'.

Indicator: Sentinel Events (rate per 100,000 bed days)
Data source: SAC1 Clinical RIBS/HIE



Interpretation
Sentinel events are clinical incidents / accidents that are extremely serious and are allocated a severity assessment code (SAC) of 1. These incidents then undergo a formal root cause analysis (RCA) process which must be completed within 65 days. In a RCA process an independent team of trained experts use strict investigative methodology to review the incident and develop recommendations to prevent the type of incident from recurring. These recommendations are then implemented and their effectiveness monitored by the hospital and the Area Health Service.

The high level of incidents within SSWAHS reflects a healthy culture of reporting and a willingness for self reflection in order to improve practice. SSWAHS has liaised with NSW Health to convert more events to SAC 1 to enable better investigation of some serious near misses. This has resulted in a higher number of SAC 1 events than would otherwise have been generated if the NSW Health SAC 1 matrix had been strictly applied. The correct rate of SAC 1 events / 100,000 bed days for SSWAHS is actually nine. Fifty per cent of the SAC 1 investigations have resulted in no root causes being identified.

Future Initiatives
SSWAHS is implementing the following strategies to reduce the incidence of sentinel events:

- SSWAHS rigorously investigates all events and is actively implementing the recommendations arising from RCA
- All recommendations resulting from RCAs are regularly reported on to the Area Clinical Quality Council
- All new RCAs are reported to each Area Clinical Quality Council.
- SSWAHS is reviewing its investigation processes to maximise the effectiveness of the RCA process.

Performance Indicators

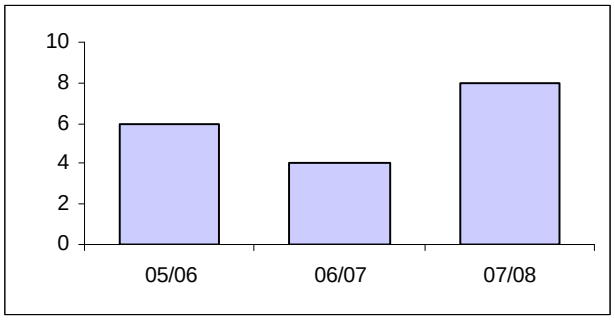
Strategic Direction 2: Create better experiences for people using health services
Performance Indicator: Deaths as a result of a fall in hospital

Desired outcome
Reduce deaths as a direct result of a fall in hospital, thereby maintaining quality of life and improving patient satisfaction.

Context
Falls are a leading cause of injury in hospital. The implementation of the NSW Fall Prevention Program will improve the identification and management of risk factors for fall injury in hospital, thereby reducing fall rates. Factors associated with the risk of a fall in a hospital setting may differ from those in the community.

Deaths as a Result of Falls in Hospitals (number)

Source: TRIM/Quality and Safety Branch RIB/RCA Database



Year	Rate
05/06	6
06/07	4
07/08	8

Interpretation
Falls are among the most common incidents reported in hospital. Note that falls in the community are captured under the indicator *Fall injuries – for people aged 65 years and over* (see page 27).

Falls risk assessments are conducted in all facilities. Where risks are identified, fall prevention strategies are put into place. An example of the falls prevention strategy may be demonstrated at Fairfield Hospital.

Future initiatives
Strategies being implemented to reduce falls within hospitals include:

- Review and revision of the Area Falls Policy with particular regard to supervision of elderly at risk patients
- Implementation of the new Area-wide Assessment and Discharge Form for all patients incorporating falls risk assessment in all wards
- Undertaking a pilot Falls Project at Bankstown Hospital including daily reporting of falls on the Ward KPI Board.

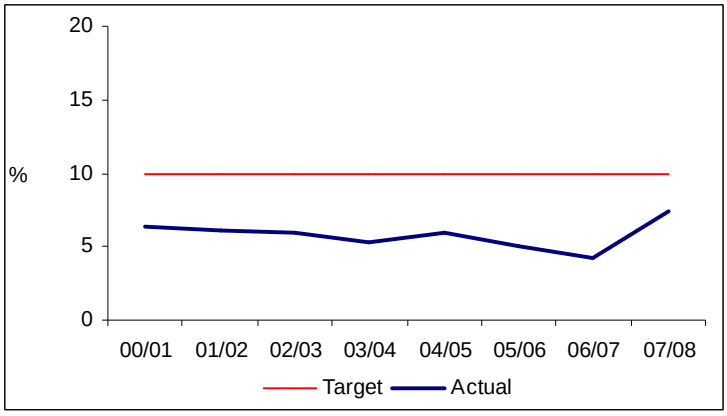
Performance Indicators

Strategic Direction 3: Strengthen primary health and continuing care in the community
Performance Indicator: Mental Health acute adult readmission

Desired outcome
Rates of mental health readmission minimised, resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

Context
Mental Health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentation. Despite improvement in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. Readmission to acute mental health admitted care within a month of a previous admission may indicate a problem with patient management or care processes. Prior discharge may have been premature or services in the community may not have adequately supported continuity of care for the client.

Mental Health Acute Adult Readmission - Within 28 days to Same Mental Health Facility (%)
Data source: InforMH on behalf of MHDAO



	Actual	Target
00/01	6.3	10
01/02	6.1	10
02/03	5.9	10
03/04	5.3	10
04/05	6.0	10
05/06	5.0	10
06/07	4.3	10
07/08	7.4	10

Interpretation
The NSW Health 2007-08 target is <=10 (%). SSWAHS achieved the target with a result of 7.4 (%), however, there has been an increase on the percentage since last year. This is most likely due to the increase in mental health patients presenting to hospitals in SSWAHS and pressure on mental health beds.

The Area Mental Health Service performance has been consistently better than target and this has not been at the expense of Average Length of Stay.

Future initiatives
Assertive discharge planning initiatives, designed as part of the Area Mental Health Clinical Services Re-design Program, are being implemented across the service to ensure this indicator is maintained well within the target range.

The development in 2007-08 of new community mental health emergency teams in the Western Zone has added to the capacity for assertive post-discharge follow-up and admission prevention.

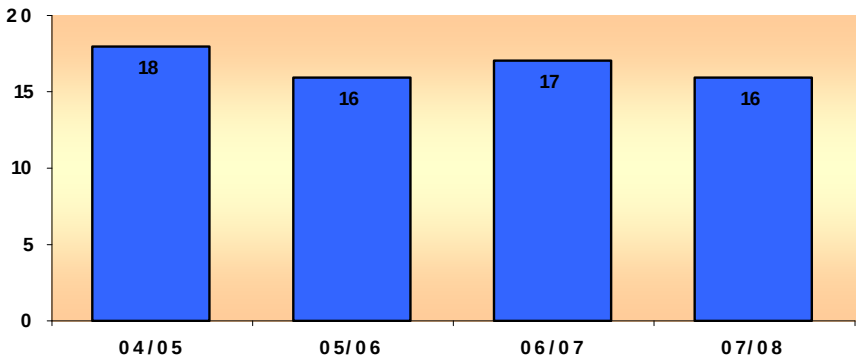
Performance Indicators

Strategic Direction 3: Strengthen primary health and continuing care in the community
Performance Indicator: Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service

Desired outcome
Minimal number of suicides of patients following contact with a mental health service.

Context
Suicide is an infrequent and complex event, which is influenced by a wide variety of factors. The existence of a mental illness can increase the risk of such an event. A range of appropriate mental health services across the spectrum of treatment settings are being implemented between now and 2011. The services aim to increase the level of support to clients, their families and carers and also to help reduce the risk of suicide for people who have been in contact with mental health services. These services are outlined in the Government's commitment, *NSW: A New Direction for Mental Health.*

Suspected Suicides of Patients in Hospital, on Leave, or Within Seven Days of Contact with a Mental Health Service (number)
Data source: InforMH on behalf of MHDAO



Interpretation
In the last 12 months, 16 suicides have occurred within seven days of a patient being discharged from, or having had contact with, a SSWAHS mental health service. This is a reduction from 18 deaths in 2004-05. All deaths within seven days of a clinical contact with a mental health service are subject to an internal review and a RCA. Findings are reviewed at a senior level Incident Review Committee and distributed across the Service. The Area Mental Health Service has standardised policies in all facilities of SSWAHS for managing a suspected suicide.

Future initiatives
SSWAHS is implementing a range of strategies to address this issue including:
- Establishment of a suicide working group
- Expansion of post-discharge services
- Enhanced relationships with Divisions of General Practice to ensure all patients are linked to a General Practitioner on discharge
- Ensuring patients have a General Practitioner appointment within seven days of discharge.

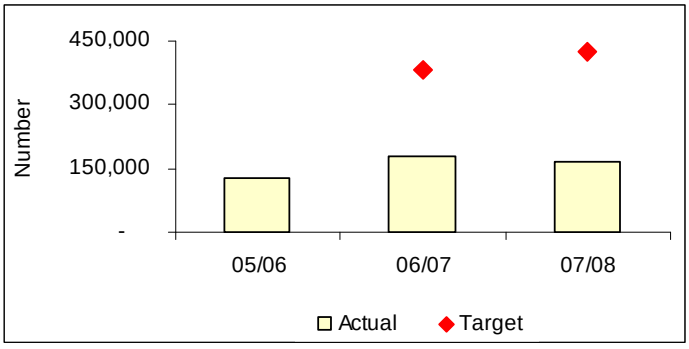
Performance Indicators

Strategic Direction 3: Strengthen primary health and continuing care in the community
Performance Indicator: Mental Health: a) Ambulatory contacts, b) Acute overnight inpatient separations

Desired outcome
Improved mental health and well-being. An increase in the number of new presentations to mental health services that is reflective of a greater proportion of the population, in need of these services, gaining access to them.

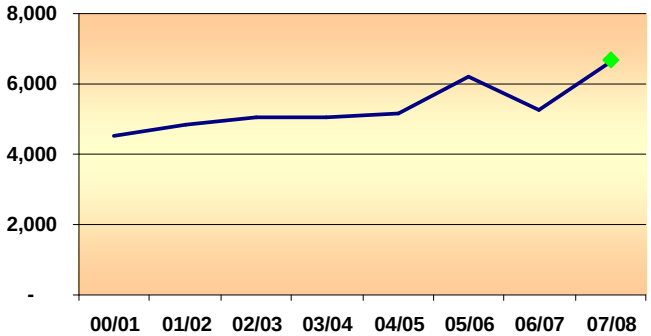
Context
Mental health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. Under *New Directions*, a range of community based services are being implemented between now and 2011. The services span the spectrum of care types from acute care to supported accommodation. There is an ongoing commitment to increase inpatient bed numbers. Numbers of ambulatory contacts, inpatient separations and numbers of individuals would be expected to rise.

Mental Health Ambulatory Contacts
Data source: InforMH on behalf of MHDAO



AHS	Actual	Target
05/06	127,808	
06/07	179,233	382,988
07/08	166,276	423,356

Mental Health Acute Overnight Inpatient Separations
Data source: InforMH on behalf of MHDAO



Interpretation
Ambulatory Activity
As at June 2008, there were 166,276 ambulatory contacts throughout SSWAHS facilities. Ongoing negotiations are occurring with NSW Health regarding the target used for ambulatory contacts. There have also been

ongoing difficulties in capturing accurate data from community based services. SSWAHS believes that the clinical activity data has been under reported as the current Cerner module is not well designed for ambulatory activity data capture.

Acute overnight inpatient separations

The baseline and target for SSWAHS in 2007-08 was 6,885 and 6,685 respectively. SSWAHS had 6,634 acute overnight separations in 2007-08. All inpatient units continue to experience high bed occupancy. Length of stay has increased in some facilities due to the complexity of patient conditions, impacting on the number of separations. There has been an increase in mental health activity across the Area Health Service. The Psychiatric Emergency Care Centre (PECC) at Campbelltown has increased access for acute adult admissions.

Future initiatives

SSWAHS is implementing a range of strategies to improve ambulatory activity including:

- Enhancement of community mental health teams, establishment of rapid response teams
- Ongoing staff education on data capture requirements
- Establishment of a single Area Mental Health after hours telephone triage system, which will result in increased activity and reporting
- Clinical services planning to address the challenge of accelerating population growth in the south west of SSWAHS. Proposals for new inpatient and community services are being developed over the next 12 months.

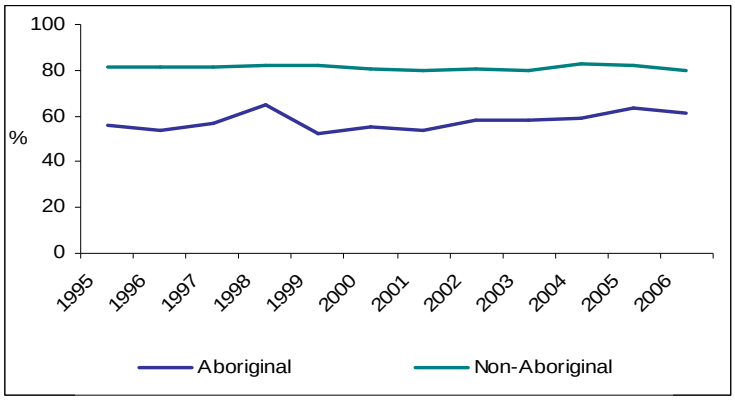
Performance Indicators

Strategic Direction 3: Strengthen primary health and continuing care in the community
Performance Indicator: Antenatal visits – confinements where first visit was before 20 weeks gestation

Desired outcome
Improved health of mothers and babies.

Context
Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early commencement of antenatal care allows problems to be better detected and managed, and engages mothers with health and related services.

First Antenatal Visit - Before 20 Weeks Gestation (%)
Source: NSW Midwives Data Collection (HOIST)



	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Aboriginal	55.9	54.1	56.6	64.8	52.6	55.4	54.0	58.2	58.1	59.1	63.6	61.5
Non-Aboriginal	81.5	81.5	81.1	82.2	82.1	80.6	80.2	80.5	80.0	83.2	81.9	79.9

Interpretation
79.9 per cent of non-Aboriginal and only 61.5 per cent of Aboriginal women had their first antenatal visit before 20 weeks in SSWAHS. There are a number of issues impacting on SSWAHS performance against this indicator including difficulty in accessing Aboriginal women in the antenatal period; identification of Aboriginality as many women do not identify themselves or their families as Aboriginal; cultural attitudes toward early pregnancy care in both the Aboriginal community and in many Culturally and Linguistically Diverse (CALD) communities; lack of information in CALD communities with regard to antenatal services available within the health service.

Future initiatives
Initiatives being implemented in SSWAHS to address this indicator include: provision of targeted programs through Campbelltown Hospital for Aboriginal families; implementation of sustained home visiting antenatally and postnatally through Campbelltown Hospital in partnership with Aboriginal Medical Service (AMS) at Tharawal and RPA in partnership with the AMS at Redfern; provision of sustained home visiting to teenage Aboriginal mothers in the inner west during the antenatal period and continuing until the child is two years of age; implementation of the Bringing together program, which involves Aboriginal Health Education Officers working with Aboriginal women and providing antenatal education in the community; provision of an Aboriginal teenage mother program through Hoxton Park and Miller Community Health Centres in liaison with the Aboriginal Health Education Officer at Liverpool Hospital; recruitment of an Aboriginal Health Education Officer in Bowral in conjunction with Marumali Aboriginal Service to support Aboriginal women; development of a culturally specific pamphlet to increase awareness in the Aboriginal community regarding available antenatal and follow-up services; provision of a GP Shared Care Program.

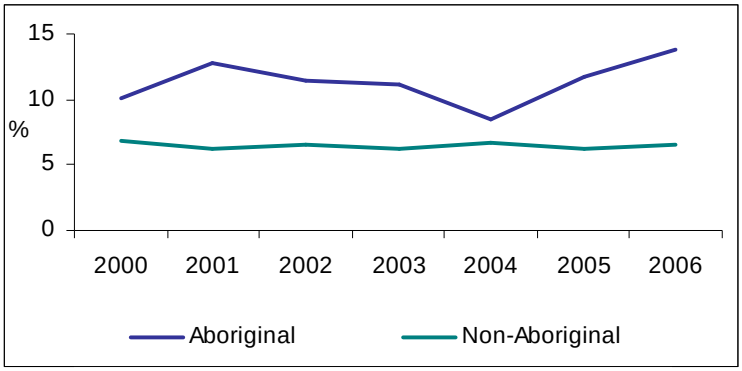
Performance Indicators

Strategic Direction 3: Strengthen primary health and continuing care in the community
Performance Indicator: Low birth weight babies – weighing less than 2,500g

Desired outcome
Reduced rates of low weight births and subsequent health problems.

Context
Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and the care that was received during pregnancy.

Low Birth Weight Babies, Weighing Less than 2,500g (%)
Source: NSW Midwives Data Collection (HOIST)



	2000	2001	2002	2003	2004	2005	2006
Aboriginal	10.1	12.8	11.4	11.2	8.5	11.7	13.8
Non-Aboriginal	6.9	6.2	6.6	6.2	6.7	6.2	6.5
Total	6.9	6.3	6.7	6.3	6.7	6.3	6.6

Interpretation
This indicator is concerned with achieving reduced rates of low weight births and subsequent health problems. Data is supplied via the NSW Midwives data collection and is unavailable at this point in time for the reporting period.

SSWAHS had a target set for 2006-07 to reduce the rates from 11.7 per cent of Aboriginal babies and 6.2 per cent of non-Aboriginal babies recording a birth weight of less than 2,500 grams. The results for 2006 in SSWAHS for Aboriginal babies were 13.8 per cent and 6.5 per cent for non-Aboriginal babies. There are a number of factors impacting on SSWAHS' ability to meet these indicators including: difficulty in accessing Aboriginal women in the antenatal period; identification of Aboriginality as many of the women do not identify themselves or their families as Aboriginal; cultural attitudes toward early pregnancy care in both the Aboriginal community and in many CALD communities (SSWAHS has one of the most culturally diverse populations in NSW - 35 per cent of the population in SSWAHS speak a language other than English); socioeconomic status of the population in SSWAHS (nine of the ten most disadvantaged postcodes in Sydney are in SSWAHS. This impacts on the health status of women and is linked to a higher rate of low birth weight infants).

Future initiatives
Strategies being implemented in SSWAHS to address this performance indicator include:

- The launch of the SSWAHS Obesity Plan. One of the major issues for SSWAHS is the rate of gestational diabetes linked to obesity
- Provision of targeted programs through Campbelltown Hospital for Aboriginal families.

Performance Indicators

- Provision of Aboriginal sustained home visiting antenatally and postnatally through Campbelltown and RPA Hospitals. A recent restructure has brought the Macarthur Aboriginal Home Visiting program from under Aboriginal Health into mainstream Community Health. This restructure has created additional nursing positions. Recruitment to the new positions is progressing and two existing vacant positions are also being recruited.
- Provision of sustained home visiting to teenage Aboriginal mothers in the inner west during the antenatal period and continuing until the child is two years of age.
- Implementation of the Bringing together program, which involves Aboriginal Health Education Officers working with Aboriginal women and providing antenatal education in the community.
- Development of culturally specific pamphlets to increase awareness available antenatal and follow-up services.
- The Antenatal Clinics throughout SSWAHS provide appropriate care to women through Specialty Doctors clinics, Midwives clinics and GP shared care.
- Establishment of the Antenatal Day Assessment Unit for women with complications associated with pregnancy to reduce the number of Antenatal care and Maternity Admissions to Liverpool Hospital.
- Recruitment of an Aboriginal Health Clinical Nurse Consultant and an Educational Officer at RPA to support Aboriginal women in the antenatal period.
- Liaison with the Aboriginal Medical Consultancy Group at Redfern and Tharawal at Campbelltown to support antenatal follow-up of Aboriginal women.
- Implementation of the State's Early Assessment Pregnancy Project at RPA. This service provides care to pregnant women 20 weeks or less into their gestation.
- Implementation of Early Pregnancy Program at all hospitals in SSWAHS. Women presenting to the ED with problems such as bleeding or abdominal pain are provided with a continuum of care through the system to ensure the appropriate care and support is provided to the patient, for example, social workers and qualified counsellor.
- Development of an Area Drug and Alcohol plan including smoking cessation.
- Implementation of smoking cessation clinics within Community Health Centres.

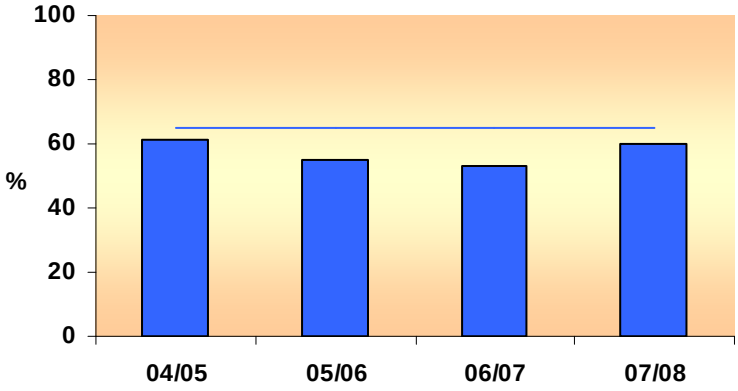
Performance Indicators

Strategic Direction 3: Strengthen primary health and continuing care in the community
Performance Indicator: Postnatal home visits - families receiving a Families NSW visit within two weeks of the birth

Desired outcome
To solve problems early in raising children, before they become entrenched, resulting in the best possible start in life.

Context
The Families NSW program aims to give children the best possible start in life. The purpose is to enhance access to postnatal child and family services by providing all families with the opportunity to receive their first postnatal health visit within their home environment, thus providing staff with the opportunity to engage more effectively with families who may not have otherwise accessed services. Families NSW provides an opportunity to identify needs with families in their own homes, and facilitate early access to local support services, including the broader range of child and family health services.

Postnatal Home Visits - Families Receiving a Families NSW visit (UHHV*) Within 2 Weeks of the Birth (%)
Source: Families NSW Area Health Service Annual Reports 2004/05; 2005/06; 2006/07; 2007/08 HOIST for birth data.



Interpretation
In 2007-08, 60 per cent of families received a Families NSW visit within two weeks of birth in Sydney South West Area Health. The target was greater than 65 per cent. One of the challenges for the Area Health Service is that in some parts of the Area up to 30 per cent of referrals are not able to be seen within two weeks of birth due to incorrect data on referral (for example through change of address), late referrals often from private hospitals (greater than seven days) and clients refusing a home or clinic visit. SSWAHS is currently working on the issue of delayed referrals from hospitals, especially private hospitals and hospitals out of Area.

Future initiatives
SSWAHS is implementing a range of strategies to increase the rate of Families NSW visits within two weeks of birth including:

- Consultation with maternity services in facilities to ensure accurate contact and interpreter information on discharge summaries as well as timely receipt of summaries
- Establishment of a common data base for recording Families NSW visits offered and received within two and four weeks to standardise reporting across the Area
- Review and reprioritisation of interpreters to ensure that first home visits are given priority for allocation of an interpreter
- Liaison with private hospitals and other Area Health Services to ensure timely receipt of referrals for babies born in these hospitals.

* Universal Health Home Visits

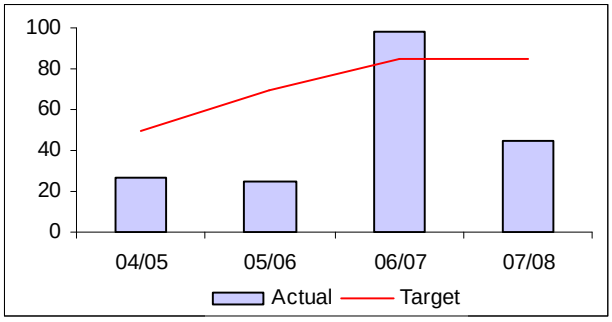
Performance Indicators

Strategic Direction 4: Build regional and other partnerships for health
Performance Indicator: Otitis media screening - Aboriginal children (0 – 6 year) screened

Desired outcome
Minimal rates of conductive hearing loss, and other educational and social consequences associated with otitis media, in young Aboriginal children.

Context
The incidence and consequences of otitis media and associated hearing loss in Aboriginal communities has been well recognised. The World Health Organisation has noted that a greater than four per cent prevalence of otitis media in a population indicates a massive public health problem. Otitis media affects up to ten times this proportion of children in many indigenous communities in Australia.

Percentage of Aboriginal Children 0-6 Years Screened for Otitis Media, SSWAHS, 2004/05– 2006/07
Source: NSW Centre for Aboriginal Health



Year	Actual	Target
04/05	27	50
05/06	25	70
06/07	98	85
07/08	45	85

Interpretation
For the year ending June 2008, only 45 per cent of Aboriginal children 0-6 years in SSWAHS were screened for otitis media. This is significantly less than in 2006-07 and well below target. Difficulties with recruitment to the otitis media coordinator position located at RPA and data collection issues across the agencies involved in otitis media screening have impacted on performance against this indicator.

Future initiatives
Strategies to improve performance against this indicator include:

- Implementation of the SSWAHS Otitis Media action plan. The plan targets 0-6 year old Aboriginal children. It has progressed in the western sector of SSWAHS; however, progress slowed in the eastern sector from January 2008 due to the resignation of the Otitis Media Coordinator, a position critical to the success of the program.
- Implementation of recommendations of the State review of the Otitis Media Program. The review has recommended a different approach to otitis media.
- Coordination of screening efforts between SSWAHS and other organisations through the development of a working party of all agencies involved in otitis media management across SSWAHS including key stakeholders (Redfern, Tharawal AMS, GPs, ENT services, Community Health, Aboriginal preschools).
- Transfer of governance for the otitis media screening from Aboriginal Health to Community Health in line with Aboriginal Health review .
- Revision of the SSWAHS Otitis Media action plan following transfer of governance for the otitis media screening from Aboriginal Health to Community Health and connection with the Early Childhood Programs (AMIHS).

Performance Indicators

- Coordination of reporting on screening activities between SSWAHS and other organisations through redistribution of the otitis media screening data collection form.
- Improve the recruitment of children in the relevant age group for screening through targeted screening of children at preschools, home visiting, Aboriginal organisations.
- Development of promotional material to support otitis media screening in the Aboriginal Community.
- Development of a service level agreement with Royal Institute for Deaf and Blind Children and Hearing Australia for children identified with otitis media.
- Liaison with the Divisions of General Practice and Ear Nose and Throat Specialists to facilitate the management of children identified with otitis media.

Performance Indicators

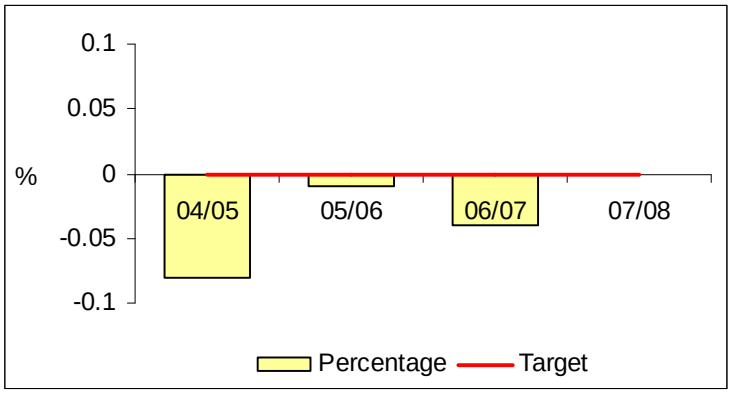
Strategic Direction 5: Make smart choices about the costs and benefits of health services
Performance Indicator: Net cost of service – General Fund (General) variance against budget

Desired outcome
Optimal use of resources to deliver health care.

Context
Net Cost of Services is the difference between total expenses and retained revenues and is a measure commonly used across government to denote financial performance. In NSW Health, the General Fund (General) measure is refined to exclude the:

- effect of Special Purpose and Trust Fund monies which are variable in nature - dependent on the level of community support
- operating result of business units (for example, linen and pathology services) which service a number of health services and which would otherwise distort the host health service's financial performance
- effect of Special Projects which are only available for the specific purpose (for example, Oral Health, Drug and Alcohol).

Net Cost of Services General Fund (General) - Variance Against Budget (%)
Data provided by: Financial Management & Planning Branch, Finance & Business Management Division



	Per centage	Target
04/05	-0.08	0
05/06	-0.01	0
06/07	-0.04	0

Interpretation
SSWAHS had achieved target at the end of June 2008.

SSWAHS achieved a favourable net cost of service result of $2.354. million in General Fund for the 2007-08 year with $2.787 million favourable in the General Fund (General) Project.

Future initiatives
SSWAHS will implement the Online Clinician billing system and the statewide patient clinical costing system.

Performance Indicators

Strategic Direction 5: Make smart choices about the costs and benefits of health services
Performance Indicator: Creditors > Benchmark as at the end of the year

Desired outcome
Payment of creditors within agreed terms.

Context
Creditor management affects the standing of NSW Health in the general community, and is of continuing interest to central agencies. Creditor management is an indicator of a Health Service's performance in managing its liquidity.

While health services are expected to pay creditors within terms, individual payment benchmarks have been established for each health service.

Number of Creditors Exceeding Target Days as at the End of Year - Creditors Exceeding 45 days $('000)
Data provided by: Financial Management & Planning Branch, Finance & Business Management Division

	Actual	Target
04/05	0	0
05/06	0	0
06/07	0	0
07/08	0	0

Interpretation
SSWAHS demonstrated sound resource and financial management in managing creditors' payments during the reporting period. There were no creditors over 45 days at 30 June 2008.

Future initiatives
SSWAHS will continue its existing efforts to maintain the creditor benchmark as per previous years.

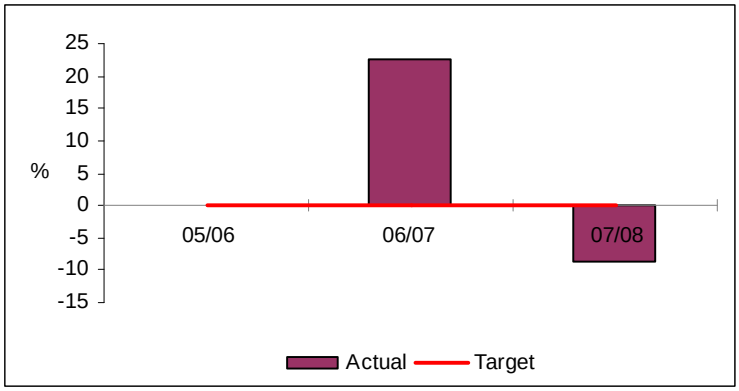
Performance Indicators

Strategic Direction 5: Make smart choices about the costs and benefits of health services
Performance Indicator: Major and minor works - variance against Budget Paper 4 (BP4) total capital allocation

Desired outcome
Optimal use of resources for asset management. The desired outcome is 0 per cent variance, that is, full expenditure of the NSW Health Capital Allocation for major and minor works.

Context
Variance against total BP4 capital allocation and actual expenditure achieved in the financial year is used to measure performance in delivering capital assets.

Major and Minor Works - Variance Against BP4 Capital Allocation (%)
Source: Asset Management Services



	Actual	Target
05/06	0.2	0
06/07	22.6	0
07/08	-8.6	0

Interpretation
Total budget for 2007-08 was $55,506,358. Total expenditure was $46,357,973, giving an under expenditure of $ 9,148,385. Under expenditure occurred in the following projects:

- Bowral Hospital Paediatric and Day Stay Refurbishment
- Redfern Community Health Centre
- Liverpool Stage 2
- Marrickville CHC (completed under budget)
- RPA Stage 2
- Bankstown Pathways Home Project

Future initiatives

- Liverpool Hospital Cyclotron $586,932
- Bankstown CT Scanner $1,500,000
- SSW Digital Imaging (Dental) $277,370
- SSW Digital Cameras (Dental) $74,862
- SSWAHS Medical Imaging Implementation $4,356,000

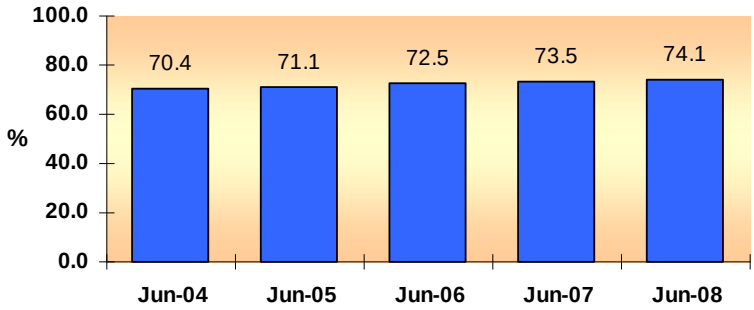
Continuation of projects:

- Liverpool Stage 2
- RPA Stage 2
- Bowral Paediatric and Day Stay Refurbishment
- RPA SRS Linear Accelerator
- Redfern CHC
- Bankstown Pathways Home

Performance Indicators

Strategic Direction 6: Build a sustainable health workforce
Performance Indicator: Clinical staff

Context
Clinical staff comprises medical, nursing, allied and oral health professionals, scientific and support staff, ambulance clinicians and other health professionals, such as counsellors and Aboriginal health workers. These groups are primarily the frontline staff employed in the health system. In response to increasing demand for services, it is essential that the numbers of frontline staff are maintained in line with demand.



	Actual
Jun-04	70.4
Jun-05	71.1
Jun-06	72.5
Jun-07	73.5
Jun-08	74.1

Source: Health Information Exchange - Department Of Health Reporting System - Human Resources (HIE-DOHRS-HR), Average FTEs (paid productive and paid unproductive hours). Excludes Third Schedule Facilities

Interpretation
In 2007-08, 74.1 per cent of SSWAHS staff were working in a clinical role which meets the target for this indicator.

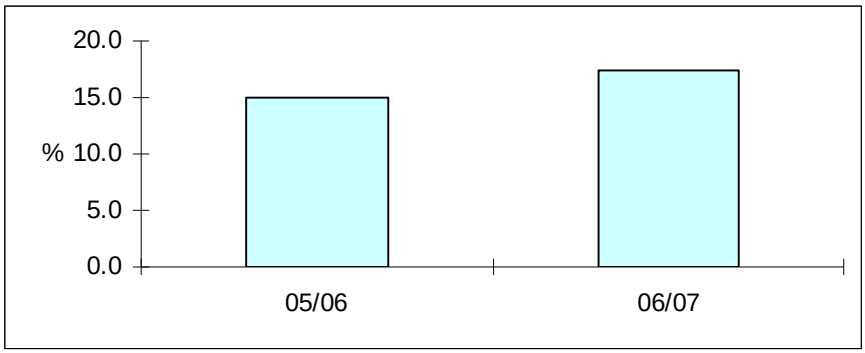
Future Initiatives

The Area Health Service will continue to focus on employing clinical staff.

Strategic Direction 6: Build a sustainable health workforce
Performance Indicator: Staff Turnover

Context
People are a key part of any health service. Staff stability, with minimum unnecessary staff loss, is an important performance goal. Monitoring turnover rates over time will assist with the development of targeted strategies to reduce turnover.

Staff Turnover (%) During 2006-07
Source: Premier's Workforce Profile (PWP)



	Actual
05/06	15.1
06/07	17.4

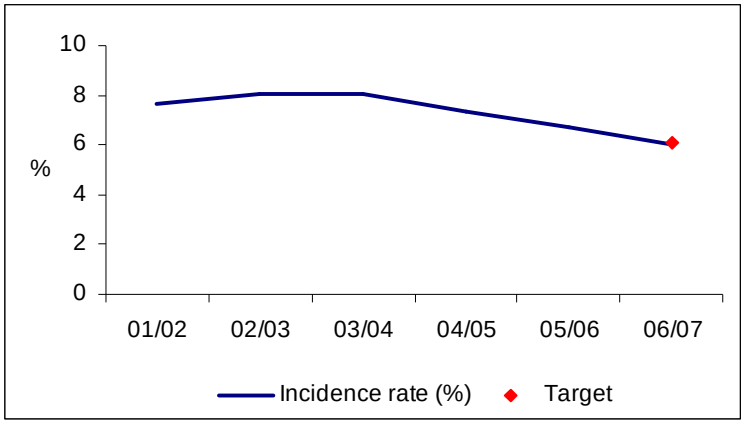
Interpretation
One of the major issues in relation to this indicator is the way in which “turnover” is calculated and defined in the absence of a single, unique employee identification number for each employee. In 2007-08 when staff transferred from one SSWAHS facility to another SSWAHS facility they were terminated and re-entered on the payroll system which would result in an artificial inflation of the staff turnover figure.

Future Initiatives
The introduction of the new statewide Human Resource Information System and implementation of a single unique employee number for each employee will enable a more accurate measure of performance against this indicator. Amalgamation of the SSWAHS payrolls in 2008-09 will also assist with the calculation issue noted above. In terms of strategies to reduce turnover, the focus for SSWAHS has been on investing in our workforce through opportunities for career development and supporting staff to build their career in health with SSWAHS.

Strategic Direction 6: Build a sustainable health workforce
Performance Indicator: Workplace injuries

Context
Workplace safety and providing a safe place to work are a key priority for any employer. A minimal proportion of staff experiencing workplace injuries is an important workforce performance goal. Workplace injuries result in direct and indirect costs to the public health system, injured employees and their families, and their co-workers. Key prevention strategies include consulting with staff, ensuring workplace hazards are identified, assessed and controlled, and providing training.

Workplace Injuries - Proportion of Employees Injured in the Relevant Year (%)
Source: Treasury Managed Fund via WorkCover NSW



	01/02	02/03	03/04	04/05	05/06	06/07
Number of injuries	1,198	1,292	1,346	1,276	1,194	
Number of employees	15,604	16,114	16,740	17,327	17,814	
Incidence rate (%)	7.68	8.02	8.04	7.36	6.70	6.9
Target						6.1

Interpretation
The 2006-07 claim rate was 6.9 per 100 full-time equivalent staff.

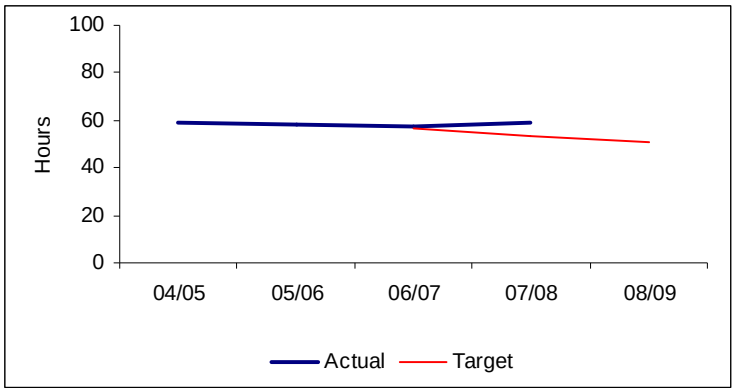
Future Initiatives
SSWAHS is continuing to implement a range of strategies to address this indicator.

Performance Indicators

Strategic Direction 6: Build a sustainable health workforce
Performance Indicator: Sick leave

Context
Low levels of sick leave taken by staff should minimise the need for, and the additional cost of, staff replacement. It also reduces the possible effects on service delivery and on other staff. The performance goal is decreased sick leave taken by SSWAHS staff.

Paid Sick Leave Per FTE
Source: Business Objects



Year	Actual	Target
04/05	59.39	
05/06	58.47	
06/07	57.63	56.42
07/08	58.8	53.45
08/09		50.48

Interpretation
In 2007-08 the NSW Health performance target was 53.45 hours per full-time employee. The annual average per FTE in SSWAHS was 58.8 which was above target.

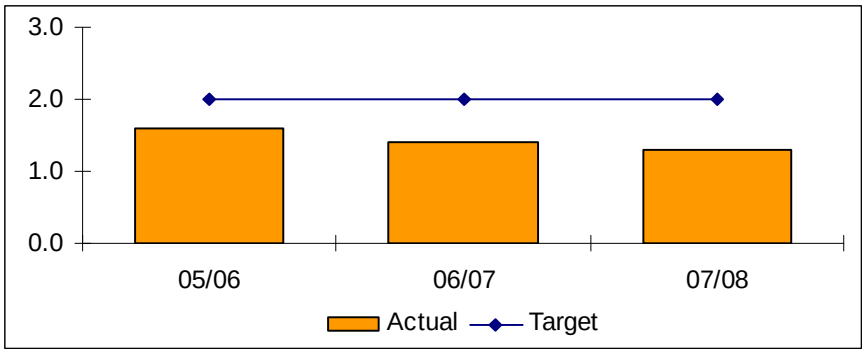
Future Initiatives
SSWAHS is continuing to monitor sick leave performance, improve performance to meet the target and introduce strategies that support personal health.

Performance Indicators

Strategic Direction 6: Build a sustainable health workforce
Performance Indicator: Aboriginal Staff as a proportion of total (%)

Context
Having Aboriginal people working in health is an important part of improving Aboriginal health and closing the gap. Not only is employment a key strategy to improving the health of a community, it assists us in making services more culturally appropriate and accessible.

Aboriginal staff as a proportion of total (%)
Source: Premier's Workforce Profile (PWP)



	Actual	Target
05/06	1.6	2
06/07	1.4	2
07/08	1.3	2

Interpretation
In 2007-08, only 1.3 per cent of the work force in SSWAHS was Aboriginal which did not meet the NSW Health performance target of two per cent. The Area Health Service has experienced difficulty in increasing Aboriginal and Torres Strait Islander recruitment in line with the employment target and the increasing size of the SSWAHS workforce. This has led to a reassessment of strategies (noted below).

The SSWAHS workforce has increased by approximately 700 FTE since 2005, with most of this increase in clinical areas.

Future Initiatives
SSWAHS in undertaking the following actions to meet target:

- A new SSWAHS Aboriginal Employment and Workforce strategy has been developed by the Aboriginal Employment and Workforce Working Group and approved by the Area Executive and Facility General Managers.
- The strategy has as its goal a commitment to achieving, and exceeding, the Aboriginal employment target.
- Key initial focus is on promotion of Aboriginal employment opportunities with local schools (through Aboriginal Healthwise events, the new SSWAHS Aboriginal employment DVD and soon to be finalised Aboriginal Workforce website) and Aboriginal Employment Services.
- Each Facility will be provided with an Aboriginal employment target. SSWAHS aims to increase the number of Aboriginal traineeships as part of this. There will be a continued focus on ensuring all Aboriginal staff are supported in their work and with their development goals.
- SSWAHS is rolling out the Aboriginal health worker competency training. This is in line with the statewide requirements and timetable.

Performance Indicators

Strategic Direction 7: Be ready for new risks and opportunities
Integrated risk management framework

SSWAHS has continued implementation of the Area Health Service (AHS) risk management framework. This has been achieved through key committees:

- Audit and Corporate Risk Management Committee
- Clinical Quality Council
- OHS Risk Management Committee

Strategies include:

- Enhancement of patient transport services with improved patient services and reduction in financial risks
- Review of recruitment practices to minimise risk of inappropriate staff appointments
- Continued training e.g. manual handling, OHS managers training, safe work practices
- Conduct of operational reviews by Internal Audit
- Recruitment of a permanent legal officer to assist the Area Health Service with maintaining legislative compliance and to reduce reliance on and costs associated with external legal advice
- Improved compliance monitoring e.g. medical restrictions and audit reviews
- Sound injury prevention and a focus on early return to work for injured workers leading to achievement of a Treasury Managed Fund (TMF) surplus

Future Direction

- Review of the AHS risk framework following release of the revised NSW Health policy
- Implementation of the revised AHS risk framework

Disaster response capability

SSWAHS has continued to improve its disaster response capability through:

- Conduct of disaster preparedness exercises (Emergotrain) within SSWAHS facilities
- Conduct of Area-wide disaster response exercises in December 2007 and June 2008
- Participation in disaster operational events including City to Surf, New Year's Eve, Asia-Pacific Economic Cooperation forum and World Youth Day
- Development and conduct of disaster education courses in Major Incident Medial Management System (MIMMS), Chemical, Biological and Radiological (CBR) and Incident Control System (ICS).
- Conduct of Nursing Home Education days in conjunction with SSWAHS Public Health Unit (PHU)

Future Direction

- Ongoing disaster preparedness via Emergotrain exercises
- Continuing education on disaster preparedness and response
- Monitoring of facility capabilities via exercises and audits
- Participation in NSW Health Counter Disaster Unit coordinated operations with deployment of Disaster Response Teams as required
- Development of education courses for co-dependant organisations as required

Population health surveillance and early warning systems

SSWAHS has continued to develop its population health surveillance and early warning systems through:

- Development of demographic and epidemiological profiles
- Increased awareness of General Practice (GP) infectious disease notifiers through the start-up of a PHU monthly newsletter
- Development of a PHU contract with broad stream fax provider to directly alert GPs of infectious disease and environment health hazards
- Extension of enhanced surveillance system of syphilis

Future Direction

- Completion of demographic and epidemiological profiles
- Development of spatial capabilities for population health surveillance
- Increased capacity to detect unexpected infectious disease activity/frequency
- Improved ability to understand and respond to geographical clustering of disease through use of mapping (Arc-GIS licence)
- Introduction of structured reviews of selected infectious disease surveillance systems as part of quality improvement process

Research outputs to be driven by health priorities and policies

SSWAHS has continued to work with researchers, the community and universities to strengthen its research capabilities. Actions include:

- Establishment of the Ingham Health Research Institute (IHRI) with an independent Board.
- Provision of two infrastructure grants of $100,000 per annum for two years by the Board of IHRI to encourage and develop research collaborations in South West Sydney
- Commencement of the IHRI grant preparation scheme to assist new researchers and improve the success rate in competitive research grants in the south west of Sydney
- Commencement of wet laboratories refurbishment on Level 4 of the Health Services Building Liverpool Hospital to co-locate researchers from across the south west of Sydney
- Achievement of funding and commencement of the purpose-built research facility for the Asbestos Diseases Research Institute
- Establishment of the Asbestos Diseases Research Institute with an independent Board
- Continued strengthening of other research institutes in SSWAHS including the Centenary Institute, the ANZAC Research Institute and The George Institute for International Health.

Future Direction

- Achievement of funding for dedicated research building for the IHRI.
- Continued planning for the new Sydney Cancer Centre.

Selected Activity Levels

Selected data for the year ended June 2008 part 1

Hospital name	Separations	Planned as % of total separations	Same day as % of total separations	Total bed days	Average length of stay (acute)	Daily average of inpatients
Rozelle Hospital*	2,756		2.39%	49,955	14.0	137
Balmain Hospital	2,278	0.26%	14.97%	25,111	6.1	70
Canterbury Hospital	16,035	25.06%	25.34%	57,431	3.3	157
RPA Hospital	64,667	45.11%	43.84%	260,033	4.0	711
Community Health – Central Sydney AHS						
Tresillian Family Care Centres	2,795	0.00%	1.40%	11,185	4.0	31
Thomas Walker Hospital	216			3,367	8.9	9
Concord Hospital *	40,726	67.31%	58.13%	156,242	3.5	427
RPA Institute of Rheumatology / Orthopaedics	2,174	81.42%	29.39%	9,603	4.4	26
Sydney Dental Hospital						
Karitane	591		3.38%	2,119	3.6	6
Camden Hospital	7,645	72.05%	82.16%	26,873	2.1	73
Fairfield Hospital	17,269	23.96%	25.52%	66,203	3.5	181
Liverpool Hospital	71,708	54.77%	56.20%	262,910	3.6	718
Campbelltown Hospital	24,633	13.88%	12.82%	112,214	4.5	307
Bankstown Hospital	31,197	34.04%	33.13%	139,315	4.2	381
Braeside Hospital	3,328	48.02%	73.26%	23,974	0.0	66
Queen Victoria (Thirlmere)						
Bowral Hospital	9,184	25.98%	45.26%	25,706	2.7	70
SSWAHS Total	**297,202**	**43.51%**	**43.16%**	**1,232,641**	**3.8**	**3,368**

* Rozelle Hospital statistics are only up to 30 April 2008. From 1 May 2008, Rozelle Hospital services moved to Concord Centre for Mental Health. From 1 May statistics are included in the Concord Hospital statistics.

