

The New Children's Hospital 1998/99 Annual Report



The Department of Adolescent Medicine launched the NSW Centre for the Advancement of Adolescent Health. This unit will provide a valuable infrastructure for research, advocacy and service development for adolescent health in NSW.

Two registered nurse discharge coordinators were appointed to coordinate discharges from the Emergency Department, facilitating transfer of care to general practitioners and to paediatric units closer to the child's home.

The Emergency Department looked after 41,000 children during the year, maintaining its position as one of the busiest emergency departments in the state.

The Poisons Information Centre handled almost 120,000 calls this year, an increase of 15% over the previous year.

The number of liver transplants performed over the past 12 months increased 100%.

Dr Jeremy Smith established vitreo-retinal surgery in the Hospital, much of the surgery being performed on neonates with retinal problems arising from retinopathy of prematurity.

Ms Jan Minnis retired after 19 years as Director of Nursing.

Aboriginal Health Education Officers implemented Cultural Awareness Training sessions for all staff.

The Quality Care Unit facilitated action and responded to 358 letters received from patients, their families and staff via the "suggestion box".

An Aboriginal Ear, Nose and Throat (ENT) Clinic was developed at Tharawal Aboriginal Corporation. It is held once a month, conducted by the Fellow in ENT.

400 staff members were recognised for their long service to the Hospital with several staff members awarded for over 30 years service.

A Hospital-wide waste management program resulted in clinical waste reducing by 30% in both volume and cost.

A "Hospital Security Watch" program was introduced to help counter an increasing security incident rate.

89% of the required Year 2000 (Y2K) testing was completed at end June 1999, with remaining work due for completion by end September 1999.

In partnership with Macquarie Area Health Service, we successfully completed the Teleradiology project funded by the NSW Health Department under the State Telemedicine Program.

The Hospital was 1.7% over budget, as a result of increased numbers of families using our outpatient services.

Professor Craig Mellis was appointed as the Douglas Burrows Professor of Paediatrics and Child Health and Professor Danny Cass was appointed to the William Dunlop Chair of Paediatric Surgery.

A ground-breaking ceremony was held for Bear Cottage, the State's first Children's Hospice.

The Hospital launched Australia's first Tumour Bank.

Rehabilitation Medicine launched an informative book on sexuality in young people with acquired brain injury.

We appointed the first Registered Music Therapist to the Occupational Therapy Department.

The Social Work Department and Child Protection Unit developed and implemented a "Victims of Crime" policy for the Hospital.

The New Children's Hospital, located at Westmead, is a 350 bed children's teaching hospital and is the major children's hospital in NSW. It is the only stand alone children's hospital in Australia and is an international leader in child health, working at the cutting edge of paediatric services, research and teaching.

More than just a hospital, we are committed to providing children with the best medical care and personal support, as well as an environment in which total healing can take place. To do this, art, gardens, entertainment and educational programs feature prominently in our treatment regimes. The New Children's Hospital continues to actively promote the interests and needs of all children and educate and inform the community about good health and injury prevention.

The New Children's Hospital is a Body Corporate established pursuant to the Health Services Act of 1997.

## Our vision

To be an international leader in child health.

To be an advocate for children.

Our vision will be realised through our principal mission statements.

## Our mission

**Hospital services** – to provide a total healing environment for children and their families. We do this by combining the best of science with the technical and caring skills of our staff in a building which blends innovative design with art and gardens.

**Community** – to expand community and outreach activities which offer appropriate care in the appropriate place.

**Advocacy** – to promote the interests and needs of all children.

**Teaching** – to place a high priority on excellence and leadership in education and training to support our staff and to share our knowledge with others.

**Research** – to place a high priority on research to improve the lives of our present and future patients.

## Principles guiding our work

**Health gain** – to ensure that improving children's health and quality of life are the focus of our efforts.

**Concern for people** – to care for our patients, their families, our staff and our supporters as individual people with their own needs.

**Doing it better** – to provide the best possible patient care by the effective use of resources, recognising the need to continuously review and improve procedures and processes.

**A hub of paediatrics** – to play a pivotal role in establishing with others a network to share our knowledge and skills in paediatrics for the health of children.

**Making the future better** – to invest in and facilitate research that improves our understanding of how to prevent or treat diseases in children and to work with government and community agencies to promote the health and well being of all children.

*This agreement was formulated with the NSW Health Department in 1997. The year-to-date progress of strategies and targets has been evaluated on a six monthly and annual basis. The final evaluation reflects achievements to 30 June 1999. A further agreement has been developed to carry the Hospital to 2000/2001.*

Objectives	Achievements																					
Ensure health services are delivered within the scope of the annual financial allocation.	These strategies produced a 0.7% over budget result for the General Fund, and ensured that creditor payments were within 45 days.																					
Develop better practice models for elective surgery and bed management.	The pre-admission testing/admit day of surgery service has continued significant expansion – now involving 52.05% of children needing surgery.																					
Minimise waiting time for medical and surgical elective patients.	<table><tr><th>Benchmark</th><th>Target</th><th>Actual</th></tr><tr><td>Benchmark 7 (Urgency 1 &amp; 2 patients, waiting &gt;30 days)</td><td>19</td><td>13</td></tr><tr><td>Benchmark 8 (Urgency 8 patients, waiting &gt;12 months)</td><td>0</td><td>15</td></tr><tr><td>Benchmark 9 (% of patients on waiting list who have incurred delays)</td><td>3.2</td><td>2.9</td></tr></table>	Benchmark	Target	Actual	Benchmark 7 (Urgency 1 & 2 patients, waiting >30 days)	19	13	Benchmark 8 (Urgency 8 patients, waiting >12 months)	0	15	Benchmark 9 (% of patients on waiting list who have incurred delays)	3.2	2.9									
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Maximise patients being seen within the recommended time period for each triage category in Emergency.	<table><tr><th>Benchmark</th><th>Target</th><th>Actual</th></