Selected Activity Levels

Selected data for the year ended June 2008 part 2

Hospital name	Bed occupancy rate	Acute bed days	Acute overnight bed days	Non-admitted patient services	ED attendances	Expenses – all program ($000)
Rozelle Hospital*		33,323	33,259	12,015		
Department of Forensic Medicine				47,657		
Scarba House – Central Sydney Unit				2,104		
Balmain Hospital		8,905	8,574	144,104	14,597	
Canterbury Hospital	78.5%	50,679	46,623	201,189	31,444	
RPA Hospital	87.8%	259,296	230,950	451,713	58,206	
Community Health – Central Sydney AHS				298,707		
Tresillian Family Care Centres		11,185	11,146	53,399		
Thomas Walker Hospital		1,184	1,184	10,243		
Concord Hospital*	95.0%	140,106	116,478	272,825	29,968	
RPA Institute of Rheumatology / Orthopaedics	67.8%	9,603	8,964	13,058		
Sydney Dental Hospital				253,133		
Karitane		2,118	2,099	31,494		
Scarba House – South West Sydney AHS				2,302		
Camden Hospital	92.1%	14,610	8,355	125,930	12,532	
Fairfield Hospital	78.7%	58,546	54,141	262,051	30,432	
Liverpool Hospital	96.7%	255,253	214,967	807,600	59,132	
Campbelltown Hospital	95.4%	111,238	108,097	257,432	47,191	
Bankstown Hospital	90.8%	129,028	118,695	380,151	41,280	
Braeside Hospital				33,741		
Queen Victoria (Thirlmere)				11,579		
Bowral Hospital	73.2%	24,373	20,220	82,754	18,005	
SSWAHS Total	**90.1%**	**1,109,447**	**983,752**	**3,931,366**	**341,992**	$2.394 billion

* Rozelle Hospital statistics are only up to 30 April 2008. From 1 May 2008, Rozelle Hospital services moved to Concord Centre for Mental Health. From 1 May statistics are included in the Concord Hospital statistics.

Selected Activity Levels

Bed and bed equivalents and bed occupancy, June 2008
Beds in emergency departments, delivery suites, operating theatres and recovery rooms are excluded

* Data provided by NSW Health

Hospital name	June YTD bed count – all beds	General hospital units	Nursing home units	Community residential	Other units
Rozelle Hospital*	152				152
Balmain Hospital	76	76			
Canterbury Hospital	187	187			
RPA Hospital	774	774			
Tresillian Family Care Centres	36	36			
Thomas Walker Hospital	17				17
Concord Hospital *	421	421			
RPA Institute of Rheumatology / Orthopaedics	39	39			
Karitane	14	14			
Camden Hospital	81	81			
Fairfield Hospital	216	216			
Liverpool Hospital	713	709		4	
Campbelltown Hospital	333	333			
Bankstown Hospital	401	401			
Braeside Hospital	72	72			
Carrington Centennial Nursing Home	94		94		
Queen Victoria (Thirlmere)	100		100		
Bowral Hospital	84	84			
Mental Health Group Homes - Campbelltown	15			15	
Mental Health Group Homes - Liverpool	33			33	
TOTAL	**3,858**	**3,443**	**194**	**52**	**169**

*Rozelle Hospital statistics are only up to 30 April 2008. From 1 May 2008, Rozelle Hospital services moved to Concord Centre for Mental Health. From 1 May statistics are included in the Concord Hospital statistics.

Health Service Locations

Public Hospitals

Balmain Hospital
29 Booth Street
Balmain NSW 2041
Ph: (02) 9395 2111
Fax: (02) 9395 2020
Email: maria.cacciotti@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Bankstown Hospital
Eldridge Road
Bankstown NSW 2200
Ph: (02) 9722 8000
Fax: (02) 9722 8570
Email: chris.wood@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Bowral and District Hospital
Corner Mona Road and Bowral Street
Bowral NSW 2576
Ph: (02) 4861 0200
Fax: (02) 4861 4511
Email: angela.troy@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Camden Hospital
Menangle Road
Camden NSW 2570
Ph: (02) 4634 3000
Fax: (02) 4654 6240
Email: julie.scott@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Campbelltown Hospital
Therry Road
Campbelltown NSW 2560
Ph: (02) 4634 3000
Fax: (02) 4634 3850
Email: julie.scott@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Canterbury Hospital
Canterbury Road
Campsie NSW 2194
Ph: (02) 9787 0000
Fax: (02) 9787 0031
Email: canterbury@email.cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Concord Centre for Mental Health
Hospital Road
Concord NSW 2139
Ph: (02) 9767 8900
Fax: (02) 9767 8901
Email: alex.woods@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Concord Repatriation General Hospital
Hospital Road
Concord NSW 2139
Ph: (02) 9767 5000
Fax: (02) 9767 6991
Email: concordinfo@email.cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Fairfield Hospital
Corner Polding Street and Prairievale Road
Prairiewood NSW 2176
Ph: (02) 9616 8111
Fax: (02) 9616 8240
Email: sandra.lombardini@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Liverpool Hospital
Corner Elizabeth and Goulburn Streets
Liverpool NSW 2170
Ph: (02) 9828 3000
Fax: (02) 9828 6318
Email:
ressee.mangulabnan@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Royal Prince Alfred Hospital
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 6111
Fax: (02) 9515 6133
Email: susan.cameron@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Sydney Dental Hospital
2 Chalmers Street
Surry Hills NSW 2010
Ph: (02) 9293 3200
Fax: (02) 9293 3488
Email:sydneydentalhospital@email.cs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Thomas Walker Hospital
(Rivendell Child and Adolescent Unit)
Hospital Road
Concord West NSW 2138
Ph: (02) 9736 2288
Fax: (02) 9743 6264
Email: rivendell@email.cs.nsw.gov.au

Third Schedule Facilities

Tresillian Family Care Centres
Website: www.tresillian.net
Located at:
Head Office
McKenzie Street
Belmore NSW 2192
Ph: (02) 9787 0800
Fax: (02) 9787 0880

1b Barber Avenue
Kingswood NSW 2747
Ph : (02) 4734 2124

25 Shirley Road
Wollstonecraft NSW 2065
Ph : (02) 9432 4000

2 Second Avenue
Willoughby NSW 2068
Ph : (02) 8962 8300

Carrington Centennial Care
90 Werombi Road
Camden NSW 2570
Ph: (02) 4659 0590
Fax: (02) 4655 1984
Email: carrington@carringtoncare.org.au
Web: www.sswhealth.nsw.gov.au

Braeside Hospital
340 Prairie Vale Road
Prairiewood NSW 2176
Ph: (02) 9616 8600
Fax: (02) 9616 8605
Email: connie.chan@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Karitane
Corner The Horsley Drive and Mitchell Street
Carramar NSW 2163
Ph: (02) 9794 2300
Fax: (02) 9794 2323
Email: robert.mills@sswahs.nsw.gov.au
Web: www.karitane.com.au

Queen Victoria Memorial Home
615 Thirlmere Way
Picton NSW 2571
Ph: (02) 4683 6900
Fax: (02) 4683 6910
Email: jane.hartley@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Other Services

Department of Forensic Medicine
42-50 Parramatta Road
Glebe NSW 2037
Ph: (02) 8584 7800
Fax: (02) 9552 1613
Email: pattersonm@email.cs.nsw.gov.au
Web: www.forensic.org.au

Sydney South West Pathology Service
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 7960
Fax: (02) 9515 7058
Email: maureen.harrison@sswahs.nsw.gov.au
Web: www.sswhealth.nsw.gov.au

Community Facilities

Bankstown Community Health Centre
36-38 Raymond Street
Bankstown NSW 2200
Ph: (02) 9780 2777

Bowral Community Health Centre
Bendooley Street
Bowral NSW 2576
Ph: (02) 4861 8000

Cabramatta Community Health Centre
7 Levuka Street
Cabramatta NSW 2166
Ph: (02) 8717 4000

Campbelltown Community Health Centre
11/261 Queen Street
Campbelltown NSW 2560
Ph: (02) 4628 5878

Camperdown Child, Adolescent and Family Health Services
Level 5, King George V Building
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 9788
Fax: (02) 9515 9789

Canterbury Child, Adolescent and Family Health Service
Canterbury Community Health Centre
Corner Thorncraft Parade and Canterbury Road
Campsie NSW 2194
Ph: (02) 9787 0600

Canterbury Community Nursing Service
Canterbury Community Health Centre
Canterbury Hospital
Canterbury Road
Campsie NSW 2194
Ph: (02) 9787 0599

Canterbury Multicultural Youth Health Service
Canterbury Community Health Centre
Corner Thorncraft Parade and Canterbury Road
Campsie NSW 2194
Ph: (02) 9787 0600

Community HIV/AIDS Allied Health
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444

Community Nursing Service
Marrickville Health Centre
155-157 Livingstone Road
Marrickville NSW 2204
Ph: (02) 9562 0500

Community Nursing Service
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444

Community Nutrition
Level 6, King George V Building
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 9729

Community Paediatric Occupational Therapy Services
Camperdown Child, Adolescent and Family Health Services
Level 5, King George V Building
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 9788

Community Paediatric Physiotherapy Services
Croydon Health Centre
24 Liverpool Road
Croydon NSW 2132
Ph: (02) 9378 1100

Concord Community Nursing Service
Concord Hospital
Hospital Road
Concord NSW 2137
Ph: (02) 9767 6199

Croydon Community Nursing Service
24 Liverpool Road
Croydon NSW 2132
Ph: (02) 9378 1100

Croydon Child, Adolescent and Family Health Service
Croydon Health Centre
24 Liverpool Road
Croydon NSW 2132
Ph: (02) 9378 1100

Eastern and Central Sexual Assault Service
L5, King George V Building
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 9040

Fairfield Community Health Centre
53-65 Mitchell Street
Carramar NSW 2163
Ph: (02) 9794 1700

Fairfield Liverpool Youth Health Team (FLYHT)
53-65 Mitchell Street
Carramar NSW 2163
Ph: (02) 8717 1718

Hoxton Park Community Health Centre
596 Hoxton Park Road
Hoxton Park NSW 2171
Ph: (02) 9827 2222

Ingleburn Community Health Centre
59A Cumberland Road
Ingleburn NSW 2565
Ph: (02) 9605 8900

Liverpool Community Health Centre
Health Service Building
Corner Campbell & Goulburn Streets
Liverpool NSW 2170
Ph: (02)9828 4844

Lurnea Aged Day Care
Corner Adrian Place & Hill Road
Lurnea NSW 2170
Ph: (02) 9608 2285

Marrickville Child, Adolescent and Family Health Service
Marrickville Health Centre
155-157 Livingstone Road
Marrickville NSW 2204
Ph: (02) 9562 0500

Mental Health Service
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444

Migrant Health Team
Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444

Miller Health Centre
18 Woodward Crescent
Miller NSW 2168
Ph: (02) 9608 8015

Mission Australia
88 Shropshire Street
Miller NSW 2168
Ph: (02) 9607 0666

Moorebank Community Health Centre
29 Stockton Avenue
Moorebank NSW 2170

Multicultural HIV/AIDS and Hepatitis C Service
Level 1, Building 12
Corner Grose Street and Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 5030

Narellan Community Health Centre
14 Queen Street
Narellan NSW 2567
Ph: (02) 4640 3500

Prairiewood Community Health Centre
Fairfield Hospital Complex
Corner Polding Street & Prairie Vale Road
Prairiewood NSW 2176
Ph: (02) 9616 8169

Primary Health Nursing
Level 2, 27 Greenfield Parade
Bankstown NSW 2200
Ph: (02) 9205 4221

Redfern Community Health Centre
1 Albert Street
Redfern NSW 2016
Ph: (02) 9395 0444

Rosemeadow Community Health Centre
5 Thomas Rose Drive
Rosemeadow NSW 2560
Ph: (02) 4633 4100

Sexual Health Central
L5 Page Building
B14 Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 3131

The Corner Youth Health Service
101 Restwell Street
Bankstown NSW 2200
Ph: (02) 9796 8633

The Hub
16 Woodward Crescent
Miller NSW 2168
Ph: (02) 9608 8920

The Sanctuary
6 Mary Street,
Newtown NSW 2040
Ph: (02) 9519 6142

Traxside Youth Health Service
Langdon Avenue
Campbelltown NSW 2560
Ph: (02) 4625 2525

Wollondilly Community Health Centre
5-9 Harper Close
Tahmoor NSW 2573
Ph: (02) 4683 6000

Youthblock Health and Resource Service
142 Carillon Avenue
Camperdown NSW 2050
Ph: (02) 9516 2233
Fax: (02) 9516 3591

Early Childhood Health Services

Ashfield
260 Liverpool Road
Ashfield NSW 2131
Ph: (02) 9716 1853

Balmain
530A Darling Street
Rozelle NSW 2039
Ph: (02) 9810 1609

Belmore Senior Citizens Hall
Redman Parade
Belmore NSW 2192
Ph: (02) 9718 0157

Camperdown
Level 5, King George V building
Missenden Road
Camperdown NSW 2050
Ph: (02) 9515 9944

Marrickville Health Centre
155-157 Livingstone Road
Marrickville NSW 2204
Ph: (02) 9562 0444

Campsie
143 Beamish Street
Campsie NSW 2194
Ph: (02) 9718 3177

Concord
57A Wellbank Street
Concord NSW 2137
Ph: (02) 9743 1654

Croydon
24 Liverpool Road
Croydon NSW 2132
Ph: (02) 9378 1156

Drummoyne
64 College Street
Drummoyne NSW 2047
Ph: (02) 9181 2619

Dulwich Hill
12 Seaview Street
Dulwich Hill NSW 2203
Ph: (02) 9560 2747

Earlwood
Corner Homer and William Streets
Earlwood NSW 2206
Ph: (02) 9718 4847

Five Dock
Corner Park Road and First Avenue
Five Dock NSW 2046
Ph: (02) 9713 6140

Glebe/Ultimo
Corner Pyrmont Bridge Road and Glebe Point Road
Glebe NSW 2037
Ph: (02) 9660 3451

Homebush
A2 Fraser Street
Homebush NSW 2140
Ph: (02) 9746 7763

Lakemba
35 Croydon Street
Lakemba NSW 2195
Ph: (02) 9759 2034

Leichhardt
Piazza level, Italian Forum
23 Norton Street
Leichhardt NSW 2040
Ph: (02) 9560 5604

Redfern
Corner Elizabeth and Redfern Streets
Redfern NSW 2016
Ph: (02) 9698 1613

Roselands
L94, Level 1 Roselands Shopping Centre
Roselands NSW 2196
Ph: (02) 9750 7452

Summer Hill Community Centre
131 Smith Street
Summer Hill NSW 2130
Ph: (02) 9716 1853

SSW Oral Health Services

Bankstown Child Oral Health Clinic
Bankstown North Public School
322 Hume Highway
Bankstown NSW 2200

Bowral Oral Health Clinic
Wingecarribee Community Health Centre
Bendooley Place
Bowral NSW 2576

Canterbury Oral Health Clinic
Canterbury Hospital
Thorncraft Parade
Campsie NSW 2194

Cartwright Child Oral Health Clinic
Cartwright Public School
Willan Drive
Cartwright NSW 2168

Concord Oral Health Clinic
Building 21
Concord Repatriation General Hospital
Hospital Road
Concord NSW 2193

Croydon Oral Health Clinic
Croydon Community Health Centre
23 Liverpool Road
Croydon NSW 2134

Fairfield Oral Health Clinic
Fairfield Hospital campus
Cnr Polding Street & Prairie Vale Road
Prairiewood NSW 2176

Ingleburn Oral Health Clinic
Ingleburn Community Health Centre
59A Cumberland Road
Ingleburn NSW 2565

Liverpool Adult Oral Health Clinic
1st Floor, Health Services Building
Liverpool Hospital campus
Cnr Campbell & Goulburn Streets
Liverpool NSW 2170

Marrickville Oral Health Clinic
Marrickville Community Health Centre
155-157 Livingstone Road
Marrickville NSW 2204

Narellan Oral Health Clinic
Narellan Community Health Centre
14 Queen Street
Narellan NSW 2567

Rosemeadow Oral Health Clinic
Rosemeadow Community Health Centre
5 Thomas Rose Drive
Rosemeadow NSW 2560

RPA Oral Health Clinic
Building 10, Level 4
Royal Prince Alfred Hospital
Missenden Road
Camperdown NSW 2050

Sydney Dental Hospital
Community Oral Health Clinic
2 Chalmers Street
Surry Hills NSW 2010

Tahmoor Oral Health Clinic
Wollondilly Health Centre
5-9 Harper Close
Tahmoor NSW 2573

Yagoona Adult Oral Health Clinic
425 Hume Highway
Yagoona NSW 2199

Area Health Care Service Planning

The Sydney South West Area Health Service (SSWAHS) strategic plan *A New Direction for Sydney South West, Towards 2010* was launched by the Minister for Health in October 2007. The Plan outlines the vision, values and objectives of SSWAHS, within the framework of the NSW Health Integrated Strategic Planning Framework. It guides corporate and health service planning and reporting across all levels of the organisation. The Plan also reflects the priorities identified for Health in the NSW Government's *State Plan* and NSW Health's *State Health Plan*.

Over the next four years, progress against the Plan will be monitored, utilising a range of measures, including those that appear in the NSW Government's *State Plan*, NSW Health's measures and other benchmarking processes the Area has developed to measure local results.

The draft SSWAHS *Health care Services Plan Enhanced Services Networks 2006-2016 Plan* outlines the full range of services provided by SSWAHS, demographic and socioeconomic implications, current and future priorities for prevention, early intervention and service delivery.

The *Health care Services Plan* prioritises the development of clinical networks to support service delivery. This will assist the Area in meeting the increasing demands of a growing and ageing population.

The priorities identified in the Strategic Plan and *Health care Services Plan* informed the development of the draft *SSWAHS Asset Strategic Plan 2008-18*. The objective of this plan is to align the Area's assets with the Area's service delivery requirements.

Other major planning processes from the draft *Health care Services Plan,* that have been prioritised and/or implemented over 2007-08 include:

- Maternity Services Plan
- Overweight and Obesity Prevention and Management Plan
- Disability Action Plan
- Carers Plan
- Aboriginal Health Plan
- Youth Health Plan
- Improving Mental Health in Sydney South West: A Service Plan for 2007-2016
- A Clinical Services Plan for Macarthur (scoping paper)

Area Health Service plans that were finalised in 2007-08 included:

- Community Health Strategic Plan 2007-2012
- Aged Care and Rehabilitation Clinical Services Plan 2007-2012
- Strategic Framework for HIV/AIDS and Related Programs (HARP) Funded Services
- South Western Sydney Dementia Network, Dementia Plan March 2008

The following projects conducted over 2007-08 required Services Planning input:

- Services Procurement Plan/Project Definition Plan for the Bankstown-Lidcombe Hospital Day Hospital, September 2007
- Royal Prince Alfred Northwest Precinct Services Plan, November 2007
- Liverpool Hospital Stage 2 Redevelopment

During 2007-08, SSWAHS continued to provide comment to local Councils and the Department of Planning on sub-regional draft plans, Local Environment Plans, Social Impact Assessments and residential developments including:

- Draft Sydney-Canberra Corridor Regional Strategy
- Draft Sydney City Sub-regional Strategy
- Draft South West Sub-regional Strategy
- Draft West Central Sub-regional Strategy

Input into the preparation of council Local Environment Plans included:

- City of Sydney
- Marrickville
- Fairfield
- Liverpool
- Camden
- Wingecarribbee

Overview of Major Facilities

Balmain Hospital

General Manager Ann Kelly

Category of hospital and major services provided

Balmain Hospital continues to play an important role in the provision of aged care services and rehabilitation in SSWAHS.

The General Practice Casualty provides treatment for the health needs of residents in the local area including the Balmain peninsula.

The Centre for Strength Training Rehabilitation Outreach Needs Geriatric (STRONG) Medicine continues to be a leader in the field of weight resistance training for older persons, providing services for the inner west community.

The Hospital also provides clinics in diabetes, nutrition, continence, homoeopathy, and medical acupuncture. These services continue to provide treatment for patients and clients from culturally and linguistically diverse backgrounds.

Summary of activity

BALMAIN HOSPITAL	2007-08
Separations	2,278
Births	N/A
Average Available Beds*	76
Occupancy Rate*	89.4%
Average Length of Stay (incl day only patients)	11.0
Emergency Department Attendances	14,597
Ambulance Presentations	N/A

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes

Balmain Hospital was awarded continuing accreditation with the ACHS (Australian Council on Health Care Standards) in March 2008.

The Transitional Care Unit (TCU) continued to provide short-term intervention of up to 12 weeks for older people who have completed their hospital stay. These residents benefit from more time, support and therapy to complete their recovery and optimise their function prior to discharge. The program enables many of these patients to return to their own home rather than having to be admitted to a residential aged care facility.

The Centre for STRONG Medicine continued to attract national and international attention for its state-of-the-art equipment and program.

Key issues and events

The Hospital continued to implement its electric bed program to assist patient safety and comfort. Seventy per cent of beds have been replaced.

Future direction within the Area network

Balmain Hospital will continue to work with SSWAHS to provide care and treatment for older people and the residents of the Balmain peninsula.

A particular area of focus for 2008-09 will be the integration of Community and Post Acute Care Services with the Balmain General Practice Casualty to support patients who would otherwise require admission to hospital. These services are being developed in partnership with Community Health and Royal Prince Alfred Hospital.

Overview of Major Facilities

Bankstown Hospital
General Manager Mark Shepherd

Category of facility and major services provided
Bankstown-Lidcombe Hospital is a principal referral hospital (A2) which provides a range of inpatient and outpatient services predominately at Level 5. This includes: aged care, allied health, cancer services, critical care, diagnostic imaging services, drug and alcohol services, general and specialist medicine and surgery, mental health services, obstetrics and gynaecology and paediatrics, peri-operative services, plus specialist services including the acute pain service and stomal therapy.

Summary of activity

BANKSTOWN HOSPITAL	2007-08
Separations	31,197
Births	2,194
Average Available Beds*	401
Occupancy Rate	90.8%
Average Length Of Stay (incl day only patients)	4.5 days
Emergency Department Attendances	41,280
Ambulance Presentations	15,156

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes
Detailed planning is underway to build a $3.5 million Aged Care Day Hospital, funded through the Commonwealth Pathways Home Program. The aim of the new unit is to assist and support older people in remaining at home longer and to provide integrated multidisciplinary care when hospital visits are required. Completion is anticipated in early 2009.

The Hospital piloted a new in-depth patient satisfaction process, *The Emergency Department carer experience*. Adapted from the UK and overseen by NSW Health, the process aims to better understand patients' and their carers' concerns regarding their emergency care. Forty-five patients were interviewed in their own homes after leaving the Hospital and given the opportunity to openly speak about issues, concerns or give recommendations for service improvement. This feedback was invaluable for the redesign of the Emergency Department (ED) waiting area and planning for the Emergency Medical Unit (EMU). The interview process will now be rolled out to encompass a broader range of services.

The Hospital has established a more comprehensive multidisciplinary cancer centre for two of the more common types of cancer: breast and bowel. Patient care improved, via input from medical staff from a range of disciplines simultaneously, which has reduced the frequency of patient visits to the Hospital and facilitated a more integrated approach to patient care.

Following further education and training, the Nuclear Medicine Department enhanced its usage of the recently commissioned SPECT-continuous fluoroscopic CT scanner. The first of its kind internationally, the scanner helps staff guide injections and biopsies. This is particularly useful in treating cancer, arthritis and infectious disease. The scanner also provides medical staff with valuable information about organ function.

Enhancements to the sustainable access program for surgery has enabled all acute patients (less than 30 days) and all long wait patients (less than 12 months) to be operated on within designated timeframes for their clinical condition.

Key issues and events
The Hospital was one of a number of SSWAHS facilities to introduce a new type of hospital acute care ward, the Medical Assessment Unit (MAU). The aim of the MAU is to provide rapid assessment and faster diagnosis for non critical adult patients, who potentially wait longer in the ED for treatment. Often these patients are older or are people with chronic disease who are not critically ill but require a more diverse assessment and treatment. In New South Wales, older people represent 19 per cent of all presentations to ED and 31 per cent of hours spent in ED. Please see *Highlights* on page nine for further details.

The Hospital installed and commissioned a state-of-the-art LightSpeed 64 slice CT scanner, the first of the new generation scanners in a NSW public hospital. With its enhanced imaging ability, the scanner reduces the need for invasive procedures such as cardiac catheters, colonoscopies and angiographic procedures. The scanner is also faster than conventional CT studies which means the Hospital can provide a faster, more efficient service for the growing number of patients.

The Paediatric Ward playground was completed.

Future direction within the Area network
Planning continues for the Mental Health Unit's staged capital works. Consultation with staff and the community has commenced. The mental health consultative network continues to develop with ongoing review of the processes to ensure they meet the needs of patients, their relatives and the community.

Overview of Major Facilities

Bowral and District Hospital
General Manager Denis Thomas

Category of facility and major services provided
Bowral and District Hospital (B&DH) is a major Rural Hospital which provides a wide range of services, including general medical, obstetrics and gynaecology, paediatric, surgical, orthopaedics, ophthalmology, geriatric and emergency services.

Summary of activity

BOWRAL HOSPITAL	2007-08
Separations	9,184
Births	650
Average Available Beds*	84
Occupancy Rate*	73.2%
Average Length Of Stay (incl day only patients)	2.8 days
Emergency Department Attendances	18,005
Ambulance Presentations	3,265

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes
Refurbishment of the Paediatric Unit was approved by NSW Health and has commenced. The first stage, the installation of demountable units to enable the relocation of the medical records department, has been completed. When refurbished, the Unit will reflect modern models of care and provide a welcoming, friendly space for children.

Minor refurbishment of the Watson Building, housing Allied Health services, has almost been completed.

The Hospital completed its self assessment as part of the EQuIP Accreditation Survey cycle.

Recruitment has commenced for a Hospitalist medical position. This ward-based medical officer will provide additional clinical support for patients.

The Hospital continues to perform well on the majority of clinical indicators including:
- Off stretcher time which exceeds the target of 90 per cent
- Category A surgical patients exceeding waiting time = NIL
- Year to date Triage Category 1 – 100 per cent against target
- Theatre activity 11.49 per cent increase on 2006-07.

Key issues and events
A major issue for the Hospital has been the introduction of the new FirstNet computer system for the Emergency Department. Additional resources have been allocated to support the implementation and ongoing needs of the system.

The Hospital launched its new renal dialysis ward. The service significantly reduces travel time for local patients requiring dialysis.

Future direction within the Area network
The Hospital is implementing a new student placement program in conjunction with the University of Wollongong. The program will give graduate entry medical students training opportunities in rural medicine. It is part of a long term plan for attracting medical staff to B&DH.

The dietetics service staff have been relocated to the Hospital, enabling better integration of services.

Continued focus on strengthening Community Participation in the activities of the Hospital. Attention will continue to be given to transport issues.

Community Participation Program is actively involved in projects addressing patient satisfaction.

B&DH is preparing for its EQuIP Accreditation Survey periodic review in October 2008.

Overview of Major Facilities

Braeside Hospital

Hope Healthcare Chief Executive Officer
Mark Newton

Category of hospital and major services provided

Braeside Hospital (BH), located at Prairiewood, is a 72-bed sub-acute hospital adjacent to Fairfield Hospital. It is one of three hospitals, a nursing home and community services that make up Hope Healthcare. Hope Healthcare is an affiliated health organisation and the hospitals are recognised health establishments, listed in Schedule 3 to the *Health Services Act 1997*. At the end of financial year, Hope Healthcare was formally acquired by Hammond Care, from The Anglican Deaconess Institution Sydney Limited.

The four service specialities provided are: palliative care, rehabilitation, aged care psychiatry and community and aged services. Health services are offered in a mix of inpatient, day hospital and community settings.

The Rehabilitation Unit is responsible for providing a service for inpatients and non-inpatients in the Liverpool and Fairfield areas. Aged Care Psychiatry provides inpatient services to residents in the Liverpool, Fairfield and Macarthur-Wingecarribbee areas, community services to the Liverpool and Fairfield areas as well as hospital consultation services to Liverpool and Fairfield Hospitals.

Summary of activity

BRAESIDE HOSPITAL	2007-08
Separations	3,328
Births	N/A
Average Available Beds*	72
Occupancy Rate*	92.8%
Average Length Of Stay (incl day only patients)	7.2 days
Emergency Department Attendances	N/A
Ambulance Presentations	N/A

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes

The Hospital has been engaged in benchmarking practices and processes in order to provide significant improvements in patient outcomes.

BH has participated in the National Benchmarking project for palliative care through the University of Wollongong. Activities include:

- Participation in the first national benchmarking workshop
- Development of methods of comparison across palliative care units in Hope Healthcare and Camden Hospital
- Participation in a patient and caregiver outcomes study

BH has also increased involvement in research. This includes a NHMRC funded study of family caregivers titled *Helping caregivers of palliative care patients manage their role*.

Speech Pathology used AusTOMs to benchmark their results with other sites across the Sydney area. BH's outcomes demonstrated significant improvement in patient outcomes for speech, language, voice, swallowing, fluency and cognitive-communication.

The average length of stay for patients in the Rehabilitation Unit was shorter, by just over two days on average, than other public rehabilitation units nationally, and their functional improvement was significantly greater. This is based on the Australian Rehabilitation Outcomes Centre report for the calendar year 2007 compared to benchmark facilities.

Evaluation has begun on the special care facility for people with dementia and severely challenging behaviours. The service was established two years ago in a partnership between Aged Care Psychiatry and Hammond Care.

Research continues into the Social Friendship Group project. Final results are not yet available.

Key issues and events

Educational programs for staff and health professionals continued, including the *Narratives in Palliative Care* presented during Palliative Care Week.

Following changes in the Mental Health Act, Aged Care Psychiatry applied for a change in status to become a gazetted facility, in line with other major mental health facilities. This will allow for a greater range of patients to be treated, enhancing the service to the community.

Future directions within the Area network

Palliative Care Services, in collaboration with the National multi-site clinical trial, continues to develop infrastructure to build clinical trial capacity and allow palliative care patients access to clinical trials.

Planning and quality exercises continue, including benchmarking with Camden Palliative Care and participating in the SSWAHS social work indicator collection.

Overview of Major Facilities

Camden and Campbelltown Hospitals and Queen Victoria Memorial Home

General Manager Amanda Larkin

Category of facility and major services provided

Campbelltown and Camden Hospitals operate under a common executive management structure and have networked services providing services to the local community.

The Hospitals provide a diverse range of services including: intensive care, cardiology, maternity, gynaecology, oncology, paediatrics, palliative care, respiratory and stroke medicine, surgery and emergency medicine and aged care services.

The Queen Victoria Memorial Nursing Home, which is licensed for 100 beds, also comes under the same administration.

Summary of activity

CAMDEN HOSPITAL	2007-08
Separations	7,646
Births	N/A
Average Available Beds*	81
Occupancy Rate*	81.9%
Average Length Of Stay (incl day only patients)	3.4
Emergency Department Attendances	12,536
Ambulance Presentations	N/A

CAMPBELLTOWN HOSPITAL	2007-08
Separations	24,583
Births	2,579
Average Available Beds*	333
Occupancy Rate*	85.6%
Average Length Of Stay (incl day only patients)	4.6
Emergency Department Attendances	47,210
Ambulance Presentations	13,105

QUEEN VICTORIA MEMORIAL HOME	2007-08
Separations	109
Births	N/A
Average Available Beds*	100
Occupancy Rate*	82.6%
Average Length Of Stay (incl day only patients)	277.3
Emergency Department Attendances	N/A
Ambulance Presentations	N/A

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes

Campbelltown and Camden Hospitals and Queen Victoria Memorial Home have continued to work closely with the Macarthur Community Council, with community representation on all level one committees. A partnership affirmation signed in 2007 represents an ongoing acknowledgment that ownership of local health services is shared.

The Psychiatric Emergency Care Centre (PECC) at Campbelltown Hospital officially opened in May 2008.

The Medical Assessment Unit (MAU) opened in a transitional location with a purpose built area currently under renovation. See page nine for more details.

The Day Surgery Unit was integrated into the Campbelltown Hospital theatre complex. All surgical services are now in one location and offer expanded day surgery services.

The University Medical Clinics of Camden and Campbelltown (UMCCC) commenced. The UMCCC offer additional outpatient services to the community as well as increasing teaching and research opportunities.

The Camden Midwifery Group Practice was formally evaluated by the Centre for Health Equity Training Research and Evaluation. The Evaluation Report demonstrated positive outcomes of care and was formally launched in March 2008.

Key issues and events

Campbelltown Hospital continued to recruit additional specialists in Emergency Medicine and the Department of Medicine. Also this year a second intake of medical students commenced at the University of Western Sydney (UWS) Medical School.

Campbelltown and Camden Hospitals and Queen Victoria Memorial Home have continued to build links with the new clinical streams of SSWAHS.

The Campbelltown Midwifery Group Practice celebrated its first anniversary in November 2007.

The Macarthur Cancer Therapy Centre celebrated its fifth birthday in March 2008.

Future direction within the Area network

Clinical Services Planning for the next 15 years has commenced.

Campbelltown and Camden Hospitals aim to increase their research opportunities.

Overview of Major Facilities

Canterbury Hospital
General Manager Gary Miller

Category of hospital and major services provided
Canterbury Hospital (CH) is a 215 bed metropolitan acute general hospital, providing services in general surgery and medicine, obstetrics and gynaecology, paediatrics, aged care, rehabilitation and palliative care.

Summary of activity

CANTERBURY HOSPITAL	2007-08
Separations	16,035
Births	1,650
Average Available Beds*	187
Occupancy Rate*	78.5%
Average Length Of Stay (incl day only patients)	3.5 days
Emergency Department Attendances	31,444
Ambulance Presentations	8,599

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes
CH was awarded third prize in the 'ready for new risks' category of the SSWAHS 2008 Quality Awards for its x-ray boarding pass. The boarding pass aims to fulfil the NSW Health Policy Directive *Correct Patient, Correct Procedure and Correct Site.* The Directive is in response to the NSW Health Root Cause Analysis (RCA) program into incidents.

CH reduced the number of category B patients waiting more than 90 days for surgery from 104 at the end of June 2007 to 34 at the end of June 2008. This was achieved via a number of measures, including additional theatre time to increase throughput.

The Hospital maintained waiting times within the benchmark for their clinical category for Category A and C elective surgery patients during 2007-08.

CH installed a new 64-slice CT scanner in June 2008 which produces improved image quality giving clinicians more information to make a diagnosis. This scanner facilitates diagnosis of a wider range of conditions than the previous scanner, for example CT angiography.

A Community Participation Coordinator was employed for two days a week. A group of community participants have met monthly since then, have formally ratified a Terms of Reference and are currently involved in a number of activities in the Hospital. With the recent release of the SSWAHS Disability Action Plan, members have established a small working party to look at strategies they can undertake to assist in improving access and patient care for people with special needs.

Key issues and events

In 2007-08, the Hospital was one of a number of SSWAHS facilities to introduce a new type of hospital acute care ward, the Medical Assessment Unit (MAU). The aim of the MAU is to provide rapid assessment and faster diagnosis for non critical adult patients, who potentially wait longer in the emergency department (ED) for treatment. Often these patients are older or are people with chronic disease who are not critically ill but require a more diverse assessment and treatment. In New South Wales, older people represent 19 per cent of all presentations to ED and 31 per cent of hours spent in ED. Please see *Highlights* on page nine for further details.

On International Nurses Day, two staff were recognised for their contributions to the Hospital: Claire Roberts, Clinical Nurse Specialist, Emergency Department and Maryanne McCaighy, Nursing Unit Manager, Operating Theatres. Also, as part of the Day's celebrations, two nurses were awarded Kevin Stewart Professional Development Scholarships: Christine Crealy, Clinical Nurse Specialist, Birthing Unit and Audrey Ndove, Registered Nurse, Banksia ward.

The Hospital conducted a falls project with the theme *Doing the basics well*. The Project included staff training supported by an analysis of data on time, type and location of falls. One ward implemented changes to nursing staff/patient ratios during meal breaks and report writing, resulting in a significant reduction of falls. The results will be presented at the National Falls Conference in November 2008.

Future direction within the Area network
The Hospital will continue to provide quality health care to the local community including maternity services to the culturally and linguistically diverse population in the local area.

Overview of Major Facilities

Community Health
General Manager Sharyn O'Grady

Category of facility and major services provided
Community Health services comprise child and family, community nursing and a number of specialist services including sexual assault, sexual health, child protection, multicultural health, women's health, community nutrition, HIV/AIDS and youth health. These services are delivered across SSWAHS from 138 facilities, including community health centres, schools and community outreach clinics.

Summary of activity
There are 819 full time equivalent staff employed in Community Health. During 2007-08, Community Health provided 675,047 individual occasions of service and 11,731 group programs, with approximately 169,000 group participants.

Major goals and outcomes
The Communication and Language Assistance Program (CLAP) has been effective in improving outcomes for children with communication difficulties. The Program provides community based Speech Pathology Services for vulnerable families in Liverpool. CLAP has successfully used a three-tiered intervention approach to access families. This has been done by working with local playgroups, home visiting, and in collaboration with Child and Family Health Nurses.

During 2007-08, nurses commenced sustained home visiting for Aboriginal teenage mothers in the Liverpool Local Government Area (LGA). It offers families that need additional support a structured program of home visiting over a two year period. This model of care leads to improved outcomes for mothers and babies. The program has been successful in engaging families who would not otherwise access early childhood services.

The Hub, a community development service located in Miller, has developed a framework for evaluating community development interventions in primary health care settings.

A Central Intake system for Community Health Nursing is being implemented across SSWAHS. This is being rolled out to incorporate all Community Health Nursing sites.

2007-08 has seen an increase in the range of services available within the community. Community and post-acute care services have expanded to support patients who can be effectively managed in the community rather than as inpatients. These services are now available to Residential Aged Care Facility (RACF) residents.

SSWAHS achieved 65 per cent Universal Health Home Visits within two weeks (State result 41 per cent) and 89 per cent UHHV within four weeks.

Key issues and events
The Green Valley Domestic Violence Service has been given additional resources to expand into the Liverpool LGA. This is in recognition of its success in enhancing the capacity of local services to respond to domestic violence. The service is provided in partnership with the Department of Community Services, NSW Police, Department of Housing, and non-government organisations.

CERNER, a client registration system used in all inpatient facilities across SSWAHS, has been implemented for Community Health Nursing sites. This is stage one in supporting the delivery of clinical services through the Electronic Medical Record. It also ensures access to clinical information across the continuum of care.

Future direction within the Area network
Progressing implementation of the *Community Health Strategic Plan 2007-2012,* following completion of consultation.

Strengthening interdisciplinary models of care in partnership with other health and government services to ensure the delivery of a comprehensive and responsive community based service system.

Overview of Major Facilities

Concord Repatriation General Hospital
General Manager Danny O'Connor

Category of facility and major services provided
Concord Repatriation General Hospital (CRGH) is a principal referral facility and a teaching hospital of the University of Sydney, offering a comprehensive range of specialty and sub-specialty inpatient and outpatient services.

Summary of activity

CONCORD HOSPITAL*	2007-08
Separations	40,726
Births	N/A
Average Available Beds**	421
Occupancy Rate**	95.0%
Average Length Of Stay (incl day only patients)	3.6 days
Emergency Department Attendances	29,968
Ambulance Presentations	10,424

* Rozelle Hospital statistics are only up to 30 April 2008. From 1 May 2008 Rozelle Hospital services moved to Concord Centre for Mental Health. From 1 May statistics are included in the Concord Hospital statistics.

**Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes
In 2007-08, the Hospital was one of a number of SSWAHS facilities to introduce a new type of hospital acute care ward, the Medical Assessment Unit (MAU). The aim of the MAU is to provide rapid assessment and faster diagnosis for non critical adult patients, who potentially wait longer in the emergency department (ED) for treatment. Often these patients are older or are people with chronic disease who are not critically ill but require a more diverse assessment and treatment. In New South Wales, older people represent 19 per cent of all presentations to ED and 31 per cent of hours spent in ED. Please see *Highlights* on page nine for further details.

Stage two of five of the operating room redevelopment was completed in 2007-08. In March 2008, two refurbished rooms were opened for urology, neurosurgery and ear nose throat (ENT). The rooms have custom fitted pendants incorporating multi-use surgical systems and use fibre optics to display high definition images during surgery.

The MRI department's latest software upgrades have slightly shortened scan times. As a result the number of patients being scanned has increased. The service has also benefited from the implementation of a training program which ensures more radiographers are trained in MRI.

Key issues and events
On 30 April 2008 Rozelle Hospital Mental Health and Drug Health Services relocated to new premises on the Concord campus. Co-location of services has provided improved access to diagnostic imaging and medical/surgical expertise to support the general health of mental health and drug health patients. *Mental Health Services* overview on page 90.

The Radiology Department continued to pursue a leadership role in radiology education, organising the second Cardiovascular Computerised Tomography (CT) conference held at Rosehill Gardens in May 2008.

Future direction within the Area network
The Bernie Banton Centre is due for completion in 2008. The $12 million, 2 storey laboratory, education and administration complex will include the new Asbestos Diseases Research Institute. The Institute will lead research into asbestos diseases, including mesothelioma. It is a co-development by the Dust Diseases Board Medical Research and Compensation Fund, James Hardie Ltd, NSW Health, Concord Hospital/Sydney South West Area Health Service (SSWAHS), ANZAC Research Institute and the University of Sydney.

Overview of Major Facilities

Department of Forensic Medicine
General Manager Mark Patterson

Category of facility and major services provided
The Department of Forensic Medicine (DOFM) offers a high quality service to the Coroner, the Courts of New South Wales, and other clients, by providing world standard impartial opinions, expert training and research facilities.

DOFM provides forensic medicine services to the NSW State Coroner and statewide support for forensic medicine practitioners in all areas of autopsy-based and clinical forensic medicine. The facility is a forensic medicine educational body for undergraduate and postgraduate students in NSW including medical and paramedical workers. It is also actively pursues research in relevant disciplines.

DOFM's expertise includes State and National disaster investigations, in particular, Disaster Victim Identification. DOFM expertise also includes aviation medicine, bereavement counselling, medical investigation of crime scenes, pre-trial and trial advice, provision of second opinions and presentation at medico-legal seminars.

Summary of activity

DOFM	2007-08
Staff full time equivalent	45
Admissions	2, 359
Post-mortems	1, 680
High risk autopsies	145*

* HIV, HCV and CJD

Major goals and outcomes
DOFM has been conducting collaborative research into the following areas:

- *Clinically silent risk factors predisposing sudden cardiac death in the young*. An Australian and New Zealand collaboration with the group Tragady, the research involves cardiologists, researchers, forensic pathologists and family members. The aim of the research is to prevent unnecessary sudden cardiac death in the young. This is achieved through the results of autopsy investigations. The results inform clinical practice and support early intervention programs.
- *Case control study of suicide and attempted suicide in young adults.* Collaborative research has continued with the School of Public Health University of Sydney, University of Newcastle and University of NSW. The research aims to identify various risk factors in selected NSW city, regional and rural locations.
- *The comparative health of methamphetamine and opioid users* and *Opioid levels in stomach contents.* Both studies are investigating illicit drug use in collaboration with the National Drug and Alcohol Research Centre. The Division of Analytical laboratories, Lidcombe also participated in the opioid research.

Key issues and events
Two overseas trained doctors, recruited to area-of-need positions have received fellowships from the Royal College of Pathologists of Australasia.

Action was taken by NSW Health to increase the remuneration of NSW Forensic Pathologists to a level comparable to their contemporaries in other states. There is a world-wide shortage of forensic pathologists and this action aims to attract suitably qualified staff.

DOFM has received additional funding from NSW to address workforce shortages. A training position has been created at DOFM to attract junior medical practitioners into forensic pathology training.

Future direction within the Area network
Continuing to meet the needs and expectations of the coronial justice system, including quality of service and standard turnaround times.

Continuing to meet the needs and expectations of the community, for example, turnaround times until release for burial, cultural and spiritual considerations.

Overview of Major Facilities

Fairfield Hospital

General Manager Anthony Schembri

Category of facility and major services provided

Fairfield Hospital is an accredited 224 bed acute general hospital providing a wide range of both hospital and community based services including acute care in medicine, surgery, obstetrics, paediatrics, geriatrics, rehabilitation and emergency medicine within the Fairfield Local Government Area. The Hospital currently provides Level 4 clinical services and a Level 3 Neonatal Unit supporting the obstetric service located at Fairfield and Liverpool Hospitals.

Summary of activity

FAIRFIELD HOSPITAL	2007-08
Separations	17,269
Births	2,014
Average Available Beds*	216
Occupancy Rate*	78.7%
Average Length Of Stay (incl day only patients)	3.8 days
Emergency Department Attendances	30,432
Ambulance Presentations	7,356

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes

The Hospital continued its commitment to quality and was rewarded by winning two State Health Awards in 2007-08.

- Winner: *Hospital Performance Awards - Major Metropolitan Hospitals* - Most Improved Performance.
- Winner: *Making Smart Choices about the Costs and Benefits of Health Services* - Land versus water-based exercise following Total Knee Replacement Project.

A combined Fairfield/Children's Hospital at Westmead satellite outpatient burns unit was established in 2007-08. The new unit gives patients access to high quality day-to-day burns treatment locally, while also providing them the support of specialist staff at The Burns Unit at The Children's Hospital at Westmead.

The Hospital has improved its performance in ambulance off stretcher times from 74 per cent in 2006-07 to 88 per cent in 2007-08.

"Fast Track", a dedicated clinical and observation area in the ED, has improved patient flow and Emergency Department performance.

Refurbishment of the Paediatric and Adolescent Ward into a more purpose built inpatient children's unit was completed in 2007-08.

The Hospital created a four-bed Acute Post Operative Unit within the existing Orthopaedic Ward which has reduced the need for transferring joint replacement patients to the High Dependency Unit post operatively.

Improved stroke management has been achieved through the establishment of a four-bed unit within the existing medical ward. Stroke patients are monitored for the first 48 hours as per best practice from The National Stroke Foundation.

The Hospital has continued to meet the NSW Health waitlist benchmarks through ongoing proactive management of the surgical waitlist. There were no patients in Category A (Surgical Overdue within 30 Days) and category C (Surgical Overdue within 365 Days).

Key issues and events

The Whitlam Joint Replacement Centre held its fifth Anniversary Ball and the Mayoral Appeal raised $60,000 dollars for the Hospital.

The 12-chair Satellite Dialysis Unit became operational, providing an important service to 12 – 16 patients a day.

A 64-slice CT Scanner was commissioned in 2007-08. This has decreased the need to outsource scans and consequently reduced waiting times for diagnostic tests.

Future direction within the Area network

Celebrating the Hospital's 20th anniversary on the Prairiewood site.

Developing a Bronchoscopy unit, Medical Assessment Unit (MAU) and elective endoscopic surgery capacity.

Overview of Major Facilities

Karitane

Chairman Board of Directors Professor Bryanne Barnett
Chief Executive Officer Robert Mills

Category of facility and major services provided

Karitane is an affiliated health organisation staffed by child and family health professionals to enhance parenting knowledge, skills and confidence. Karitane also promotes positive outcomes for parents and children.

Karitane operates from four sites across Sydney – Carramar, Fairfield Heights, Liverpool and Randwick. Services include: an Education and Research Unit, a Residential Unit, seven day a week Careline, Toddler Clinic, Karitane Volunteer Program (KVP), a perinatal mood and anxiety disorders unit (Jade House) and two Family Care Centres (FCC).

Summary of activity

KARITANE	2007-08
Separations	591
Births	N/A
Average Available Beds*	14
Occupancy Rate* #	87.75 %
Average Length Of Stay (incl day only patients)	3.6 days
Emergency Department Attendances	N/A
Ambulance Presentations	N/A

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.
Includes children and one primary caregiver.

Major goals and outcomes

Karitane successfully achieved Australian Council on Healthcare Standards accreditation for a further four years. Outstanding Achievement (OA) ratings were awarded for:

- *Continuity of Care - Care is planned and delivered in partnership with consumer /patient*
- *Consumer Focus – Culturally and linguistically diverse backgrounds and special needs.*

Karitane has received approval to proceed with the Masters of Nursing (Child and Family Health – Karitane) at the University of Western Sydney. This is the first Masters course in Child and Family Health in Australia, recognising the complexities of this specialist field.

Karitane has expanded its rural education program providing regular education and clinical supervision for nurses in rural and remote areas of NSW.

Funding was received to deliver the Young Parents and Young People's *Talking Realities* Peer Education program in three local government areas of SSWAHS.

Karitane continued to publish research during 2007-08, including publishing the results of a study to determine rates of depressive and anxiety disorders and also rates of co-morbidity among clients of the Karitane Residential Unit.

Key issues and events

Completion of the capital redevelopment program at the Carramar facility. The total cost was approximately $4,500,000 including a $1,000,000 grant from NSW Health. Opened by the NSW Minister for Health, the facility includes expanded education and research facilities, a conference venue, outreach services and a purpose built mental health facility for Jade House and the Toddler Clinic.

Parent Rescue, a six-part weekly series developed in partnership with Iris Productions, was screened on SBS television in September-October 2007. Each program followed the journeys of several families throughout their engagement with Karitane services, focusing on a different parenting theme each week.

Future direction within the Area network

Karitane has secured the role of lead agency in the delivery of peer support and training for foster and kinship carers throughout NSW. Through the *Connecting Carers NSW* program, Karitane will work in partnership with carers to enhance the care, health and wellbeing of children in out-of-home care.

Further capital works at Carramar on a new administration facility are due for completion in September 2008.

Overview of Major Facilities

Liverpool Hospital
General Manager Glenda Cleaver

Category of facility and major services provided
Liverpool Hospital is the major tertiary referral hospital for Sydney's south west and is networked with other hospitals within SSWAHS.

The Hospital provides a comprehensive range of high level clinical services, including: medical, surgical, emergency medicine, intensive care, oncology, mental health, women's health and newborn care. The Hospital is a major trauma centre for NSW. There is a strong commitment to teaching and research across a wide range of disciplines within the hospital.

Summary of activity

LIVERPOOL HOSPITAL	2007-08
Separations	71,708
Births	3,035
Average Available Beds*	713
Occupancy Rate*	96.7%
Average Length Of Stay (incl day only patients)	3.7 days
Emergency Department Attendances	59,132
Ambulance Presentations	21,764

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes
Elective surgery waitlists continued to be reduced through active management, despite an increase in ambulance and emergency department (ED) presentations. As at June 30 2008, surgical waitlists for Category A (Surgical Overdue within 30 Days) and category C (Surgical Overdue within 365 Days) were at zero.

Phase 1 of the $390 million Liverpool Hospital Stage 2 Redevelopment continued with 780 staff relocated to temporary accommodation. Redundant buildings have been demolished in preparation for the next stage. Planning for the Stage 2 Redevelopment has progressed with significant involvement of multidisciplinary staff form across the hospital.

In 2007-08, the Hospital was one of a number of SSWAHS facilities to introduce a new type of hospital acute care ward, the Medical Assessment Unit (MAU). The aim of the MAU is to provide rapid assessment and faster diagnosis for non critical adult patients, who potentially wait longer in the ED for treatment. Often these patients are older or are people with chronic disease who are not critically ill but require a more diverse assessment and treatment. In New South Wales, older people represent 19 per cent of all presentations to ED and 31 per cent of hours spent in ED. Please see *Highlights* on page nine for further details.

Two Transitional Nurse Practitioners (TNPs) have been recruited to the ED to improve patient flow through the ED. These TNPs work with and assist emergency physicians in assessing and managing patients as well as working independently, following a set of protocols.

A program led by specialist nurses was a finalist in the NSW Health Awards. Patients presenting to the ED with chest pain now have early access to exercise stress testing (EST). EST results assist in the decision to discharge or admit a patient. A significant number of unnecessary admissions have since been avoided.

Key issues and events
The Australian Council on Healthcare Standards EQuIP Periodic Review survey resulted in continued accreditation and positive feedback. The Hospital is now working towards the organisational-wide survey.

A Cancer Genetics Service has commenced as part of a major service enhancement. The Service conducts genetic reviews for patients and their families.

The Bigge Street Oncology Unit opened in 2007-08, expanding the consultative capacity of Cancer Services. Bigge Street provides a specialist oncology consultation service to hospital outpatients.

The Hospital published and distributed a book for patients going home with a tracheostomy. The book combined the collaborative efforts of 30 expert clinicians from across the Hospital.

Future direction within the Area network
Bulk excavation will be completed in 2008 as part of the Stage 2 Redevelopment. Phase 1 Redevelopment includes construction of a new Clinical Services Building (CSB) and refurbishment of the existing CSB. There will also be reconfigured education facilities, a multi-storey car park, an elevated road and a separate pedestrian bridge linking the east and west campuses.

Progressive implementation of the Picture Archiving Communication System (PACS) during 2008-09. PACS enables electronic collection and storage of patient information digital images.

Overview of Major Facilities

Royal Prince Alfred Hospital
Executive Director Di Gill

Category of facility and major services provided
Royal Prince Alfred Hospital (RPA) is a principal provider of specialist healthcare and one of the leading medical teaching hospitals in Australia.

The wide range of services provided by RPA include: the National Liver Transplant Unit, renal dialysis and transplant services, emergency, trauma and intensive care services, medical imaging, cardiology and cardiothoracic surgery, Women's Health and Neonatology, the Institute of Rheumatology and Orthopaedics, respiratory medicine and cancer services, including the Melanoma Unit, Breast Cancer Institute and the Sydney Cancer Centre.

Summary of activity

ROYAL PRINCE ALFRED HOSPITAL	2007-08
Separations	64,667
Births	5,092
Average Available Beds*	774
Occupancy Rate*	87.8%
Average Length Of Stay (incl day only patients)	4.0 days
Emergency Department Attendances	58,206
Ambulance Presentations	20,739

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

Major goals and outcomes
RPA's Satellite Dialysis Unit was relocated and expanded in 2007-08. The service was renamed the Statewide Renal Service Satellite and Dialysis Training Centre to reflect these changes. The move will accommodate the growing demand for the service, caring for an additional 48 patients a week. Relocation has allowed for 10 more satellite chairs and improved access for patients to other healthcare services such as physiotherapy.

As at June 2008, RPA continued to maintain zero category C (Surgical Overdue within 365 Days) and Category A (Surgical Overdue within 30 Days) patients. This result is due to ongoing implementation of strategies including: regular reviews of the waiting list data, fortnightly review of any overdue cases by operating theatre nursing unit manager (NUM) and Chair Operating Theatre Management Committee, management of operating theatre allocations, regular liaison with individual surgeons with potential or actual waiting list problems and increased use of Extended Day Only and Day Only beds to maximise surgical throughput.

Stage 2b of the capital works development program is now underway. This includes the remainder of Laboratory Services and the Pharmacy Department, which are both due for completion by December 2008. Development of a 20-bed postnatal ward is now complete.

Key issues and events
A state-of-the-art Intraoperative MRI operating theatre was opened at RPA during 2007-08, which will enable neurosurgeons to conduct several scans during surgical procedures. This will allow neurosurgeons to ascertain the precise location of glioma and pituitary gland tumours of the brain, resulting in increased accurate removal of the tumour and a reduced chance of damage to surrounding structures. The Intraoperative MRI is part of a purpose-built operating theatre at RPA, designed to provide world-class technology to ensure the best surgical outcome for the patient.

RPA joined all hospitals within Sydney South West Area Health Service (SSWAHS), becoming smoke free on 2 July 2007.

In 2007-08, the Hospital was one of a number of SSWAHS facilities to introduce a new type of hospital acute care ward, the Medical Assessment Unit (MAU). The aim of the MAU is to provide rapid assessment and faster diagnosis for non critical adult patients, who potentially wait longer in the emergency department (ED) for treatment. Often these patients are older or are people with chronic disease who are not critically ill but require a more diverse assessment and treatment. In New South Wales, older people represent 19 per cent of all presentations to ED and 31 per cent of hours spent in ED. Please see *Highlights* on page nine for further details.

Future direction within the Area network
A key objective for RPA is the networking of services across SSWAHS. RPA will assist with the development of clinical services at facilities within the Area Health Service. RPA is participating in a review of clinical directorates aiming to ensure alignment and uniformity of clinical services across the Area.

Overview of Major Facilities

Rozelle Hospital

Area Clinical Director Area Mental Health Services Dr Victor Storm

Category of facility and major services provided

Clinical mental heath services provided at Rozelle Hospital (RH) transferred to the new Concord Centre for Mental Health (CCMH) on 30 April 2008. This was an historic event as the Rozelle site had been associated with mental health services since 1884 when the Kirkbride Block of buildings was officially opened at Callan Park. The RH site still retains connections with mental heath. Several mental health related Non-government Organisations have their offices or programs located on the grounds.

CCMH has an increased bed capacity of 174 compared to 168 at RH. The new facility continues to provide all of the clinical services that were available at RH including: intensive psychiatric care, older persons' mental health, acute adult care, plus rehabilitation and recovery acute and extended care. A new service to be offered at CCMH, the Walker Unit, consists of 12 beds for adolescents and two for parents/carers.

Summary of activity

ROZELLE HOSPITAL *	2007-08
Separations	2,756
Births	N/A
Average Available Beds	152
Occupancy Rate	90.4%
Average Length Of Stay (incl day only patients)	18.3 days
Emergency Department Attendances	N/A
Ambulance Presentations	N/A

* RH statistics are only up to 30 April 2008. From 1 May 2008 RH services moved to CCMH. From 1 May statistics are included in the Concord Hospital statistics.

Major goals and outcomes

A revised model of care has been implemented following relocation to the new facility. Now, patients requiring either short or long-term rehabilitation are immediately admitted to a ward specialising in that model of treatment. For example, a person experiencing an initial episode of illness is admitted to a ward that specialises in providing treatment for first episode psychosis.

Key issues and events

The successful move of clinical services from RH to CCMH, including all inpatients and staff in one day was a major achievement for staff of the Area Health Service. The move was a major undertaking, requiring long-term, meticulous planning and a significant contribution from staff.

The SSWAHS smoke free policy was introduced at the new CCMH facility. This has been a major change for patients.

Future direction within the Area network

A primary goal will be to open the Walker Unit for inpatient adolescent services. The Unit will complement services already provided for adolescents at the nearby Rivendell Unit.

Overview of Major Facilities

Tresillian Family Care Centres

General Manager David Hannaford
President of Council Sandra Littlewood

Category of facility and services provided

Tresillian is the largest child and family health service of its kind in Australia. It is a tertiary level service with three Residential units. These are complemented by three second tier Day Stay units and two Outreach units. A 24 hour Parents Help Line and a weekday online advice service (Messenger Mums) are provided as primary level services. Tresillian's strength lies in educating, supporting parents and empowering them in the early years of their child's life.

Parents turn to Tresillian for a variety of reasons. The most common issues relate to infant sleep and settling, establishing and maintaining breastfeeding. Many parents also require professional help with complex mental health problems such as postnatal depression. Tresillian health professionals are all specialists in Child and Family Health. Staff include nurses, social workers, psychologists, paediatricians and psychiatrists.

Summary of activity

TRESILLIAN FAMILY CARE CENTRES	2007-08
Separations	2,795
Births	N/A
Average Available Beds*	36
Occupancy Rate*	88.2%
Average Length Of Stay (incl day only patients)	3.9 days
Emergency Department Attendances	N/A
Ambulance Presentations	N/A

*Average Available Beds and Occupancy Rate excludes beds in emergency departments, delivery suites, operating theatres and recovery rooms.

During 2007-08, more than 4,397 families utilised the Day Stay services, seeking help. Outreach workers visited 3,869 families in their homes. The three residential services offered support to 5,372 families for more serious parenting issues. Nurses received 46,142 calls on the 24 Hour Parents Help Line and 4,316 conversations were recorded on Messenger Mums. The total number of psychological interventions by Social work/Psychology was 6,557. Group work remained an integral aspect of service delivery and 348 residential groups were facilitated.

Major goals and outcomes

2007-08 saw the development of a Tresillian Model of Care and clinical pathway. This significant clinical and research activity has been implemented within the residential units to evaluate changing clinical nursing practices and their outcomes for families and children. The research is being conducted in conjunction with The University of Technology, Sydney and The Faculty of Nursing, Midwifery and Health.

Within the community, *Postnatal Depression Therapy* Groups, *Dads* Groups and *Parent-Infant* Groups were well attended.

Key issues and events

Tresillian celebrated 90 years of caring for families.

Tresillian Family Care Centres received a $50,000 Commonwealth grant to develop and deliver a peri-natal mental health training program for staff, especially registered nurses. The project was part of the national suicide prevention strategy. It targeted parents experiencing significant emotional distress seeking help via the Messenger Mums or Parents Help Line service. The report was completed in November 2007 and implementation of the program is being progressively rolled out.

Tresillian continued to be involved in the *MyTime* support groups. It is now responsible for the delivery of seven local groups and is planning to expand its commitment to the national program over the next three years. *MyTime* is a national initiative designed to help parents and carers interact with others who understand the demands and rewards of caring for children with a disability.

The highly successful *Parenting Between Cultures* school readiness program continued at Wiley Park and Lakemba Public schools. The program targets families who have recently migrated to Australia. In 2007-08 the program expanded to include workshops for teachers. These teachers are now preparing to introduce the mental health promotion program into their own schools.

Future Direction within the Area network

Tresillian is consolidating partnerships within Child and Family Health services in the Area through:

- Provision of supportive education and advice to other Child and Family Health professionals
- Development of programs in partnership to support vulnerable families
- Strengthening community strategies and programs.

Allied Health Services

Clinical Director Dr Katherine Moore

Summary of activity, including range of services provided

Allied Health in Sydney South West Area Health Service (SSWAHS) comprises the professions of: physiotherapy, social work, podiatry, psychology, speech pathology, nutrition and dietetics, occupational therapy, orthoptics, orthotics, and the Health Care Interpreter Service. Allied Health aims to provide services which respond to client needs and to improve the patient's journey through the health care system. This is achieved by working in partnership with clients and their families to optimise physical and psychosocial function and to develop healthy life skills.

Major goals and outcomes

Introduction of a centralised call centre which operates 24 hours a day for the Health Care Interpreter Service (HCIS). HCIS plays a vital role in ensuring that non-English speakers are not disadvantaged when accessing the Area's health services. The call centre is linked to the patient information system which improves service delivery by simplifying access to an interpreter. It also enables a more efficient and effective allocation of interpreter services across the Area.

Similarly, patient access to podiatry appointments has been improved and waiting times reduced by the introduction of a central booking system for eastern zone Podiatry. Patients call a single number to access the first available appointment with a podiatrist at the closest facility.

In order to decrease patient waiting times in emergency departments, Physiotherapy has full-time positions designated to most SSWAHS facilities. The physiotherapists speed the triage of patients presenting with sprains, strains, fractures and musculoskeletal pain by assessing these patients and referring them for appropriate treatment.

Launch of an Area-wide Dysphagia Screening Policy by Speech pathology. Nurses are being trained to use the ASSIST screening tool to identify dysphagia in patients presenting with new transient ischaemic attack (TIA)/strokes. Patients who pass the screening test may recommence their usual diets. The early identification and awareness of dysphagia decreases the risk of patients aspirating and reduces the time TIA/stroke patients without dysphagia are fasted unnecessarily.

Multidisciplinary teams Nutrition and Dietetics and Physiotherapy introduced a pilot program to evaluate weight loss and prognostic factors in patients with anorexia/cachexia syndrome. Nutrition and exercise interventions demonstrated very positive patient outcomes. Called the Cancer Nutrition and Rehabilitation Program (CNRP), it is funded by a Health Innovation Grant from the Cancer Institute NSW.

Other allied health multidisciplinary teams continue to provide services to specific patient groups, such as the pulmonary rehabilitation programs which are now operating on all sites.

Conducted client satisfaction surveys for Social Work and Psychology. The surveys gave both services very positive ratings and also identified several areas for change.

Key issues and events

Occupational Therapy secured funding for additional loan pool equipment. This equipment will support palliative care patients who elect to die at home.

Podiatry received Home and Community Care (HACC) funding to commence a new service for Indigenous diabetic patients at the Miller and Hoxton Park Diabetes Centres. All Indigenous patients attending these Centres will be screened and assessed for foot risk, receiving ongoing treatment if required.

Clinical governance within Allied Health: Social Work, Nutrition and Dietetics have developed and implemented core practice competencies which ensure that clinicians are clinically competent and safe to practice. Physiotherapy has agreed on consistent procedures across the Area.

Future direction within the Area network

Planning to replace the current legacy system with new Allied Health modules in Cerner. This will supply more accurate and pertinent workforce activity data which will allow Allied Health to respond to client needs and the changes occurring in the delivery of health care services.

Drug Health Services

Director Karen Becker

Summary of activity, including the range of services provided

Drug Health Services (DHS) operates as a clinical stream and aims to minimise the harms associated with drug and alcohol use. It provides services across 23 sites including nine hospitals and 17 community health facilities. Services include the Opioid Treatment Program (methadone and buprenorphine clinics), counselling, specialist medical clinics, inpatient withdrawal management (detoxification), inpatient rehabilitation, outpatient withdrawal management, court diversion programs (MERIT and Adult Drug Court), harm minimisation (including Needle Syringe Programs), hospital consultation and liaison services, community outreach, tobacco cessation clinics and a range of associated projects that address key clinical issues such as Aboriginal health and co-morbidity.

Major goals and outcomes

In line with NSW Health priorities, DHS continues to provide support for people seeking help for alcohol related problems. During 2007-08, 41 per cent of people presenting to Drug Health Services listed alcohol as their principal drug of concern.

The Drug Health Consultation and Liaison Service continues to operate at Royal Prince Alfred and Liverpool Hospitals. During the year, SSWAHS secured funding to offer extended hours coverage on weekends. The Service provides:

- Clinical pathways for assessment, treatment and referral of patients with drug and alcohol related issues who come to hospitals
- Support to Emergency Departments for the management people with drug and alcohol issues
- Support to hospital clinical staff for the management of drug health problems
- Drug and alcohol training to hospital clinicians
- Support to patients to facilitate access to community/outpatient care.

Substances most commonly managed by this service were opioids (41 per cent), alcohol (37 per cent), amphetamines (8 per cent) and cannabis.

Management of blood borne viruses (BBV) - hepatitis B and C and HIV/AIDS - among injecting drug users also remained a key priority in 2007-08. The Redfern Primary Health Service is the first of its kind in New South Wales, offering integrated BBV and drug health primary care. The Service targets injecting drug users who do not generally engage with public or primary health care services and offers them multiple clinical pathways to primary, secondary and tertiary care providers. During 2007-08, the Service increased hours of operation from 20 to 30 hours per week and started a sessional medical clinic. Nineteen clients diagnosed with hepatitis C were referred to the Liver Clinic at RPA for specialist assessment and treatment. Eighty-one have been engaged in the hepatitis B immunisation program. General health assessments, check-ups, results and referrals have been given to 100 clients.

Key issues and events

DHS continues to support the provision of dedicated tobacco cessation clinics. There are three half-day clinics, which provide assessment and 30 minute weekly follow-up sessions for 8 – 16 weeks at RPA and Croydon Health Centre. In addition, all Drug Health Services counsellors provide one-on-one tobacco cessation support. During 2007-08, there were 2,447 service contacts and eight per cent identified as Aboriginal. The cessation success rate is above the State average (approximately 30 per cent).

DHS' Aboriginal Working Group received a grant from the National Drug Research Institute to deliver alcohol education and brief intervention to Aboriginal community groups.

Future direction within the Area network

- Continued expansion of drug and alcohol consultation and liaison services to hospitals across SSWAHS will remain a priority. Expansion will improve care planning and referral; reduce access block; improve assessment and treatment of drug and alcohol issues; and strengthen generalist Emergency Department and hospital staff capacity to manage drug and alcohol issues.
- Support continued expansion of Perinatal and Family Drug Health services across SSWAHS hospitals.
- Expansion of the primary health care model to communities such as Campbelltown where there is a high incidence of injecting drug use and associated communicable diseases such as HCV.
- The delivery and evaluation of community brief interventions for alcohol with the Aboriginal population will be a key priority in 2008-09.
- The development of a SSWAHS Drug Health Plan that demonstrates the need for strong clinical partnerships to respond to the complex physical and mental co-morbidities associated with substance use.

Mental Health Services

Clinical Director Dr Victor Storm

Summary of activity, including the range of services provided

The Area Mental Health Service (AMHS) provides clinical inpatient and community-based services across the life span and includes perinatal, child and adolescent mental health services, early intervention, acute assessment and treatment, rehabilitation, community support, consultation/liaison, dietary disorders and older persons' psychiatry. It also conducts extensive education, training and research activities.

The AMHS has inpatient facilities at Campbelltown, Liverpool, Bankstown, Concord, and Camperdown. Community mental health services are co-located with other community health services at a large number of facilities across SSWAHS, ensuring clients have access to a range of specialist health services when required.

Major goals and outcomes

The six-bed Psychiatric Emergency Care Centre (PECC) was opened at Campbelltown Hospital in March 2008. Located adjacent to the Emergency Department (ED), the PECC improves emergency care for mental health patients.

Energetic recruitment activity for the Community Mental Health Emergency Teams has led to increased availability of acute community care and availability of emergency mental health care at the PECC units.

Between June 2006 and December 2007 access to mental health beds increased from 50 per cent to 70 per cent.

State and Commonwealth funding is enabling SSWAHS and non-government organisations to provide joint services targeted at youth with mental health problems.

The Housing and Accommodation Support Initiative (HASI), which provides access to affordable, safe and stable housing for people with mental illness, has been supplemented with a further 12 high level support packages, bringing the total to 174 across SSWAHS.

Recommendations of the ED clinical services redesign project have been implemented and have resulted in improvement in Emergency Access Performance and better management of mental health patients within the EDs. Weekly performance reports on mental health presentations at Emergency Departments are being provided to help resource planning and improve patient outcomes.

Key issues and events

A major achievement was the relocation of mental health services from Rozelle Hospital to the new Concord Centre for Mental Health in April 2008. The move to the new state-of-the-art facility continues the 124 year history of mental health services provided at Rozelle. The modern treatment facilities at Concord are a major improvement on the ageing infrastructure at the former Rozelle Hospital.

Implementation of an electronic discharge summary and electronic mental health triage records has greatly increased clinicians' ready access to up-to-date clinical information.

Future direction within the Area network

Planning is underway to address the challenge of accelerating population growth in the south west of SSWAHS. Proposals for new inpatient and community services are being developed over the next 12 months.

Mental Health Services

Mental Health Services Performance Indicators

Community Care Hours [1]				
	Actual hours	**Expected hours**	**Ambulatory Full Time Equivalent**	**% of expected**
SSWAHS	120,365	597,058	510	20%

Mental Health Outcome Measures Recorded as per cent of Target [2]			
	Actual	**Expected**	**%**
SSWAHS	12,087	33,446	36%

Inpatient Self Sufficiency [3]		
	% own resident separations	**% own resident separations from other areas**
SSWAHS	93%	7%

Emergency Department Access Performance for Mental Health Admissions % [4]	
SSWAHS	82.1%

28 day Readmission Rate % [5]	
SSWAHS	12.23%

Notes:
1. The method of collection of community care hours is not readily available across Sydney South West Area Health Service.

2. Outcome collection occasions include only inpatient and ambulatory settings.

3. Inpatient self sufficiency is the extent to which an area health service can provide the beds and range of inpatient bed types required to meet the needs of its population. In practice it is simply measured by the percentage of patients from our area being discharged from units in other areas and the percentage of patients discharged from our beds that are resident in other areas.

4. Emergency Department Access Performance is variable across the Sydney South West Area Health Service. The figure of 82.1 per cent is an aggregate and does not reflect the performance of individual Emergency Departments.

5. Readmission rates are variable across the Mental Health Service. The figure of 12.23 per cent is an aggregate and does not reflect individual services.

Figures derived from NSW Health Performance Report.

Nursing and Midwifery Services

Director of Nursing and Midwifery Services
Kerry Russell

Summary of activity, including the range of services provided

Nursing and Midwifery Services are responsible for the standard of nursing and midwifery care across the Area health service. This encompasses recruitment and retention of staff, education, clinical practice and research for a workforce of approximately 10,000 nurses and midwives.

Major goals and outcomes

Nursing and Midwifery Services have had a successful year, particularly in relation to workforce matters. A number of significant achievements are highlighted as follows:

- Nursing and Midwifery vacancies have been maintained at a manageable level and continue to reduce
- Overseas recruitment continues to be successful, however, the need has significantly reduced.
- The Area has continued to strengthen Leadership and Management development through the Mentoring and Clinical Supervision Program and the development of a Master of Clinical Supervision and Clinical Leadership in partnership with the University of Tasmania (UTAS)
- SSWAHS has progressed a number of initiatives with universities. Some of these initiatives include:
  - provision of a co-badged BA Nursing Program with University of Notre Dame
  - provision of a formal clinical placement program for final year Danish nursing students in partnership with The Schools of Nursing in Denmark and UTAS.
- The Area continues to provide the highest number of clinical placement days in NSW, at around 400,000 annually, representing 36 per cent of all Metropolitan placements in NSW
- SSWAHS established a nursing and midwifery conjoint appointment with UTAS. Professor Denise Fassett has been appointed to the position
- In partnership with UTAS, a number of Graduate certificates have been developed with a significant component being on-line.
- A Midwifery Caseload Model of Care has been successfully maintained at Camden and Campbelltown Hospitals
- The use of agency staff and overtime reduced by 10 per cent over the last 12 months.
- An Area-wide wound management strategy was introduced with a focus on implementing consistent standards of preventing, reporting and managing pressure ulcers across all facilities and the community. Baseline pressure ulcer audits have been conducted in all facilities and regular audits will be an ongoing part of the strategy.
- SSWAHS continues to employ the largest number of Nurse Practitioners in NSW across a range of specialties.

Key issues and events

Workforce continues to be a major focus. SSWAHS will continue to pursue innovative strategies to recruit and retain staff and reduce the use of agency staff and overtime.

Future direction within the Area network

Future initiatives include, but are not limited to:

- Further development of the Area wound management strategy to achieve best practice in pressure ulcer prevention and management
- Strengthening our partnerships with universities. In particular finalising the remaining Graduate Certificate (Specialty Nursing) courses that UTAS will run in partnership with SSWAHS
- Introduction of the Essentials of Care project being co-ordinated by NSW Health.

Oral Health Services

Area Clinical Director Associate Professor Sameer Bhole
General Manager Graeme Angus

Summary of activity, including the range of services provided

Sydney South West Oral Health Services (SSW-OHS) provide general dental services to eligible patients within Sydney South West Area Health Service (SSWAHS) and on an inter Area fee-for-service basis to residents of the northern sector of South East Sydney Illawarra Area Health Service. A range of specialist services are also offered to all eligible patients in NSW via referral under NSW Health Specialist Referral Guidelines.

SSW-OHS includes the Sydney Dental Hospital (SDH). SDH is a major teaching facility, which has relationships with Sydney University, Newcastle University and TAFE for the training of dental officers, dental specialists, dental prosthetists and the Bachelor of Oral Health degree. Services include continuing education courses, the training of dental auxiliaries and 17 community-based dental clinics located within SSWAHS.

SSW-OHS, including SDH, provided 150,145 occasions of service (OOS) to adults and 57,676 OOS to children and 43,007 occasions of specialist service. SSW-OHS has 452.66 full-time equivalent staff.

Major goals and outcomes

The successful Adult Demand Management Program was expanded to Child Services which has resulted in a 40 per cent reduction in children waiting for general dental care. Oral Health services also participate in the statewide Paediatric Dentistry General Anaesthesia Service delivery strategy, a collaborative project with Sydney West Area Health Service.

SSW-OHS is active in areas of Oral Health Promotion and has implemented the statewide Early Childhood Oral Health Program (ECOH). ECOH is a community based, early intervention program integrating dental, medical and dietary service delivery to pre-school aged children.

SSW-OHS actively participated in the NSW Child Oral Health Survey in 2007. The results indicate that SSWAHS children overall had better oral health status than the rest of NSW with 53.1 per cent of children having no caries experience in SSWAHS compared to 51.6 per cent of children having no caries experience in NSW. The Survey emphasised the need to improve oral health promotion activities in Aboriginal communities within SSWAHS. Only 27.3 per cent of Aboriginal children within SSWAHS were caries free (compared with 33.2 per cent for NSW).

SDH, in partnership with Westmead Centre for Oral Health, is currently in the second year of conducting the International Dental Graduate Program (N-IDG). N-IDG is designed to assist overseas dental graduates in passing the Australian Dental Council registration exam process.

Key issues and events

SSW-OHS successfully continued the NSW International Graduate Program (previously NSW Overseas Trained Dentists program). Eighty per cent of last year's intake of ten were successful after the first three months and undertook rural placements. The other two students were employed by Sydney South West and Sydney West Area Health Services.

NSW Health funding has led to a substantial increase in the number and usage of digital x-ray equipment. This has improved patient comfort during treatment.

NSW Health funding also has led to six additional Paediatric surgeries with nitrous oxide and sedation facilities available.

Future directions within the Area network

Implementation of the Passport to Oral Health project across SSW-OHS. The program aims to reduce children's fear and anxiety about receiving dental treatment. Children, their siblings and parents visit SDH, familiarising them with the dental environment whilst providing them preventive dental care/advice such as dietary advice and tooth brushing instructions. This program also allows monitoring of the severity of dental conditions for these children and assists in re-prioritising their oral health needs.

Input in SSWAHS Aboriginal Health Plan to include Oral Health.

Implementation of digital radiography across Oral Health Community Clinics to support patient information management.

SDH aims to further establish the Hospital as the premier dental teaching facility with strong linkages to educational institutions throughout Australia and overseas.

Population Health

Director Associate Professor Peter Sainsbury

Summary of activity, including the range of services provided

Population Health delivers evidence-based and innovative programs to improve the health of the people of SSWAHS, reduce health inequities and address gaps in services.

Population Health incorporates the Health Promotion Service (HPS), the Public Health Unit (PHU), the Research, Evidence Management and Surveillance Service (REMS), the HIV/AIDS and Related Programs Unit (HARP), the Multicultural HIV/AIDS and Hepatitis C Service (MHHCS), and the Centre for Health Equity Training, Research and Evaluation (CHETRE).

Major goals and outcomes

The HPS and the SSWAHS Multicultural Health Services completed the *Ma'feesh cigara men gheir khosara* (There is no cigarette without loss) project. Community engagement, social marketing and educational interventions were implemented to decrease cigarette smoking in Arabic-speaking males living in Sydney south west. Smoking prevalence in Arabic-speakers declined from 26 per cent in 2004 to 20.7 per cent in 2007, with a strong effect among men.

REMS is involved in a national study investigating the effects of outdoor air pollution on children's lung health. The results will contribute to the review of national air quality standards.

The PHU undertook air quality surveys in hotels and clubs before and after the ban on indoor smoking in July 2007. Data showed a marked improvement in indoor air quality but in some semi-enclosed areas where smoking is still permitted air quality standards were not met.

The MHHCS delivered cultural competency training to six HIV/AIDS agencies in four States. The training increased participants' knowledge, self-efficacy and skills in responding to people from culturally and linguistically diverse backgrounds.

The HPS completed the three-year Central Sydney Walk to School Research Program involving 2000 students and their parents in 24 primary schools. The program demonstrated a significant increase in the percentage of students who walked to and from school.

Key issues and events

HARP developed a five-year Strategic Framework for HIV/AIDS services in SSWAHS.

For the fourth successive year, the *Play it Safe and Give HIV/AIDS a Red Card* initiative was integrated into the annual African Soccer Cup in Sydney. Two thousand wall calendars with an HIV awareness and testing theme were distributed amongst the teams from 16 countries.

The PHU concluded detailed investigations of possible clusters of breast cancer amongst staff at Concord and Bowral Hospitals. The investigations were conducted in line with accepted international guidelines and consistent with those used in other similar cancer cluster investigations. The reviews found no increased risk of breast cancer for women working at either hospital.

Future directions

In 2008-09 Population Health will continue working to improve health. This will include:

- The development of a healthy urban development checklist for health workers
- Publishing updated demographic and epidemiological profiles for SSWAHS
- Working to achieve even higher immunisation rates
- Beginning the implementation of the health promotion components of the SSWAHS Overweight and Obesity Prevention and Management Plan.

Quality Clinical Indicators

Clinical indicators (CIs) are rate-based figures which can show where we are performing particularly well and can serve as a model for others. When we are performing at a suboptimal rate, compared to national or past data, CIs can act as an alert for further investigation or review of clinical practice to improve the quality of care provided to our patients. The former Central Sydney Area Health Service (eastern zone SSWAHS) has published in its annual report since 2002-03 a selection of CIs that have either a state or national comparison. We have continued the reporting this year and have included some western zone indicators where they collect the same indicator.

Adult Renal Transplantation

Numerator: Number of patients/grafts surviving at one year
Denominator: Number of renal transplant patients/grafts
***SWRS**: Statewide Renal Services

Year	% survival at one year			
	SWRS (CSAHS) Patients	**Australian/NZ Patients**	**SWRS (CSAHS) Grafts**	**Australian/NZ Grafts**
1998	98% (n=59)	95%	96% (n=59)	91%
1999	100% (n=51)	95%	98% (n=51)	90%
2000	92% (n=52)	97%	91% (n=52)	94%
2001	97% (n=62)	96%	96% (n=62)	93%
2002	98% (n=61)	98%	95% (n=61)	95%
2003	100% (n=66)	98%	98% (n=66)	92%
2004	97% (n=70)	96%	96% (n=70)	90%
2005	98% (n=64)	Not available	98% (n=64)	Not available
2006	97% (n=69)	Not available	95% (n=69)	Not available
2007	97% (n=63)	Not available	94% (n=63)	Not available

Adult Liver Transplantation (ANLTU) Survival Rates*

Both patient survival and graft survival are measured as a patient can have more than one liver graft.
Numerator: Number of patients/grafts surviving at one year
Denominator: Number of liver transplant patients/grafts
***ANZLTR:** Australian and New Zealand Liver Transplant Registry

Year	% survival at one year			
	RPAH patients	**ANZLTR* patients**	**RPAH grafts**	**ANZLTR* grafts**
1999	89 (n=28)	93 (n=117)	87 (n=31)	90 (n=124)
2000	90 (n=39	92 (n=151)	83 (n=42)	90 (n=157)
2001	82 (n=27)	86 (n=125)	79 (n=28)	80 (n=135)
2002	100 (n=43)	96 (n=151)	96 (n=47)	94 (n=157)
2003	97 (n=38)	94 (n=143)	93 (n=41)	92 (n=150)
2004-2005	88 (n=50)	NA	87 (n=52)	NA
2005-2006	97 (n=33)	NA	89 (n=36)	NA
2006-2007	95% (n=44)	NA	90% (n=48)	NA
2007-2008	98% (n=40)	NA	98% (n=40)	NA

*Australian National Liver Transplantation Unit

Quality Clinical Indicators

Obstetrics

Numerator: Number of deliveries/interventions for year
Denominator: Number of babies delivered for year

2007							
Hospitals	**Normal Delivery**	**Forceps Vaginal**	**Vacuum Extraction**	**Vaginal Breech**	**Elective Caesarean**	**Emergency Caesarean**	**Total Caesarean**
Canterbury	67.5	1.4	7.8	0.2	10.7	12.4	23.1
RPA	55.0	5.8	7.3	0.7	16.2	15.0	31.2
Fairfield	76.1	0.5	4.6	0.9	10.9	7.1	17.9
Liverpool	66.9	1.4	6.6	0.6	10.4	14.0	24.4
Campbelltown	70.8	0.7	3.3	0.4	16.4	8.3	24.7
Bankstown	72.3	1.1	7.2	0.4	10.7	8.3	19.0
Bowral	64.2	3.0	13.1	0.4	10.0	9.3	19.3
SSWAHS rate	**67.6**	**2.0**	**7.1**	**0.5**	**12.2**	**10.6**	**22.8**

Day of Surgery Admission Rates

Day of surgery admission (DOSA) rate measures how many patients are admitted on the day of their surgery compared to all patients admitted to surgery. A high DOSA rate is better for patients because:

- it avoids unnecessary accommodation at hospital prior to operation
- it means more effective bed utilisation, where hospitals can treat more patients and consequently there are shorter waiting times
- the use of preadmission clinics better prepares patients for surgery
- a decreased time in hospital means less risk of infection

The SSWAHS DOSA rate has been consistently high and it is above the State target of 90 per cent and above the State average of 92 per cent.

	SSWAHS rate	**NSW Health target**	**NSW Health statewide rate**
2005-06	91%	80%	91%
2006-07	93%	90%	92%
2007-08	94%	90%	92%

Quality Clinical Indicators

Pathology - Availability of Urgent Haemoglobin Results After Hours

It is important that laboratory test results are made available to hospital staff as soon as possible so that decisions can be made about patient care. After hours, we are able to supply urgent haemoglobin results to staff within 60 minutes (within lab time) in 95.8 per cent of cases, which is more efficient than the national aggregate.

Numerator: Number of urgent haemoglobin validated report results with a turn-around-time of less than 60 minutes, after hours.
Denominator: Number of requests for urgent haemoglobin results received by the lab after hours.

Hospital compliance rate	Jan-June 2006	July-Dec 2006	Jan-June 2007	July-Dec 2007
Canterbury		94.3%	97.5%	97.8%
RPA	96.5%	97.4%	97.4%	99.0%
Concord	95.8%	98.3%	96.9%	97.6%
Fairfield		97.5%	96.8%	98.0%
Campbelltown		97.1%	97.2%	98.0%
Bankstown		96.6%	96.5%	97.8%
Liverpool	98.3%	97.1%	96.9%	98.1%
SSWAHS average	**96.9%**	**96.9%**	**97.0%**	**98.0%**
Australian Council of Healthcare Standards National Aggregate	**95.0%**	**94.3%**	**95.8%**	**94.8%**

Allied Health Services - Adult Dysphagia

Numerator: Total number of inpatients initially assessed by a speech pathologist for dysphagia who develop aspiration pneumonia.
Denominator: Total number inpatients who underwent an initial assessment for dysphagia in period of data collection.

Hospital	2007-2008	2006-2007
Bankstown	3.6% (October 07-June 08)	Not collected
Bowral	0%	Not collected
Campbelltown Camden	0.3%	1.37%
Fairfield	0.5% (Data not collected for July 07)	Not collected
Liverpool	1.87%	2.57%
RPA	0.7 % (August 2007-June 2008)	Incomplete data
Concord	0.4% (Sept 07-June 08)	Not collected
Balmain	1.75% (Oct 07-Jan 08, Mar 08-June 08)	Not collected
Canterbury	0.83%	Not collected

Physiotherapy - Pulmonary Rehabilitation

Numerator: Percentage of patients achieving clinically significant improvement (>53m) on the Six Minute Walk Test, after completing a multidisciplinary pulmonary rehabilitation program.
Denominator: Total patients completing pulmonary rehabilitation.

Hospital	2005-2006	2006-2007	2007-2008
Bankstown	57%	79%	63%
Bowral		63%	55.5%
Canterbury	63.6%	46.2%	42%
Campbelltown Camden			37%
Concord			41%
Fairfield		57%	62%
Liverpool		50%	63%
RPA	60%	54%	45.2%
NSW Physiotherapy rate	**40%**		

Asset Management Services

Bankstown-Lidcombe Hospital - Pathways Home

The construction tender for this Commonwealth funded project closed in May 2008. The project consists of refurbishment and construction of a new Aged Care Day Facility at the Hospital.

Bankstown - Lidcombe Hospital - CT Scanner

Confirmation was received for the purchase of a new CT scanner. It was installed during 2008.

Bernie Banton Centre (Concord Repatriation General Hospital)

Construction of the Asbestos Diseases Research Institute is expected to be completed by the end of 2008. It will provide facilities for research into asbestos diseases and also an expansion space for the adjacent ANZAC Research Institute. The new building will provide opportunities for future collaborative research on the Hospital site.

Bowral Hospital – Paediatric and Day Stay Unit

Design development has continued for the refurbishment of the Day Stay and Paediatric Unit. The demountable building which will house the relocated medical records department was completed at the end of June 2008. Commerce has completed 95 per cent of the documentation on the main project with tenders for construction expected to be let to the market in July / August 2008. Construction is expected to commence in the latter part of 2008, with completion in 2009.

Campbelltown Hospital - PECC

Construction of the new Psychiatric Emergency Care Centre (PECC), adjacent to the emergency department (ED), was completed in March 2008. See page 8 and 77 for further details.

Canterbury Hospital - CT Scanner

A new CT scanner was commissioned and became operational in June 2008.

Concord Centre for Mental Health (Concord Repatriation General Hospital)

Construction was completed in early 2008 with services relocated from the Rozelle site in April 2008. See page 8, 86 and 90 for further details.

Liverpool Hospital – Stage 2 Redevelopment

The project continues to reach predicted milestones with the appointment of the Managing Contractor, Bovis Lend Lease (BLL) on 19 December 2007. Demolition of the former South Wing site was completed in early 2008, with the formal handover to BLL occurring on 3 June. Scheme design reference groups commenced with a detailed review of the of documentation in March 2008. The final scheme design report is expected in August 2008. Planning is also underway for the construction of the new Northern Road, which will link Liverpool Hospital to Warwick Farm railway station and the Hume Highway. Negotiations are underway for the construction of a new multistorey car park on the eastern side of the campus. This is concurrent with planning for the construction of pedestrian and vehicular rail overpasses. The overpasses will link the two campuses over the soon-to-be constructed Southern Sydney Freight Line. The Hospital faces a busy 2008-09 with construction occurring on both sides of the campus. See page 8 and 84 for further details.

Liverpool Hospital - Linear Accelerator

The Liverpool Cancer Therapy Centre received funding to replace a 14 year old linear accelerator. Installation and commissioning were completed in June 2008.

Redfern Community Health Centre

The construction tender for this project closed on 31 March 2008, with the award of the tender expected by mid 2008. Planning was completed in late 2007 on the design for the refurbishment and construction of a new Community Health Centre on the former Redfern Courthouse and Police Station site. The redevelopment will provide co-location of community nursing and post acute care services, mental health and sexual health services in a centralised location for the residents of the Redfern/Waterloo LGA.

Royal Prince Alfred Hospital - Stage B

Stage 2B, the final component of the redevelopment of the RPA main campus, commenced in late 2007. Review of the design afforded the opportunity for users to update the original concept plans to ensure the final renovation will meet the changing needs of SSWAHS. Demolition is complete on levels four, five and six, clearing the way for trade contractors to commence construction. Renovation of the Victoria Pavilion will complete the refurbishment of Laboratory Services and provide a new outpatient pharmacy on level five.

RPA - Stereotactic Linear Accelerator and bunker construction

The design phase of this Commonwealth funded project is now complete. Construction is expected to commence towards the end of 2008 on a new bunker to house a Stereotactic Radiosurgery Unit. The new unit will provide a highly effective, non invasive method of delivering precise radiotherapy to a variety of benign and malignant cranial lesions. High doses will be delivered with precision to the lesion's site whilst minimising damage to surrounding tissue.

SSWAHS Information Management and Technology Division (IM & TD) - Medical Imaging Implementation

Funding was confirmed for the staged roll out of the Picture Archiving and Communication System (PACS) across SSWAHS, commencing with Liverpool and Fairfield Hospitals. This $4.8 million project will allow for greater flexibility in consultation services and improve service delivery to the community.

Corporate Services

Summary of business activity

Non-clinical support services in SSWAHS are managed by Corporate Services and include workforce and risk management, occupational health and safety (OHS) and rehabilitation, procurement and tendering, contract management, overseeing complex investigations and administrative and legal services.

Major goals and outcomes

In 2007-08, Corporate Services staff continued to review and improve the services they provide to support frontline staff. Managers and staff continued to work tirelessly to achieve a broad range of improvements. Some examples are listed below:

Human Resources: Area Human Resources (HR) continued to assist departments and services in finalisation of the amalgamation of services. HR also reviewed human resources policies and processes to ensure uniformity across the Area, especially in the recruitment and human resources transactions. This consistent approach will assist in the smooth transition of those human resources functions to HealthSupport Services in the future.

Implementation of the final stages of the electronic recruitment system.

HR Systems and Payroll Services: Reporting requirements from the current systems were reviewed and identified in preparation for the transition to HealthSupport Services. Business practices were also reviewed, resulting in the implementation of uniform administrative processes for finance, superannuation, overpayments, staff mobility, end of financial year procedures; uniform pay cycles across the Area and implementation of an Area-wide system enabling staff to salary sacrifice their State Authorities Superannuation Scheme and State Superannuation Scheme contributions.

There was extensive preparation for the merger of the eastern and western zone payroll systems. This involved the consolidation of the four Kronos databases onto a single server for the Area and the merging of the *SeQoya* system for salary packaging.

Food Services: The SSWAHS Food Safety Training Program attained VETAB accreditation in December 2007. SSWAHS is the only Area Health Service in NSW to be delivering its own VETAB accredited food safety training package.

Further significant savings have continued to be realised through centralised procurement of Food Service products and the implementation of an Area-wide menu.

Supply Services: Prepared for the transition of services to HealthSupport and progressed numerous saving and cost containment initiatives. These included conducting a comprehensive review of the business model setup for the transition of services to HealthSupport, participating in the statewide review of warehousing, evaluating and implementing Risk Shared Initiatives, further aggregating related supply contracts across the Area, reviewing and updating contract and tendering procedures and also aligning procurement procedures throughout the Area.

Shared Services Program: Participated in the NSW Health Shared Services Program and facilitated transfer of the linen services to HealthSupport. Due diligence for Payroll and Supply transfer was undertaken.

Waste Management: Facilities continued to monitor performance through the collection of indicators for clinical waste, sharps waste, general waste, recycling and OHS incidents related to waste management.

Energy Management: Energy and water saving action plans were given to the Department of Environment and Climate Change. The savings plans were based on audits by professional consultants. The Area submitted water saving action plans (WSAP) for Bankstown, Campbelltown, Carrington, Concord, Liverpool and RPA Hospitals. Energy saving action plans (ESAP) were submitted for Bankstown, Campbelltown, Concord, Liverpool and RPA Hospitals. To date a WSAP has been approved for RPA and ESAPs for Bankstown, Concord and RPA Hospitals. All remaining hospitals are pending approval or submission.

Key issues and events

Patient Transport Services: The Service is now operating as one Area-wide unit. Reductions in Ambulance Service of New South Wales activity and associated expenditure have occurred as a result of this amalgamation process. Response time for patients requiring transport to clinical and diagnostic services across SSWAHS has also decreased.

Fleet Management: SSWAHS reduced fleet numbers by 36 under the Motor Vehicle Reform Program. More than 100 vehicles now have extended lease terms. In addition, many large/medium vehicles have been downsized to smaller, more economical models.

Future direction

Progressive implementation of the Shared Services initiatives with HealthSupport. The Area has commenced a review of relevant business processes and the development of risk minimisation strategies.

Financial Services

Summary of business activity

The Finance Department operates to ensure that SSWAHS financial resources and assets are managed efficiently and effectively through appropriate planning, coordination and monitoring. The development and maintenance of Area-wide consistent financial and accounting policies and procedures is vital to ensure and enhance quality control in financials and operations.

Major goals and outcomes

SSWAHS Finance places a high priority on the continuing provision of quality financial, budget and performance management information to all stakeholders.

The implementation of the State clinical costing system was completed on target in preparation for the Episode Funding Budget from 1 July 2008.

The Area-wide single clinical stream was operational from January 2008. Management performance information was required to be updated to align with the new single stream structure.

Financial Services made a major contribution towards SSWAHS winning the 2007 NSW Health Award for Best Performance in the category *To Manage Health Services Well.*

Key issues and events

Medicare online bulk billing was successfully implemented at all SSWAHS facilities during 2007-08. The Medicare Medclaim bulk billing system ceased operation from 30 June 2008.The Spediclaim version 6 clinic bulk billing has been successfully implemented as a pilot at Concord General Repatriation Hospital.

The Varis software interface between the Radiation Oncology data base and the Hosbil system was enhanced. It enables the electronic bulk billing to be sent directly to Medicare Australia instead of to the patients. A standard uniform Hosbil revenue report continued to be available to all staff specialists within SSWAHS.

The existing SSWAHS chart of accounts was being mapped with the State health standard chart of accounts.

Future Direction

The Financial Services Department will continue to ensure the provision of quality budget and financial management information for all stakeholders.

Facilities and clinical group services will continue to review and consolidate their cost centre structures for the Area-wide single clinical stream. Finance will work closely with them to implement the required changes.

During 2008-09, the mapping of the State health standard chart of accounts will be completed. All aspects of the proposed transfer of financial transaction activities to Shared Services will be reviewed.

It is planned to implement Spediclaim Clinicians online private billing system in 2008-09 following the successful implementation of the first phase of Spediclaim version 6 online bulk billing. The clinicians' system will be rolled out to clinics as required.

Information Management and Technology Division

Summary of business activity

The Information Management and Technology Division (IM&TD) provides information management and technology support to SSWAHS clinical, corporate and support services.

Major goals and outcomes

Specific Systems and Technology projects included:

- Implementation of an Area-wide PC and Software ordering and Standard Operating Environment for desktop systems
- Implementation of an Area-wide desktop security, virus and software up-date system
- Establishment of Disaster Recovery (DR) Data Centres at RPA including data mirroring
- Introduced sophisticated Cerner System performance and monitoring software
- Network re-design and implementation across SSWAHS facilities including Wide Area and Local Area networks due to Liverpool Hospital demolitions and Rozelle Hospital relocation
- Consolidation and upgrade of the Area Intel services (Exchange – eMail) and associated backup systems and procedures.

Specific Electronic Medical Record (eMR) projects included:

- Replaced the stand-alone facility-based Emergency System (EDIS) with the SSWAHS integrated eMR emergency module (FirstNet) in all nine Emergency Departments
- Implemented the SSWAHS integrated eMR medication management module in three geriatric wards at Concord Hospital, which automates prescribing, verification and a record of administration
- Extended eMR into community based services in the Western Zone for Aged Care, Community Nursing and Mental Health
- Implemented version two of the Maternity and Neonatal eMR
- Extended use of electronic clinical documentation into Gastroenterology Liver and Rheumatology Clinics at Liverpool Hospital

Specific Web and Collaboration Services projects included:

- New SSWAHS intranet / internet sites
- Policy and Guidelines databases and website
- New Concord and Macarthur internet websites
- Pool and Agency Nursing and also Equipment Lending Pool database and websites

Specific Integration and Client Services projects included:

- Amalgamation of HIE Data Warehousing model for centralised mandatory reporting to NSW Health
- Introduction of Patient Costing System
- Introduction of Cerner outcomes and reporting tools
- Introduction of Business Intelligence reporting system

Key issues and events

- Consolidation of systems and services has resulted in much improved performance and stability of core applications
- Migration of all fixed and mobile phone services from Optus to Telstra
- Incorporating and implementing Home and Community Care (HACC) Version 2 requirements into Community Health
- Completed upgrade of Picture Archiving and Communication System (PACS) at RPA
- Commenced a project to send the eDRS to GPs via secure messaging and with the capacity for GPs to download them into their practice systems. Architecture of system is currently being documented.

Future direction

- Continued implementation of systems and services to support the strategic plans *…towards 2010* and *IM&TD 2009-2012*.
- Implementation of PACS / Radiology Information System (RIS) at Liverpool and Fairfield Hospitals
- Refresh technology hardware (systems, networks, voice and wireless services).

Internal Audit Department

Summary of business activity

Internal auditing is an independent, objective, assurance and consulting activity designed to add value and improve the operations of SSWAHS. It helps SSWAHS accomplish its objectives by bringing a systematic, disciplined approach to evaluating and improving effectiveness of risk management, control and governance processes.

Major goals and outcomes

The Internal Audit Department (IAD) provides an independent review of hospital systems, operations, activities, policies and procedures, and where warranted, recommends cost-effective controls and solutions.

IAD certifies the Sydney South West Area Health Service's Corporate Governance Statement as a true and fair account of the corporate governance arrangements within the organisation, on an annual basis, in a time frame set by NSW Health.

Governance is the combination of processes and structures to inform, direct, manage and monitor the activities of the Area Health Service towards the achievement of its objectives.

Key issues and events

A consolidated audit plan has ensured that all financial and related operations of major risk within the Area Health Service have been reviewed.

Representatives of IAD attended a workshop on protected disclosures which was facilitated by ICAC and the Ombudsman. The workshop provided current information about the protection that can be provided to people who report improper, corrupt or unlawful behavior in the public sector.

An appraisal of Internal Audit Capacity in the NSW Public Sector was conducted by the Department of the Premier and Cabinet, Performances Review Unit. The focus of the review was to ensure the efficient delivery of Internal Audit Services within the Public Sector. The SSWAHS IAD utilised the Report's better practice framework as a self assessment tool to evaluate its own performance and capacity against the standards set aside by the review. It was determined that IAD had already achieved or was in the process of achieving compliance with the Report's better practice framework.

Future direction

The implementation of shared services within NSW Health has resulted in a number of system and organisational changes. SSWAHS has set up a number of committees to oversee these change control processes. These committees will ensure that appropriate controls and procedures are in place to maintain the Area Health Service's governance responsibilities.

IAD will continue to attend shared service committee meetings in to order provide ongoing advice to SSWAHS executive officers.

Public Affairs and Marketing

Summary of business activity

The Public Affairs and Marketing Department provides a unique link between the Area Health Service (AHS) and the community. The Department is responsible for promoting the strategic direction of SSWAHS by delivering positive health messages around the work being carried out within SSWAHS for the benefit of patients, staff and the wider community.

Public Affairs and Marketing is the first point of contact for the media, helping to answer the questions of a public increasingly interested in their health care choices.

Major goals and outcomes

On a daily basis, Public Affairs and Marketing is responsible for:

- Liaison with media, government and stakeholder groups
- Internal and external communications strategies
- Specialised promotional campaigns
- Coordination of corporate publications
- Management of AHS events and VIP visits

In 2007-08, the community continued to be well informed of health issues through print, radio and television news coverage and also campaigns. These covered a range of SSWAHS related issues including capital works progress, clinical initiatives and services, health promotion, cutting edge research and technology.

Public Affairs and Marketing has established and is delivering a monthly newsletter for staff titled *HealthMatters*.

Key issues and events

In 2007-08, stories and events held at facilities across SSWAHS featured in national, metropolitan and local media.

Highlights include:

- Launch of the SSWAHS strategic plan
- Promotion of SSWAHS facilities go smoke free campaign
- Recognition of excellence at the 2007 NSW Health Awards
- Celebration events surrounding the 125th anniversary of RPA
- Official opening of the $58 million Concord Centre for Mental Health
- Milestone events in the Liverpool Hospital redevelopment
- Announcement of major capital works for Bowral Paediatric Ward
- Establishment of Medical Assessment Units (MAUs)
- Establishment of new University Medical Clinics at Macarthur
- Achievement of world first bone graft research at Fairfield
- Breakthrough in Motor Neuron disease
- Progression of Ingham Health Research Institute
- Close the Gap Day events

Future direction

A major focus for 2008-09 will be to support the objectives of the SSWAHS Strategic Plan. Pro-active media will be planned around the major challenges of the State Health Plan. These include: chronic disease, stroke, cancers and technology. Public Affairs and Marketing is working toward a monthly calendar of events to promote other key health messages, including the launch of the SSWAHS obesity plan, mental health in the community and prevention of chronic disease.

There will also be communication surrounding Liverpool Hospital and Bowral Hospital Paediatric Unit redevelopments, new technology embraced by SSWAHS and clinical breakthroughs achieved by SSWAHS staff.

Workforce Profile

Summary of business activity

In 2007-08 our workforce focus has been on career promotion and workforce development in line with State Health Plan Strategic Direction 6 – Build a sustainable workforce.

Recruitment and retention

During 2007-08, the SSWAHS workforce increased to 17,501 Full-Time Equivalent (FTE) staff and the proportion of clinical staff was 74 per cent of our workforce.

The Healthwise Careers Fairs program with local schools has continued as a key career promotion program. The Fairs target students from year nine upwards and provide information about working in health and training needs. They offer students a point of connection with SSWAHS staff.

Medical education

The establishment of the new pre-vocational medical training networks has been a key change in 2007-08. The four SSWAHS networks are based around Bankstown-Campbelltown, Concord, Liverpool and Royal Prince Alfred hospitals.

A new language and communication skills training program has been developed for junior medical staff and overseas trained doctors.

Centre for Education and Workforce Development

In the past year, the Centre for Education and Workforce Development (CEWD) has provided around 83,300 occasions of training to the SSWAHS workforce.

Apart from the core training programs provided throughout the year, the Centre has worked to develop new initiatives in leadership and management development. These include:

- Commencement of the Master of Health Management course, in partnership with the University of Tasmania
- Commencement of the Master of Clinical Leadership and Clinical Supervision, in partnership with the University of Tasmania.

Working with the Clinical Redesign Unit to deliver change management training to support all clinical redesign projects and to develop a plan for knowledge and skills transfer over the next year.

Other key CEWD initiatives in 2007-08 included:

- Expansion of the Vocational Education and Training (VET) in Schools program to five hospitals
- Traineeships in clinical support services such as pharmacy, allied health and dental assisting. The staff have received nationally recognised qualifications at Certificate III and IV level
- Development and implementation of a new graduate program in nursing and midwifery
- Continued expansion of e-learning. There are currently 19 programs delivered online.

Workforce Performance

The key performance outcomes have been an increase in staff, the increase in the proportion of clinical staff and the provision of 83,300 occasions of education and training to SSWAHS staff.

Future directions

In 2008-09, the focus will be on:

- Career promotion
- Leadership and management capabilities program
- E-learning, including e-orientation
- VET in Schools expansion
- Language and communication skills training program expansion
- Medical training networks
- Aboriginal and Torres Strait Islander workforce development and implementation of the new national Aboriginal Health Worker Training Package
- Staff health initiatives
- Continued skills development for our human resources and CEWD staff.

Executive Reports

Mike Wallace
Chief Executive

Key responsibilities: The Chief Executive is accountable for the overall corporate governance, performance and strategic planning of the organisation. The Chief Executive reports directly to the Director-General of NSW Health. All second tier positions report to the Chief Executive. For significant achievements in the reporting year see Chief Executive report on page 5.

Dr Teresa Anderson
Director of Clinical Operations

Key responsibilities: The Director of Clinical Operations (DCO) is responsible for all clinical and operational services and the major capital works programs within Sydney South West Area Health Service. The DCO is responsible for formulating and overseeing the development and integration of healthcare services across the many clinical groups that make up Sydney South West. General Managers and Area Clinical Directors report to the Chief Executive through the DCO. For significant achievements in the reporting year refer to Sections 2 and 3.

Paul Gavel
Director of Strategic Workforce Planning and Development

Key responsibilities: Oversees the Area's workforce development, workforce planning and strategic workforce management processes. For significant achievements in the reporting year see Workforce Planning and Development overview on page 105.

Dr Maree Bellamy
Director of Clinical Governance

Key responsibilities: To improve and optimise the performance of health systems and the provision of clinical care. Analysis and feedback with a focus on clinicians and administrators taking joint responsibility for the quality of care delivered by SSWAHS. Management of individual performance issues and complaints. Analysis of how to improve the systems supporting the care delivery. Advise and support clinical operations through recognising and managing clinical risk. Key achievements this year have included enhanced models for investigating adverse events and developing a best practice model for performance assessment. For more achievements in the reporting year see page 17.

Dr Greg Stewart
Director of Population Health, Planning and Performance

Key responsibilities: The Director is responsible for developing the strategic directions of the Area through:

- Healthcare services and population health planning
- Measuring and improving performance across the Area, specifically through the Clinical Services Redesign Program
- Managing a range of Area-wide services including the Area Community Participation Unit, BreastScreen SSWAHS, and the Area Counter Disaster Unit
- Management of statewide Refugee Health Service.

The position is responsible for the overall direction of Aboriginal health services and population health services including health protection, health promotion, health surveillance and intelligence, and healthy urban planning and development.

Significant achievements in reporting year:

- Development and launch of the inner west Aboriginal and Torres Strait Islanders' transport access guide.
- Development and launch of the Area Strategic Plan - *A New Direction for Sydney South West, Towards 2010*.
- Development of strategic plans for HIV/AIDS and Related Programs (HARP); Aboriginal Men's Health; and Overweight and Obesity Prevention and Management.
- Development and implementation of three large Clinical Redesign Projects - Macarthur Patient Flow, Fairfield Patient Flow, Respiratory Chronic and Complex Care (RPA, Balmain), and piloting of a Patient and Carer Experience Redesign project at Bankstown Hospital in collaboration with NSW Health.
- Participation in the statewide Walgan Tilly Clinical Service Redesign Program for Aboriginal people with chronic disease.
- Ongoing development of an Executive Management and Decision Support reporting system.
- Completion of a Health Impact Assessment for the Oran Park/Turner Road major urban development area.
- Establishment of a healthy urban planning and development capacity including working with local councils, developers and other government

agencies (particularly Housing NSW) on greenfield developments and urban regeneration projects.
- Successful roll out of digital imaging equipment for all the Area's BreastScreen screening and assessment centres.
- Undertook *Emergotrain* exercises in most Area hospitals to test Emergency Department capacity to cope with a large influx of critically injured patients.
- Undertook a pandemic influenza disaster exercise that involved activation of the Area and Hospital Disaster Control Centres. Also testing of communications between the Area and hospitals.
- Commenced a review of the Award-winning Area Community Participation Framework.
- Continued collaboration with the University of NSW School of Public Health and Community Medicine. Undertaking an in-depth study of the Area's community participation structures.

Jan Whalan
Director of Corporate Services

Key responsibilities: the Director of Corporate Services manages a diverse portfolio which includes information technology, finance, shared corporate services and Area Health Service corporate services such as engineering, fleet, legal, workforce and risk management, complex investigations, procurement, tendering and contract management. For significant achievements in the reporting year see Corporate Services report on page 100.

Kerry Russell
Director of Nursing and Midwifery Services

Key responsibilities: The Director of Nursing and Midwifery services is responsible for the administration and management of nursing and midwifery services across SSWAHS. This includes the development and implementation of nursing policy and practice, professional development and recruitment and retention issues. For significant achievements in the reporting year see Nursing and Midwifery Services report on page 92.

Candy Cheng
Chief Financial Officer

Key responsibilities: The Chief Finance Officer is responsible for the management of the SSWAHS financial resources through the development and implementation of financial management systems for budget control and performance measurement. The chief finance officer also provides prompt and appropriate advice to the chief executive and senior executive on budget and finance matters. For significant achievements in the reporting year see Financial Services report on page 101.

Dr Victor Storm
Area Clinical Director of Mental Health

Key Responsibilities: The Area Clinical Director Mental Health is responsible for setting the strategic direction of the Area Mental Health Service. This includes the establishment of Area-wide clinical and corporate governance structures, provision of effective management of clinical and corporate issues through informed risk management, embedding of continuous improvement processes and the building of organisational capacity. The Area clinical director also builds cooperative and collaborative relationships with a range of strategic partners. For significant achievements in the reporting year see Rozelle Hospital and Mental Health Services reports pages 86 and 90.

Corryn McKay
Director Public Affairs and Marketing

Key Responsibilities: The Director of Public Affairs and Marketing is responsible for the strategic management of media and communications for the Area Health Service. This includes management of local and metropolitan media as matters arise, providing advice and assistance to SSWAHS staff in managing media issues, delivering positive health messages to the public and coordinating SSWAHS events and VIP visits. For significant achievements in the reporting year see Public Affairs and Marketing report on page 104.

Staff Profile

Number of full-time equivalent (FTE) staff employed by SSWAHS as at 30 June 2008

Sydney South West Area Health Service	June 2005	June 2006	June 2007	June 2008
Medical	1,544	1,638	1,771	1,848
Nursing	6,573	6,968	7,127	7,325
Allied Health	1,403	1,475	1,532	1,597
Other Professionals and Para-professionals	632	628	616	618
Oral Health Practitioners and Therapists	274	272	270	321
Corporate Services	679	600	558	547
Scientific and technical clinical support staff	1,240	1,258	1,273	1,266
Hotel Services	1,606	1,597	1,486	1,470
Maintenance and Trades	224	208	201	196
Hospital support workers	2,158	2,151	2,192	2,217
Other	78	90	90	96
Total	16,411	16,885	17,116	17,501
Medical, nursing, allied health, other health professionals, oral health practitioners and scientific and clinical support staff as a proportion of all staff	71.1	72.5	73.5	74.1

Source: Health Information Exchange and Health Service local data

Notes:

1. FTE calculated as the average for the month of June, paid productive and paid unproductive hours.

2. As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities have not transferred to the Crown and as such are not reported in the Department of Health's Annual Report as employees.

3. Includes salaried (FTEs) staff employed with 'Health Services, Ambulance Service of NSW and the NSW Department of Health'. All non-salaried staff such as contracted Visiting Medical Officers (VMO) are excluded.

4. 'Medical' is inclusive of Staff Specialists and Junior Medical Officers. 'Nursing' is inclusive of Registered Nurses, Enrolled Nurses and Midwives. 'Allied Health' includes the following: audiologist, pharmacist, social worker, radiographer and podiatrist. 'Oral Health Practitioners and Therapists' includes Dental Assistants/Officers/ Therapists/Hygienists. 'Other Professionals and Para-professionals', includes health education officers, interpreters etc. 'Ambulance Clinicians' include ambulance on-road staff and ambulance support staff. 'Corporate Services' includes Hospital Executive, IT, Human Resource and Finance staff etc. 'Scientific and technical support workers' includes hospital scientists and cardiac technicians. 'Hotel Services' are inclusive of food services, cleaning and security etc. 'Maintenance and Trades' is inclusive of Trade Workers, Gardeners and Grounds Management etc. 'Hospital Support Workers' includes ward clerks, public health officers, patient enquiries and other clinical support staff etc. 'Other' is employees not grouped elsewhere.

5. FTEs associated with the following health organisations: The Institute of Medical Education and Training, HealthQuest, Clinical Excellence Commission and the Health Professional Registration Boards are reported separately.

6. Previous to 2008, FTE associated with Health Support Services was reported separately. Information has been recast to reflect this change and will show variations from previous annual report. Health Support Services includes Health Support, Health Technology and Health Infrastructure.

7. Rounding errors are included in the table.

Equal Employment Opportunity

Equal Employment Opportunity (EEO) aims to ensure the workplace is free from all forms of harassment and discrimination. Programs of affirmative action are provided for those employees who are traditionally disadvantaged in the workplace: Aboriginal and Torres Strait Islander people, women, people whose language first spoken as a child was not English, and people with a disability requiring an adjustment.

Sydney South West Area Health Service (SSWAHS) believes equity is a fundamental right of every employee. By applying equal employment opportunity principles to every aspect of work life the Area is supporting good management practice and observing the legislation governing these principles, the *Anti-Discrimination Act, 1977.*

The Area continues to promote the principles and practices of EEO in its application of conditions of employment, relationships in the workplace, the evaluation of performance and the opportunity for training and career development.

Achievement of last year's EEO planned outcomes for SSWAHS

Development of the SSWAHS Aboriginal and Torres Strait Islander Strategy is proceeding. The focus is on recruiting increasing numbers of Aboriginal and Torres Strait Islander staff and retaining them in the organisation.

Workforce development issues and areas of attention have been identified and actions put in place to address issues and establish personal development plans. An online cultural competency training package has been developed.

EEO Planned Outcomes for 2008-09

Our priority will continue to be achieving our Aboriginal and Torres Strait Islander employment target and to implement the Aboriginal Health Training Package. We will also focus on implementing the workforce actions identified in the *SSWAHS Disability Action Plan* (currently being developed).

Statistics

The statistical information for the following tables (salary levels and employment type) was obtained from a report generated by the Premier's Department from the Workforce Profile data. The salary levels are those used for the EEO statistical data 2007-08 period. These figures are adjusted annually by the Office of the Director of Equal Opportunity in Public Employment (ODEOPE) to reflect industry-wide wage increases granted to various groups of employees.

Equal Employment Opportunity

SSWAHS percentage of total staff (head count) by salary level – 2007-08

	<$35,266	$35,266 to $46,319	$46,320 to $51,783	$51,784 to $65,526	$65,527 to $84,737	$84,738 to $105,923	>$105,923 (non SES)	Total	Estimate range (95% confidence level)
Total Staff (Number)	268	5,846	1,908	5,345	3,691	1,642	910	19,610	-
EEO respondents	(221) 82%	(3,915) 67%	(1,232) 65%	(3,731) 70%	(2,453) 66%	(960) 58%	(548) 60%	(13,060) 67%	-
Men	(46) 17%	(1,516) 26%	(416) 22%	(866) 16%	(869) 24%	(695) 42%	(555) 64%	(4,994) 25%	-
Women	(222) 83%	(4,330) 74%	(1,492) 78%	(4,479) 84%	(2,822) 76%	(947) 58%	(324) 36%	(14,616) 75%	-
Aboriginal People & Torres Strait islanders	(18) 8.1%	(92) 2.3%	(13) 1.1%	(38) 1.0%	(15) 0.6%	(4) 0.4%	(1) 0.2%	(181) 1.4%	1.2% to 1.5%
People from Racial, Ethnic, Ethno-Religious Minority Groups	(54) 24%	(751) 19%	(278) 23%	(944) 25%	(563) 23%	(268) 28%	(156) 28%	(3,014) 23%	22.7% to 23.6%
People whose language first spoken as a child was not English	(80) 36%	(1,569) 40%	(473) 38%	(1,368) 37%	(713) 29%	(278) 29%	(129) 24%	(4,610) 35%	34.7% to 35.6%
People with a Disability	(3) 1%	(101) 3%	(33) 3%	(97) 3%	(77) 3%	(28) 3%	(12) 2%	(351) 3%	2.5% to 2.9%
People with a Disability requiring work-related adjustment	(1) 0.5%	(28) 0.7%	(6) 0.5%	(24) 0.6%	(17) 0.7%	(5) 0.5%	(2) 0.4%	(83) 0.6%	0.6% to 0.7%

Equal Employment Opportunity

SSWAHS percentage of staff (head count) by employment type – 2007-08

	Perm. Full-time	Perm. Part-time	Temp. Full-time	Temp. Part-time	Contract – non SES	Training Positions	Casual	Total
Total Staff	11,685	4,707	2,588	381	15	234	3,209	22,819
Respondents	(8,123) 70%	(3,147) 67%	(1,392) 54%	(188) 49%	(1) 7%	(209) 89%	(1,117) 35%	(14,177) 62%
Men	(3,239) 28%	(554) 12%	(1,054) 41%	(98) 26%	(6) 40%	(43) 18%	(917) 29%	(5,911 26%
Women	(8,446) 72%	(4,153) 88%	(1,534) 59%	(283) 74%	(9) 60%	(191) 82%	(2,292) 71%	(16,908) 74%
Aboriginal People & Torres Strait islanders	(119) 1.5%	(30) 1.0%	(12) 0.9%	(2) 1.1%	0	(18) 8.6%	(13) 1.2%	(194) 1.3%
People from Racial, Ethnic, Ethno-Religious Minority Groups	(1,876) 23%	(619) 20%	(434) 31%	(34) 18%	(1) 100%	(50) 24%	(208) 19%	(3,222) 23%
People whose language first spoken as a child was not English	(3,048) 38%	(887) 28%	(547) 39%	(52) 28%	(1) 100%	(75) 36%	(325) 29%	(4,935) 34%
People with a Disability	(229) 3%	(88) 3%	(27) 2%	(4) 2%	0	(3) 1%	(19) 2%	(370) 3%
People with a Disability requiring work-related adjustment	(57) 0.7%	(18) 0.6%	(6) 0.4%	(1) 0.5	0	(1) 0.5%	(5) 0.4%	(88) 0.6%

Equal Employment Opportunity

Trends in the Representation of EEO Groups

	% of total staff				
EEO Group	**Benchmark or Target**	**2005**	**2006**	**2007**	**2008**
Women	50%	74%	74%	75%	75%
Aboriginal people and Torres Strait Islanders	2%	1.6%	1.4%	1.3%	1.4%
People whose first language was not English	20%	33%	34%	35%	35%
People with a disability	12%	3%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	0.7%	0.7%	0.7%	0.6%

Trends in the Distribution of EEO Groups

	% of total staff				
EEO Group	**Benchmark or Target**	**2005**	**2006**	**2007**	**2008**
Women	100	90	90	89	89
Aboriginal people and Torres Strait Islanders	100	75	75	75	74
People whose first language was not English	100	92	92	92	92
People with a disability	100	100	102	101	102
People with a disability requiring work-related adjustment	100	95	97	99	97

Notes:
1. Staff numbers are as at 30 June
2. Excludes casual staff
3. A Distribution Index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than in is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels. The Distribution Index is automatically calculated by the software provided by ODEOPE.
4. The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.

Equal Employment Opportunity

Disability Plan

Under the NSW *Disability Services Act 1993*, NSW government agencies are required to develop and implement a Disability Action Plan. Key priorities are:

- to make services more accessible and appropriate for people with disabilities
- actively involve people with disabilities in shaping services
- to recognise the contribution to the community of people with disabilities
- to employ more people with disabilities.

The development of the Sydney South West Area Health Service (SSWAHS) Disability Action Plan is a key initiative identified in the SSWAHS Strategic Plan *A New Direction for Sydney South West, Towards 2010.* In 2007-08 SSWAHS further progressed development of its *Disability Action Plan 2008-2011*. Over the period 2007-08, SSWAHS continued to address many of the key priorities identified to improve both the environment and service delivery for people with a disability.

Achievements include:

- Circulation of the draft SSWAHS *Disability Action Plan 2008-2011* to over 250 government and non-government agencies in June 2008. The final plan is due for release in late 2008.
- Completion of the SSWAHS *Carers Action Plan 2007-2012* and the SSWAHS *Aged Care and Rehabilitation Clinical Services Plan 2007-2012*. These plans have a strong focus on supporting people with disabilities.
- Improving access to services and enhancing the environment for treating people with mental health illnesses with the opening of the new Concord Centre for Mental Health and Campbelltown Hospital Psychiatric Emergency Care Centre. Planning has also commenced for renovations to the Bankstown Hospital Mental Health Inpatient Unit and Macarthur Community Mental Health Service.
- Upgraded physical access, with new ramps and railings, lifts, signage, and automatic doors installed in many SSWAHS facilities. Additional designated disabled parking places have been provided at Concord, Fairfield, Campbelltown and Liverpool Hospitals and Karitane. The new Drug Health Services inpatient and outpatient facility at Concord Hospital is wheel chair accessible, improving access for people with mobility problems.
- Commenced planning for a new aged care Day Hospital at Bankstown Hospital
- Improved health care through initiatives such as:
  - the introduction of an Admission and Discharge Assessment Tool
  - development of multidisciplinary care plans for Spastic Centre clients undergoing joint replacement at Fairfield Hospital
  - multidisciplinary screening and treatment services for children with higher needs
  - the establishment of a service for people with intellectual disabilities and cognitive disorders at Concord Hospital
  - the continued expansion of the Brain Injury Service, which is a statewide program
  - The employment of two psychiatrists to work with a clinical nurse consultant in providing expert assessment for people with co-morbid mental health and intellectual disabilities will also significantly improve ongoing care and management.
- Improved partnerships with other services including new service agreements with:
  - non-government disability support services for people with mental health problems
  - contributions to research in ageing and intellectual disability
  - participation in a multiagency review of Department of Ageing Disability and Homecare (DADHC) palliative care guidelines.
- Continued promotion of positive community attitudes through:
  - participation of staff in awareness raising events
  - inclusion of people with disabilities, consumers and carers in the development, implementation and evaluation of new plans and initiatives
- Trialled a partnership with Jobsupport Inc to increase employment for people with disabilities. The trial focuses on employing people with an intellectual disability. If the trial is successful it will be implemented in all SSWAHS facilities. In addition, Vocational, Education, Training and Employment specialists have been employed to improve employment of people with mental health illnesses.

For further information about achievements with people with mental health conditions see Rozelle Hospital and Mental Health Services reports pages 86 and 90.

Occupational Health and Safety

Sydney South West Area Health Service (SSWAHS) has a commitment to managing occupational health and safety (OHS) programs that identify, assess and prevent work related injuries and illnesses. Specific risk management strategies have been implemented to identify and control work related hazards. Manual handling remains a high priority.

OHS committees at each facility encourage consultation and participation in OHS activities. OHS training is provided to assist OHS committee members and managers in meeting their OHS responsibilities. OHS training for all employees includes manual handling, minimisation of aggression, infection control, fire safety and other specific training as required to work safely. OHS induction is provided for contractors before commencing work at SSWAHS sites. An increasing range of OHS training has been made available online.

SSWAHS continues to review and improve OHS policies and programs.

Workers compensation performance

SSWAHS continues to support effective injury management programs and workplace-based rehabilitation. Injured employees are offered specific programs, including suitable duties, to assist in their early return to work. There is ongoing review of claims and discussions with legal advisors and the fund manager to monitor costs and ensure any issues are quickly and economically resolved.

Workers compensation claims are recorded in the financial year in which they occurred. Performance is measured by comparing claim rates and costs with NSW Health data for the same period.

SSWAHS	2003-04	2004-05	2005-06	2006-07	2007-08
SSWAHS Claims	1,454	1,398	1,372	1,260	1,182
SSWAHS Claim rate/100 equivalent full-time employees	9.1	8.4	8.2	7.2	6.6
NSW Health claim rate/100 equivalent full-time employees	8.6	8.1	8.1	7.1	6.7
SSWAHS Claim cost/equivalent full-time employees ($)	$1,028	$760	$660	$669	$380
NSW Health claim cost/ equivalent full-time employees ($)	$928	$821	$752	$582	$436

* Data from NSW Treasury Managed Fund as at 30 June 2008

Claim rates for SSWAHS are greater than the NSW Health average for the fund years 2003-2004 to 2006-2007 but showing relative improvement. The claim rate in 2007-2008 is better than NSW Health average. The data for the 2007/08 year is not yet complete as recent claims may not yet be recorded.

Claim costs for SSWAHS are better than NSW Health average for the years 2004-05, 2005-06 and 2007-08. Claim costs increase as claims develop over time so that claims made in 2003-2004 have accrued more cost than claims made in more recent years. This must be taken into account when comparing claim costs over time.

There is variation in performance between SSWAHS facilities.

Occupational Health and Safety

	Claim Rate/100 equivalent full-time employees				Claim Cost/ equivalent full-time employees			
	2004-05	2005-06	2006-07	2007-08	2004-05	2005-06	2006-07	2007-08
Area Mental Health	10.2	9.2	8.7	7.7	1,208	543	1,553	363
Area Services	5.0	4.9	3.2	3.1	407	392	344	237
Balmain Hospital	10.6	7.8	8.7	6.3	230	1,508	677	408
Bankstown Hospital	14.6	13.0	8.9	8.0	1,415	647	463	314
Bowral Hospital	11.8	12.2	6.1	11.3	1,343	568	580	401
Camden Hospital	10.8	7.8	7.3	6.9	733	548	1,015	1,515
Campbelltown Hospital	12.4	13.0	12.4	8.6	2,224	1,169	1,616	488
Canterbury Hospital	7.1	7.0	6.2	5.7	413	291	168	243
Community Health	7.7	4.7	7.5	9.6	601	486	915	747
Concord Hospital	8.7	7.6	6.2	6.2	680	771	394	215
Fairfield Hospital	8.7	15.9	8.7	6.5	900	1,636	854	748
Forensic Medicine	9.2	2.2	11.0	8.7	276	0	439	370
Liverpool Hospital	8.5	8.7	6.6	5.2	454	927	487	380
Population Health	3.1	4.6	3.1	4.2	222	196	103	120
Queen Victoria Memorial Home	8.6	10.8	8.1	6.8	1,691	215	17,067	159
Royal Prince Alfred Hospital	6.9	6.8	7.1	6.1	567	507	365	363
Sydney Dental Hospital	6.3	6.3	10.3	10.5	980	160	284	486
SSWAHS	8.4	8.2	7.2	6.6	760	660	669	380
NSW Health	8.1	8.1	7.1	6.7	821	752	582	436

* Data from NSW Treasury Managed Fund as at 30 June 2008

The high claim cost at Queen Victoria Memorial Hospital in 2006-07 is due to one very large claim.

Manual handling claims

Manual handling injuries remain the most frequent type of claim within the health industry. Specific strategies to reduce these injuries include risk assessments, development of safe work practices in consultation with staff, provision of lifting equipment, manual handling training and consideration of manual handling requirements as part of the design and procurement process.

The manual handling claim rate has been consistently lower than the NSW Health average over the five years, 2002-03 to 2006-07. The average claim costs over the same period have been lower than the NSW Health average in 2004-05 and 2006-07 to 2007-08.

SSWAHS MANUAL HANDLING	2003-04	2004-05	2005-06	2006-07	2007-08
SSWAHS Claim rate/100 equivalent full-time employees	3.57	2.99	3.20	2.71	2.15
NSW Health claim rate/100 equivalent full-time employees	3.58	3.42	3.47	3.07	2.80
SSWAHS claim cost/equivalent full-time employees ($)	$562	$330	$352	$347	$145
NSW Health claim cost/ equivalent full-time employees ($)	$534	$434	$436	$298	$195
SSWAHS average manual handling claim cost ($)	$15,734	$11,041	$11,005	$12,795	$6,734
NSW Health average manual handling claim cost ($)	$14,911	$12,676	$12,579	$9,679	$6,987

* Data from NSW Treasury Managed Fund as at 30 June 2008

The high claim cost in 2006-2007 is due to one large claim at Queen Victoria Memorial Hospital.

SSWAHS was not prosecuted for any breach of Occupational Health and Safety legislation during 2007-2008.

Teaching and Training Initiatives

Sydney South West Area Health Service (SSWAHS) has succeeded in implementing a planned and responsive approach to the development of our workforce. The vast proportion of education and training initiatives have been conducted through the Centre for Education and Workforce Development (CEWD). CEWD is one of the leading providers in Australia for the education and training of the health workforce. In 2007-08, CEWD provided in excess of 200 different in-house courses and programs, both clinical and non-clinical totalling more than 83,300 separate occasions of service. CEWD is the major delivery site of the NSW Health Registered Training Organisation (RTO) and has delivered more than 70 per cent of all Nationally Recognised Training conducted through the RTO.

The key focus over the past year has been on improving the quality and consistency of education and training across all SSWAHS facilities with particular emphasis on the needs of junior clinical staff.

Other significant initiatives include:

- Development of a comprehensive training program in collaboration with the Clinical Redesign Unit to support clinicians involved in the Area's clinical redesign projects.
- Implementation of a full range of initiatives from the SSWAHS Leadership and Management Development Framework. This included delivery, in collaboration with the University of Tasmania, of two new postgraduate courses for our staff – the Masters of Business Management and the multi-disciplinary Master of Clinical Supervision and Clinical Leadership.
- Facilitation of access to education and training for our staff through the expansion of online learning. There are currently nine clinical and 10 non-clinical courses (including mandatory training) available online. An additional 10 courses are in various stages of development.
- The awarding of nationally recognised qualifications at Certificate III and IV level to 100 staff who completed traineeships in clinical support services.
- Implementation of a traineeship program targeting Aboriginal and Torres Strait Islander people. The current intake is for 16 new trainees who have been enrolled in a range of qualifications including Business Administration, Sterilising, Pharmacy and Dental Assisting.

Allied Health

- Implementation of a leadership development program for allied health clinicians.
- Continuation of the Allied Health Scholarships Program.

Nursing and Midwifery

SSWAHS has provided a vast range of educational and professional development opportunities to its nurses and midwives through CEWD. Key achievements in 2007-08 included:

- Development and implementation of a standardised new graduate program based on contemporary best practice. The program will support the transition to clinical practice of 367 new graduate nurses.
- Evaluation of the VET (Nursing in Schools) Program conducted at Bankstown. Over the past five years 80 per cent of former participants have chosen nursing as their career. In 2007-08, this highly successful program has provided training to 58 year 11 students and 29 year 12 students. It is now being conducted at a number of other SSWAHS hospitals including Campbelltown, Bowral, Fairfield and Canterbury.
- Delivery of a Graduate Certificate in Specialty Nursing to 25 mental health nurses
- Delivery of a Transition into Mental Health Program for 80 new entrants into the mental health nursing workforce
- Expansion of group clinical supervision arrangements to support clinical practice development of nurses and midwives. SSWAHS now has a pool of 76 trained supervisors conducting clinical supervision groups across the Area.

Medical Education

- A series of workshops on communication and language skills have been conducted for overseas trained doctors employed in SSWAHS. The workshops aim to enhance communication skills and increase awareness of cultural factors impacting on clinical practice.
- Vocational medical training has continued to move towards a network model offering a broad range of clinical training experiences at SSWAHS hospitals.

Research

Following is a brief list of some of the research being undertaken at SSWAHS.
A more detailed listing can be found at www.sswhealth.nsw.gov.au

Project	Facility/ Researchers	Funding	Description
Improving adherence with hip protectors	**Bankstown Hospital** Aged Care Unit *Cameron ID, Kurrle SE, Quine S, Sambrook P, March L, Chan D*	NHMRC $141,125	Cohort study to improve the adherence of hip protectors in elderly people.
The effectiveness of EMG triggered electrical stimulation in increasing strength and activity in acute stroke patients	**Bankstown Hospital** Physiotherapy Unit *Dorsch S, Ada L, Canning C*	Physiotherapy Research Foundation $4,967	Acute stroke patients will be allocated to receive EMG triggered electrical stimulation to arm muscles in addition to usual therapy. Muscle strength and activity will be measured before and after the intervention. This intervention has the potential to increase the likelihood of returning to independence after a severe stroke.
Case control study of suicide and attempted suicide in young adults	**DOFM** *Taylor R, Dudley M, Carter G, Duflou J, Morrell S*	National Health and Medical Research Council, Dept of Health and Aged Care $1,021,933	Case control study of suicide and attempted suicide in young adults. Collaborative research involving School of Public Health University of Sydney, University of Newcastle, University of NSW and Department of Forensic Medicine.
Opioid levels in stomach contents	**DOFM** *Duflou J, Darke S, Easson J*	Nil – internally funded	Opioid levels in stomach contents. Collaborative research involving the National Drug and Alcohol Research Centre, the Division of Analytical Laboratories, Lidcombe and the Department of Forensic Medicine, Glebe.
Investigating the viral hypothesis for the aetiology of prostate cancer	**DOFM** *Lawson J, Russell P, Orde M, Whittaker N.*	US$ 300,000 over 4 years – in-house and Komen Foundation (USA)	Investigating the viral hypothesis for the aetiology of prostate cancer. Collaborative research involving the Department of Forensic Medicine, Glebe and the Universities of Sydney and NSW.
Clinically silent risk factors predisposing sudden cardiac death in the young	**DOFM** *Sullivan D, Puranik R, Duflou J*	Nil – internally funded	Clinically silent risk factors predisposing sudden cardiac death in the young.
Cancer Trials NSW Support Grant	**Campbelltown Hospital** Macarthur Cancer Therapy Centre *Della-Fiorentina S*	NSW Cancer Council $35,200	To provide salary for research staff to facilitate recruitment to NSW Cancer Council approved clinical trials.
The use of novel protein biomarkers in predicting clinical outcomes in patients with colorectal cancer	**Concord Hospital** *Clarke S et al*	Cancer Institute NSW Translational Research Grant $3,745,000	This project is using proteomic analysis to provide information about prognosis and the biological effects of cancer drugs in colorectal cancer.
Concord Hormones and Ageing in Men Project (CHAMP)	**Concord Hospital** *Cumming R et al*	NHMRC $1,7000,000	CHAMP is the largest international study of ageing in men. It includes epidemiological and biological studies of cognitive impairment, falls osteoporosis, genitourinary problems, hormonal changes and polypharmacy.
Novel catalytic oligonucleotides for the treatment of acute myocardial infarction	**Concord Hospital** *Lowe H et al*	National Heart Foundation $123,000	The aim of this project is to use novel catalytic DNA molecules to switch off specific genes that are normally switched on during cardiovascular injury (such as restenosis).

Project	Facility/ Researchers	Funding	Description
How differing androgen effects in tissues are shaped by local pre-receptor activating mechanisms	**Concord Hospital** ANZAC Research Institute Concord Hospital *Handelsman D et al*	NHMRC $444,875	This study is examining how the body modifies the molecule testosterone to amplify and diversify its hormonal signal and how such mechanisms influence long-term hormone dependent diseases in older men.
Ultrastructural changes in the failing human detrusor – correlation with clinical parameters	**Concord Hospital** *Blatt A et al*	Royal Australasian College of Surgeons Foundation $37,500	This study aims to quantify the structural changes in the bladder of patients with prostatic obstruction to predict those who would benefit from surgery.
Demonstration project to develop and evaluate a primary care smoking cessation service	**Fairfield Hospital** General Practice Unit *Zwar N, Richmond R*	Commonwealth Depart of Health and Aged Care $145,695	This project evaluates the role of general practice nurses in providing smoking cessation support.
Barriers and facilitators to influenza vaccination among high-risk groups aged less than 65 years	**Fairfield Hospital** General Practice Unit *Zwar N, Hassan I, Harris M, Traynor V*	National Institute of Clinical Studies $45,033	In Australia, 42 per cent of adults aged less than 65 years with high-risk factors are currently vaccinated against influenza compared to 79 per cent of adults aged 65 and over. This study explores influenza vaccination among people aged less than 65 years of age with high-risk factors.
Research Capacity Building Grant. Primary Health Care Research, Evaluation and Development Strategy (PHCRED) Phase two	**Fairfield Hospital** General Practice Unit *Harris MF, Zwar N*	Commonwealth Department of Health and Aged Care $623,307	This grant enables UNSW to build research capacity in primary care through providing basic research training, mentoring and researchers and developing structures to facilitate participation of primary care practitioners in academically led research.
A randomised phase III study of radiation doses and fractionation schedules in non-low risk DCIS of the breast	**Liverpool Hospital** Cancer Therapy Centre *Delaney GP*	NHMRC $1.65 million over 5 years	Ductal carcinoma in situ (DCIS) of the breast is a pre-malignant condition usually treated with a combination of surgery and radiotherapy. This randomised trial attempts to identify the optimal dose and number of radiotherapy treatments required. Tests are also being carried out on patient tissue to learn about what factors predict whether this lesion will turn into cancer or not.
Efficacy and Mechanisms of Exercise Training and Diastolic Heart Failure	**Liverpool Hospital** Cardiology Unit *Marwick T, Leung D, Prior D, Kaye D, Hare D*	NHMRC $163,000	Efficacy and Mechanisms of Exercise Training and Diastolic Heart Failure.
Optimising skill-mix in the primary health care workforce for the care of older Australians	**Liverpool Hospital and UWS** Centre for Applied Nursing Research (CANR) *Zwar N, Dennis S, Griffiths R, Perkins D*	Australian Primary Health Care Research Institute $194,503	This study looks at optimising skill-mix in the primary health care workforce for the care of older Australians.
Chemotherapy in Cancer Care: estimating the optimum utilisation from a review of evidence based clinical guidelines.	**Liverpool Hospital** Collaboration for Cancer Outcomes, Research & Evaluation (CCORE) *Barton MB, Jacob S, Ng W*	Cancer Institute $112,500	This project aims to develop a model, based on the best available evidence, which can be used to estimate the proportion of new cases of cancer that should receive chemotherapy at some time during the course of their illness.

Project	Facility/ Researchers	Funding	Description
A randomised trial of early childhood sustained home visiting in a disadvantaged community (MECSH Project)	**Liverpool Hospital** Centre for Health Equity Training Research & Evaluation (CHETRE) *Harris E, McMahon C, Matthey S, Vimpani G, Anderson TM, Schmied VA*	ARC Linkage Grant $416,490	Home visiting programs comprising intensive and sustained professional home visits over the first two years of life (SPHV) show promise as interventions to promote child health and family functioning. This is the first Australian randomised trial to determine the impact of a comprehensive SPHV program commencing antenatally in a population group living in an area of known disadvantage.
HIA Capacity Building	**Liverpool Hospital** CHETRE *Harris E, Simpson S, Harris-Roxas B*	NSW Health $350,705	This project aims to build capacity across the NSW health system to undertake Health Impact Assessments (HIA). It includes training staff to undertake HIAs; developing and supporting a web-site; working with other government departments and local government to identify how HIAs can be incorporated in their planning processes and organising workshops and training opportunities in urban health and development.
Health status and development among Aboriginal infants in an urban environment (Gudaga Project)	**Liverpool Hospital** CHETRE *Comino E, Craig P, Harris E, Harris M, Henry R, Jackson Pulver L, McDermott D*	NHMRC $22,000	Very little information is available on the health and development of Aboriginal infants in disadvantaged urban communities. This study addresses the current gap by monitoring the health and development, and health service usage of over 150 Aboriginal babies born at Campbelltown Hospital. Funding is being sought to continue monitoring these mothers and their children up to 5 years of age.
Quantifying the effects of criteria air pollutants on child health - setting Australian air quality standards	**Liverpool Hospital** Centre for Research Evidence Management & Surveillance (REMS) *Williams GM, Simpson RW, Marks GB, Jalaludin BB*	National Environment Protection Council (NEPC) $165,500	This is a national study of the effects of outdoor air pollution on children's lung health. Children will be recruited through schools and will complete a questionnaire and have lung function measurements and skin prick testing for allergies. A smaller group of children will also keep asthma diaries for four weeks.
Randomised trial of a GP-initiated tobacco control intervention with Arabic-speaking smokers	**Liverpool Hospital** REMS *Girgis S, Ward J, Zwar N*	NHMRC $31,625	The study was designed to evaluate the effectiveness of a culturally specific and intensive smoking cessation intervention for Arabic-speaking smokers and to assess its acceptability by GPs and patients.
Pathways Home Research Project	**Liverpool Hospital** Department of Aged Care *Conforti D, Basic D, Chan D, Lubiana A, Masso J*	Department of Health and Ageing $150,000	This grant aims to set up a number of projects to improve outcomes for older patients and clients from the community. Specific studies funded through this grant will include improving discharge summaries, developing models of advance care planning and outcome studies of inpatient care.
Assessing early socio-emotional distress in infants	**Liverpool Hospital** Infant, Child & Adolescent Mental Health Services *Crncec, R, Matthey, S, & Guedeney, A*	University of Western Sydney Research Grant $16,000	The emotional health of infants has been recognised by as being of central importance when considering the parents' mental health. The usual methods of assessment include parent report or attachment/separation studies. This study explores a more clinically applicable behavioural observation tool. In particular, test-retest reliability and generalisation of behaviour is being determined for this assessment measure.

Project	Facility/ Researchers	Funding	Description
Role of IL17 in the pathogenesis of uveitis	**Liverpool Hospital** Ophthalmology Unit *McCluskey P, Wakefield D*	Ophthalmic Research Institute of Australia $64,170	Examining local hormones involved in directing the inflammation response within the eye.
NSW Pancreatic Cancer Network (NSWPCN)	**Liverpool Hospital and South Western Sydney Clinical School - University of NSW** Pancreatic Research Group *Biankin A, Kench J, Goldstein D, Smith R, Apte M, Smith G*	NSW Pancreatic Cancer Council $250,000	This is a strategic research partnership grant to establish a network of researchers in pancreatic cancer in the State and to set up a tumour bank and centralised database.
Post-traumatic Mental Health: Enhancing Resilience and Recovery	**Liverpool Hospital** Psychiatry Research & Teaching Unit *Bryant R, McFarlane A, Silove D*	National Health & Medical Research Council (NHMRC) Program Grant $948,000	This project aims to research the identification of risk factors for post-traumatic mental disorders, study the neurophysiological factors mediating these disorders and evaluate treatment strategies to reduce psychological morbidity after trauma. This project will develop a critical mass of Australia's leading trauma researchers that will ensure that Australia retains its leading edge in post-traumatic research.
Environmental influences on allergic airways disease from birth to 8yrs: long-term outcomes of a randomised trial (CAPS)	**Liverpool Hospital** Respiratory Medicine *Marks GB, Kemp AJ, Tovey ER, Britton WJ, Jones G, Leeder SR*	National Health & Medical Research Council (NHMRC) $181,500	This is the continuation of a clinical trial designed to test the effectiveness of interventions to prevent the onset of asthma in children at high risk due to a positive family history.
Australian Sleep Health Clinical Trials Network (Enabling Grant Clinical Trial Resources)	**Liverpool Hospital** Respiratory Medicine *Grunstein R, McEvoy D, Palmer L, Marks G, Pierce R, Rogers N*	National Health & Medical Research Council $604,000	This is an enabling grant designed to support the implementation of large-scale, collaborative clinical trials in sleep medicine.
Novel human tryptases: their potential role in inflammatory diseases of the young and old	**Liverpool Hospital** Rheumatology Unit *Hunt JE, Cairns J, McNeil HP*	ARC Linkage Project Grant $100,000	The project aims to characterise the structure and function of novel tryptase molecules which may be of importance to diseases such as asthma and chronic inflammatory diseases.
A comparative structural and functional cerebral MRI study of first episode schizophrenia and long-term cannabis use	**Liverpool Hospital** Schizophrenia Research Unit *Ward PB, Carr V, Schall U, Baker A, Johnston P*	National Health & Medical Research Council (NHMRC) $115,875	A comparative study of first episode schizophrenia and long-term cannabis use. Chronic use of cannabis can impair frontal brain functioning, affecting the capacities for attention, working memory and concentration. These neuro-cognitive deficits bear striking similarities to those associated with the negative symptom cluster of schizophrenia, related to frontal brain dysfunction.

Project	Facility/ Researchers	Funding	Description
Novel Treatments for Alcohol Dependence: A randomised trial of structured stepped-care intervention for psychiatric co-morbidity	**SSWAHS Drug Health Services** *Haber P, Teesson M, Baillie A, Hickie I, Sannibale C, Theodorou S, Weltman M, Phung N, Thiagarajan S, Morley K*	Alcohol, Education and Rehabilitation Foundation (AERF) $154,849	Co-morbid depression and anxiety are a critical issue in the management of alcohol dependence. This study seeks to generate and evaluate a novel, integrated treatment for co-morbid anxiety or depressive disorder.
Pilot study of screening and brief intervention in sexual health clinics for risky drinking	**SSWAHS Drug Health Services** *Proude E, Haber P, Conigrave K*	NSW Health Centre for Drug & Alcohol $40,000	Computer screening for excessive alcohol consumption and brief intervention by a nurse in a sexual health clinic will be trialled as an acceptable method of reducing risky levels of alcohol consumption by non-dependent drinkers.
Upper Gastrointestinal Oncology Surgical Fellowship	**SSWAHS Gastroenterology and Liver Services Stream** *Merrett N*	Cancer Institute NSW $130,000	Cancer Fellowship to establish web based network for the assessment and collation of data and tissue for pancreatic cancer in NSW, in cooperation with the Garvan Institute and the pancreatic cancer network.
Electrodiagnosis of vestibular diseases	**RPA Hospital** *Aw S*	NHMRC $411,000	This project aims to develop a portable electro-diagnostic test to classify balance disorders by compiling a statistically validated database of eye movement patterns associated with specific balance disorders.
Improving the quality of life for people with incurable bowel obstruction	**RPA Hospital** *Young C, Salkeld , Young J, Solomon M, Faragher I, Frizelle F*	NHMRC/Cancer Australia $163,600	This project aims to determine whether stent insertion confers improved quality of life in the first twelve months following the procedure compared with surgical intervention for the treatment of patients with non-curable large bowel obstruction.
Extracellular Matrix Metalloproteinase Inducer	**RPA Hospital** *McLennan S, Twigg S*	Diabetes Australia Research Trust $50,000	This project aims to investigate the role of extracellular matrix metalloproteinase inducer (EMMPRIN) in poor wound healing in diabetes.
Review and update guidelines for the treatment of alcohol problems and supplementary booklets	**RPA Hospital** *Haber P, Lintzeris N, Proude E*	Department of Health and Ageing, Commonwealth of Australia $216,978	The project aims to review and update the guidelines for treatment of alcohol problems and the three supplementary booklets for alcohol and drug professionals, general practitioners and hospital staff.
A community based brief intervention: increasing access to the full range of treatment services for alcohol problems for Aboriginal and Torres Strait Islander Australians	**RPA Hospital** *Conigrave, Becker K, Kelaher B, Simpson L, Long G, Wade V, Kiel K*	National Drug Research Institute, Curtin University of Technology $119,559	The project aims to trial a program of brief intervention for alcohol problems for urban Aboriginal and Torres Strait Islanders in the community setting, and assess whether it can change drinking and/or help engage problem drinkers with treatment services. It will also collect data on community preferences for alcohol treatment services and on barriers to service access and suggestions for improvements.
Gene and environment interactions in motor neuron disease	**RPA Hospital** *Trent R*	Rebecca L Cooper Medical Research Foundation $15,000	This project aims to understand the genetic basis for sporadic motor neuron disease so that better detection methods and more effective therapies can be developed.
Pharmacokinetic and pharmacodynamic properties of intranasal, sublingual and intravenous buprenorphine maintained patients	**RPA Hospital** *Lintzeris N*	Reckitt Benckiser $158,000	This project aims to examine the feasibility of intranasal buprenorphine administration for buprenorphine maintained individuals.
Extension of the Drink-Less Package as a brief medical intervention	**RPA Hospital** *Conigrave K*	Roads and Traffic Authority $29,862	This project will develop the Drink-Less Package as a brief medical intervention and train medical practitioners in its use.

Project	Facility/ Researchers	Funding	Description
Transition from paediatric to adult in Type 1 diabetes Mellitus	**RPA Hospital** *Steinbeck K*	Diabetes Australia Research Trust $48,600	This is a randomised controlled trial to evaluate the transition of adolescents with Type 1 diabetes mellitus from a paediatric to adult clinic.
Nutrition and rehabilitation in advanced cancer patients	**RPA Hospital** *Clarke S, Glare P*	NHMRC $225,991	This project aims to evaluate a multidisciplinary cancer nutrition rehabilitation program model of caring for patients with cachexia.
Case –control study of stillbirth ≥ 32 weeks gestation	**RPA Hospital** *Jeffery H, Gordon A, Morris J*	Stillbirth Foundation $75,000	This project aims to investigate stillbirth, especially the death of apparently well babies.
Early intervention to prevent childhood obesity among a disadvantaged population:	**RPA Hospital** *Wen LM*	NHMRC $263,147	A home-based randomised controlled trial that aims to compare the effect of an intensive, home-based early intervention for the first-time mothers of newborn babies.
Inhaled mannitol for the treatment of mucocilliary dysfunction	**RPA Hospital** *Daviskas E*	NHMRC $102,800	This project aims to study the properties of mucus in relation to its clearance in humans and to identify new treatments.
Mannitol in the assessment of bronchial responsiveness in airway disease	**RPA Hospital** *Anderson S, Seale P*	NHMRC $76,000	This project aims to identify people with airway diseases who could benefit from treatment with inhaled steroids.
Scholarship: 3D construction of the human labyrinth and skull from CT and MR imaging	**RPA Hospital** *Bradshaw A*	NHMRC $10,962	This study will examine the normal human balance mechanism in the inner ear.
Practitioner Fellowship	**RPA Hospital** *Roberts C*	NHMRC $74,500	This project aims to get evidence into practice in two important perinatal issues - breech presentation and the management of pain in labour and childbirth.
Caring for patients with a dual diagnosis: the development of informed frameworks and interventions	**Rozelle Hospital** Research Unit *Cleary M, Hunt G, Walter G*	Pfizer Australia $39,939	This project developed a resource framework for promoting awareness of dual diagnosis and also involved a national scoping survey and systematic review of emerging trends for treating people with co-occurring severe mental illness and substance use disorder.
Tresillian Home Visiting Project	**Tresillian** *Fowler C, Kowalenko N, Rossiter C*	Commonwealth Depart of Family and Community Services $28,759	The project aims to improve parent-child relationships, to optimise children's cognitive and emotional development and to enhance family functioning within targeted high-risk groups through the use of extended home visiting. A comparison group received infant growth and development information and two visits from a researcher.
Mothering at a Distance	**Tresillian** *Cathrine F, Kowalenko N, Rossiter C*	Greater Western Sydney: National Community Crime Prevention Programme $160,000	The program aims to assist mothers in prison by enhancing their ability to provide appropriate and sensitive parenting thereby reducing the emotional and social impact of separation due to incarceration.
MyTime	**Tresillian** *DeGuio A, DeBelin A*	Parent Research Centre (Vic) $41,280	To provide local support groups for parents and carers of young children with a disability or chronic medical condition.
MSN Messenger Mums-Suicide Prevention Project	**Tresillian** *DeGuio A, Quealy P, Maddox J, Fowler C, Kowalenko N*	Commonwealth Government $14,544	The project will develop and implement a suicide prevention education program, examine and improve existing mental health pathways of care and identify gaps in service delivery.

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
SPONSORSHIP			
WU, Lily HEO Consumer Advocate	Toronto and Ottawa, Canada	Mental Health Leadership - Mentoring for the Future Programme	Sponsor - Mental Health Council of Australia
REDMOND, Diane Study Coordinator, Gastroenterology, Bankstown Hospital	Auckland, New Zealand	Cenocor CNTO148 Investigators Meeting	Sponsor Centocor
MARTIN, Darren Radiation Therapist, Radiation Oncology, RPAH	Las Vegas, USA	Varian IMTR Training Course	Sponsor: Varian Systems
LIN, Robert Radiation Therapist, Radiation Oncology, RPAH	Las Vegas, USA	Varian IMTR Training Course	Sponsor: Varian Systems
BEST, Stephanie Scientific Officer, Radiation Oncology, RPAH	Las Vegas, USA	Varian OBI Physicist Training Course	Sponsor: Varian Systems
TREZISE, Fleur CNC, Surgery/Wound Care, Bankstown Hospital	Singapore	4th Meeting of the Wound Care Society	Wound Healing Society
TREZISE, Fleur CNC, TNP Surgery/Wound Care, Bankstown Hospital	Various, UK	Investigation Study Tour - Ellie Lindsay Leg Club Model (Alternative ulcer management model)	Sponsor - Bankstown Sports Club Nurses Scholarship
FRANCIS, Kate Radiation Therapist, Radiation Oncology, RPAH	Las Vegas, USA	Varian ARIA Support Course	Varian Systems
LAMBERT, Jail Hospital Scientist, Radiation Oncology, RPAH	Limassol, Cyprus	ESTRO Physics for Clinical Radiotherapy Teaching Course	NSW Radiation Oncology Medical Physicists Postgraduate Scholarship
GRIEK, Sylvia Trial Coordinator, Haematology, RPAH	San Francisco, USA	V212 Protocol 002 Vaccine Investigators Meeting	Merck Sharp Dohme
LI, Frank Physiotherapist, CRGH	Hanoi, Vietnam	Teaching Programme for National Burns Institute	Burns Unit CRGH SP&T CC 85257, Also sponsored by Burns Institute Hanoi
SCHWEIZER, Nadia CNC/Case Manager, Neuroscience, RPAH	Los Angeles, USA	Gadovist CNS Investigator Meeting	Sponsor - Bayer Pharmaceuticals
BEILSKI, Virginia CNS, Transplant Ambulatory Care, RPAH	Paris, France	CAEB071A2206 Investigators Meeting	Novartis
PUSTERLA, Megan RN, Transplant Ambulatory Care, RPAH	Atlanta, USA	JAK 3 Investigator Meeting	Pfizer
RAYMENT, Glenda CNC, Cardiovascular Liverpool Hospital	San Diego, USA	13th Steering Committee Meeting of the Frequent Haemodialysis Network	Wake Forrest University School of Medicine
SETH, Devanshi Senior Hospital Scientist, RPAH	Kobe, Japan	2nd International Sympoium on Alcoholic Liver and Pancreatic Diseases and Cirrhosis	NIAAA

Official Overseas Travel

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SO, Katrina CNC, Continence Management, CRGH	Hong Kong, China	ANZUNS Annual Scientific Meeting	ANZUNS
VOYSEY, Renee Senior Radiation Therapist, Liverpool Hospital	Toronto, Canada	Radiation Medicine Programme, Princess Margaret Hospital	Cancer Institute NSW
PARKER, Christine NUM, Burns Unit, CRGH	Papua New Guinea	Instruct on 3 Emergency Management of Severe Burns Courses, Port Moresby	Interplast
JONES, Lynn CNC, TPN Service, RPAH	Beijing, China	Fresenius Kabi Advanced Nutrition Course, and visit a Beijing hospital	Fresenius Kabi
LAMB, Sharon Dietitian, Nutrition and Dietetics, RPAH	Beijing, China	Fresenius Kabi Advanced Nutrition Course, and visit a Beijing hospital	Fresenius Kabi
BAKER, Claire CNC, Transplant Services, RPAH	Auckland, New Zealand	10th ANS Liver Transplant Meeting	Janssen-Cilag
MCNAMARA, Emma Dietitian, CRGH	Maastricht, Netherlands	ESPEN Advanced Course in Clinical Nutrition	Abbott
TUTT, Sandra CNC, CRGH	Hong Kong, China	Alice Ho Miu Ling Nethersole Hospital	Alice Ho Miu Ling Nethersole Hospital
WRIGHT, Jian CNC, Diabetes Centre, Fairfield Hospital	San Francisco, USA	American Diabetes Association 68th Scientific Sessions	Eli Lilly
VIDOT, Marie Dietitian, RPAH	Maastricht, Netherlands. Bologna, Italy. Torino, Italy	1. ESPEN Advanced Course in Clinical Nutrition 2. Visit Prof Marchesini 3. Observe practices at NAFLD Ambulatory Care Facility	Nutricia
BAKER, Susanne CNC, Neurology, Liverpool Hospital	Copenhagen, Denmark	11th International Nurses Workshop on Multiple Sclerosis	Bayer
SMITH, Angela NYM, Postnatal Services, RPAH	Red Rock, USA	International Lactation Consultant Association Board Meeting	International Lactation Association
KING, Beth Speech Pathologist, Liverpool Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology Australia
RAJBHANDARI, Dorrilyn Intensive Care RPAH	Paris, France	Research Study TAK242-301 Investigator Meeting	Takeda Global Research
GEORGE, Armia Senior Medical Physicist, Liverpool Hospital	Concord, USA	Siemens Medical Courses	Siemens Equipment Contract
RATTANAVONG, Sengathit Research Officer, Cancer Therapy, Liverpool Hospital	London, UK	MK0646 Phase 2/3 Study International Investigators Meeting	Merck and Co
ANDERSON, Penelope CNC, Sugical Oncology, RPAH	Toronto, Canada	World Union of Wound Healing Societies	KCI Medical
CHO, Gwi Senior Hospital Scientist, RPAH	St Petersburg, Russia	ESTRO Teaching Course	NSW 2008 ROMP Scholarship
TREZISE, Fleur CNC, Bankstown Hospital	New Zealand	Speaker at Wound Society Branch Meetings	ConvaTec
WU, Huiling Senior Hospital Scientist, RPAH	Nantes, France	14th NAT Conference	Renal Medicine RPAH SP&T CC 79074, NHMRC

Official Overseas Travel

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GENERAL FUND			
SEEMS, Jennifer Clinical Information Manager, Liverpool Hospital	Auckland, New Zealand	HIMAA 26th National Conference	Liverpool Clinical Information General Fund
MURRAY-PARAHI, Pauline CNE, Community Nursing, Liverpool Community Health	Wellington, New Zealand	Australasian Nurse Educators Conference	Liverpool Community Health General Fund CC RL338
KNIGHTS, Zoe Medical Superintendant, Emergency, Liverpool Hospital	Auckland, New Zealand	Pre Fellowship Exam Course 2007	Emergency Liverpool, General Fund cc LA302
VAN DOMBURG, Nick CIO, IMTD, SSWAHS	1. Paris, France. 2. London, UK. 3. The Hague, Holland	1. Alcatel-Lucent Forum 2. Cerner facility visit 3. Cerner hospital visit	IMTD General Fund CC 10901
FORERO, Robert Senior Research Fellow, Simpson Centre, Liverpool Hospital	Paris, France	International Forum on Quality and Safety in Health Care	Simpson Centre Liverpool General Fund CC LA103
VAN DOMBURG, Nick CIO, IMTD, SSWAHS	Kansas City, USA	Cerner Client care Council	IMTD General Fund CC 10901
SHEEDY, Stacy Speech Pathologist, Bankstown Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology Bankstown General Funds CC PL018 and SP&T CC76447 $1006.18
ERIAN, Mary Speech Pathologist, Bankstown Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	General Funds Speech Pathology Bankstown , CC PL018 and SP&T CC 76447 - $495
SHORT, Kate Speech Pathologist, Liverpool Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology Liverpool General Funds, CC LC801
BUCKLEY, Danielle Speech Pathologist, RPAH	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology RPAH General Funds, CC 25231
SPECIAL PURPOSE AND TRUST FUNDS (Including Self-funded Travel)			
ALLMAN, Christine Chief Cardiac Scientist, Liverpool Hospital	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Self-funded
PAUL, Kelly CNC/CRC, Radiology Research, Liverpool Hospital	Christchurch, New Zealand	Clinical Trials Update, Freedom Meeting and Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology Liverpool SP&T Fund, CC 75625
JENKINS, Mary RN/Midwife, Molecular Medicine, CRGH	Auckland, New Zealand	ASGC 2007	Molecular medicine CRGH SP&T Fund, CC 95753
GAVIGAN, Sue-Anne RN, Cardiology, Liverpool Hospital	Christchurch, New Zealand	Clinical Trials Update, Freedom Meeting and Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology Liverpool SP&T Fund, CC 75625

Official Overseas Travel

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WRIGHT, Kylie CNC, Neurosurgery, Liverpool Hospital	Aarhus, Denmark	Visit Odense Hospital, Neurosurgical Unit Aarhus University, and 6th International Research and Development Conference	Education Liverpool SP&T Fund, CC 80275
RANA, Sabita Postdoctoral Researcher, Dermatology, RPAH	Rio de Janeiro, Brazil, Bath, UK	1. 13th International Congress of Immunology 2. 12th Congress of the European Society for Photobiology	Dermatology RPAH SP&T Fund, CC 92089
DILWORTH, Jan Area CNC, RPAH	Toronto, Canada, San Diego, USA, Nashville, USA	1. Visit Mt Sinai, St Michaels, North York General, Sunnybrook Hospitals. 2. ILCA Conference and Visit Mary Birch Women's Hospital. 3. CAPPA Training and Conference	KGV RPAH SP&T CC 81356. Tasking LSL and Annual Leave to attend.
MYERS, Jacquie Nurse Educator, RPAH	Toronto, Canada, San Diego, USA, Nashville, USA	1. Visit Mt Sinai, St Michaels, North York General, Sunnybrook Hospitals 2. ILCA Conference and Visit Mary Birch Women's Hospital 3. CAPPA Training and Conference	KGV RPAH SP&T CC 81356. Tasking LSL and Annual Leave to attend.
SUCHOWERSKA, Natalka Principal Hospital Scientist, Radiation Oncology, RPAH	San Francisco, USA	1. SFRO and ICCR Conferences and visit Stanford University Medical Physics Research Facility	Radiation Oncology RPAH SP&T CC 79016
NELSON, Vinod Senior Hospital Scientist, Liverpool Hospital	Delft, The Netherlands	15th International Conference on Solid State Dosimetry	Liverpool CTC SP&T CC 75910
BRITTON, Warwick Clinical Academic, RPAH	Rio de Janeiro, Brazil	Visit Fiocruz Laboratory, 13th International Congress of Immunology	Clinical Immunology RPAH SP&T CC 79062
GUITERA, Pascale Research Fellow, Dermatology, RPAH	Buenos Aires, Argentina	21st World Congress of Dermatology	Dermatology RPAH SP&T CC 92089
GIRGIS, Seham Senior Research Fellow, REMS, Population Health	Auckland, New Zealand	Oceania Tobacco Control Conference	REMS SP&T CC 75337
SETH, Devanshi Senior Hospital Scientist, RPAH	Chicago, USA	Research Society on Alcoholism Meeting 2007	Research Unit Drug Health RPAH SP&T CC 82407
TAN, Kris Senior Hospital Scientist, RPAH	San Diego, USA	AACC 2007 Annual Meeting	Endocrinology Labs RPAH SP&T CC 79037
WILLIAMS, Paul Principal Hospital Scientist, RPAH	San Diego, USA	AACC 2007 Annual Meeting	Endocrinology Labs RPAH SP&T CC 79037
LIN, Hsin Che Robert Senior Radiation Therapist, RPAH	Seoul, South Korea	12th World Conference on Lung Cancer	Radiation Oncology RPAH SP&T CC 79016
MOLONEY, Fergal Honorary Medical Officer, Dermatology, RPAH	Buenos Aires, Argentina	21st World Congress of Dermatology	Dermatology RPAH SP&T CC 92075
CELERMAJER, David Clinical Academic, RPAH	Christchurch, New Zealand	CSANZ 2007 35th Annual Meeting	Cardiology RPAH SP&T CC 92075
SCOTMAN, Gwen Consumer Consultant, Area Mental Health Service	Hong Kong, China	2007 World Mental Health Congress of the World Federation for Mental Health	Mental Health SP&T, CC 75562
DAMIAN, Diona Clinical Academic, Dermatology, RPAH	Beunos Aires, Argentina	21st World Congress of Dermatology	Dermatology RPAH SP&T, CC 92089

Official Overseas Travel

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LYONS, James Senior Hospital Scientist, Sydney Cancer Centre, RPAH	1. Washington DC, USA 2. Smithfield	1. National Institute of Health 2. Epithelial Differentiation and Keratinisation Conference	Dermatology RPAH SP&T CC 92089
GATTORNA, Timothy Registrar, Cardiology, RPAH	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology RPAH SP&T CC 79067, and Personal Funding
HO, Maureen CNS, Cardiology, RPAH	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology RPAH SP&T CC 79067 and Personal Funding
SKARLIGOS, Fiona CNE, Cardiology, RPAH	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology RPAH SP&T CC 79067 and Personal Funding
BOEHM, Christine CNS, Cardiology, RPAH	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology RPAH SP&T CC 79067 and Personal Funding
PRIVEZENTSEVA, Marina Cardiac Technologist	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology RPAH SP&T CC 79067 and Personal Funding
XIAN, Mary Yong Xian Cardiac Technologist	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology RPAH SP&T CC 79067 and Personal Funding
SIRIRAGAVAN, Sharmila Research Assistant	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Cardiology RPAH Clinical Academic SP&T CC 92075 and Personal Funding
YOUNG-WHITFORD Anthea CNC, Cardiology, Bowral Hospital	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Bowral CAU Education SP&T Fund CC 76814 and Personal Funding
JACOBS, Dianne CNC, Cardiology, Bowral Hospital	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Bowral CAU Education SP&T Fund CC 76814 and Personal Funding
SULLIVAN, Lisa Registrar, Liverpool Hospital	Los Angeles, USA	Pre-conference Course and ASTRO 49th Annual Meeting	Berry and Partners Liverpool SP&T CC 75910
CHAWANTANPIPAT, Chirapan Cardiology Fellow, RPAH	Christchurch, New Zealand	ANZET 2007 and Cardiac Society of Australia and NZ Annual Meeting 2008	Cardiology RPAH SP&T CC 79067
WIENHOLT, Louise Senior Hospital Scientist, RPAH	Auckland, New Zealand	Australian Institute of Medical Scientists South Pacific Congress 2007	Immunology RPAH SP&T CC 79062
SULLIVAN, Lisa Registrar, Liverpool Hospital	Los Angeles, USA	Pre-conference Course and ASTRO 49th Annual Meeting	Berry and Partners Liverpool SP&T CC 75910, $5000.00 through Cancer Institute Funding Grant
CAMPBELL, Nerida CNC Heart Failure, Community Health, Bowral Hospital	Christchurch, New Zealand	Cardiac Society of Australia and NZ Annual Meeting 2007	Privately Funded

Official Overseas Travel

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BARNES, Robyn Dietitian, Diabetes Centre, Bankstown Hospital	Christchurch, New Zealand	Australian Diabetes Educator Association Annual Conference 2007	Diabetes Centre Bankstown SP&T CC 76444
LANG, Stephen Principal Hospital Scientist, SWAPS Liverpool	Auckland, New Zealand	South Pacific Congress (Institute of Medical Scientists)	SWAPS Administration SP&T Fund, CC 76914
WU, Lily HEO Consumer Advocate	Toronto and Ottawa, Canada	Mental Health Leadership - Mentoring for the Future Programme	Sponsor - Mental Health Council of Australia
YU, Bing Senior Lecturer, Central Clinical School, RPAH	Shanghai, China Xiamen, China	1. Visit 5th Peoples Hospital Shanghai 2. Mutation Detection Conference	Molecular and Clinical Genetics RPAH SP&T CC 82371
JAVERI, Arash PHD Student, Dermatology, RPAH	Bath, UK	12th Congress on the European Society for Photobiology	Dermatology RPAH SP&T CC 92089
JACOBS, Susannah Project Manager, CCORE, Liverpool Hospital	Barcelona, Spain	European Cancer Conference (ECCO 14)	CCORE Liverpool SP&T CC 75608
SOMMER, Klaus CNC, Endocrinology, CRGH	Christchurch, New Zealand	Endocrine Nurses' Association of Australasia Annual Symposium	Endocrinology and Metabolism CRGH SP&T CC 79506 and privately funded
FRASER, Moira CNS, Endocrinology CRGH	Christchurch, New Zealand	Endocrine Nurses' Association of Australasia Annual Symposium	Endocrinology and Metabolism CRGH SP&T CC 79506 and privately funded
CLOUGHESSY, Audrey NUM, Emergency, CRGH	San Antonio, USA	2007 ITLS	Privately Funded
RUSSELL, Kerry SSWAHS Director of Nursing and Midwifery Services	Aarhus, Denmark	6th International Research and Development Conference and visits to several schools in Denmark	Area Administration SP&T CC 80275
BUGEJA, Matthew Post Doctoral Fellow, Dermatology, RPAH	Bejing, China	AOCP Conference - NOTE ONLY FLIGHT COST APPROVED, on appeal all costs	Dermatology RPAH SP&T CC 92089
RANA, Sabita. Post Doctoral Fellow, Dermatology, RPAH	Beijing, China	AOCP Conference - NOTE ONLY FLIGHT COST APPROVED	Dermatology RPAH SP&T CC 92090
HUANG, Xiad. Post Doctoral Fellow, Dermatology, RPAH	Beijing, China	AOCP Conference - NOTE ONLY FLIGHT COST APPROVED	Dermatology RPAH SP&T CC 92091
BONNOR, James Hospital Scientist, Endocrinology, RPAH	Denver, USA	33rd Symposium/Convention for the National Society of Histotechnology	Endocrinology RPAH SP&T CC 79037
SUD, Sunita CNS, NBC, Liverpool Hospital	New Delhi, India	6th International Neonatal Nursing Conference	Newborn Care Liverpool SP&T CC 75521
RAJAGOPAL, Rohit Advanced Trainee, Liverpool Hospital	Christchurch, New Zealand	ESA Clinical Weekend, ESA and SRB Annual Scientific Meeting and ADS, ADEA and NZSSD Annual Scientific Meeting	Private Funding
HETHERINGTON, Julie NUM, Endocrinology and Metabolism, RPAH	Christchurch, New Zealand	ESA Clinical Weekend, ENA Australasia Annual Scientific Meeting	Endocrinology RPAH SP&T CC 79037

Official Overseas Travel

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PERERA, Nimalie Advanced Trainee, Endocrinology, RPAH	Christchurch, New Zealand	ESA Clinical Weekend, ESA and SRB Annual Scientific Meeting and ADS, ADEA and NZSSD Annual Scientific Meeting	Endocrinology RPAH SP&T CC 79037
LAU, Namson Advanced Trainee, Endocrinology, RPAH	Christchurch, New Zealand	ESA Clinical Weekend, ESA and SRB Annual Scientific Meeting and ADS, ADEA and NZSSD Annual Scientific Meeting	Endocrinology RPAH SP&T CC 79037
FOOTE, Deborah Dietitian, Nutrition and Dietetics, RPAH	Christchurch, New Zealand	Australian Diabetes Society/Australian Diabetes Educators' Association Annual Conference	Private Funding
BAKER, Susanne CNC, Neurology, Liverpool Hospital	Prague, Czech Republic	23rd Conference of the European Committee for Treatment of Multiple Sclerosis	Neurology Liverpool SP&T, CC 75833
DERMATIS, Vicky Senior Scientific Officer, RPAH	Kansas City, USA	Cerner Health Conference and various Workshops	Clinical Immunology RPAH SP&T CC 79062
GERMANOS, Tony Analyst, RPAH	Kansas City, USA	Cerner Health Conference and various Workshops	Clinical Biochemistry RPAH SP&T CC 79033
HALLIDAY, Julie Senior Analyst, RPAH	Kansas City, USA	Cerner Health Conference and various Workshops	LIS RPAH SP&T CC 81406
PATHIRAJA, Ranjith Senior Analyst, RPAH	Kansas City, USA	Cerner Health Conference and various Workshops	Institute of Haematology RPAH SP&T CC79065
BURRELL, Fiona NUM, Transplant Unit, RPAH	San Francisco, Denver, Honolulu, USA	Visit Transplant Units and attend the ITNS Conference	Transplant Education RPAH SP&T Fund CC 81578
BAKER, Clare CNE, Transplant Unit, RPAH	San Francisco, Denver, Honolulu, USA	Visit Transplant Units and attend the ITNS Conference	Transplant Education RPAH SP&T Fund CC 81578
MATTHEY, Stephen Senior Clinical Psychologist, Area Mental Health	Wellington, New Zealand	Australasian Mental Health Outcomes Conference 2007	Mental Health SP&T CC 75086
KASHMIRI, Zhara NUM, Endoscopy Unit, Liverpool Hospital	Paris, France	15th European Gastroenterology Week	Endoscopy Unit Liverpool SP&T, CC 75842
HARRISON, Shona EN, Endoscopy Unit, Liverpool Hospital	Paris, France	15th European Gastroenterology Week	Endoscopy Unit Liverpool SP&T, CC 75842
VAN DOMBURG, Nick CIO, SSWAHS	Kansas City, USA (and various visits)	Cerner Health Conference and various Visits to Cerner facilities	RPAH Rent Account SP&T
MUNRO, Timothy IMTD	Kansas City, USA (and various visits)	Cerner Health Conference and various Visits to Cerner facilities	RPAH Rent Account SP&T

Official Overseas Travel

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ZHANG, Lingli Technical Officer, Liverpool Hospital	Beijing, China	11th Asia Pacific Congress of Clinical Biochemistry	SWAPS SP&T Fund, CC 76911
VUCAK-DZUMHUR, Mirna Registrar, Renal Medicine, RPAH	San Francisco, USA	American Society of Nephrology 40th Annual Renal Week	Renal Medicine SP&T, CC 79100
MICALLIF, Sharon RN, Intensive care, Liverpool Hospital	Rotorua, New Zealand	ANZICS CTG Scientific Meeting 2007 and 32nd ANZ Annual Scientific Meeting	Intensive Care Liverpool SP&T, CC 75848
AW, Swee Senior Hospital Scientist, RPAH	San Diego, USA	Neuroscience 2007 Society for Neuroscience Annual Conference	Neurology RPAH SP&T, CC 79019
TODD, Michael Biomedical Engineer, Neurology, RPAH	Los Angeles, USA	Neuroscience 2007 Society for Neuroscience Annual Conference	Neurology RPAH SP&T, CC 79019
KHAN, Mohammed Senior Radiographer, Liverpool Hospital	Chicago, USA	RNSA 2007	Radiology Medical Imaging Liverpool SP&T, Cost Centre 204715
PRAHALATH, Sellappa CMO, Campbelltown Hospital	Singapore	Recruitment of Sri Lankan Doctors	Campbelltown Emergency SP&T CC 16015
JOVANOVIC, Valerie Campbelltown Hospital	Singapore	Recruitment of Sri Lankan Doctors	Campbelltown Emergency SP&T CC 16015
GILES, Alan Staff Specialist, Campbelltown Hospital	Singapore	Recruitment of Sri Lankan Doctors	Campbelltown Emergency SP&T CC 16015
FULTON, Roger Principal Hospital Scientist, PET and Nuclear Medicine, RPAH	Honolulu, USA	IEEE Nuclear Symposium	PET and Nuclear Medicine, RPAH CC 81385
RAJHBANDARI, Dorrilyn Intensive Care, RPAH	Rotorua, New Zealand	NAZICS and ACCCN Intensive Care Annual Meeting 2007	Intensive Care research SP&T CC 81536
WALLS, Ronald Clinical Academic, Immunology, CRGH	Bangkok, Thailand	World Allergy Congress	Immunology CRGH SP&T CC 79062
LI, Frank Physiotherapist, CRGH	Hanoi, Vietnam	Teaching Programme for National Burns Institute	Burns Unit CRGH SP&T CC 85257, Also sponsored by Burns Institute Hanoi
MURPHY, Jeff NUM, Intensive Care, Campbelltown Hospital	Rotorua, New Zealand	ANZICS Intensive Care Annual Meeting 2007	Simpson Centre Liverpool Hospital SP&T CC 75649
BARAMY, La Stacy CNS, Simpson Centre, Liverpool Hospital	Rotorua, New Zealand	ANZICS Intensive Care Annual Meeting 2007	Simpson Centre Liverpool Hospital SP&T CC 75649
SANTIANO, Nancy CNS, Simpson Centre, Liverpool Hospital	Rotorua, New Zealand	ANZICS Intensive Care Annual Meeting 2007	Simpson Centre Liverpool Hospital SP&T CC 75649
MCGRADY, Michele Non-Employee, Ex Registrar, Cardiology, RPAH	Christchurch, New Zealand	Cardiac Society Conference	Cardiology RPAH SP&T CC 79067 (and Private Funding)
FULTON, Roger Principal Hospital Scientist, PET and Nuclear Medicine, RPAH	Honolulu, USA	IEEE Nuclear Symposium and Medical Imaging Conference	PET and Nuclear Medicine SP&T CC 81385

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
COELLO, Mariano Clinical Psychologist, STARTTS, Fairfield Hospital	Istanbul, Turkey Zurich, Switzerland Berlin, Germany	1. V. International Psychological Trauma Symposium 2. Meetings University Hospital 3. Meetings BZFO	STARTTS SP&T CC 75021
MEYER, Melynda Physiotherapist, Liverpool Hospital	Barcelona, Spain	6th Interdisciplinary World Congress on Low Back Pain and Pelvic Pain	Liverpool Physio SP&T CC 75524
PROUDE, Elizabeth Employee - University of Sydney (Drug Health, RPAH)	Ypres/Leper, Belgium Brussels, Belgium	Visit Ypres/Leper and 4th Inebria Conference	RPA Drug Health SP&T Funds CCs 82526 and 82472
HILL, David Ex-employee (HOD), Neonatal Medicine, RPAH	Kelantan, Malaysia	Speaker at USMUS Intensive Course	RPAH Newborn Care WHO SP&T CC 81566
PARKER, Sharyn CNS, Intensive Care, Liverpool Hospital	Rotorua, New Zealand	ANZICS/ACCCN Intensive Care Annual Meeting 2007	Private Expense
STEPHENS, Christine Manager, Drug Health Services, RPAH	Auckland, New Zealand	APSAD and Cutting Edge Addiction Conference	RPAH Drug Health Services SP&T CC 82407
HUTCHINSON, Sarah HEO, Drug Health Services, RPAH	Auckland, New Zealand	APSAD and Cutting Edge Addiction Conference	RPAH Drug Health Services SP&T CC 82407
PATEL, Sanjay Non-employee, Cardiology Fellow, RPAH	Orlando, Florida	AHA 2007 Scientific Conference	Clinical Academic SP&T CC 92075
ILSAR, Rahn Non-employee, Honorary Associate, Cardiology, RPAH	Orlando, Florida	AHA 2007 Scientific Conference	RPAH Cardiology SP&T CC 79067
MALCOLM, Garvin Senior CMO, Newborn Care, RPAH	Kelantan, Malaysia	Speaker USMUS Intensive Course	RPAH Newborn Care WHO SP&T CC 81566
MARTINIELLO-WILKS, Rosetta Senior Hospital Scientist, RPAH	Atlanta, USA	American Society of Haematology Annual Meeting	Sydney Cancer Centre RPAH SP&T CC 82466
JAANISTE, Joanna Dramatherapist, Area Mental Health	Tallinn, Estonia	9th European Arts Therapies Conference	Liverpool Mental Health SP&T CC 75674
AYER, Julian Cardiology Fellow, Non-employee, Cardiology, RPAH	Orlando, USA	AHS 2007 Annual Scientific Conference	Clinical Academic RPAH SP&T CC 92075
GUEVARA, Maritess RN, Cardiology, Bankstown Hospital	Christchurch, New Zealand	CSANZ 2007 55th Annual Scientific Meeting	Bankstown Cardiology SP&T CC 76543
TALEBI-ARDESTANI, Jila RN, Cardiology, Bankstown Hospital	Christchurch, New Zealand	CSANZ 2007 55th Annual Scientific Meeting	Bankstown Cardiology SP&T CC 76543
ROSS, Dayna RN, Cardiology, Bankstown Hospital	Christchurch, New Zealand	CSANZ 2007 55th Annual Scientific Meeting	Bankstown Cardiology SP&T CC 76543
DE GUZMAN, Joyce RN, Cardiology, Bankstown Hospital	Christchurch, New Zealand	CSANZ 2007 55th Annual Scientific Meeting	Bankstown Cardiology SP&T CC 76543
FABIANOWSKI, Krystyna RN, Cardiology, Bankstown Hospital	Christchurch, New Zealand	CSANZ 2007 55th Annual Scientific Meeting	Bankstown Cardiology SP&T CC 76543

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
GOHIL, Jayesh Advanced Trainee, Cardiology, Liverpool Hospital	Vienna, Austria	EURO Congress 2007	Cardiology Liverpool SP&T, CC 75635
MORALES, Johnny Senior Medical Physicist, RPAH	Las Vegas, USA	Varian Systems Eclipse Physics Course and Eclipse IMRT Course	Radiation Oncology RPAH SP&T CC 79016 One course Sponsored: Varian Systems
O'CONNOR, Chelsie Registrar, Radiology, Liverpool Hospital	Auckland, New Zealand	RANZCR Annual Part 1 Training Course and Part 1 Radiation Oncology Pre-exam Course	Berry and Partners Liverpool SP&T CC 75910
YAP, Mei Registrar, Radiology, Liverpool Hospital	Auckland, New Zealand	RANZCR Annual Part 1 Training Course and Part 1 Radiation Oncology Pre-exam Course	Berry and Partners Liverpool SP&T CC 75910
PHAM, Trang Registrar, Radiology, Liverpool Hospital	Auckland, New Zealand	RANZCR Annual Part 1 Training Course and Part 1 Radiation Oncology Pre-exam Course	Berry and Partners Liverpool SP&T CC 75910
JOHNSTON, Anne-Maree Transplant Coordinator, RPAH	San Diego, USA	2008 BTM Tandem Meetings	Personally Funded
NAIDU, Subamma CNC, Community Health, Liverpool	Hong Kong, China	13th Annual Meeting USANZ	Personally Funded
MANII, Paris Pharmacist, RPAH	San Diego, USA	2008 BTM Tandem Meetings	Institute of Haematology RPAH SP&T CC79065
BRITTON, Warwick Clinical Academic, RPAH	Hyderabad, India Anandaban, India	1. 17th International Leprosy Congress 2. Research Meeting	Immunology RPAH SP&T CC 79062
NG, Chin Cardiology Fellow, Liverpool Hospital	Orlando, USA	AHA Scientific Sessions 2007	Cardiology Liverpool SP&T CC 75864 (Note: ADOs taken as no study leave available)
BROOKS, Belinda Nurse Practitioner, Diabetes Centre, RPAH	San Francisco, USA	ADA 68th Scientific Sessions	Diabetes Centre, RPAH SP&T CC 77037
GAVIN, Allison Senior Radiation Therapist, RPAH	Las Vegas, USA	Varian Systems ARIA Support Course	Radiation Oncology RPAH SP&T CC 79016
BAILEY, Lauren Clinical Fellow, Aged Care Support, CRGH	Seattle, USA	2007 American Geriatrics Society Annual Scientific Meeting	Aged Care Support SP&T, CC 95754
MANCUSO, Pascal Registrar, Urology, Liverpool Hospital	Hong Kong, China	USANZ and ANZUNS Annual Scientific meeting	N/A Personally Funded
DELPRADO, Andrea Exec Manager, ITECS, Liverpool Hospital	New Orleans, USA	Disaster Management Programme and STN 11th Annual Conference 2008	ITECS Liverpool SP&T, CC 75712
SUCHOWERSKA, Natalka Principal Hospital Scientist, RPAH	Boston, USA	2008 World Congress of Brachytherapy	Radiation Oncology RPAH SP&T, CC 79016
MENZIES, Scott Clinical Academic, Melanoma Diagnostic Centre, RPAH	San Antonio, USA	66th Annual Meeting 2008 American Academy of Dermatology	Dermatology RPAH SP&T CC92089

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
THOMPSON, John Clincial Academic, Melanoma Institute, RPAH	Chicago, USA	SSO 2008 Annual Meeting and SSO International Committee Meeting	Surgical Oncology RPAH SP&T 92066
WRIGHT, Craig Senior Hospital Scientist, Haematology, RPAH	Miami, USA	14th ISCT 2008 Annual Meeting	Haematology RPAH, SP&T, CC 79065
PLANTE, Judith Radiation Therapist, Liverpool Hospital	San Francisco, USA	EPI2K8 International Imaging Conference	Berry and Partners Liverpool SP&T CC 75910
YAKOBI, Jim Radiation Therapist, Liverpool Hospital	Tubingen, Germany	ESTRO Course on IMT and other Conformal Techniques	Berry and Partners Liverpool SP&T CC 75910
PRASAD, Shivani Radiation Therapist, Liverpool Hospital	Tubingen, Germany	ESTRO Course on IMT and other Conformal Techniques	Berry and Partners Liverpool SP&T CC 75910
MORETT, Daniel Radiation Therapist, Liverpool Hospital	Boston, USA	2008 Brachytherapy Congress	Berry and Partners Liverpool SP&T CC 75910
SAMPSON, David Radiation Therapist, Liverpool Hospital	Boston, USA	2008 Brachytherapy Congress	Berry and Partners Liverpool SP&T CC 75910
MCGILL, Margaret CNC, Diabetes Centre, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
SORENSEN, Lea NUM, Diabetes Centre, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
TARLINTON, Lisa Registrar, Radiology, RPAH	San Diego, USA	28th Annual Residents' Radiology Review	Radiology RPAH SP&T CC 70023
SECCOMBE, Leigh Senior Scientific Officer, Thoracic Medicine CRGH	Toronto, Canada	American Thoracic Society 2008 International Conference	Thoracic Medicine CRGH SP&T CC 79523
OVERLAND, Jane Nurse Practitioner, Diabetes Centre, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
VELDHOEN, Danielle Podiatrist, Diabetes Centre, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
WONG, Jenica Honorary Associate Medical Officer, Diabetes Centre, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
AW, Swee NHMRC Research Fellow, Neurology, RPA	Kyoto, Japan	25th Meeting of the Barany Society for Vestibular Research	Neurology RPAH SP&T CC79019
MCGARVIE, Leigh Biomedical Engineer, Neurology, RPAH	Kyoto, Japan	25th Meeting of the Barany Society for Vestibular Research	Neurology RPAH SP&T CC79019
BRADSHAW, Andrew PHD Student, Neurology, RPAH	Kyoto, Japan	25th Meeting of the Barany Society for Vestibular Research	Neurology RPAH SP&T CC79019
TODD, Michael Biomedical Engineer, Neurology, RPAH	Kyoto, Japan	25th Meeting of the Barany Society for Vestibular Research	Neurology RPAH SP&T CC79019
YAVOR, Robyn RN, Neurology, RPAH	Kyoto, Japan	25th Meeting of the Barany Society for Vestibular Research	Neurology RPAH SP&T CC79019
SCOTT, David Registrar, Gastroenterology, Liverpool Hospital	San Diego, USA	Digestive Disease Week	Personally Funded
HALLIDAY, Gary Clinical Academic, Dermatology, RPAH	Burlingame, USA	34th Meeting of the American Society for Photobiology	Dermatology RPAH SP&T CC92089

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
GIBSON, Katherine Registrar, Liverpool Hospital	Christchurch, New Zealand	RACS Annual Scientific Meeting	Personally Funded
KAMAND, Joseph RN, Emergency, Liverpool Hospital	Chicago, USA	AACCN National Teaching Institute and Critical Care Exposition	Liverpool Hospital Nurses Scholarship SP&T Fund CC75599
HUANG, Xiao Clinical Academic, Dermatology, RPAH	Kyoto, Japan	International Investigative Dermatology 2008	Dermatology RPAH SP&T CC92089
KHOO, The-Liane Registrar, RPAH	San Francisco, USA	2008 BTM Tandem Meetings	Haematology RPAH, SP&T, CC 79065
GUNE, Shailendra Senior Scientific Officer, SWAPS Liverpool	Rovaniemi, Finland Malmo, Sweden	1. 34th European Congress of Cytology 2. Visit the Cytology Section Lund University Hospital	Anatomical Pathology Liverpool SP&T CC76912 & 76924
FOX, Gregory Registrar, RPAH	Toronto, Canada	American Thoracic Society Annual Conference	Respiratory and Sleep Medicine RPAH SP&T CC79024
FRANKLIN, Janet Dietitian, RPAH	Geneva, Switzerland	16th European Congress on Obesity	Institute of Endocrinology RPAH SP&T CC 79037
HETHERINGTON, Julit NUM, Endocrinology, RPAH	San Francisco, USA	90th Meeting of the Endocrine Society	Institute of Endocrinology RPAH SP&T CC 79037
SINCLAIR, Timothy Manager, Operational Initiatives	Manchester, UK and various other locations	Briefings, Visits and NHS Confederation Conference	CE SP&T CC 86258
SHEPHERD, Mark General Manager, Bankstown Hospital	Manchester, UK and various other locations	Briefings, Visits and NHS Confederation Conference	CE SP&T CC 86258
WILSON, Matthew CNS, Wound Care, Liverpool Hospital	Nanjing, China	Asian Oceania Society of Physical Rehabilitation Medicine	Aged Care Liverpool SP&T, CC 75620
CRITTENDEN, Anthony Audiology, CRGH	Gothenburg, Sweden	9th International Tinnitus Seminars	Audiology CRGH SP&T CC 85692
SHEEDY, Stacy Speech Pathologist, Bankstown Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology Bankstown SP&T CC76447, Note: General Funds CCPL018
ERIAN, Mary Speech Pathologist, Bankstown Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology Bankstown SP&T CC76447, Note: General Funds CCPL018
BONNICI, Renee Speech Pathologist, Liverpool Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology Liverpool SP&T CC 75709 (Note: Sponsor Mission Australia paid into SP&T)

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
HOLLINGS, Clare Speech Pathologist, Liverpool Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Speech Pathology Liverpool SP&T CC 75709 (Note: Sponsor Mission Australia paid into SP&T)
CHARTERS, Emma Speech Pathologist, Liverpool Hospital	Auckland, New Zealand	Speech Pathology Australia National Conference	Personally Funded
HILLMAN, Ken Clinical Academic, Liverpool Hospital	Toronto, Canada	1. Consensus Conference Rapid Response Systems 2. 4th International Symposium On Rapid Response Systems and MET	Critical Care Liverpool SP&T CC 75651
CRACKNELL, Richard Staff Specialist, Campbelltown Hospital	Singapore	Recruitment of Sri Lankan Doctors	Emergency Campbelltown SP&T CC 76015
PRAHALATH, Sellappa CMO, Campbelltown Hospital	Singapore	Recruitment of Sri Lankan Doctors	Emergency Campbelltown SP&T CC 76015
JOVANOVIC, Valerie NM, Campbelltown Hospital	Singapore	Recruitment of Sri Lankan Doctors	Emergency Campbelltown SP&T CC 76015
MADHURI, Anupinda Medical Student, Liverpool Hospital	Hong Kong, China	RACS Conjoint Annual Scientific Congress	Trauma Services Liverpool SP&T Fund CC 75636
FARAH, Claude Registrar, Respiratory Medicine, RPAH	Toronto, Canada	American Thoracic Society 2008 Conference	Respiratory RPAH SP&T CC 79024 and 79018
DAMIAN, Diona Clinical Academic, RPAH	San Francisco, USA	34th Meeting of the American Society for Photobiology	Dermatology RPAH SP&T CC 92089
LOUGHNAN, Georgina Physiotherapist, RPAH	Herne, Germany	1st International PWS Caretakers Conference	Endocrinology RPAH SP&T CC 79037
EBERL, Stefan Principal Hospital Scientist, RPAH	New Orleans, USA	Society of Nuclear Medicine 2008 Annual Meeting	PET and Nuclear Medicine RPAH SP&T CC 79046
CLAYTON, Nicola Speech Pathologist, CRGH	Hong Kong, China	RACS Conjoint Annual Scientific Congress	Burns Unit CRGH SP&T CC 85257
MIN, Danqing Senior Hospital Scientist, Endocrinology, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
WILLIAMS, Paul Principal Hospital Scientist, Endocrinology, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
MCLENNAN, Susan Principal Hospital Scientist, Endocrinology, RPAH	San Francisco, USA	ADA 68th Scientific Meeting	Endocrinology RPAH SP&T CC 79037
LARKIN, Amanda General Manager, Campbelltown Hospital	Boston, USA	Health Delivery Course	Campbelltown AM Unit SP&T CC 76071
ACHURCH, Kimberly Speech Pathologist, RPAH	Memphis, USA	3 x Paedicatric Resources Courses	Speech Donations RPAH SP&T CC 81437

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
MACKEY, Douglas Nuclear Physicist, CRGH	New Orleans, USA	SNM Annual Scientific Meeting	Nuclear Medicine CRGH SP&T CC 79515
KAO, Steven Advanced Trainee, Medical Oncology, RPAH	Chicago, USA	ASCO 2008 Conference	Medical Oncology RPAH SP&T CC 79070
HAASS, Nickolas Research Fellow, UNSW/Dermatology, RPAH	1. Sapporo, Japan 2. Sapporo, Japan 3. Kyoto, Japan	1. Sapporo Medical University 2. 5th IMRC 2008 3. International Investigative Dermatology 2008	Dermatology RPAH SP&T CC 92089
GOVAERT, Geertruida Trauma Fellow, Liverpool Hospital	Velderhoven, Netherlands	Annual Conference of Royal Dutch College of Surgeons	Personally Funded
WATANABE, Yuriko Registrar Rehabilitation, Liverpool Hospital	Yokohama, Japan	Annual Meeting of JARM	Personally Funded
BABICHEVA, Rosalie Medical Physicist, Bankstown Hospital	1. Kiev, Ukraine 2. New Orleans, USA	1. 2nd International Conference: Current Problems in Nuclear Physics and Atomic Energy 2. ISNM 2008 Annual Meeting.	Bankstown Nuclear Medicine SP&T CC 76546
BURTON, Pamela CNS, Macarthur Health Service	1. Barcelona, Spain 2. Worchester, UK	1. CSL Behring Investigator Meeting 2. Uni of Worchester Identification of Fungal Spore Course	Campbelltown Immunology SP&T CC 76205, and sponsored by CSL Behring
WU, Huiling Senior Hospital Scientist, RPAH	Nantes, France	14th NAT Conference	Renal Medicine RPAH SP&T CC 79074, and sponsored by NHMRC
BUCHAN, Craig Registrar, Radiation Oncology, RPAH	San Diego, USA	28th Annual Residents Radiology Review	Radiology RPAH SP&T CC 79023
SOON, Yuyang Medical Student (Non-employee), RPAH	Chicago, USA	ASCO 2008 Conference	Medical Oncology RPAH SP&T CC79070
DENTAL STAFF SPECIALISTS - DENTAL OFFICERS DETERMINATION			
SAUNDERSON, William Dental Specialist, SDH	Fukuoka, Japan	12th Meeting of the International College of Prosthodontists	Specialist Support General Fund CC 49241 - Dental Specialists determination
OPREA, Natalie Dental Specialist, SDH	Nelson, New Zealand	New Zealand Society of Hospital and Community Dentistry 2007 Conference	SDU General Fund, CC 49111
POWERS, John Dental Specialist, SDH	Dubai, United Arab Emirates	FDI World Dental Congress 2007	SSW Oral Health Service General Fund CC 49811
BHOLE, Sameer Dental Specialist, Area Oral Health Service	Dubai, United Arab Emirates	FDI World Dental Congress 2007	SSW Oral Health Service General Fund CC 49811
HEFFERNAN, Michelle Dental Specialist, Sydney Dental Hospital	Vancouver, Canada	American Association of Endodontists Congress	Endo Unit SSD General Fund CC49241
DUCKMANTON, Peter Dental Specialist, Sydney Dental Hospital	Vancouver, Canada	American Association of Endodontists Congress	Endo Unit SSD General Fund CC49241

Official Overseas Travel

Name, Title, Facility	Countries (including cities)	Purpose of Travel	Source of Funds
MEDICAL PHYSICISTS PROFESSIONAL DEVELOPMENT - CPD FUND			
HILL, Robin Principal Hospital Scientist, Radiation Oncology, RPAH	Minneapolis, USA	49th AAPM Annual Meeting	Medical Physics, Radiation Oncology, CC21451
BOOTH, Jeremy Senior Hospital Scientist, Radiation Oncology, RPAH	Stanford, USA	1. Stanford IGRT Course 2. Site Visit Stanford University	Medical Physics, Radiation Oncology, CC21451
NELSON, Vinod Medical Physicist, Macarthur Health Service	Dubai, United Arab Emirates	16th International Conference on Medical Physics	Campbelltown Cancer Therapy CPD Funding, CC MC005
CHERE (UTS), RPAH GENERAL FUND - REIMBURSED MONTHLY BY UNIVERSITY OF TECHNOLOGY (NOT AREA FUNDS)			
KENNY, Patsy CHERE (UTS), RPAH	Auckland, New Zealand	HSRAANZ Conference	CHERE RPAH General Fund, CC 10961
CRONIN, Paula CHERE (UTS), RPAH	Auckland, New Zealand	HSRAANZ Conference	CHERE RPAH General Fund, CC 10961
CHINCHEN, Elizabeth CHERE (UTS), RPAH	Auckland, New Zealand	HSRAANZ Conference	CHERE RPAH General Fund, CC 10961

Area Health Advisory Council

The Area Health Advisory Council (AHAC) has continued its mission to give health consumers, local communities and clinicians a strong voice in health decision-making. The Council has worked with the Chief Executive to give advice on a range of issues.

This advice included input into the Area's Aged Care and Rehabilitation Services Plan, Community Health Strategic Plan, the Sydney South West Area Health Service (SSWAHS) Health Service Strategic Plan, the SSWAHS Transport for Health Plan, the Area's involvement in Close the Gap, the Area's Maternity Services Plan, the development of models for Medical Assessment Units and a new Aged Care Triage service as well as the SSWAHS Obesity Plan.

The AHAC has also continued its participation in an in-depth study of community participation in the Area. This study is being conducted by the University of New South Wales and is funded by the Australian Council on Healthcare Standards.

The past year also saw the expiration of the Council's foundation two year workplan and towards the end of the year the AHAC met to develop a workplan for the next two years. As a result of this process, the AHAC has decided to focus its work on a number of key areas in the medium term. These include promoting utilisation of advance care planning tools to help improve end-of-life care decisions, building partnerships to improve the health of Aboriginal people and strengthening the Area's partnerships with general practice, non-government and other organisations. In addition to these areas where the Council has elected to take a lead role, members of the Council have also committed to active watching briefs on the Area's work in community participation, specialist service provision, mental health, maternal and child health, youth health, aged care service and workforce development.

To help support its workplan, the Council has recently reviewed its communication strategy in an attempt to better publicise our activities to both the community and staff across the Area Health Service. It is hoped this strategy will also assist us in engaging with local government and the media on the role of the Council.

During 2007-08 the Council has held site visits at a range of SSWAHS facilities. In addition to helping the Council learn about the broad range of services offered across SSWAHS, these visits have offered a valuable opportunity for members to consult with local clinicians and members of the community.

The Council continues to maintain a website containing all the minutes and reports of the Council. This website also provides profiles of our members and an opportunity for members of the community to contact the AHAC with feedback.

The AHAC marked the passing of Mr Harry Collins OAM after a long battle with cancer. Harry was an inspiration to all other members and leaves behind a legacy of leadership in community participation in Sydney's south west. There are plans to commemorate his contribution with an annual Harry Collins Award for Community Participation.

Council Members

Professor Jeremy Wilson
Chair, Executive Clinical Director SSWAHS

Sister Alison Bush AO
Clinician, Camperdown

Mr Harry Collins OAM
Community Representative, Panania

Ms Dell Cotter
Community Representative, Ambarvale

Dr Roger Garsia
Clinician, Camperdown

Mrs Sandra Gav
Community Representative, Ashfield

Ms Sue McClelland
Community Representative, Bankstown

Dr John Meadth
General Practitioner, Concord

Mrs Adriana Navarro
Community Representative, Liverpool

Associate Professor Mark Sheridan
Clinician, Liverpool

Dr Amanda Walker
Clinician, Campbelltown and Camden

Mr Darryl Wright
Community Representative, Campbelltown

Community Participation

Area Community Participation Unit

The SSWAHS Community Participation Unit (CPU) continued to support the SSWAHS Community Participation Framework which as been in operation since 2002. CPU seeks to develop strong partnerships between the Area Health Service, consumers and the south west Sydney community.

CPU continues to work closely with the Area Health Advisory Council. In 2007, the Advance Care Forums were piloted within the broader south west Sydney community. The Forums were rolled out during 2008, representing a strong partnership between the community and the health service.

Local people are recruited, trained, mentored and supported by facility coordinators to become community representatives. There are coordinators based at most hospitals. Local people are engaged in facility-based issues which feed into the Area–wide Consumer/Community Council, which works on strategic issues and concerns. Local Community Participation Networks help provide a link between SSWAHS, local non-government agencies and the wider community.

Work undertaken by community representatives in a local setting includes membership of a wide range of committees such as Patient Flow, Demand Management, Quality and Accreditation, Complaints Management and Patient / Carer Experience, Respiratory Advisory, Policy, Multicultural Health and EQUIP.

Area-wide committees which include community representatives as members include Clinical Quality Council, Infection Control, Planning (Disability, Obesity, Maternity Services, Carers, Aboriginal Health, Drug Health), Patient Liaison, and Oral Health.

Projects in 2007-08 involving community representatives included Transport Access Guides, Handwashing, Signage, Clinical Redesign, Emergency Department reviews and *Close the Gap* / Aboriginal Health initiatives and campaigns.

Research and Evaluation

In collaboration with the University of NSW School of Public Health and Community Medicine, CPU is undertaking an in-depth study on community participation structures within a health service.

Local health participation groups

Campbelltown Hospital Ward Grandparents Program
The aim is to provide support and respite to families and carers of children in hospital.

Bowral Hospital Transport Funding
The Community Representatives Network was successful in seeking funding for two buses. One bus is for the Hospital and the other is to transport cancer patients to therapy.

Bankstown Hospital Feeding Program
The program aims to reduce falls and to improve the health, wellbeing and nutrition of patients, especially the elderly. Volunteers and the local Community Representatives Network recruited and trained community members to support high risk patients.

Canterbury Hospital
Staff from nutrition and dietetics, geriatrics, palliative care, speech pathology and social work have been conducting evening in-services for families and carers of those with dementia.

Community Health
Community 2168 Residents Action Group (Miller) and Warwick Farm Residents Action Group have continued to address safety, housing, health and urban renewal issues for people living in these areas.

Community Health
The Hub's *Breakfast Club*, a free breakfast and supported job search, celebrated its 10 year anniversary.

Sydney Dental Hospital
The Consumer/Community Consultative Committee continued to provide valuable feedback to the Hospital.

Patient feedback

SSWAHS Patient Liaison Committee Meeting
Both the SSWAHS Community Participation Manager and a Community Representative are key representatives of the SSWAHS Patient Liaison Committee Meeting. This committee has membership of the Patient Liaison Officers and clinicians across the Area Health Service. The Committee has a number of key projects underway including improving customer service and consumer information across SSWAHS.

SSWAHS Internet Feedback Site
The Site registers a variety of public consumer feedback/opinion including complaints which may pertain to hospitals across the Area Health Service. This feedback is logged, investigated and addressed by the respective facilities.

SSWAHS Patient Feedback Boxes
Most hospitals across the Area Health Service have provision for the general public to raise concerns/ issues via a feedback inquiry form. Appropriate actions are taken to address the feedback inquiry.

Fundraising and Sponsorship

Balmain Hospital

Balmain Hospital received donations and bequests for specific purposes totalling $62,281. The Hospital Auxiliary donated $16,469 throughout the year. The Hospital continued to receive generous donations from the Inner Wheel Club of Balmain and the Rotary Club of Balmain.

Bankstown Hospital

Bankstown Hospital continued to be supported by ongoing donations from community individuals and organisations.

Donations included Bankstown Hospital Auxiliary with a remarkable $123,000, Bankstown Trotting Recreational Club $34,000, Cath Don $11,000, Rotary Club of Padstow $5,700, Lions Club of Yagoona $5,000, Ella Wright $5,000, Bankstown Rotary, Commonwealth Bank, Heart Support Australia, Panania Women's Bowling Club, Chris Christou, Greenacre Bowling and Recreation Club, Lions Club of Bankstown, Franklins Stores, Crystal McKeown.

Bequests of $10,000 from the Estate of the late Daphne Denham and $3,000 from Beryl Le Breton were also received.

Bankstown Sports Club donated $40,000 to sponsor the Nurses Scholarship Fund.

Bowral and District Hospital

The Centenary Scholarship Fund provided scholarships to the value of $750 per year for four students engaged in health-related courses of study.

Bowral and District Hospital has continued to enjoy strong support from the local community. Bowral and District Children's Unit (BDCU) continued to raise money to assist with the redevelopment of the Children's Ward. Honda Foundation kindly donated $20,000 to facilitate the purchase of a Patient Transport Vehicle. The Hospital was also the recipient of generous donations from Crafts Unlimited, Bowral Rotary Club and Mittagong and Wingecarribee Shire Council towards the purchase of a Sentinel Node Biopsy Machine. Southern Highlands Renal Appeal donated $41,950 towards the new Renal Unit.

Braeside Hospital

Community support through donations from individuals, local community groups and clubs is gratefully acknowledged. Special thanks to Fairfield Legacy Widows Club for their gift of $200, the Uruguayans United Uruayos Unides for their donation of $500 and the Canley Heights Community Group for their donation of $500.

Camden and Campbelltown Hospital

The community of Macarthur continued to provide wonderful support to the Hospitals throughout the year. Some key supporters include:

- Kids of Macarthur Health Foundation
- Paul Wakeling Motors Wheels for Life
- 24 Hour Fight Against Cancer

Canterbury Hospital

The Canterbury Hospital Foundation Ball raised more than $20,000 for operating theatre equipment.

The Hospital received many generous donations from local community groups. Through the Canterbury City Community Development Support Expenditure Local Committee the Hospital received a number of donations including $82,500 from Canterbury Bulldogs Leagues Club. The Humpty Dumpty Foundation made several generous donations, totalling over $36,000. This included a neonatal resuscitaire, two symphony breast pumps, phototherapy lights, a respiratory humidifier, a resuscitation mannequin and a blood pressure and oxygen saturation monitor.

Community Health

Canterbury Community Health Nursing Team raised $1,450 for the Cancer Council by holding the Biggest Morning Tea.

Can Assist (Wingecarribee) contributed $16,000 during 2007-08 for after-hours nursing services for terminally ill clients.

Concord Hospital

Concord Hospital continued to enjoy strong support from its local community, receiving $857,241.99 from donations and fundraising activities. Some of the activities over this period included the Opera Night, Charity Golf Day, Rock Concert and Christmas lights.

Fairfield Hospital

The major fundraising events for 2007-08 included:

- Whitlam Joint Replacement Centre (WJRC) trivia night - $2,624.20
- WJRC Ball at Parliament House - $57,665
- Mayoral Appeal - $ 67,050

Fundraising and Sponsorship

There were also other fundraisers and donations throughout the year.

Karitane

The second annual *Day in the Sand* Karitane Charity Golf Day raised $20,413. For the second year, major sponsor AMP Foundation, matched the funds raised dollar for dollar up to $10,000. The Gold sponsors of the Golf Day included Benson Smash Repairs, Bonn Electrics, Kane Construction, Liverpool Catholic Club, McArdle Legal, McDonalds, Mounties, NRMA, Sight Makers Safety Ware, Taylor Real Estate, and Weston Woodley & Robertson. Karitane would also like to thank the many companies that donated prizes for the event.

Liverpool Hospital

The major fundraising event at Liverpool Hospital was the Food Services Christmas Fair which raised $9,632. The Child Care Centre Chocolate Drive raised $5,444. Fundraising efforts throughout the Hospital raised $20,040.

Royal Prince Alfred Hospital

The RPA Foundation processed a total of $143,552.95 including general donations to RPA.

The cake stall has been reinstated with two new volunteers and contributes money to the Trust Fund.

RPA Merchandise also continues to raise funds and new merchandise is being sourced.

Wish List fulfilment has been accomplished for several departments with the provision of 'wished for' equipment.

Tresillian Family Care Centres

In January 2008 Johnson & Johnson agreed to donate $50,000 towards funding Tresillian's online advice service, *Messenger Mums*, for a period of six months. ninemsn continue to generously donate their messenger facilities and expertise.

Johnson & Johnson also contributed $50,000 towards funding the 24 hour Parents Help Line, a commitment they have undertaken every year since 1993.

Parents from Mosman Kinderland raised $800 for Tresillian Wollstonecraft. The money was put towards educational resources for parents and staff.

Kimberly-Clark continued to sponsor the Tresillian newsletter, *The Crier*. Bayer Australia Ltd sponsored the printing and production of a series of 15 Parent Tip Sheets which have been distributed within our Centres and the community.

Donations and Bequests

Thank you to the following individuals and organisations for providing $5,000 or more in support during 2007-08.

24 Hour Fight Against Cancer
ABC Tissues
AMP
Bankstown Hospital Auxiliary
Bankstown Sports Club
Bankstown Trotting Recreational Club
Barnwell Park Golf Club
Bowral Crafts Unlimited
Bowral Hospital Auxiliary
Breakfast Point (Rosegroup)
Bulldogs Leagues Club
Burwood Rotary Club
Busby Auxiliary
Cabravale Diggers
Can Assist (Wingecarribee)
Canterbury Hospital Pink Ladies
Canterbury Hurlstone Park RSL
Kathleen Mabel Clout
Canada Bay Club
Colonial Club Auxiliary
Canada Bay Council
Estate of Nance de Cairos
Estate of Daphne Denham
Cath Don
FIP Electricals
Friends of Fairfield Hospital
Mrs Freda Gamble
Global Orthopaedic Technologies
Honda Foundation
Mr Hue Hong
Humpty Dumpty Foundation
Estate of Marjorie Ibbotson
Inner Wheel
Italian Affairs Committee
V L Jarratt
John Bronger Chemist Works
Johnson & Johnson
Kids of Macarthur Health Foundation
A M Lemercier
Lions Club of Yagoona
Eric Lim
Lin Corporation Pty Ltd
Liverpool Hospital Auxiliary
Liverpool Senior Network
Mrs Rita Lopresti
Merrylands RSL Club
Miracle Babies
Moorebank Chipping Norton Auxiliary
Novartis Pharmaceuticals
Paul Wakeling Motors Wheels for Life
C and J Pollitt
Estate of Tamara Romashov
Rotary Club of Bowral and Mittagong
Rotary Club of Padstow
Smithfield RSL (Leo McCarthy Memorial)
St Johns Park Bowling Club Ltd
Tuggeranong Valley Rugby Union
Unison Pty Ltd
Douglas Migley Walker
Ella Wright
Wingecarribee Shire Council (Tulip Time)
Wollondilly Mayoral Ball
Estate of Jean Ylonen
Ji Long Zhao and Xiao Chuan Liu

Ethnic Affairs Priority Statement

In 2007-08, there was an emphasis on aligning the Ethnic Affairs Priority program (EAPS) activity with the SSWAHS strategic plan.

Make Prevention Everybody's Business

A number of gentle exercise classes have been developed for Culturally and Linguistically Diverse (CALD) communities:

- Chinese speaking women at Campsie and men in Ashfield
- Mothers of diverse backgrounds in Punchbowl Public School SACC (School As Community Centre).
- Fitter and Stronger classes for multicultural men over 60 years at Concord
- Arabic speaking Muslim women's aqua aerobics group at Liverpool.

The Arabic Family Weight Management Program focused on improving the health literacy of people on healthy eating, recipe modification, fussy eaters and becoming more active.

Fairfield - Early Childhood Nutrition Project has been developed to address nutrition issues within the Fairfield area. The project supports services that deliver early childhood nutrition messages and provide support for families. Services include addressing maternal health nutrition issues such as breastfeeding, inappropriate consumption of milk, use of bottles, managing iron deficiency anaemia and promoting a healthy diet to reduce the risk of obesity.

The *Macarthur Kava Use Among Tongan Men* study has been accepted for publication in the September 2008 *Australia New Zealand Journal of Public Health*. In addition to assessing the amount of kava consumed, the study also took into account consumption of cigarettes, alcohol, sugar and fatty foods. This consumption could contribute significantly to their risk of lifestyle diseases.

Create Better Experiences for People Using Health Services

Four men's health workshops were organised for Chinese and South Asian men at Ashfield.

A group for Greek speaking men over 50 years of age has been established at Marrickville with the Newtown Neighbourhood Centre. Most of the men who attend live alone and they look forward to the meetings.

Other activities

The Karitane Volunteer Programs (KVP) received an Outstanding Achievement rating from the Australian Council on Health Care Standards (ACHS) for *Consumer Focus – Culturally and linguistically diverse backgrounds and special needs*. KVP have developed resources, training and workshops in a range of community languages such as Vietnamese, Chinese, Arabic and Assyrian.

A multi-lingual dietician support group program was provided in Vietnamese and Italian. The program was a collaborative effort between Liverpool Hospital's Dietetics Department and Cancer Therapy Centre.

Liverpool Hospital's Dietetics Department also recently liaised with the Vietnamese case worker to create a culturally sensitive low potassium diet education booklet. The booklet is now available Area-wide.

Future Direction

Needs assessments will be undertaken for the following communities within SSWAHS:

A Croatian community study aims to provide a baseline of information for service providers about Croatia, its people, Croatian immigration to Australia and demographic data. It also aims to provide information on the health and welfare needs of Croatians living within the Fairfield Local Government Area (LGA).

An ethics approval has been lodged to research the health needs of the Korean community.

A study into the health needs of the Khmer community in the Macarthur area is being developed.

Another study will conduct a statistical analysis of the prevalence of iron deficiency and anaemia among African women living in the Liverpool LGA. Following analysis, the study aims to identify strategies to address this issue.

Bilingual community educators will be recruited targeting ten community languages. Educators will deliver information to community groups on aged care community care services and how to access them.

The Macarthur Multicultural Health Team will research the knowledge, skills and attitudes of different multicultural communities in regards to obesity and will develop culturally specific intervention programs.

Non-government Organisations

Name of organisation	Program area	Service description	Funding 2007-08
Diabetes Australia, NSW	Aged and Disabled	Community based awareness strategies regarding type 2 diabetes	$21,600
Ella Community Centre	Aged and Disabled	Centre-based day programs for people who are frail, aged or have mild dementia	$58,000
Families in Partnership	Aged and Disabled	Support and advocacy group for families and carers of children with disabilities	$20,525
Headway Adult Development Program	Aged and Disabled	Health education and welfare services for people with an acquired brain injury in south west Sydney	$85,121
Scleroderma Association of NSW Inc	Aged and Disabled	Community education and awareness on scleroderma	$23,700
Stroke Recovery Association	Aged and Disabled	Telephone counselling and information, volunteer run Stroke Recovery Clubs, advocacy and education services	$108,800
The Spastic Centre	Aged and Disabled	Therapy services for children with cerebral palsy and other disabilities	$99,750
Vision Australia	Aged and Disabled	Statewide specialist low vision services	$205,200
Cabramatta Community Centre	AIDS	Needle and Syringe Program in Cabramatta central business district	$24,000
Community Restorative Centre	AIDS	HIV / AIDS education and support for families and partners of prisoners	$67,600
Family Planning NSW	AIDS	Health education and promotion services targeting people with HIV and intellectual disability, culturally and linguistically diverse (CALD) communities and youth	$219,300
Gay and Lesbian Counselling Service of NSW	AIDS	Telephone and referral service for gay men and lesbians	$5,200
Haemophilia Foundation of NSW Inc	AIDS	Harm minimisation program integrated into generalist haemophilia services	$84,100
Leichhardt Women's Community Health Centre - HIV/AIDS	AIDS	Counselling and health education for women with gay/bisexual male partners	$51,800
Stanford House	AIDS	Short to medium term crisis accommodation and respite for people with AIDS	$117,900
The Gender Centre Inc	AIDS	Statewide HIV and Infectious Diseases Service for people with gender issues	$221,200
The Luncheon Club	AIDS	Community service providing meals and a referral service for people living with HIV/AIDS	$11,700
We Help Ourselves - HIV/AIDS	AIDS	Harm minimisation program for residential drug and alcohol services	$117,200
Youth Accommodation Association	AIDS	HIV education project for homeless young people and staff who work with them	$188,800

Non-government Organisations

Name of organisation	Program area	Service description	Funding 2007-08
Lifeline Macarthur (CS)	Community Services	24 hour telephone counselling and suicide crisis intervention service	$71,500
Lifeline Sydney - Uniting Church in Australia Property Trust NSW for Wesley Mission	Community Services	24 hour telephone counselling and suicide crisis intervention service	$60,100
Melanoma Foundation and Melanoma and Skin Cancer Research Institute (MASCRI)	Community Services	NSW network for the treatment of melanoma	$139,250
Quest for Life Centre	Community Services	Support programs for people recovering from life threatening illness or trauma	$125,325
Southern Highlands Bereavement Care	Community Services	Counselling, prevention, education, and consultation for bereaved people	$54,200
Sydney Indo-Chinese Refugee Youth Support Group	Community Services	Assists young refugees with health and settlement issues	$67,000
Thalassaemia Society of NSW Inc	Community Services	Information and counselling services for people affected by thalassaemia and other hereditary blood disorders *** Funding for 2007/08 was provided by NGO funds retained from 2006/07 by the NGO.**	$0*
Barnardos Australia	Drug and Alcohol	Marrickville - Street work programs	$101,500
Barnardos Australia	Drug and Alcohol	Canterbury - Street work programs	$97,100
Cabramatta Community Centre	Drug and Alcohol	Drug and alcohol health promotion focusing on young people	$142,200
Co.As.It	Drug and Alcohol	Italian-specific drug and alcohol counselling	$56,900
Community Restorative Centre	Drug and Alcohol	Transition and aftercare services for Magistrates Early Referral into Treatment (MERIT) clients with drug and alcohol issues	$86,600
The Fact Tree Youth Services	Drug and Alcohol	Youth service with drug and alcohol counselling, referral and group work	$113,800
Family Drug Support	Drug and Alcohol	24 hour telephone support, information and referral for family and friends of drug dependent persons	$445,750
GROW Community	Drug and Alcohol & Mental Health	Residential rehabilitation dual diagnosis service for those with a psychiatric disorder or dual disorder	$224,000
Guthrie House Cooperative Ltd	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children	$195,320
Kathleen York House - Alcohol and Drug Foundation	Drug and Alcohol	Drug and alcohol residential rehabilitation program for women and children	$327,740
Leichhardt Women's Community Health Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women	$72,800

Non-government Organisations

Name of organisation	Program area	Service description	Funding 2007-08
Mission Australia – South West Youth Services	Drug and Alcohol	Education and prevention to minimise harm associated with young people and drug use	$110,400
Odyssey House McGrath Foundation	Drug and Alcohol	Therapeutic community for drug and alcohol and problem gamblers, residential medicated detoxification, outreach	$1,007,650
South West Alternative Program	Drug and Alcohol	Education, assessment and referral for Non English Speaking Background (NESB) communities in Cabramatta / Fairfield	$42,550
St Vincent De Paul Society - Maryfields Recovery Centre	Drug and Alcohol	Drug and alcohol day rehabilitation service	$265,400
Sydney Women's Counselling Centre	Drug and Alcohol	Drug and alcohol counselling, referral and group work for women	$137,000
The Building Trades Group of Unions	Drug and Alcohol	Workplace drug and alcohol safety and education program	$134,600
We Help Ourselves	Drug and Alcohol	Drug and alcohol residential therapeutic communities for men and women	$1,053,497
Youth Solutions	Drug and Alcohol	Drug and alcohol health promotion focusing on young people	$322,100
Youth Unlimited	Drug and Alcohol	Prevention of drug and alcohol abuse focusing on young people	$54,200
Greater Inner West Community Transport Service	Health Related Transport	Transports clients to appointments at Canterbury and Concord Hospitals	$17,000
Inner West Community Transport Service	Health Related Transport	Transports clients to appointments at Concord Hospital	$17,000
The Settlement - Muralappi	Innovative Services for Homeless Youth	Awareness and understanding of health and cultural issues amongst the Aboriginal community and young people at risk of homelessness	$90,100
After Care Association Administration	Mental Health	Administration and financial support to the After Care Association	$94,700
After Care Association Ashfield / Parramatta	Mental Health	Supported accommodation and residential support for people with a mental illness	$95,600
After Care Association Biala	Mental Health	Supported accommodation and residential support for people with a mental illness	$173,300
After Care Association Psychological Support Service	Mental Health	Psychological support services for people with a mental illness	$82,900
Co.As.It	Mental Health	Linguistically and culturally appropriate counselling service for the Italian community	$131,100
GROW Community – Dual Diagnosis	Mental Health and Drug and Alcohol	Residential rehabilitation service for those with a psychiatric disorder or dual disorder	$349,200
GROW in NSW	Mental Health	Self-help groups to assist people with mental health problems	$457,900

Non-government Organisations

Name of organisation	Program area	Service description	Funding 2007-08
The Richmond Fellowship of NSW	Mental Health	Supported accommodation services for people with a mental illness	$720,500
Bankstown Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Bankstown area	$342,300
Benevolent Society of NSW - Centre for Women's Health	Women's Health	Services for older women, women experiencing domestic violence, Aboriginal women and women with disabilities in the Macarthur area	$1,361,400
Centacare Services	Women's Health	Group activities and practical outreach support for pregnant women and mothers aged 16 to 25 years	$34,400
Dympna House	Women's Health	Statewide specialist child sexual assault counselling, information, education and resource centre	$467,236
Family Planning NSW - Fairfield Multicultural Services	Women's Health	Reproductive and sexual health services for people of CALD backgrounds and cross cultural training to service providers	$448,600
Family Planning NSW – Women's Health Grant	Women's Health	Statewide organisation providing a range of reproductive and sexual health services	$6,070,400
Immigrant Women's Health Service	Women's Health	Health prevention and information services for NESB immigrant and refugee women in the Fairfield area	$288,200
Leichhardt Women's Community Health Centre	Women's Health	Traditional, alternative and preventative health strategies for women in relation to sexual, reproductive, emotional and social issues	$583,500
Liverpool Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Liverpool area	$621,750
NSW Rape Crisis Centre	Women's Health	Statewide 24 hour telephone crisis intervention, support counselling and referral service for women who have experienced sexual violence	$820,914
Older Women's Network Inc	Women's Health	Age appropriate activities to promote health and wellbeing in older women	$111,200
WILMA Women's Health Centre	Women's Health	Clinical, counselling and health education services for women in the Macarthur area	$379,700
Women's Incest Survivors Network	Women's Health	Bi-monthly newsletter for women who were sexually assaulted as children, information provision, community education and networking	$8,900
Sydney Women's Counselling Centre	Women's Health	Name changed to 'Sydney Women's Counselling Centre' Provides individual counselling for a range of issues which impact on adult women's mental health and emotional wellbeing, including drugs, alcohol and gambling	$249,900
Cabramatta Community Centre – Refund	AIDS	Needle and Syringe Program in Cabramatta central business district	-$45,000
Total NGO Program Funding 2007-08			**$21,212,678**

Non-government Organisations

Third Schedule Funding to NGOs

(Not included in NGO Program)

Name of Organisation	Funding program	Service Description	Funding 2007-08
Benevolent Society of NSW – Central Sydney Scarba	Third Schedule	Tertiary child protection services to families in central Sydney and the inner west	$472,000
Benevolent Society of NSW – South West Sydney Scarba	Third Schedule	Tertiary child protection services to families in the Campbelltown and Liverpool LGAs	$449,000

Contract grants to NGOs

(Not included in NGO Program)

Name of Organisation	Funding program	Service Description	Funding 2007-08
After Care Association	Housing and Accommodation Support Initiative (HASI)	Low-level disability support for people with mental illness living in public housing	$381,924
NEAMI	HASI	High-level disability support for people in Department of Housing accommodation	$2,986,514
New Horizons	HASI	Very high-level disability support to people living in Department of Housing accommodation	$1,609,000
Illawarra Disability Trust	Mental Health	Non-clinical support to people with mental illness in Wingecarribee and Campbelltown areas	$124,945
New Horizons	Mental Health	Prevocational rehabilitation in Miller	$74,000
New Horizons	Supported Accommodation	Non-clinical support to people with mental illness in Bankstown and Liverpool areas	$157,718
Burwood Council	HACC	Podiatry Service; HACC funded NGO Program; transferred to the Department of Ageing, Disability and Home Care effective from 01 July 2008.	$26,607
Bankstown City Aged Care	HACC	Dementia Day Care Service; HACC funded NGO Program; transferred to the Department of Ageing, Disability and Home Care effective from 01 January 2008.	$166,801
Total contract grants to NGOs			**$5,527,509**

Volunteers

Balmain Hospital

The Ladies Auxiliary continued to raise funds for equipment and the Sian Williams Award for Clinical Excellence, which is presented on International Nurses Day.

The Auxiliary's long-term President, Miss Jean MacLaren, resigned due to ill health. Miss MacLaren provided services up to the age of 91.

Maisie Hardy, the long-term Treasurer of the Ladies Auxiliary, also resigned due to ill health.

Auxiliary Office Bearers
President: Betty Ireland
Secretary: Joyce Duncan OAM
Treasurer: Patricia Flodin

Bankstown Hospital

The Hospital's 100 volunteers work for all wards and many departments as well as assisting the small band of Hospital Auxiliary members with their ongoing fundraising activities. In 2007-08 donations totalled $100,000. A volunteer of special note is Val Ryder who this year completed 35 years outstanding service.

Hospital Auxiliary Office Bearers:

President:	Helen Williamson
Treasurer:	Harvey Worth
Secretary:	June Ryan

Volunteer

President:	Judy Baird
Treasurer:	Betty Thebridge
Secretary:	Judith Fisher

Chaplains within the Pastoral Care Department continued to provide spiritual support to patients and relatives on request, as well as conducting a weekly service in the Hospital Chapel. Most of these chaplains provide their services on a voluntary basis and the Hospital is extremely appreciative of their efforts.

Bowral and District Hospital

The Hospital has pastoral care volunteers who provide spiritual care for patients, the Blue Ladies who look after the flowers on the wards, and volunteers who welcome and assist the Hospital's visitors. The Bowral Hospital Auxiliaries donated $11,318.95 towards equipment and patient care.

Bowral and District Hospital Auxiliary

President:	Lucy Donkin
Secretary:	Wendy Pedley
Treasurer:	Peg Harvey

Moss Vale Auxiliary

President:	Sandra D'Adam
Secretary:	Penny Barcicki
Treasurer:	Rikky Winley

Burrawang/Wildes Meadow Auxiliary

President:	Jenny Gair
Secretary:	Audrey Jackson
Treasurer:	Anne Ford

Braeside Hospital

Our team of 35 dedicated volunteers make a significant contribution across the Hospital's core services. They provide practical and emotional support to patients, their families and friends. This includes driving, outings and major Braeside community activities such as the Braeside Games. Volunteer dogs also provide support through the Pets for Therapy program.

Camden and Campbelltown Hospitals and Queen Victoria Memorial Home

Volunteers continued to play an important role by assisting patients and visitors and also fundraising for the Hospitals.

Both hospital auxiliaries work tirelessly, performing different activities including raising funds through stalls and raffles, social functions and running the baby boutique.

The Pastoral Care Service provides spiritual support for patients, visitors and staff on request.

The Ward Grandparents Program was launched in 2008, offering support to families with children staying in the Paediatrics Unit.

Camden Hospital Auxiliary

President:	Robyn Jance
Secretary:	Helen Evans
Treasurer:	Bill Richards

Campbelltown Hospital Auxiliary

President:	Gail Smith
Secretary:	Judy Kemister
Treasurer:	Olivia Locket

Hospital Volunteers
Coordinator: Dot Lechner

Pastoral Care
Coordinator: Marion Martin

Canterbury

Volunteers at Canterbury Hospital reflect the diverse nature of Canterbury City. They perform a variety of roles from the traditional Pink Lady tasks in the wards to escorting visitors and relatives around the Hospital to running a weekly fundraising stall. An appreciation

luncheon is held annually. In the past year the volunteer base has grown considerably.

Community Health

Volunteers provided support at Aged Day Care Services in Liverpool and Fairfield Centres. Trained volunteers continued to work at The Hub community development in Miller.

Concord Hospital

Our dedicated and growing band of volunteers have continued to enhance care through many activities. These include escorting patients and visitors around the Hospital, fundraising through market stalls and raffles and more recently the introduction of music, reading and knitting in the Aged Care wards. The Hospital's pastoral care volunteers continue to provide spiritual support to a majority of denominations.

Fairfield Hospital

Fairfield Hospital has over 30 volunteers who perform a variety of tasks including a concierge service.

Karitane

In 2007-08, the Karitane Volunteer Programs were supported by dedicated volunteers with 86 providing home visits to 109 families. An additional 12 volunteers supported groups with staff. Randwick Family Care Centre has 10 volunteers, and Liverpool Family Care Centre has six volunteers.

Liverpool Hospital

Chaplaincy

The Hospital continued to provide pastoral care through the Chaplaincy Department. Volunteers have been through an extensive accreditation program. Training programs have been implemented to equip staff to care for the spiritual and pastoral needs of patients they visit. In 2007-08, 26 volunteers provided services including Catholic, Buddhist and Muslim representatives who visit regularly. Anglicare provides a chaplaincy service for all mental health units in Sydney south west.

Liverpool Hospital Volunteers / Pink Ladies

President: Alester Thompson
Vice-president:Barbara Wright
Secretary: Linda Slavin
Treasurer: Aziz Michael

The Hospital continues to be appreciative of the valuable and wide-ranging services provided by our volunteers. These include the successful guide service for visitors. Many volunteers knit outfits for premature babies in Newborn Care, for which staff and patients are very grateful. Recruitment activity continues at a successful rate. Other volunteers include students from Liverpool Girls' High School.

Busby Auxiliary

President: Nola Dean
Secretary: Elaine Young
Membership: 11

The Auxiliary purchased equipment with a total value of $82,857.60. The equipment was for the Intensive Care Unit, Vascular Diagnostic, Medical Assessment Unit, Brain Injury Unit and operating theatres.

Colonial Club Auxiliary

President: Christine Frame
Secretary: Shirley Yates
Treasurer: David Nolan
Membership: 26

The Colonial Club Auxiliary has purchased $13,620 worth of equipment for the operating theatres.

Liverpool Hospital Auxiliary

President: Marie Hunt
Vice-president: Elizabeth Johnson
Secretary: Helen Clifford
Membership: 20

The Auxiliary purchased $34,698.30 worth of equipment for the Anaesthetics and Pain Management Department.

Moorebank/Chipping Norton Auxiliary

President: Elizabeth Winner
Secretary: Patricia Hughes
Membership: 7

The Auxiliary operates the Gumnut Baby Shop, as well as stalls in the Hospital foyer. Members purchased the Sonosite M-Turbo Ultrasound machine worth $56,756.29 for the Radiology Department.

Wattle Grove and Districts Auxiliary

President: Lorna O'Brien
Secretary: Beryl Fraser
Membership: 5

The Auxiliary continues to raise funds through operation of a stall in the Hospital foyer.

Royal Prince Alfred Hospital

As of July 2008, Volunteer Services had approximately 101 volunteers (an increase of six from June 2007). Volunteers are able to help patients in eight different language/cultures.

Demand for volunteers continued to grow with new opportunities in areas such as The Perioperative Unit which now has volunteers on Mondays, Wednesdays, Thursdays and Fridays in the discharge lounge.

Freedom of Information

Access to personal and/or non-personal documents can be obtained by lodging a Freedom of Information (FOI) application. This can be achieved by either completing an FOI application form or by a written request in the form of a letter, and lodged with the Area FOI Co-ordinator of SSWAHS. The processing fee for a personal FOI application is $30.00 (GST free), or should the applicant be able to show hardship, a 50 per cent reduction is given.

For all non-personal applications, there is the initial $30.00 application fee (GST free) however the Area Health Service can charge a processing fee of $30.00 per hour. The processing fee includes costs for searching/locating the information, decision-making, consultation and any photocopying.

For access to medical records, the applicant should write to the Medical Record Department of the appropriate SSWAHS facility.

The Summary of Affairs is updated and forwarded to the Government Printing Office for inclusion in the Government Gazette every six months. The Area FOI Co-ordinator listed in the Summary of Affairs is available for enquiries regarding FOI applications, access to medical records and/or amendment of records.

Freedom of Information Statistics

From 2007-08 a new format for FOI statistical reporting by agencies has been introduced. It should be noted that the 2006-07 figures published in the previous Annual Report may not correlate with a number of the tables for the new format and, therefore, some of the columns for 2006-07 have been left blank due to the change in the reporting of data.

SECTION A – NEW FOI APPLICATIONS

How many FOI applications were received, discontinued or completed?	NUMBER OF FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
A1 New	145	116	27	20	172	136
A2 Brought forward	0	4	2	2	2	6
A3 Total to be processed	145	120	29	22	174	142
A4 Completed	138	111	25	11	163	122
A5 Discontinued	3	1	2	9	5	10
A6 Total processed	141	112	27	20	168	132
A7 Unfinished (carried forward)	4	8	2	2	6	10

Freedom of Information

SECTION B – DISCONTINUED APPLICATIONS

Why were FOI applications discontinued?	NUMBER OF DISCONTINUED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
B1 Request transferred out to another agency (s.20)	N/A	0	N/A	0	N/A	0
B2 Applicant withdrew request	N/A	1	N/A	1	N/A	2
B3 Applicant failed to pay advance deposit (s.22)	N/A	0	N/A	3	N/A	3
B4 Applicant failed to amend a request that would have been an unreasonable diversion of resources to complete (s.25(1)(a1))	N/A	0	N/A	5	N/A	5
B5 Total discontinued	N/A	1	N/A	9	N/A	10

Note: If request discontinued for more than one reason, select the reason first occurring in the above table. The figures in B5 should correspond to those in A5.

SECTION C – COMPLETED APPLICATIONS

What happened to completed FOI applications?	NUMBER OF COMPLETED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
C1 Granted or otherwise available in full	125	95	9	5	134	100
C2 Granted or otherwise available in part	6	13	4	4	10	17
C3 Refused	7	1	12	1	19	2
C4 No documents held	0	2	0	1	0	3
C5 Total completed	138	111	25	11	163	122

Note: A request is granted or otherwise available in full if all documents requested are either provided to the applicant (or the applicant's medical practitioner) or are otherwise publicly available. The figures in C5 should correspond to those in A4.

Freedom of Information

SECTION D – APPLICATIONS GRANTED OR OTHERWISE AVAILABLE IN FULL

How were the documents made available to the applicant?	NUMBER OF FOI APPLICATIONS (GRANTED OR OTHERWISE AVAILABLE IN FULL)					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
All documents requested were: D1 Provided to the applicant	N/A	95	N/A	3	N/A	98
D2 Provided to the applicant's medical practitioner	N/A	0	N/A	0	N/A	0
D3 Available for inspection	N/A	0	N/A	0	N/A	0
D4 Available for purchase	N/A	0	N/A	0	N/A	0
D5 Library material	N/A	0	N/A	0	N/A	0
D6 Subject to deferred access	N/A	0	N/A	2	N/A	2
D7 Available by a combination of any of the reasons listed in D1-D6 above	N/A	0	N/A	0	N/A	0
D8 Total granted or otherwise available in full	N/A	95	N/A	5	N/A	100

Note: The figures in D8 should correspond to those in C1

SECTION E – APPLICATIONS GRANTED OR OTHERWISE AVAILABLE IN PART

How were the documents made available to the applicant?	NUMBER OF FOI APPLICATIONS (GRANTED OR OTHERWISE AVAILABLE IN PART)					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
Documents made available were: E1 Provided to the applicant	N/A	13	N/A	0	N/A	13
E2 Provided to the applicant's medical practitioner	N/A	0	N/A	0	N/A	0
E3 Available for inspection	N/A	0	N/A	0	N/A	0
E4 Available for purchase	N/A	0	N/A	0	N/A	0
E5 Library material	N/A	0	N/A	0	N/A	0
E6 Subject to deferred access	N/A	0	N/A	4	N/A	4
E7 Available by a combination of any of the reasons listed in E1-E6 above	N/A	0	N/A	0	N/A	0
E8 Total granted or otherwise available in part	N/A	13	N/A	4	N/A	17

Note: The figures in E8 should correspond to those in C2.

Freedom of Information

SECTION F – REFUSED FOI APPLICATIONS

Why was access to the documents refused?	NUMBER OF REFUSED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
F1 Exempt	6	1	10	1	16	2
F2 Deemed refused	1	0	2	0	3	0
F3 Total refused	7	1	12	1	19	2

Note: The figures in F3 should correspond with those in C3

SECTION G – EXEMPT DOCUMENTS

Why were the documents classified as exempt? (identify one reason only)	NUMBER OF FOI APPLICATIONS (REFUSED OR ACCESS GRANTED OR OTHERWISE AVAILABLE IN PART ONLY)					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
Restricted documents: G1 Cabinet documents (Clause 1)	N/A	0	N/A	0	N/A	0
G2 Executive Council documents (Clause 2)	N/A	0	N/A	0	N/A	0
G3 Documents affecting law enforcement and public safety (Clause 4)	N/A	0	N/A	0	N/A	0
G4 Documents affecting counter terrorism measures (Clause 4A)	N/A	0	N/A	0	N/A	0
Documents requiring consultation: G5 Documents affecting intergovernmental relations (Clause 5)	N/A	0	N/A	0	N/A	0
G6 Documents affecting personal affairs (Clause 6)	N/A	9	N/A	1	N/A	10
G7 Documents affecting business affairs (Clause 7)	N/A	0	N/A	0	N/A	0
G8 Documents affecting the conduct of research (Clause 8)	N/A	0	N/A	0	N/A	0

Freedom of Information

SECTION G – EXEMPT DOCUMENTS

Why were the documents classified as exempt? **(identify <u>one</u> reason only)**	**NUMBER OF FOI APPLICATIONS (REFUSED OR ACCESS GRANTED OR OTHERWISE AVAILABLE IN PART ONLY)**					
	PERSONAL		**OTHER**		**TOTAL**	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
Documents otherwise exempt: G9 Schedule 2 exempt agency	N/A	1	N/A	0	N/A	1
G10 Documents containing information confidential to Olympic Committees (Clause 22)	N/A	0	N/A	0	N/A	0
G11 Documents relating to threatened species, Aboriginal objects or Aboriginal places (Clause 23)	N/A	0	N/A	0	N/A	0
G12 Documents relating to threatened species conservation (Clause 24)	N/A	0	N/A	0	N/A	0
G13 Plans of management containing information of Aboriginal significance (Clause 25)	N/A	0	N/A	0	N/A	0
G14 Private documents in public library collections (Clause 19)	N/A	0	N/A	0	N/A	0
G15 Documents relating to judicial functions (Clause 11)	N/A	1	N/A	0	N/A	1
G16 Documents subject to contempt (Clause 17)	N/A	0	N/A	0	N/A	0
G17 Documents arising out of companies and securities legislation (Clause 18)	N/A	0	N/A	0	N/A	0
G18 Exempt documents under interstate FOI Legislation (Clause 21)	N/A	0	N/A	0	N/A	0
G19 Documents subject to legal professional privilege (Clause 10)	N/A	0	N/A	0	N/A	0

Freedom of Information

SECTION G – EXEMPT DOCUMENTS continued

Why were the documents classified as exempt? (identify one reason only)	NUMBER OF FOI APPLICATIONS (REFUSED OR ACCESS GRANTED OR OTHERWISE AVAILABLE IN PART ONLY)					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
G20 Documents containing confidential material (Clause 13)	N/A	0	N/A	0	N/A	0
G21 Documents subject to secrecy provisions (Clause 12)	N/A	2	N/A	0	N/A	2
G22 Documents affecting the economy of the State (Clause 14)	N/A	0	N/A	0	N/A	0
G23 Documents affecting financial or property Interests of the State or an agency (Clause 15)	N/A	0	N/A	0	N/A	0
G24 Documents concerning operations of agencies (Clause 16)	N/A	0	N/A	3	N/A	3
G25 Internal working documents (Clause 9)	N/A	1	N/A	1	N/A	2
G26 Other exemptions (i.e., Clauses 20, 22A and 26)	N/A	0	N/A	0	N/A	0
G27 Total applications including exempt documents	N/A	14	N/A	5	N/A	19

Note: Where more than one exemption applies to a request select the exemption category first occurring in the above table. The figures in G27 should correspond to the sum of the figures in C2 and F1

SECTION H – MINISTERIAL CERTIFICATES (S.59)

How many Ministerial Certificates were issued?	NUMBER OF MINISTERIAL CERTIFICATES	
	2006-07	2007-08
H1 Ministerial Certificates issued	0	0

Freedom of Information

SECTION I – FORMAL CONSULTATIONS

How many formal consultations were conducted?	NUMBER	
	2006-07	2007-08
I1 Number of applications requiring formal consultation	20	24
I2 Number of persons formally consulted	N/A	68

Note: Include all formal consultations issued irrespective of whether a response was received.

SECTION J – AMENDMENT OF PERSONAL RECORDS

How many applications for amendment of personal records were agreed or refused?	NUMBER OF APPLICATIONS FOR AMENDMENT OF PERSONAL RECORDS	
	2006-07	2007-08
J1 Agreed in full	0	0
J2 Agreed in part	0	0
J3 Refused	0	0
J4 Total	0	0

SECTION K – NOTATION OF PERSONAL RECORDS

How many applications for notation of personal records were made (s.46)?	NUMBER OF APPLICATIONS FOR NOTATION	
	2006-07	2007-08
K1 Applications for notation	0	0

SECTION L – FEES AND COSTS

What fees were assessed and received for FOI applications processed (excluding applications transferred out)?	ASSESSED COSTS		FEES RECEIVED	
	2006-07	2007-08	2006-07	2007-08
L1 All completed applications	$14,466	$10,688.50	$7,837	$7,186

Freedom of Information

SECTION M – FEE DISCOUNTS

How many fee waivers or discounts were allowed and why?	NUMBER OF FOI APPLICATIONS (WHERE FEES WERE WAIVED OR DISCOUNTED)					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
M1 Processing fees waived in full	0	4	0	3	0	7
M2 Public interest discount	0	0	0	0	0	0
M3 Financial hardship discount – pensioner or child	8	12	1	0	9	12
M4 Financial hardship discount – non profit organisation	0	0	0	1	0	1
M5 Total	8	16	1	4	9	20

SECTION N – FEE REFUNDS

How many fee refunds were granted as a result of significant correction of personal records?	NUMBER OF REFUNDS	
	2006-07	2007-08
N1 Number of fee refunds granted as a result of significant correction of personal records	0	0

SECTION O – DAYS TAKEN TO COMPLETE REQUEST

How long did it take to process completed applications? (Note: calendar days)	NUMBER OF COMPLETED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
O1 0-21 days – statutory determination period	119	81	15	6	134	87
O2 22-35 days – extended statutory determination period for consultation or retrieval of archived records (S.59B)	17	29	5	4	22	33
O3 Over 21 days – deemed refusal where no extended determination period applies	0	0	0	0	0	0
O4 Over 35 days – deemed refusal where extended determination period applies	2	1	5	1	7	2
O5 Total	138	111	25	11	163	122

Note: Figures in O5 should correspond to figures in A4.

Freedom of Information

SECTION P – PROCESSING TIME: HOURS

How long did it take to process completed applications?	NUMBER OF COMPLETED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006-07	2007-08	2006-07	2007-08	2006-07	2007-08
P1 0-10 hours	135	84	22	5	157	89
P2 11-20 hours	3	25	2	1	5	26
P3 21-40 hours	0	1	1	4	1	5
P4 Over 40 hours	0	1	0	1	0	2
P5 Total	138	111	25	11	163	122

Note: Figures in P5 should correspond to figures in A4.

SECTION Q – NUMBER OF REVIEWS

How many reviews were finalised?	NUMBER OF COMPLETED REVIEWS	
	2006-07	2007-08
Q1 Internal reviews	7	9
Q2 Ombudsman reviews	3	4
Q3 Administrative Decisions Tribunal (ADT) reviews	0	0

SECTION R – RESULTS OF INTERNAL REVIEWS

What were the results of internal reviews finalised?

GROUNDS ON WHICH THE INTERNAL REVIEW WAS REQUESTED	NUMBER OF INTERNAL REVIEWS					
	PERSONAL		OTHER		TOTAL	
	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**
R1 Access refused	0	0	0	1	0	1
R2 Access deferred	0	0	0	0	0	0
R3 Exempt matter deleted from documents	0	0	0	0	0	0
R4 Unreasonable charges	1	0	1	2	2	2

Freedom of Information

SECTION R – RESULTS OF INTERNAL REVIEWS

What were the results of internal reviews finalised?

GROUNDS ON WHICH THE INTERNAL REVIEW WAS REQUESTED	NUMBER OF INTERNAL REVIEWS					
	PERSONAL		OTHER		TOTAL	
	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**
R5 Failure to consult with third parties	0	0	0	0	0	0
R6 Third parties views disregarded	1	0	2	1	3	1
R7 Amendment of personal records refused	0	0	0	0	0	0
R8 Total	2	0	3	4	5	4

Note: Figures in R8 should correspond to figures in Q1.

During the 2007-08 financial year, the Area Health Service received 136 new requests for information under the *Freedom of Information Act 1989*, compared with 172 for the 2006-07 financial year. Overall, the number of FOI applications decreased by 20.94 per cent. The decrease is mainly a result of fewer people utilising FOI to obtain personal information held by the Area Health Service. In addition, there was a significant decrease in applicants submitting multiple non-personal applications for information of a similar nature, compared to those in 2006-07. However, there was a significant increase in the number of applications received from the media (7), which is an increase by 71.4%, as well as the number of applications from politicians (4), which has increased by 25% since last year.

There were six applications carried over from the 2006-07 reporting period, bringing the total 2007-08 applications to 142. Of these, 120 were for personal information and 22 were non-personal applications.

Although the amount of applications generally declined in numbers, the processing time for most applications increased significantly. Thirty-seven per cent of all applications took over 11 hours to process, compared to 2006-07 where only 3.8 per cent of all applications took over 11 hours to process. Five applications took between 21-40 hours to process, while two further applications took in excess of 40 hours to process. Of the applications processed, there were 68 third parties who were consulted.

There have been no requests for amendments to personal records, notations to personal records nor Ministerial Certificates issued. There were nine internal reviews completed, two were for personal applications and seven originated from five non-personal applications. The outcome of the internal reviews resulted in five upholding, and four varying the original decisions. There were four Ombudsman appeals which have been finalised, with the outcomes resulting in two appeals upheld, and two appeals varied. There were no appeals to the Administrative Decisions Tribunal (ADT) this financial year.

Freedom of Information

The cost of processing FOI requests during 2007-08 was assessed at $10,463.50 while $6,986.00 was received to offset the operating cost of providing such information which included application fees, processing fees, and internal review fees.

There were only two requests in 2007-08 determined outside of the time limits prescribed by the Act. All applicants were advised of any delay in processing, and extensions of time were negotiated with them.

The Area Health Service also processed 13 third party consultation requests from external agencies. These agencies had received FOI applications for information that concerned our Area Health Service. For each request considerations were made whether the release of the Area Health Services' information would adversely affect our business affairs. In 12 of the requests, SSWAHS did not have objections to the release of the information.

FINANCIAL OVERVIEW

EXECUTIVE SUMMARY

The audited financial statements presented for the Sydney South West Area Health Service are for the period 1 July 2007 to 30 June 2008. The Net Cost of Services budget was $1.913 billion, against which the audited actuals of $1.901 billion represents a variation of $11.164 million or 0.584%.

The reported variation is mainly attributed to the increase in Sale of Goods and Services Revenue.

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

This information is detailed below:

	2007/08 Actuals $000	2007/08 Budget $000	2006/07 Actuals $000
Employee Related	1,449,670	1,447,117	1,363,594
Visiting Medical Officers	84,816	85,428	77,628
Other Operating Expenses	729,250	722,635	689,266
Depreciation and Amortisation	75,156	80,682	75,265
Grants and Subsidies	27,140	28,850	43,003
Finance Costs	511	96	633
Payments to Affiliated Health Organisations	27,837	26,656	26,160
Total Expenses	**2,394,380**	**2,391,464**	**2,275,549**
Sale of Goods & Services	418,101	409,945	388,728
Investment Income	11,503	15,286	13,973
Grants & Contributions	49,895	42,573	57,641
Other Revenue	19,022	13,548	18,066
Total Revenue	**498,521**	**481,352**	**478,408**
Gain/Loss on Disposal of Non Current Assets	(579)	0	(419)
Other Gains / Losses	(4,927)	(2,417)	(2,740)
Net Cost of Services	**1,901,365**	**1,912,529**	**1,800,300**

The variations in the two years reported stem from budget adjustments and other movements (referred to Note 36).

PROGRAM REPORTING

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

Program	2007/08			2006/07		
	Exp	Rev	NCOS	Exp	Rev	NCOS
	$000	$000	$000	$000	$000	$000
Primary & Community	157,699	7,379	150,320	155,177	7,796	147,381
Aboriginal Health	1,341	18	1,323	1,934	19	1,915
Outpatient Services	281,321	22,666	258,655	288,701	21,885	266,816
Emergency Care Services	153,259	17,536	135,723	140,210	16,031	124,179
Overnight Acute	1,167,663	330,965	836,698	1,078,667	318,775	759,892
Same Day Acute	181,002	47,993	133,009	159,959	42,755	117,204
Mental Health Services	157,890	2,970	154,920	167,204	2,912	164,292
Rehab & Extended Care	160,450	26,126	134,324	149,547	25,012	124,535
Population Health	32,110	4,722	27,388	32,600	4,677	27,923
Teaching & Research	101,645	32,640	69,005	101,550	35,387	66,163
Total	**2,394,380**	**493,015**	**1,901,365**	**2,275,549**	**475,249**	**1,800,300**

In respect to the Aboriginal Health Program, the reduction was due to the lower amount of overhead distribution. The increase in the Overnight Acute and Same Day Acute was due to the changes in the inter area flow allocation methodology between programs as specified in the UAR Data collection procedure.

DIRECTIONS IN FUNDING

As a result of the establishment of the new Area Health Services on 1 January 2005, it has become necessary for each Area Health Service to prepare its financial statements utilising the Australian Equivalents to International Financial Reporting Standards (AEIFRS).

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

- the amalgamation of accounting and financial systems;
- the restructuring of corporate and business support services designed to generate funds to source further front line services

THE 2008/09 BUDGET – ABOUT THE FORTHCOMING YEAR

The Sydney South West Area Health Service received its 2008/09 allocation on 27 June 2008. The allocation is earmarked by the provision of additional funding to address:

- the provision of increased bed capacity to improve access block performance and provide sustainable management of elective surgery – it is expected that the funding provided will facilitate the establishment and opening of an additional 60 beds;

- the provision of more elective surgery to tackle existing waiting lists;

- the need to increase the number of intensive care beds for adults, with one adult ICU bed expected to open and operate in 2008/09;

- mental health service improvements, including increased operational funding associated with completed capital work projects.

- the continued enhancement of the delivery of cancer research and direct patient services;

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

The Area Health Service amalgamation which took effect on 1 January 2005, seeks to better align population growth centres with existing centres of excellence and specialist medical expertise and also link areas of traditional clinical resource strength to areas of traditional shortage. In addition, the new Areas will integrate a range of administrative and clinical systems, removing duplication and overlap, with the savings being progressively invested in clinical services.

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

The Minister for Health has announced the new capital works which include investment in major medical equipment throughout the state.

In addition, the 2008/09 capital program also provides for the continuation of 2007/08 projects including the Liverpool Hospital Redevelopment stage 2.

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Sydney South West Area Health Service and Controlled entities

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Sydney West Area Health Service (the Service), which comprises the balance sheet as at 30 June 2008, the operating statement, statement of recognised income and expense, cash flow statement and program statement - expenses and revenues for the year then ended, a summary of significant accounting policies and other explanatory notes for both the Service and the consolidated entity. The consolidated entity comprises the Service and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Service and the consolidated entity as at 30 June 2008, and of their financial performance and their cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005

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

Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Service's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Service's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does *not* provide assurance:

- about the future viability of the Service or consolidated entity,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. 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 of New South Wales are not compromised in their role by the possibility of losing clients or income.

Heather Watson

Heather Watson
Director, Financial Audit Services

5 December 2008
SYDNEY

Certification of Parent/Consolidated Financial Statements for period Ended 30 June 2008

The attached financial statements of the Sydney South West Area Health Service for the year ended 30 June 2008:

i. Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian Accounting Requirements, the requirements of the *Public Finance and Audit Act 1983* and its regulations, the Accounts and Audit Determination and the Accounting Manual for the Area Health Services and Public Hospitals;

ii. Present fairly the financial position and transactions of the Sydney South West Area Health Service; and

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

Mike Wallace
Chief Executive
Sydney South West Area Health Service
05 December 2008

Candy Cheng
Chief Financial Officer
Sydney South West Area Health Service
05 December 2008

Sydney South West Area Health Service
Operating Statement for the Year ended 30 June 2008

Parent					Consolidated		
Actual	Budget	Actual		Notes	Actual	Budget	Actual
2008	2008	2007			2008	2008	2007
$000	$000	$000			$000	$000	$000
			Expenses excluding losses				
			Operating Expenses				
0	0	0	Employee Related	3	1,449,670	1,447,117	1,363,594
1,446,676	1,447,117	1,360,745	Personnel Services	4	0	0	0
84,816	85,428	77,628	Visiting Medical Officers		84,816	85,428	77,628
727,133	722,635	687,450	Other Operating Expenses	5	729,250	722,635	689,266
74,557	80,682	74,885	Depreciation and Amortisation	2(i), 6	75,156	80,682	75,265
27,140	28,850	43,003	Grants and Subsidies	7	27,140	28,850	43,003
511	96	633	Finance Costs	8	511	96	633
27,837	26,656	26,160	Payments to Affiliated Health Organisations	9	27,837	26,656	26,160
2,388,670	**2,391,464**	**2,270,504**	**Total Expenses excluding losses**		**2,394,380**	**2,391,464**	**2,275,549**
			Retained Revenue				
418,101	409,945	388,728	Sale of Goods and Services	10	418,101	409,945	388,728
11,515	15,286	12,889	Investment Income	11	11,503	15,286	13,973
69,495	67,451	78,079	Grants and Contributions	12	49,895	42,573	57,641
18,708	13,548	17,134	Other Revenue	13	19,022	13,548	18,066
517,819	**506,230**	**496,830**	**Total Retained Revenue**		**498,521**	**481,352**	**478,408**
(579)	0	(419)	Gain/(Loss) on Disposal	14	(579)	0	(419)
(4,927)	(2,417)	(2,740)	Other Gains/(Losses)	15	(4,927)	(2,417)	(2,740)
1,876,357	**1,887,651**	**1,776,833**	**Net Cost of Services**	33	**1,901,365**	**1,912,529**	**1,800,300**
			Government Contributions				
			NSW Health Department				
1,783,296	1,783,296	1,747,751	Recurrent Allocations	2(d)	1,783,296	1,783,296	1,747,751
			NSW Health Department				
31,432	33,882	31,658	Capital Allocations	2(d)	31,432	33,882	31,658
			Acceptance by the Crown Entity of				
0	0	0	employee superannuation benefits	2(a)	25,449	24,878	25,113
1,814,728	**1,817,178**	**1,779,409**	**Total Government Contributions**		**1,840,177**	**1,842,056**	**1,804,522**
(61,629)	**(70,473)**	**2,576**	**RESULT FOR THE YEAR**		**(61,188)**	**(70,473)**	**4,222**

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service

Statement of Recognised Income and Expense for the year ended 30 June 2008

Parent					Consolidated		
Actual	Budget	Actual		Notes	Actual	Budget	Actual
2008	2008	2007			2008	2008	2007
$000	$000	$000			$000	$000	$000
4,847	0	23,729	Net increase/(decrease) in Property, Plant and Equipment Asset Revaluation Reserve	29	4,913	0	24,025
0	0	373	Asset revaluation reserve balances transferred to accumulated funds on disposal of asset		0	0	373
0	0	(2,322)	Increase/(Decrease) in Net Assets from Administrative Restructure		0	0	(2,322)
(463)	0	0	Emerging rights to assets	23	(463)	0	0
4,384	0	21,780	TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		4,450	0	22,076
(61,629)	(70,473)	2,576	Result for the Year		(61,188)	(70,473)	4,222
(57,245)	(70,473)	24,356	TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR		(56,738)	(70,473)	26,298

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Balance Sheet as at 30 June 2008

Parent					Consolidated		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			ASSETS				
			Current Assets				
143,095	137,390	133,884	Cash and Cash Equivalents	18	148,974	137,390	137,858
49,522	35,451	40,375	Receivables	19	50,183	35,451	40,723
11,544	10,111	10,328	Inventories	20	11,544	10,111	10,328
35,428	46,336	37,492	Financial Assets at Fair Value	21	42,954	46,336	46,336
239,589	229,288	222,079			253,655	229,288	235,245
14,356	7,744	7,744	Non Current Assets Held for Sale	24	14,356	7,744	7,744
253,945	237,032	229,823	**Total Current Assets**		268,011	237,032	242,989
			Non-Current Assets				
1,620	1,665	1,665	Receivables	19	1,620	1,665	1,665
			Property, Plant and Equipment				
1,528,853	1,548,656	1,548,457	- Land and Buildings	22	1,533,341	1,548,656	1,553,242
117,874	95,475	116,413	- Plant and Equipment	22	119,253	95,475	117,850
1,646,727	1,644,131	1,664,870	Total Property, Plant and Equipment		1,652,594	1,644,131	1,671,092
			Intangible Assets				
416	880	880	Other	2(aa), 23	416	880	880
1,648,763	1,646,676	1,667,415	**Total Non-Current Assets**		1,654,630	1,646,676	1,673,637
1,902,708	1,883,708	1,897,238	**Total Assets**		1,922,641	1,883,708	1,916,626
			LIABILITIES				
			Current Liabilities				
158,597	123,164	122,136	Payables	26	159,137	123,164	122,558
3,907	203	3,703	Borrowings	27	3,907	203	3,703
431,787	428,841	404,595	Provisions	28	432,188	428,841	405,059
594,291	552,208	530,434	**Total Current Liabilities**		595,232	552,208	531,320
			Non-Current Liabilities				
374	3,678	3,581	Borrowings	27	374	3,678	3,581
28,104	42,669	26,039	Provisions	28	28,147	42,669	26,099
28,478	46,347	29,620	**Total Non-Current Liabilities**		28,521	46,347	29,680
622,769	598,555	560,054	**Total Liabilities**		623,753	598,555	561,000
1,279,939	1,285,153	1,337,184	**Net Assets**		1,298,888	1,285,153	1,355,626
			EQUITY				
40,385	41,599	40,758	Reserves	29	40,747	41,599	41,054
1,234,034	1,243,554	1,296,126	Accumulated Funds	29	1,252,621	1,243,554	1,314,272
1,274,419	1,285,153	1,336,884			1,293,368	1,285,153	1,355,326
5,520	0	300	Amount recognised in equity relating to assets held for sale	24	5,520	0	300
1,279,939	1,285,153	1,337,184	Total Equity		1,298,888	1,285,153	1,355,626

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Cash Flow Statement for the Year ended 30 June 2008

Parent					Consolidated		
Actual	Budget	Actual			Actual	Budget	Actual
2008	2008	2007		Notes	2008	2008	2007
$000	$000	$000			$000	$000	$000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(1,376,931)	(1,376,375)	(1,300,273)	Employee Related		(1,379,960)	(1,376,408)	(1,302,953)
(29,854)	(51,520)	(47,303)	Grants and Subsidies		(29,854)	(51,520)	(47,303)
(15)	(96)	(39)	Finance Cost		(15)	(96)	(39)
(895,622)	(871,498)	(867,294)	Other		(898,121)	(871,912)	(869,251)
(2,302,422)	(2,299,489)	(2,214,909)	**Total Payments**		(2,307,950)	(2,299,936)	(2,219,546)
			Receipts				
396,477	405,793	368,120	Sale of Goods and Services		396,477	405,793	368,120
11,678	13,743	13,088	Interest Received		11,655	13,743	14,165
147,759	125,011	150,253	Other		154,186	125,011	155,957
555,914	544,547	531,461	**Total Receipts**		562,318	544,547	538,242
			Cash Flows From Government				
1,783,296	1,783,296	1,747,751	NSW Health Department Recurrent Allocations		1,783,296	1,783,296	1,747,751
25,702	25,702	31,658	NSW Health Department Capital Allocations		25,702	25,702	31,658
1,808,998	1,808,998	1,779,409	**Net Cash Flows from Government**		1,808,998	1,808,998	1,779,409
62,490	54,056	95,961	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	33	63,366	53,609	98,105
			CASH FLOWS FROM INVESTING ACTIVITIES				
425	8,932	860	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		425	8,932	860
(57,744)	(72,408)	(67,227)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(57,922)	(72,408)	(67,382)
2,065	0	(4,478)	Purchases of Investments		3,382	0	(5,353)
5,475	0	(2,035)	Other		5,365	0	(2,009)
(49,779)	(63,476)	(72,880)	**NET CASH FLOWS USED IN INVESTING ACTIVITIES**		(48,750)	(63,476)	(73,884)
			CASH FLOWS FROM FINANCING ACTIVITIES				
(3,500)	(3,500)	(3,500)	Repayment of Borrowings and Advances		(3,500)	(3,500)	(3,500)
(3,500)	(3,500)	(3,500)	**NET CASH FLOWS FROM/(USED IN) FINANCING ACTIVITIES**		(3,500)	(3,500)	(3,500)
9,211	(12,920)	19,581	**NET INCREASE / (DECREASE) IN CASH**		11,116	(13,367)	20,721
133,884	147,385	114,303	Opening Cash and Cash Equivalents		137,858	147,385	117,137
143,095	134,465	133,884	**CLOSING CASH AND CASH EQUIVALENTS**	18	148,974	134,018	137,858

The accompanying notes form part of these Financial Statements

Sydney South West Area Health Service
Program Statement of Expenses and Revenues
for the Year ended 30 June 2008

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 *		Non Attributable		Total	
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses																								
Operating Expenses																								
Employee Related	101,622	95,588	935	1,364	189,617	178,358	101,332	95,315	636,202	598,481	91,329	85,906	124,105	113,997	97,708	91,906	22,905	21,545	83,915	81,134	0	0	1,449,670	1,363,594
Visiting Medical Officers	2,078	1,902	25	23	13,545	12,397	1,934	1,770	49,125	44,962	8,236	7,538	3,910	3,579	3,469	3,175	967	885	1,527	1,397	0	0	84,816	77,628
Other Operating Expenses	25,818	29,942	328	494	66,964	85,777	44,251	37,375	439,409	392,508	76,635	61,706	18,388	23,297	36,171	32,134	7,449	9,380	13,837	16,653	0	0	729,250	689,266
Depreciation and Amortisation	4,164	4,170	53	53	10,702	10,718	5,742	5,750	37,825	37,881	4,802	4,809	3,127	3,131	5,637	5,645	789	790	2,315	2,318	0	0	75,156	75,265
Grants and Subsidies	18,953	18,724	0	0	0	1,000	0	0	0	0	0	0	7,564	22,442	623	837	0	0	0	0	0	0	27,140	43,003
Finance Costs	0	0	0	0	0	0	0	0	511	633	0	0	0	0	0	0	0	0	0	0	0	0	511	633
Payments to Affiliated Health Organisations	5,064	4,851	0	0	493	451	0	0	4,591	4,202	0	0	796	758	16,842	15,850	0	0	51	48	0	0	27,837	26,160
Total Expenses excluding losses	157,699	155,177	1,341	1,934	281,321	288,701	153,259	140,210	1,167,663	1,078,667	181,002	159,959	157,890	167,204	160,450	149,547	32,110	32,600	101,645	101,550	0	0	2,394,380	2,275,549
Revenue																								
Sale of Goods and Services	1,434	1,272	0	0	15,161	13,446	14,943	13,162	316,479	299,088	45,480	39,999	1,557	1,381	17,966	15,874	369	327	4,712	4,179	0	0	418,101	388,728
Investment Income	862	1,047	5	6	905	1,100	330	401	3,313	4,021	369	449	281	341	682	829	477	580	4,279	5,199	0	0	11,503	13,973
Grants and Contributions	3,158	3,649	0	0	5,209	6,018	1,557	1,798	14,525	16,779	1,322	1,527	559	646	5,873	6,784	429	496	17,263	19,944	0	0	49,895	57,641
Other Revenue	1,925	1,828	13	13	1,391	1,321	706	670	2,154	2,046	822	780	573	544	1,605	1,525	3,447	3,274	6,386	6,065	0	0	19,022	18,066
Total Revenue	7,379	7,796	18	19	22,666	21,885	17,536	16,031	336,471	321,934	47,993	42,755	2,970	2,912	26,126	25,012	4,722	4,677	32,640	35,387	0	0	498,521	478,408
Gain / (Loss) on Disposal	0	0	0	0	0	0	0	0	(579)	(419)	0	0	0	0	0	0	0	0	0	0	0	0	(579)	(419)
Other Gains / (Losses)	0	0	0	0	0	0	0	0	(4,927)	(2,740)	0	0	0	0	0	0	0	0	0	0	0	0	(4,927)	(2,740)
Net Cost of Services	150,320	147,381	1,323	1,915	258,655	266,816	135,723	124,179	836,698	759,892	133,009	117,204	154,920	164,292	134,324	124,535	27,388	27,923	69,005	66,163	0	0	1,901,365	1,800,300
Government Contributions																					1,840,177	1,804,522	1,840,177	1,804,522
RESULT FOR THE YEAR																							(51,188)	4,222

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

The program statement uses statistical data to 31 December 2007 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2008 and 30 June 2008 which would materially impact this allocation.

1 The Health Service Reporting Entity

The Sydney South West Area Health Service (SSWAHS) was established under the provisions of the Health Services Act with effect from 1 January 2005. As a reporting entity SSWAHS comprises the services previously provided by the former Central Sydney Area Health Service and the former South Western Sydney Area Health Service.

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

With effect from 17 March 2006 fundamental changes to the employment arrangements of Health Services were made through the amendment to the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997.

The status of the previous employees of Sydney South West Area Health Service changed from that date. They are now employees of the Government of New South Wales in the service of the Crown rather than employees of SSWAHS. Employees of the Government are employed in Divisions of the Government Service.

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

Sydney South West Area Health Service incorporates and manages all the operating activities of the following hospitals, community health services and other facilities under its control:

- Balmain Hospital
- Bankstown Hospital
- Bowral Hospital
- Camden Hospital
- Campbelltown Hospital
- Canterbury Hospital
- Concord Repatriation General Hospital
- Department of Forensic Medicine
- Fairfield Hospital
- Institute of Rheumatology and Orthopaedics
- Liverpool Hospital
- Population Health
- Queen Victoria Memorial Nursing Home
- Royal Prince Alfred Hospital
- Rozelle Hospital (relocated to Concord Hospital site on 30 April 2008)
- Sydney Dental Hospital
- Thomas Walker Hospital
- ANZAC Health and Medical Research Foundation
- Ingham Health Research Institute

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

- Central Sydney Scarba Services and South West Sydney Scarba Services
- Tresillian Family Care Centre at Belmore
- Braeside Hospital, Prairiewood
- Carrington Centennial Hospital
- Karitane

The Financial Report encompasses the activities of the General Fund and the controlled segment of the Special Purposes and Trust Fund. As SSWAHS cannot use the uncontrolled segment of the latter fund to achieve its objectives, the cash balances and activity of that segment are disclosed by way of a note to the financial statements (Note 31). Within the controlled segment of the Special Purposes and Trust Fund there are assets restricted to specific uses by donors but nonetheless controlled by SSWAHS.

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

Principles of Consolidation

The financial statements of the controlled entity are prepared for the same reporting period as the parent entity, using consistent accounting policies. Adjustments are made to bring into line any dissimilar accounting policies that may exist.

The values in the annual financial statements presented herein consist of the Health Service (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report of the economic entity. Notes capture both the parent and consolidated values with notes 3, 4, 12, 26, 28 and 33 being especially relevant to the arrangements between the Health Service and the Division.

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.

The ANZAC Health and Medical Research Foundation is a controlled entity of SSWAHS by virtue of SSWAHS's capacity to control the casting of the majority of the votes at meetings of the governing body of the Foundation. The Foundation is incorporated in Australia as a company limited by guarantee under the Corporations Act 2001, and it is an economic entity whose principal activity is research. The beneficial interest held by SSWAHS is 100%.

The Ingham Research Institute (IHRI) is a controlled entity of SSWAHS . IHRI has been formed as a public company limited by guarantee on 18 February 1997, it is an economic entity whose principal activity is medical research. The IHRI board is made up of community members and representatives of SSWAHS, the University of Western Sydney and the University of New South Wales.

These financial statements have been authorised for issue by the Chief Executive on 04 December 2008.

2 Summary of Significant Accounting Policies

The SSWAHS's financial report is a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards, the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Property, plant and equipment, investment property and assets held for trading and available for sale are measured at fair value. Other financial statements items are prepared in accordance with the historical cost convention.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

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

Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. The entity has considered accounting standards and interpretations issued but not yet effective and determined that these will have no impact on the entity.

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

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Annual Leave, Sick Leave and On Costs

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

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 17 % are applied to the value of leave payable at 30 June 2008, such on costs being consistent with actuarial assessment (Comparable on costs for 30 June 2007 were 21.7% which in addition to the 17% increase also included the impact of awards immediately payable at 30 June 2007).

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**

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

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% (also 8.1% at 30 June 2007) 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.

SSWAHS's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The SSWAHS accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 26, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Department of Health. 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.

In respect of Concord Repatriation General Hospital, the superannuation expenditure associated with those staff who have remained in the Commonwealth Superannuation Fund was paid by NSW Health Department.

iii) **Other Provisions**

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

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

b) **Insurance**

SSWAHS'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) **Finance Costs**

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

d) Income Recognition

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

Sale of Goods and Services

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

Patient Fees

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

Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and measurement".

Debt Forgiveness

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

Use of Hospital Facilities

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

- a monthly charge raised by the SSWAHS 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 SSWAHS use in the advancement of the SSWAHS or individuals within it.

Use of Outside Facilities

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

Grants and Contributions

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

NSW Department of Health Allocations

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

General operating expenses/revenues of Scarba Services, Tresillian Family Care Centres, Braeside Hospital, Carrington Centennial Hospital and Karitane Mothercraft have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisations concerned (Note 9). SSWAHS is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Note 32 contains related information about the Health Service's obligations.

e) Accounting for the Goods & Services Tax (GST)

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

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

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

SSWAHS recognise patient flows for patients they have treated that live outside the Service's regional area. The flows recognised are for 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 flow information is based on activity for the last completed calender year. The NSW Department of Health accepts that category identification for various surgical and medical procedures is impacted by the complexities of the coding process and the interpretation of the coding staff when coding a patient's medical records. The Department reviews the flow information extracted from Health Service records and once it has accepted it, requires each Health Service and the Children's Hospital at Westmead to bring to account the estimated value of patient flows.

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

Inter State Patient Flows

SSWAHS recognise the outflow of acute inpatients that are treated by other States and Territories within Australia who normally reside in the Service's residential area. SSWAHS 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 2006/07 activity data using standard cost weighted separation values to reflect estimated costs in 2007/08 for acute weighted inpatient separations. Where treatment is obtained outside the home health service, the State/Territory providing the service is reimbursed by the benefiting Area.

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

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

g) Acquisition of Assets

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

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure (Note 2(x) refers).

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

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

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

h) Plant & Equipment and Infrastructure Systems

Individual items of property, plant & equipment are capitalised where their cost is $10,000 or above.

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

i) Depreciation

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

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

Buildings	2.5% - 4.0%
Electro Medical Equipment	
- Costing less than $200,000	10.0%
- Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Motor Vehicle Sedans	12.5%
Motor Vehicles, Trucks & Vans	20.0%
Office Equipment	10.0% - 12.5%
Plant and Machinery	10.0%
Furniture, Fittings and Furnishings	10.0%

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

j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Department of Health's "Valuation of Physical Non-Current Assets at Fair Value" policy. This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment".

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

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

The SSWAHS revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by SSWAHS as at 1 July 2006 was completed in May 2007 and was based on an independent assessment.

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

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

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

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

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

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

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

k) Impairment of Property, Plant and Equipment

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

l) Restoration Costs

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

m) Non Current Assets (or disposal groups) Held for Sale

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

n) Going Concern

The consolidated entity has a deficiency of working capital of $ 327.221 million (2007 $ 288.331 million). Notwithstanding this deficiency the financial report has been prepared on a going concern basis because the entity has the financial support of the New South Wales Department of Health.

o) Maintenance

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.

p) Leased Assets

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

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

SSWAHS has no finance leases. It does however, have a number of operating leases for buildings and office equipment and motor vehicles.

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

q) Inventories

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

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

r) **Loans and Receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

s) **Investments**

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs. The Sydney South West Area Health Service determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

* Fair value through profit or loss - The Sydney South West Area Health Service subsequently measures investments classified as "held for trading" or designated upon initial recognition "at fair value through profit or loss" at fair value. Financial assets are classified as "held for trading" if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the operating statement.

  The Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the agency's key management personnel.

  The risk management strategy of the Health Service has been developed consistent with the investment powers granted under the provision of the Public Authorities (Financial Arrangements) Act. TCorp investments are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposures.

  The movement in the fair value of the Hour-Glass Investment facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item 'investment income'.

* Held to maturity investments – Non-derivative financial assets with fixed or determinable payments and fixed maturity that the Sydney South West Area Health Service has the positive intention and ability to hold to maturity are classified as "held to maturity". These investments are measured at amortised cost using the effective interest method. Changes are recognised in the operating statement when impaired, derecognised or though the amortisation process.

* Available for sale investments - Any residual investments that do not fall into any other category are accounted for as available for sale investments and measured at fair value directly in equity until disposed or impaired, at which time the cumulative gain or loss previously recognised in equity is recognised in the operating statement. However, interest calculated using the effective interest method and dividends are recognised in the operating statement.

Purchases or sales of investments under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date i.e. the date the Health Service commits to purchase or sell the assets..

The fair value of investments that are traded at fair value in an active market is determined by reference to quoted current bid prices at the close of business on the balance sheet date.

t) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the operating statement.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the operating statement, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the operating statement.

Any reversals of impairment losses are reversed through the operating statement, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

u) De-recognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the agency transfers the financial asset:

* where substantially all the risks and rewards have been transferred; or
* where the Health Service has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Health Service's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

v) Payables

These amounts represent liabilities for goods and services provided to the Health Service and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

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

w) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the operating statement on derecognition.

x) Equity Transfers

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

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

The Statement of Recognised Income and Expense does not reflect the Net Assets or change in equity in accordance with AASB 101 Clause 97.

y) Trust Funds

The SSWAHS receives monies in a trustee capacity for various trusts as set out in Note 31. 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 SSWAHS's own objectives, they are not brought to account in the financial statements.

z) Budgeted Amounts

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

aa) Emerging Asset

The SSWAHS's emerging interest in the Bowral Private Medical Imaging has been valued in accordance with the Department of Health's policy for Accounting for Privately Financed Projects (Note 23). This policy required the Health Services to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost was then allocated on a systematic basis over the concession period of 15 years using the annuity method and the Government Bond rate of 9.15% at commencement of the concession period.

ab) Summary of Capital Management

With effect from 1 July 2008 project management for all capital projects over $10M will be provided by Health Infrastructure, a division of the Health Administration Corporation created with the purpose of managing and coordinating approved capital works projects within time, budget and quality standards specified by the Department.

Parent			Consolidated	
2008 $000	2007 $000		2008 $000	2007 $000

3. Employee Related

Employee related expenses comprise the following:

0	0	Salaries and Wages	1,104,334	1,030,770
0	0	Awards	51,044	53,048
0	0	Superannuation [see note 2(a)] - defined benefit plans	25,449	25,114
0	0	Superannuation [see note 2(a)] - defined contributions	90,811	84,890
0	0	Long Service Leave [see note 2(a)]	39,362	35,392
0	0	Annual Leave [see note 2(a)]	115,747	113,640
0	0	Workers Compensation Insurance	22,923	20,740
0	**0**		**1,449,670**	**1,363,594**

The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses totals $11.575 million
Note 5 further refers.

4. Personnel Services

Personnel Services comprise the purchase of the following:

1,101,582	1,028,310	Salaries and Wages	0	0
51,044	53,048	Awards	0	0
25,445	25,109	Superannuation [see note 2(a)] - defined benefit plans	0	0
90,807	84,885	Superannuation [see note 2(a)] - defined contributions	0	0
39,330	35,344	Long Service Leave [see note 2(a)]	0	0
115,545	113,308	Annual Leave [see note 2(a)]	0	0
22,923	20,741	Workers Compensation Insurance	0	0
1,446,676	**1,360,745**		**0**	**0**

Parent			Consolidated	
2008 $000	2007 $000		2008 $000	2007 $000
		5. Other Operating Expenses		
16,217	16,870	Blood and Blood Products	16,217	16,870
28,749	28,267	Domestic Supplies and Services	28,768	28,284
101,342	94,392	Drug Supplies	101,342	94,393
16,236	15,179	Food Supplies	16,252	15,207
20,423	19,981	Fuel, Light and Power	20,423	19,981
34,873	29,226	General Expenses (See (a) below)	35,344	29,863
5,849	3,885	Hospital Ambulance Transport Costs	5,849	3,885
10,693	12,710	Information Management Expenses	10,694	12,720
1,249	708	Insurance	1,249	708
203,014	217,228	Allocation for Inter Area Patient Outflows, NSW (See (c) below)	203,014	217,228
1,637	3,584	Interstate Patient Outflows	1,637	3,584
		Maintenance (See (b) below)		
17,348	13,337	Maintenance Contracts	17,348	13,343
9,840	6,209	New/Replacement Equipment under $10,000	10,013	6,345
2,533	1,095	Repairs	2,534	1,105
39,592	29,088	Maintenance/Non Contract	39,729	29,140
8,278	1,716	Capital Works < $10,000	8,278	1,716
138,989	128,637	Medical and Surgical Supplies	139,233	128,794
6,449	5,838	Postal and Telephone Costs	6,452	5,841
9,398	9,204	Printing and Stationery	9,451	9,248
205	270	Rates and Charges	205	270
2,417	2,758	Rental	2,417	2,758
39,425	34,692	Special Service Departments	40,247	35,227
3,431	3,493	Staff Related Costs	3,464	3,521
1,019	1,333	Aircraft Expenses (Ambulance)	1,019	1,333
7,927	7,750	Travel Related Costs	8,071	7,902
727,133	**687,450**		**729,250**	**689,266**
		(a) General Expenses comprise:-		
784	925	Advertising	790	929
1,522	1,589	Books and Magazines	1,533	1,600
0	1	Consultancies - Operating Activities	0	1
524	457	Courier and Freight	535	472
373	355	Auditor's Remuneration - Audit of financial reports	414	371
1,574	2,721	Legal Services	1,575	2,721
506	619	Membership/Professional Fees	512	624
7,474	8,719	Motor Vehicle Operating Lease Expense - minimum lease payments	7,483	8,726
5,607	5,806	Other Operating Lease Expense - minimum lease payments	5,607	5,806
24	0	Payroll Services	24	0
261	185	Quality Assurance/Accreditation	261	185
1,035	1,179	Translator Services	1,035	1,180
1,342	1,332	Security Services	1,342	1,332
3,632	3,435	Motor Vehicle registration and fuel	3,636	3,438
10,215	1,903	Other	10,597	2,478
34,873	**29,226**		**35,344**	**29,863**
		(b) Reconciliation Total Maintenance		
77,591	51,445	Maintenance expense - contracted labour and other (non employee related), included in Note 5	77,902	51,649
11,575	11,227	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	11,575	11,227
89,166	**62,672**		**89,477**	**62,876**

(c) Details of Allocations applied to Inter Area Patient Outflows, NSW on an Area basis as accepted by the NSW Department of Health are as follows ($000):

South East Illawarra: $110,652 ($118,734) Sydney West: $42,898 ($43,467) Northern Sydney Central Coast: $12,741 ($13,520) Hunter New England: $1,360 ($8,743) North Coast: $945 ($905) Greater Southern: $816 ($809) Greater Western: $353 ($468) Children's Hospital Westmead: $33,249 ($30,582)

Parent			Consolidated	
2008 $000	2007 $000		2008 $000	2007 $000
		6. Depreciation and Amortisation		
46,875	47,236	Depreciation - Buildings	47,238	47,401
27,682	27,649	Depreciation - Plant and Equipment	27,918	27,864
74,557	**74,885**		**75,156**	**75,265**
		7. Grants and Subsidies		
21,213	20,459	Non Government Voluntary Organisations	21,213	20,459
0	16,000	The Brain and Mind Research Institute	0	16,000
0	1,000	Sydney Cancer Foundation	0	1,000
5,927	5,544	Other Contract Non Government Organisations	5,927	5,544
27,140	**43,003**		**27,140**	**43,003**
		8. Finance Costs		
496	594	Interest on Bank Overdrafts and Loans	496	594
15	39	Other Interest Charges	15	39
511	**633**		**511**	**633**

Parent			Consolidated	
2008 $000	2007 $000		2008 $000	2007 $000
		9. Payments to Affiliated Health Organisations		
		Recurrent Sourced		
5,675	5,194	Tresillian Family Care Centre at Belmore	5,675	5,194
921	883	Central Sydney Scarba Serv and South West Sydney Scarba Services	921	883
1,909	1,833	Carrington Centennial Hospital	1,909	1,833
3,946	3,808	Karitane	3,946	3,808
15,386	14,442	Braeside Hospital, Prairiewood	15,386	14,442
27,837	**26,160**		**27,837**	**26,160**
		10. Sale of Goods / Rendering of Services		
		(a) Sale of Goods comprise the following:-		
10,412	9,596	Sale of Prosthesis	10,412	9,596
1,125	1,169	Pharmacy Sales	1,125	1,169
		(b) Rendering of Services comprise the following:-		
117,609	102,947	Patient Fees [see note 2(d)]	117,609	102,947
655	830	Staff-Meals and Accommodation	655	830
34,125	28,449	Infrastructure Charge - Monthly Facility Fees [see note 2(d)]	34,125	28,449
19,609	19,375	Annual Infrastructure Charge-Trust Fund Right of Private Practice Revenue **	19,609	19,375
6,028	6,108	Cafeteria/Kiosk	6,028	6,108
4,165	3,964	Car Parking	4,165	3,964
2,822	2,704	Child Care Fees	2,822	2,704
2,319	1,271	Clinical Services (excluding Clinical Drug Trials)	2,319	1,271
277	250	Fees for Medical Records	277	250
17	13	Information Retrieval	17	13
208,787	203,132	Allocation from Inter Area Patient Inflows, NSW [see note (c) below]	208,787	203,132
9	56	Linen Service Revenues - Other Health Services	9	56
55	125	Linen Service Revenues - Non Health Services	55	125
803	727	Salary Packaging Fee	803	727
153	163	PADP Patient Copayments	153	163
4,432	3,888	Patient Inflows from Interstate	4,432	3,888
4,699	3,961	Other	4,699	3,961
418,101	**388,728**		**418,101**	**388,728**

(c) Details of Allocations received for Inter Area Patient Flows, NSW on an Area basis as accepted by the NSW Department of Health are as follows ($000):

South East Illawarra: $57,377 ($58,900) Sydney West: $58,537 ($54,841) Northern Sydney Central Coast: $41,352 ($39,661) Hunter New England: $9,376 ($9,539) North Coast: $6,696 ($6,644) Greater Southern: $9,994 ($9,303) Greater Western: $25,455 ($24,244).

** The annual infrastructure charge revenue represent Trust Fund Income that is to be used for staff specialist's conference and study purposes and cannot be used for normal hospital operating purposes.

Parent 2008 $000	Parent 2007 $000		Consolidated 2008 $000	Consolidated 2007 $000
		11. Investment Income		
		Interest		
4,368	9,322	- T Corp Hour Glass Investment Facilities designated at Fair Value through profit or loss	4,067	10,212
5,170	1,454	- Other	5,459	1,648
1,947	2,113	Lease and Rental Income	1,947	2,113
30	0	Other	30	0
11,515	**12,889**		**11,503**	**13,973**
		12. Grants and Contributions		
3,531	2,821	Clinical Drug Trials	3,707	3,041
7,892	16,856	Commonwealth Government grants	7,892	16,856
8,561	13,766	Industry Contributions/Donations	9,017	14,058
9,848	7,378	Cancer Institute grants	10,517	7,378
5,205	4,894	NSW Government grants	6,020	5,787
25,444	25,109	Personnel Services - Superannuation Defined Benefits [see note 4]	0	0
5,682	3,042	Research grants	9,410	6,308
53	209	University Commission grants	53	209
3,279	4,004	Other grants	3,279	4,004
69,495	**78,079**		**49,895**	**57,641**
		13. Other Revenue		
		Other Revenue comprises the following:-		
463	211	Bad Debts recovered	463	211
924	655	Commissions	924	655
1,675	1,754	Conference and Training Fees	1,675	1,754
72	140	Discounts	72	140
17	18	Sale of Merchandise, Old Wares and Books	17	18
13,085	11,760	Treasury Managed Fund Hindsight Adjustment	13,085	11,760
0	288	Interest Revenue on Borrowing at Fair Value	0	288
2,472	2,308	Other	2,786	3,240
18,708	**17,134**		**19,022**	**18,066**
		14. Gain/(Loss) on Disposal		
20,053	23,317	Property Plant and Equipment	20,053	23,317
19,049	22,038	Less Accumulated Depreciation	19,049	22,038
1,004	1,279	Written Down Value	1,004	1,279
425	547	Less Proceeds from Disposal	425	547
(579)	**(732)**	**Gain/(Loss) on Disposal of Property Plant and Equipment**	**(579)**	**(732)**
0	2,875	Assets Held for Sale	0	2,875
0	3,188	Less Proceeds from Disposal	0	3,188
0	**313**	**Gain/(Loss) on Disposal of "Assets Held for Sale"**	**0**	**313**
(579)	**(419)**	**Total Gain/(Loss) on Disposal**	**(579)**	**(419)**
		15. Other Gains/(Losses)		
(4,927)	(2,740)	Impairment of Receivables	(4,927)	(2,740)
(4,927)	**(2,740)**		**(4,927)**	**(2,740)**

16. Conditions on Contributions

Parent

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at Balance Date	477	15,815	37,707	53,999
Contributions recognised in amalgamated balance as at 30 June 2007 which were not expended in the current reporting period	18,697	37,160	58,169	114,026
Total amount of unexpended contributions as at Balance Date	19,174	52,975	95,876	168,025

Consolidated

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at Balance Date	477	22,290	39,002	61,769
Contributions recognised in amalgamated balance as at 30 June 2007 which were not expended in the current reporting period	23,605	40,596	61,020	125,221
Total amount of unexpended contributions as at Balance Date	24,082	62,886	100,022	186,990

Comment on restricted assets appears in Note 25

17. Programs/Activities of the Health Service

Program 1.1 Primary and Community Based Services

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

Program 1.2 Aboriginal Health Services

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

Program 1.3 Outpatient Services

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

Program 2.1 Emergency Services

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

Program 2.2 Overnight Acute Inpatient Services

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

Program 2.3 Same Day Acute Inpatient Services

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

Program 3.1 Mental Health Services

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

Program 4.1 Rehabilitation and Extended Care Services

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

Program 5.1 Population Health Services

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

Program 6.1 Teaching and Research

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

Parent 2008 $000	Parent 2007 $000		Consolidated 2008 $000	Consolidated 2007 $000
		18. Current Assets - Cash and Cash Equivalents		
42,619	37,776	Cash at bank and on hand	42,672	38,577
100,476	96,108	TCorp - Cash Facility and Bank term deposits	106,302	99,281
143,095	**133,884**		**148,974**	**137,858**
		Cash & cash equivalent assets recognised in the Balance Sheet are reconciled at the end of the financial year to the Cash Flow Statements as follows:		
143,095	133,884	Cash and cash equivalents (per Balance Sheet)	148,974	137,858
143,095	**133,884**	Closing Cash and Cash Equivalents (per Cash Flow Statement)	**148,974**	**137,858**

Refer to Note 37 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

		19. Receivables		
		Current		
23,481	20,537	(a) Sale of Goods and Services	23,481	20,537
2,158	1,843	Prostheses	2,158	1,843
5,555	4,054	Intra Area charges	5,555	4,054
7,958	2,611	NSW Health Department	7,958	2,611
241	259	Workers Compensation	241	259
7,939	5,838	Sundry Debtors	8,437	6,158
2,682	3,418	Leave Mobility	2,682	3,465
7,250	10,278	GST Debtors	7,390	10,384
1,197	655	Other Debtors	1,220	530
58,461	49,493	**Sub Total**	59,122	49,841
(7,622)	(8,180)	Less Allowance for Impairment - Patient Fees	(7,622)	(8,180)
(1,838)	(1,164)	Allowance for Impairment - Others	(1,838)	(1,164)
49,001	40,149	**Sub Total**	49,662	40,497
521	226	Prepayments	521	226
49,522	**40,375**		**50,183**	**40,723**
		(b) Movement in the allowance for impairment Sale of Goods & Services		
(8,180)	(9,607)	Balance at 1 July	(8,180)	(9,607)
4,719	4,248	Amounts written off during the year	4,719	4,248
(4,161)	(2,821)	Increase/(decrease) in allowance recognised in profit or loss	(4,161)	(2,821)
(7,622)	**(8,180)**	Balance at 30 June	**(7,622)**	**(8,180)**
		(c) Movement in the allowance for impairment Other Debtors		
(1,164)	(1,429)	Balance at 1 July	(1,164)	(1,429)
92	184	Amounts written off during the year	92	184
(766)	81	Increase/(decrease) in allowance recognised in profit or loss	(766)	81
(1,838)	**(1,164)**	Balance at 30 June	**(1,838)**	**(1,164)**

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 37.

Parent			Consolidated	
2008 $000	2007 $000		2008 $000	2007 $000

19. Receivables

Non Current

1,620	1,665	Prepayments	1,620	1,665
1,620	**1,665**		**1,620**	**1,665**

(d) Sale of Goods and Services comprises:

7,427	6,435	Patient Fees - Compensable	7,427	6,435
6,274	4,796	Patient Fees - Ineligible	6,274	4,796
9,780	9,306	Patient Fees - Other	9,780	9,306

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 37.

20. Inventories

Current - at cost

8,215	7,253	Drugs	8,215	7,253
2,319	2,149	Medical and Surgical Supplies	2,319	2,149
848	756	Food and Hotel Supplies	848	756
89	93	Engineering Supplies	89	93
73	77	Other including Goods in Transit	73	77
11,544	**10,328**		**11,544**	**10,328**

21. Financial Assets at Fair Value

Current

35,428	37,492	Treasury Corporation - Hour Glass Facility	42,954	46,336
35,428	**37,492**		**42,954**	**46,336**

Refer Note 37 for further information regarding credit risk, liquidity risk and market risk arising from financial investments.

22. Property, Plant and Equipment

Parent 2008 $000	Parent 2007 $000		Consolidated 2008 $000	Consolidated 2007 $000
		Property, Plant and Equipment		
		Land and Buildings		
2,417,458	2,390,236	At Fair Value	2,424,058	2,396,836
888,605	841,779	Less Accumulated depreciation and impairment	890,717	843,594
1,528,853	**1,548,457**	Net Carrying Amount	**1,533,341**	**1,553,242**
		Plant and Equipment		
459,570	449,641	At Fair Value	461,942	451,835
341,696	333,228	Less Accumulated depreciation and impairment	342,689	333,985
117,874	**116,413**	Net Carrying Amount	**119,253**	**117,850**
1,646,727	**1,664,870**	**Total Property, Plant and Equipment At Net Carrying Value**	**1,652,594**	**1,671,092**

22. Property, Plant and Equipment - Reconciliations

(a) **Parent**

	Land $000	Buildings $000	Work in Progress $000	Plant and Equipment $000	Total $000
2008					
Carrying amount at start of year	342,494	1,119,404	89,659	113,313	**1,664,870**
Additions	0	0	36,346	22,837	**59,183**
Recognition of Assets Held for Sale	(1,200)	(565)	0	0	**(1,765)**
Disposals	0	0	0	(1,004)	**(1,004)**
Administrative restructures-transfers in(out)	0	0	0	0	**0**
Net revaluation increment less revaluation decrements recognised in reserves	0	0	0	0	**0**
Depreciation expense	0	(46,875)	0	(27,682)	**(74,557)**
Reclassifications	0	55,258	(62,111)	6,853	**0**
Carrying amount at end of year	**341,294**	**1,127,222**	**63,894**	**114,317**	**1,646,727**

	Land $000	Buildings $000	Work in Progress $000	Plant and Equipment $000	Total $000
2007					
Carrying amount at start of year	350,601	1,138,955	49,340	117,804	**1,656,700**
Additions	0	126	57,329	12,924	**70,379**
Recognition of Assets Held for Sale	(7,340)	(485)	0	0	**(7,825)**
Disposals	0	0	0	(1,279)	**(1,279)**
Administrative restructures-transfers in(out)	0	0	0	(2,322)	**(2,322)**
Net revaluation increment less revaluation decrements recognised in reserves	(767)	24,869	0	0	**24,102**
Depreciation expense	0	(47,236)	0	(27,649)	**(74,885)**
Reclassifications	0	3,175	(17,010)	13,835	**0**
Carrying amount at end of year	**342,494**	**1,119,404**	**89,659**	**113,313**	**1,664,870**

(b) Consolidated

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	$000	$000	$000	$000	$000
2008					
Carrying amount at start of year	342,494	1,124,189	89,659	114,750	**1,671,092**
Additions	0	0	36,346	23,015	**59,361**
Recognition of Assets Held for Sale	(1,200)	(565)	0	0	**(1,765)**
Disposals	0	0	0	(1,004)	**(1,004)**
Administrative restructures-transfers in(out)	0	0	0	0	**0**
Net revaluation increment less revaluation decrements recognised in reserves	0	66	0	0	**66**
Depreciation expense	0	(47,238)	0	(27,918)	**(75,156)**
Reclassifications	0	55,258	(62,111)	6,853	**0**
Carrying amount at end of year	**341,294**	**1,131,710**	**63,894**	**115,696**	**1,652,594**

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	$000	$000	$000	$000	$000
2007					
Carrying amount at start of year	350,601	1,143,609	49,340	119,301	**1,662,851**
Additions	0	126	57,329	13,079	**70,534**
Recognition of Assets Held for Sale	(7,340)	(485)	0	0	**(7,825)**
Disposals	0	0	0	(1,279)	**(1,279)**
Administrative restructures-transfers in(out)	0	0	0	(2,322)	**(2,322)**
Net revaluation increment less revaluation decrements recognised in reserves	(767)	25,165	0	0	**24,398**
Depreciation expense	0	(47,401)	0	(27,864)	**(75,265)**
Reclassifications	0	3,175	(17,010)	13,835	**0**
Carrying amount at end of year	**342,494**	**1,124,189**	**89,659**	**114,750**	**1,671,092**

(i) Land and Buildings owned by the Health Administration Corporation and administered by the Health Service [see note 2(g)].

(ii) The SSWAHS's Land and Buildings were valued by Corporeal Property Valuers (property valuer) on 1 July 2006 [see note 2 (j)]. Corporeal Property Valuers is not an employee of the SSWAHS.

(iii) The value of Work in Progress $63.894 million at 30 June 2008 is represented by $60.337 million for Building and $3.557 million for Plant and Equipment (for 2006/07 year, the corresponding Work in Progress value of $89.659 million is represented by $86.559 for Building and $3.100 million for Plant and Equipment).

23. Current/Non Current Assets - Other

Parent 2008 $000	Parent 2007 $000		Consolidated 2008 $000	Consolidated 2007 $000
		Non Current		
416	880	Emerging Rights to Assets (refer Note 2(aa))	416	880
416	**880**		**416**	**880**

Private sector infrastructure arrangement

	Year Commenced	Term of Arrangement	Carrying Value 2008 $000	Carrying Value 2007 $000
Bowral Private Medical Imaging	1996	15 years	416	880
			416	880

24. Non Current Assets held for sale

	Assets held for sale		
14,356	7,744	Land and Buildings	14,356	7,744
14,356	**7,744**		**14,356**	**7,744**
		The following assets are held for sale:		
		* 157 - 159 Livingstone Rd, Marrickville	1,444	1,444
		* 134 - 150 Pitt St Redfern	11,147	6,300
		* 149 - 155 Pitt St Redfern	1,765	0
		Total	14,356	7,744
		Amounts recognised in equity relating to assets held for sale		
5,520	300	Property, plant and equipment asset revaluation increments	5,520	300
5,520	**300**		**5,520**	**300**

25 Restricted Assets

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

		Category		
55,911	58,445	Specific Purposes	64,964	58,445
48,969	45,964	Research Grants	58,881	64,405
54,922	48,838	Private Practice Funds	54,922	48,838
		Other		
1,629	1,783	- Clinical Services	1,629	1,783
1,565	1,600	- Community Services	1,565	1,600
1,119	1,131	- Nursing Services	1,119	1,131
3,910	3,504	- Miscellaneous	3,910	3,504
168,025	**161,265**		**186,990**	**179,706**

Parent 2008 $000	Parent 2007 $000		Consolidated 2008 $000	Consolidated 2007 $000
		26. Payables		
		Current		
0	0	Accrued Salaries and Wages	39,097	28,852
13,893	9,798	Payroll Deductions	13,893	9,798
39,004	28,786	Accrued Liability - Purchase of Personnel Services	0	0
50,495	41,637	Creditors	50,495	41,637
5,057	2,755	GST Creditors	5,254	2,890
13,406	13,667	Sundry Creditors	13,651	13,882
9,425	7,259	Leave Mobility & Intra Health Liability	9,430	7,265
17,171	14,691	Accrual Visiting Medical Officer	17,171	14,691
10,146	3,543	Other Creditors - Capital Works	10,146	3,543
158,597	**122,136**		**159,137**	**122,558**

26a. Payables	Parent	Division	Other Controlled Entities	Consolidated
Accrued Salaries and Wages		39,004	93	39,097
Accrued Liability - Purchase of Personnel Services	39,004	(39,004)	0	0
	39,004	**0**	**93**	**39,097**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 37.

Parent 2008 $000	Parent 2007 $000		Consolidated 2008 $000	Consolidated 2007 $000
		27. Borrowings		
		Current		
3,907	3,703	Loan from NSW Health	3,907	3,703
3,907	**3,703**		**3,907**	**3,703**
		Non Current		
374	3,581	Loan from NSW Health	374	3,581
374	**3,581**		**374**	**3,581**

Loans still to be extinguished represent monies to be repaid to the NSW Health Department.
Final repayment is scheduled for June 2013.

		Repayment of Borrowings		
3,907	3,703	Not later than one year	3,907	3,703
374	3,581	Between one and five years	374	3,581
4,281	**7,284**	Total Borrowings at face value	**4,281**	**7,284**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 37.

28. Provisions

Parent 2008 $000	Parent 2007 $000		Consolidated 2008 $000	Consolidated 2007 $000
		Current Employee benefits and related on-costs		
0	0	Employee Annual Leave - Short Term Benefit	125,641	118,930
0	0	Employee Annual Leave - Long Term Benefit	90,139	84,170
0	0	Employee Long Service Leave - Short Term Benefit	21,221	19,193
0	0	Employee Long Service Leave - Long Term Benefit	195,187	182,766
431,787	404,595	Provision for Personnel Services Liability	0	0
431,787	**404,595**	**Total Current Provisions**	**432,188**	**405,059**
		Amount expected to be settled no more than 12 months after the reporting period	146,862	115,433
		Amount expected to be settled more than 12 months after the reporting period	285,326	289,626
			432,188	**405,059**
		Non Current Employee benefits and related on-costs		
0	0	Employee Long Service Leave - Conditional	28,147	26,099
28,104	26,039	Provision for Personnel Services Liability	0	0
28,104	**26,039**	**Total Non Current Provisions**	**28,147**	**26,099**
		Aggregate Employee Benefits and Related On-costs		
431,787	404,595	Provisions - current	432,188	405,059
28,104	26,039	Provisions - non-current	28,147	26,099
0	0	Accrued Salaries and Wages and on costs (Note 26)	39,097	28,852
39,004	28,786	Accrued Liability - Purchase of Personnel Services (Note 26)	0	0
13,893	9,798	Payroll Deductions	13,893	9,798
512,788	**469,218**		**513,325**	**469,808**

28a. Provisions

	2008 $000			
	Parent	Division	Other Controlled Entities	Consolidated
Current Employee benefits and related on-costs				
Employee Annual Leave - Short Term Benefit	0	125,337	304	125,641
Employee Annual Leave - Long Term Benefit	0	90,139	0	90,139
Employee Long Service Leave - Short Term Benefit	0	21,207	14	21,221
Employee Long Service Leave - Long Term Benefit	0	195,104	83	195,187
Provision for Personnel Services Liability	431,787	0	0	0
Total Current Provisions	**431,787**	**431,787**	**401**	**432,188**
Non Current Employee benefits and related on-costs				
Employee Long Service Leave - Conditional	0	28,104	43	28,147
Total Non Current Provisions	**0**	**28,104**	**43**	**28,147**

29 Equity

	Accumulated Funds		Asset Revaluation Reserve		Available for sale reserves		Total Equity	
	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000
Parent								
Balance at the beginning of the financial year	1,296,126	1,295,499	40,758	17,329	300	0	1,337,184	1,312,828
Changes in equity - transactions with owners as owners								
Increase/(Decrease) in Net Assets from Administrative Restructure	0	(2,322)	0	0	0	0	0	(2,322)
Total	1,296,126	1,293,177	40,758	17,329	300	0	1,337,184	1,310,506
Changes in equity - other than transactions with owners as owners								
Result for the Year	(61,629)	2,576	0	0	0	0	(61,629)	2,576
Increment/(Decrement) on Revaluation of:								
Land and Buildings	0	0	4,847	24,102	0	0	4,847	24,102
Emerging rights to assets	(463)	0	0	0	0	0	(463)	0
Total	(62,092)	2,576	4,847	24,102	0	0	(57,245)	26,678
Transfers within equity								
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	0	373	0	(373)	0	0	0	0
Amounts recognised in equity relating to assets held for sale		0	(5,220)	(300)	5,220	300	0	0
Total	0	373	(5,220)	(673)	5,220	300	0	0
Balance at the end of the financial Year	1,234,034	1,296,126	40,385	40,758	5,520	300	1,279,939	1,337,184
Consolidated								
Balance at the beginning of the financial year	1,314,272	1,311,999	41,054	17,329	300	0	1,355,626	1,329,328
Changes in equity - transactions with owners as owners								
Increase/(Decrease) in Net Assets from Administrative Restructure	0	(2,322)	0	0	0	0	0	(2,322)
Total	1,314,272	1,309,677	41,054	17,329	300	0	1,355,626	1,327,006
Changes in equity - other than transactions with owners as owners								
Result for the Year	(61,188)	4,222	0	0	0	0	(61,188)	4,222
Increment/(Decrement) on Revaluation of:								
Land and Buildings	0	0	4,913	24,398	0	0	4,913	24,398
Emerging rights to assets	(463)	0		0	0	0	(463)	0
Total	(61,651)	4,222	4,913	24,398	0	0	(56,738)	28,620
Transfers within equity								
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	0	373	0	(373)	0	0	0	0
Amounts recognised in equity relating to assets held for sale	0	0	(5,220)	(300)	5,220	300	0	0
Total	0	373	(5,220)	(673)	5,220	300	0	0
Balance at the end of the financial year	1,252,621	1,314,272	40,747	41,054	5,520	300	1,298,888	1,355,626

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 "Valuation of Physical Non Current Assets", as discussed in Note 2(j and s).

Parent 2008 $000	Parent 2007 $000	30. Commitments for Expenditure	Consolidated 2008 $000	Consolidated 2007 $000
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:		
150,394	55,484	Not later than one year	150,394	55,484
265,892	269,828	Later than one year and not later than five years	265,892	269,828
0	143,421	Later than five years	0	143,421
416,286	**468,733**	**Total Capital Expenditure Commitments (Including GST)**	**416,286**	**468,733**

Of the commitments reported at 30 June 2008 it is expected that $23.454 million will be met from locally generated moneys.

(b) Operating Lease Commitments

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

13,939	13,763	Not later than one year	13,939	13,763
39,004	41,183	Later than one year and not later than five years	39,004	41,183
7,815	7,851	Later than five years	7,815	7,851
60,758	**62,797**	**Total Operating Lease Commitments (including GST)**	**60,758**	**62,797**

The operating lease commitments above are for motor vehicles, information technology, equipment including personal computers, medical equipment and other equipment

(c) Contingent Asset related to Commitments for Expenditure

The total of "Commitments for Expenditure" above i.e. $477.044 million as at 30 June 2008 includes input tax credits of $ 43.368 million that are expected to be recoverable from the Australian Taxation Office.

31. Trust Funds

SSWAHS holds trust fund moneys of $ 20.871 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as SSWAHS cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

Parent and Consolidated

	Patient Trust		Refundable Deposits		Clinical Academics/ VMO Funds		Total	
	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000
Cash Balance at the beginning of the financial reporting period	111	113	4,750	4,549	12,073	13,383	16,934	18,045
Receipts	30	22	1,434	1,789	94,913	87,459	96,377	89,270
Expenditure	3	(24)	(1,170)	(1,588)	(91,273)	(88,769)	(92,440)	(90,381)
Cash Balance at the end of the financial reporting period	144	111	5,014	4,750	15,713	12,073	20,871	16,934

32. Contingent Liabilities

a) Claims on Managed Fund

Since 1 July 1989, SSWAHS has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of SSWAHS all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by SSWAHS. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against SSWAHS. 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 SSWAHS.

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2001/02 fund year and an interim adjustment for the 2003/04 fund year were not calculated until 2007/08. As a result, the 2002/3 final and 2004/05 interim hindsight calculations will be paid in 2008/09.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB 127, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the SSWAHS's consolidated Financial Statements to the extent of cash payments made [Note 2(d)].

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

Parent			Consolidated	
2008 $000	2007 $000		2008 $000	2007 $000

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

62,490	95,961	Net Cash Flows from Operating Activities	63,366	98,105
(74,557)	(74,885)	Depreciation	(75,156)	(75,265)
(117)	1,692	Allowance for Impairment	(117)	1,692
0	0	Acceptance by the Crown Entity of Employee Superannuation Benefits	(25,449)	(25,113)
(29,257)	(32,440)	(Increase)/ Decrease in Provisions	(29,177)	(32,687)
9,291	5,488	Increase / (Decrease) in Prepayments and Other Assets	9,434	5,803
(34,630)	7,179	(Increase)/ Decrease in Creditors	(34,689)	6,993
(579)	(419)	Net Gain/ (Loss) on Disposal of Property, Plant and Equipment	(579)	(419)
(1,783,296)	(1,747,751)	(NSW Health Department Recurrent Allocations)	(1,783,296)	(1,747,751)
(25,702)	(31,658)	(NSW Health Department Capital Allocations)	(25,702)	(31,658)
(1,876,357)	(1,776,833)	**Net Cost of Services**	**(1,901,365)**	**(1,800,300)**

34. 2007/08 Voluntary Services

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

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

35. Unclaimed Moneys

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

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

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.

36. Budget Review

Net Cost of Service

The actual Net Cost of Service was lower than budget by $11.16 million. Total Revenue was $14.08 million higher than budget target. The revenue favourability was mainly from additional grants and contributions revenue ($7.32 million above target); other revenue ($5.47 million above target) and increase of sales of goods and services revenue of $8.16 million.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 29 June 2007 are as follows:

	$000
Initial Allocation	1,756,294
TMF Workers Compensation Hindsight	12,690
Additional Acute Hospital Beds	8,745
Drug Health	6,653
High Cost Drugs	3,480
Nursing Strategies	3,409
Risk Shared Procurement	2,402
Elective Surgery Waiting List	1,649
Australia Better Health Initiative	1,595
Clinical Redesign	1,150
Visiting Medical Officer	1,127
Pathway Funding	1,341
Emergency Specialists Positions	960
Commonwealth Youth Health	332
Treasury Managed Fund	(3,132)
CTP Insurance	(5,711)
GST Advance	(2,250)
Initial Allocation 07/08 Escalation Adjustment	(1,234)
Miscellaneous	(6,204)
Balance as per Operating Statement	1,783,296

37. Financial Instruments

SSWAHS's principal financial instruments are outlined below. These financial instruments arise directly from the SSWAHS's operations or are required to finance its operations. SSWAHS does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

SSWAHS's main risks arising from financial instruments are outlined below, together with the SSWAHS's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by SSWAHS, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors on a continous basis.

a) Financial Instrument Categories

PARENT

	Total carrying amounts as per the Balance Sheet	
	2008 $000	2007 $000
Financial Assets		
Class:		
Cash and Cash Equivalents (note 18)	143,095	133,884
Receivables at Amortised Cost (note 19)	49,001	40,149
Financial Assets at Fair Value designated as such per initial recognition (note 21)	35,428	37,492
Total Financial Assets	227,524	211,525
Financial Liabilities		
Borrowings (Note 27)	4,281	7,284
Payables (Note 26)	158,597	122,136
Total Financial Liabilities	162,878	129,420

CONSOLIDATION

	Total carrying amounts as per the Balance Sheet	
	2008 $000	2007 $000
Financial Assets		
Class:		
Cash and Cash Equivalents (note 18)	148,974	137,858
Receivables at Amortised Cost (note 19)	49,662	40,497
Financial Assets at Fair Value designated as such per initial recognition (note 21)	42,954	46,336
Total Financial Assets	241,590	224,691
Financial Liabilities		
Borrowings (Note 27)	4,281	7,284
Payables (Note 26)	159,137	122,558
Total Financial Liabilities	163,418	129,842

b) **Credit Risk**

Credit risk arises when there is the possibility of SSWAHS's debtors defaulting on their contractual obligations, resulting in a financial loss to SSWAHS. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of SSWAHS i.e receivables. No collateral is held by SSWAHS nor has it granted any financial guarantees.

Credit risk associated with the SSWAHS's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW Tcorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates of approximately 5.20% to 6.93% in 2007/08 compared to 4.45% to 6.60% in the previous year. The Tcorp Hour Glass cash facility is discussed in para (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that SSWAHS will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

SSWAHS is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2008:$21.460 M; 2007: $23.084 M) are not considered impaired and these represent 59.53% of the total trade debtors. In addition Patient Fees Compensables are frequently not settled with 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the SSWAHS's debtors are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. Debtors which are currently not past due or impaired have not had their terms renegotiated.

The only financial assets that are past due or impaired are 'sales of goods and services' in the 'receivables' category of the balance sheet. Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

		$000	
2008	**Total**	**Past due but not impaired**	**Considered impaired**
<3 months overdue	13,734	13,168	566
3 months - 6 months overdue	9,875	9,294	581
> 6 months overdue	14,052	5,739	8,313
2007			
<3 months overdue	6,927	6,368	559
3 months - 6 months overdue	5,813	5,239	574
> 6 months overdue	14,017	5,806	8,211

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7.

Authority Deposits

SSWAHS has placed funds on deposit with TCorp, which has been rated "AAA" by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits vary. The deposits at balance date were earning an average interest rate of 7.54% (2007 - 6.27%), while over the year the weighted average interest rate was 6.62% (2007 - 6.22%) on a weighted average balance during the year of $ 110.573 M (2007 - $ 103.796 M). None of these assets are past due or impaired.

c) **Liquidity risk**

Liquidity risk is the risk that SSWAHS will be unable to meet its payment obligations when they fall due. SSWAHS continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

SSWAHS has negotiated no loan outside of arrangements with the NSW Department of Health or the Sustainable Energy Development Authority.

During the current and prior year, there were no defaults or breaches on any loans payable. No assets have been pledged as collateral. SSWAHS's exposure to liquidity risk is significant but is mitigated by financial support from the Department, noting that the NSW Department of Health has indicated its ongoing financial support for the SSWAHS which is deemed to be going concern.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are generally settled in accordance with the policy set by the NSW Health Department. If trade terms are not specified, payment is also generally made no later than the end of the month following the month in which an invoice or a statement is received.

In those instances where settlement cannot be affected in accordance with the above, eg. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated which are advantageous to both parties.

The table below summarises the maturity profile of the SSWAHS's financial liabilities together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

	$'000								
	Interest Rate Exposure					Maturity Dates			
2008	Fixed Interest Rate	Variable Interest Rate	Nominal Amount	Variable Interest	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr	Weighted Average Effective int rate
	%	%	$000	$000	$000	$000	$000	$000	%
Payables:									
Accrued salaries	-	-	-	-	39,097	39,097	-	-	-
Wages and payroll deductions	-	-	-	-	13,893	13,893	-	-	-
Creditors	-	-	-	-	74,292	74,292	-	-	-
Borrowings:	-	-	-	-	4,517	3,703	814	-	-
GST Creditors	-	-	-	-	5,254	5,254	-	-	-
Intra Health	-	-	-	-	9,430	9,430	-	-	-
Accrued VMO	-	-	-	-	17,171	17,171	-	-	-
	-	-	-	-	163,654	162,840	814	-	-
2007									
Payables:									
Accrues salaries	-	-	-	-	28,852	28,852	-	-	-
Wages and payroll deductions	-	-	-	-	9,798	9,798	-	-	-
Creditors	-	-	-	-	59,062	59,062	-	-	-
Borrowings:	-	-	-	-	8,220	3,703	4,517	-	-
GST Creditors	-	-	-	-	2,890	2,890	-	-	-
Intra Health	-	-	-	-	7,265	7,265	-	-	-
Accrued VMO	-	-	-	-	14,691	14,691	-	-	-
	-	-	-	-	130,778	126,261	4,517	-	-

Notes:
The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the balance sheet in respect of non interest bearing loans negotiated with the NSW Department of Health.

d) **Market risk**

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. SSWAHS's exposures to market risk are primarily through interest rate risk on the SSWAHS's borrowings and other price risks associated with the movement in the unit price of the Hour Glass Investment facilities. SSWAHS has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which SSWAHS operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the balance sheet date. The analysis is performed on the same basis for 2007. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through SSWAHS's interest bearing liabilities.

However, SSWAHS is not permitted to borrow external to the NSW Department of Health (Sustainable Energy Development Authority (SEDA) loans which are negotiated through Treasury excepted). Both SEDA and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. For financial instruments a reasonably possible change of +/-1% is consistent with trends in interest. SSWAHS's exposure to interest rate risk is set out below.

$'000					
		-1%		+1%	
	Carrying Amount	Profit	Equity	Profit	Equity
2008					
Financial assets					
Cash and cash equivalents	148,974	(1,490)	147,484	1,490	150,464
Receivables	49,662	(497)	49,165	497	50,159
Financial assets at fair value	42,954	(430)	42,524	430	43,384
Financial liabilities					
Payables	159,137	(1,591)	157,546	1,591	160,728
Borrowings	4,281	(43)	4,238	43	4,324
2007					
Financial assets					
Cash and cash equivalents	137,858	(1,379)	136,479	1,379	139,237
Receivables	40,497	(405)	40,092	405	40,902
Financial assets at fair value	46,336	(463)	45,873	463	46,799
Financial liabilities					
Payables	122,558	(1,226)	121,332	1,226	123,784
Borrowings	7,284	(73)	7,211	73	7,357

Other price risk - TCorp Hour Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour Glass Investment facilities, which are held for strategic rather than trading purposes. SSWAHS has no direct equity investments. SSWAHS holds units in the following Hour-Glass investment trusts:

Facility	Investment Sectors	Investment horizon	2008	2007
			$'000	$'000
Cash facility	Cash,money market instruments	Up to 2 years	115,002	107,381
Bond market facility	Cash,money market instruments Australian bonds	2 years to 4 years	5,099	4,842
Medium term growth facility	Cash,money market instruments Australian and international bonds, listed property, Australian and International shares	4 years to 7 years	12,635	13,708
Long term growth facility	Cash,money market instruments Australian and international bonds, listed property, Australian and International shares	7 years and over	21,798	24,293

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp as trustee for each of the above facilities is required to act in the best interest of the unitholders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash facility. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour Glass facilities limits SSWAHS's exposure to risk, as it allows diversification across a pool of funds, with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the facilities, using historically based volatility information. The TCorp Hour Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

	Impact on profit/loss		
	Change in unit price	**2008 $'000**	**2007 $'000**
Hour Glass Investment - Cash facility	1%	1,150	1,074
Hour Glass Investment - Bond market facility	5%	0	97
Hour Glass Investment - Strategic cash facility	2%	102	0
Hour Glass Investment - Medium term growth facility	7.5%	948	1,028
Hour glass Investment - Long term growth facility	15%	3,270	3,644

A reasonable possible change is based on the percentage change in unit price multiplied by the redemption price as at 30 June each year for each facility (as advised by TCorp).

e) Fair Value

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour Glass facilities, which are measured at fair value. As discussed, the value of the Hour Glass Investments is based on SSWAHS's share of the value of the underlying assets of the facility, based on the market value. All of the Hour Glass facilities are valued using 'redemption' pricing.

The amortised cost of financial instruments recognised in the balance sheet approximates the fair value because of the short term nature of many of the financial instruments.

38. Events after the balance sheet date

SSWAHS has won the court case in July 2008 against the lessee of certain property controlled by SSWAHS. The lessee was seeking compensation for unpaid rent and damages in respect of recision of an agreement and lease for a proposed private hospital on the Royal Prince Alfred Hospital Campus. The private hospital was to be constructed and operated by the lessee. The matter has now been closed and there was no contingent liability provision for the above claim for the year.

Given the relocation of health services from the Callan Park site to Concord Hospital an offer has been made to Leichardt Municipal Council for a 99 year lease of 40 of the 60 hectares contained in the Callan Park site. The conditions of the lease and the impact on both the South Western Sydney AHS and the Department are not yet known.

However based on transfer of 40 hectares the potential reduction in the Area's land and buildings and infrastructure assets approximates $52M.

End of Audited Financial Statements

Sydney South West Area Health Service
Year ended 30 June 2008

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
1	**Royal Prince Alfred Hospital** Missenden Road Camperdown NSW 2050	 $76.600 m $255.745 m	 Land Buildings	 Hospital	 Nil
2	**Rhodes House** Unit 525 Unit 506 Missenden Road Camperdown NSW 2050	 $0.440 m $0.268 m	 Strata Title Strata Title	 Guest Accommodation	 Nil
3	**Dame Eadith Walker Estate** Nullawarra Road Concord West NSW 2138	 $39.000 m $1.670 m	 Land Buildings	 Health Facility	 Nil
4	**Concord Repatriation General Hospital** Hospital Road Concord NSW 2139	 $35.000 m $164.481 m	 Land Buildings	 Hospital	 Nil
5	**Rozelle Hospital** Cnr Church and Glover Street Leichardt NSW 2040	 $63.000 m $10.562 m	 Land Buildings	 Hospital	 Nil
6	**NSW Institute of Forensic Medicine** 42-50 Parramatta Road Glebe NSW 2037	 $3.300 m $5.521 m	 Land Buildings	 Forensic Science	 Nil
7	**Sydney Dental Hospital** 2 Chalmers Street Surry Hills NSW 2010	 $6.300 m $9.468 m	 Land Buildings	 Hospital	 Nil
8	**Balmain Hospital** Booth Street Balmain NSW 2041	 $9.200 m $9.391 m	 Land Buildings	 Hospital	 Nil
9	**Croydon Health Care Facilities** 22 Croydon Avenue Croydon NSW 2132 Special Care Nursing Home Croydon	 $3.600 m $21.600 m	 Land Buildings	 Nursing Home	 Nil
10	**Canterbury Hospital** Cnr Canterbury Road and Tudor Street Campsie NSW 2194	 $8.000 m $51.713 m	 Land Buildings	 Hospital	 Nil
11	**Liverpool Campus** Elizabeth Street Liverpool	 $22.255 m $216.007 m	 Land Buildings	 Hospital, Adminitrative Services & ISD	 Nil
12	**Campbelltown Hospital** Therry Road Campbelltown	 $9.000 m $124.961 m	 Land Buildings	 Hospital	 Nil
13	**Camden Hospital** Menangle Road Camden	 $2.770 m $31.754 m	 Land Buildings	 Hospital	 Nil
14	**QVM Home** Thirlmere Way Picton	 $2.100 m $9.806 m	 Land Buildings	 Geriatric & General Care Facility	 Nil

Sydney South West Area Health Service
Year ended 30 June 2008

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
15	**Bankstown Hospital** Eldridge Road Bankstown	 $12.700 m $100.510 m	 Land Buildings	Hospital	Nil
16	**Fairfield Hospital** Prairievale Rd & Polding St. Prairiewood	 $13.000 m $61.565 m	 Land Buildings	Hospital	Nil
17	**Bowral Hospital** Mona Vale Bowral	 $5.000 m $8.751 m	 Land Buildings	Hospital and Staff Accomodation	Nil
18	**STARTTS & Living Skills** The Horsley Dr. Carramar	 $2.250 m $0.754 m	 Land Buildings	Rehab & Counselling Services	Nil
19	**Mental Health Services** 6 Browne Street Campbelltown 4 Woodward Place Miller	 $0.450 m $2.423 m $0.300 m $0.085 m	 Land Buildings Land Buildings	 Mental Health Services Mental Health Services	 Nil Nil
20	**Child Care Centre** 76-78 Eldridge Road Bankstown	 $1.000 m $1.860 m	 Land Buildings	Child Care Centre	Nil
21	**Dental Clinic** 425 Hume Highway Yagoona	 $0.975 m $0.299 m	 Land Buildings	Dental Services	Nil
22	**Picton Lakes Village** East Pde/Hassal Rd/South St. Buxton	 $1.350 m	 Land	Staff accomodation and Vacant Land	Nil
23	**Karritane** 10 Murphy Avenue Liverpool	 $0.250 m $0.115 m	 Land Buildings	Mothercraft Services	Nil
24	**Brain Injury** 17 Bigge St. Liverpool	 $0.350 m $0.107 m	 Land Buildings	Brain Injury Rehab Transitional	Nil
25	**Total Nutrition Link** 13 Hargraves Pl Wetherill Park	 $1.700 m $2.586 m	 Land Buildings	Food Services	Nil
26	**Community Health Centre** 53-65 Cnr. Horsley Dr & Mitchell Street Carramar	 $1.250 m $4.725 m	 Land Buildings	Community Health	Nil
27	**Health Services Building** Campbell & Goulburn Strs Liverpool	 $2.400 m $10.579 m	 Land Buildings	Community Health Services & Allied Hlt	Nil
28	**Community Services** 596 Hoxton Park Road Hoxton Park	 $1.350 m $2.208 m	 Land Buildings	Community Health Services	Nil

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
29	**Community Health Services Houses / Buildings**				
	11 Berna Street Canterbury NSW 2193				
	11 Eurella Street Burwood NSW 2134				
	155 Livingstone Road Marrickville NSW 2204				
	15 Tranmere Street Drummoyne NSW 2047				
	9A Wrights Road Drummoyne NSW 2047				
	17 Atkins Avenue Five Dock NSW 2046				
	229 Bridge Street Glebe NSW 2037				
	301-321 Park Road Luddenham				
	14 Queen Street Narellan				
	70 Menangle Road Camden				
	5-9 Harper Close Tahmoor				
	Moore & Cordeaux Sts. Campbelltown				
	57-59 Cumberland Road Ingleburn				
	5 Thomas Rose Drive Rosemeadow				
	Wilma Women's Health Centre				
	36-38 Raymond St. Bankstown				
	66 Eldridge Rd. Bankstown				
	25 Woodward Crescent Miller				
	103 Hoddle Avenue Campbelltown				
	122 Chapel Road Bankstown				

Sydney South West Area Health Service
Year ended 30 June 2008

Additional Financial Information –

SCHEDULE OF PROPERTIES

The following properties are owned by SSWAHS

	Description	Land & Buildings were valued at 1/7/06 (refer to Note 22 for the details of carrying value)		Current Use	Potential for alternative use
	19 Flowerdale Road Liverpool				
	4 Langdon Avenue Campbelltown				
	101Restwell Street Bankstown				
	56 Campbell Street Fairfield				
	80 Broughton Street Camden				
	33 Hoddle Avenue Campbelltown	$16.404 m $22.196 m	Land Buildings	Health Facility	Residential House

Assets held for sale

	Description	Land & Buildings value as at 30/6/08		
1	**Rachel Forster Hospital Complex** 134-150 Pitt Street Redfern NSW 2016	$11.147 m	Land	Note 1
2	**149-155 Pitt Street** Redfern NSW 2016	$1.200 m $0.565 m	Land Buildings	
3	**157-159 Livingstone Road** Marrickville NSW 2204	$1.000 m $0.444 m	Land Buildings	

Note 1 The sale of Rachel Forster Hospital complex was settled on 21 July 2008

Sydney South West Area Health Service
Year ended 30 June 2008

GENERAL FUND CONSULTANCY FEES OVER $30,000

Name	$ 000
General Consultancy	Nil
Capital Works	Nil
Total Consultants Fees over $ 30,000	**Nil**

GENERAL FUND CONSULTANCY FEES UNDER $30,000 Nil

PATIENT FEES AGEING ANALYSIS

Consolidated 30 June 2008	< 30 Days $ 000	30 - 60 Days $ 000	61 - 90 Days $ 000	> 90 Days $ 000	2008 $ 000	2007 $ 000
Compensable	1,161	522	395	5,349	**7,427**	**6,435**
Ineligible	1,088	376	433	4,377	**6,274**	**4,796**
Other	5,747	1,458	615	1,960	**9,780**	**9,306**
Total	**7,996**	**2,356**	**1,443**	**11,686**	**23,481**	**20,537**

TRADE CREDITORS AGEING ANALYSIS

	2008 $ 000	2007 $ 000
< 30 Days	41,777	36,349
30 - 59 Days	8,718	5,288
60 Days and Over	0	0
	50,495	**41,637**

PAYMENT PERFORMANCE INDICATORS

Payment Performance Indicators for the Three Month Period Ending 30 June 2008

	2008 $ 000	2007 $ 000
Percentage of accounts paid on time (based on dollar amount)	76.46%	85.06%
Total dollar amount of accounts paid on time	204,412	235,682
Total dollar amount of accounts paid	267,354	277,073

Glossary of abbreviations

AMIHS	Aboriginal Maternal and Infant Health Strategy
AMS	Aboriginal Medical Service
ACHS	Australian Council on Health Care Standards
ADT	Administrative Decisions Tribunal
ASET	Aged Service Emergency Teams
AHAC	Area Health Advisory Council
AMHS	Area Mental Health Service
ACIR	Australian Childhood Immunisation Register
ACEM	Australian College of Emergency Medicine
ACHS	Australian Council on Health Care Standards
BBV	Blood borne viruses
BDCU	Bowral and District Children's Unit
CNRP	Cancer Nutrition and Rehabilitation Program
CEWD	Centre for Education and Workforce Development
CHETRE	Centre for Health Equity Training, Research and Evaluation
CGU	Clinical Governance Unit
CI	Clinical indicators
CSB	Clinical Services Building
CLAP	Communication and Language Assistance Program
CPU	Community Participation Unit
CT	Computerised Tomography
CCMH	Concord Centre for Mental Health
CRM	Corporate Risk Management
CALD	Culturally and Linguistically Diverse
DOSA	Day of surgery admission
DADHC	Department of Ageing Disability and Homecare
DHS	Drug Health Services
ENT	Ear nose throat
ECOH	Early Childhood Oral Health Program
eMR	Electronic Medical Record
EAP	Emergency Access Performance
ED	Emergency Department
EDNA	Emergency Department Network Access Scheme
EMU	Emergency Medical Unit
EEO	Equal Employment Opportunity
EAPS	Ethnic Affairs Priority program
EST	Exercise stress testing
FCC	Family Care Centres
FAST	Focused Assessment with Sonography in Trauma
FOI	Freedom of Information
FTE	Full-Time Equivalent
GP	General practitioner
HCIS	Health Care Interpreter Service
HPS	Health Promotion Service
HARP	HIV/AIDS and Related Programs
HACC	Home and Community Care
HASI	Housing and Accommodation Support Initiative
HIE	Health Information Exchange
HOIST	Health Outcomes Information Statistical Toolkit
IIMS	Incident Information Management System
IHRI	Ingham Health Research Institute
ICU	Intensive Care Unit
N-IDG	International Dental Graduate Program
KVP	Karitane Volunteer Program
LGA	Local Government Area
Macarthur	Campbelltown and Camden Hospitals
MERIT	Magistrates Early Referral into Treatment
MAU	Medical Assessment Unit
MND	Motor neuron disease
MHHCS	Multicultural HIV/AIDS and Hepatitis C Service
NHMRC	National Health and Medical Research Council
NESB	Non English Speaking Background
OOS	Occasions of service
OST	Off Stretcher Time
ODEOPE	Office of the Director of Equal Opportunity in Public Employment
PACS	Picture Archiving Communication System
PECC	Psychiatric Emergency Care Centre
PHU	Public Health Unit
RIS	Radiology Information System
RTO	Registered Training Organisation
REMS	Research, Evidence Management and Surveillance Service
RACF	Residential Aged Care Facility
RIB/RCA	Reportable Incident Brief / Root Cause Analysis
RCA	Root cause analyses
STRONG	Strength Training Rehabilitation Outreach Needs Geriatric
SSWAHS	Sydney South West Area Health Service
SSW-OHS	Sydney South West Oral Health Services
TIA	Transient ischaemic attack
TCU	Transitional Care Unit
TNP	Transitional Nurse Practitioner
TRIM	Total Records and Information Management
UHHV	Universal Health Home Visits
UMCCC	University Medical Clinics of Camden/Campbelltown
UWS	University of Western Sydney
VET	Vocational Education and Training
WSAP	Water saving action plans
WJRC	Whitlam Joint Replacement Centre

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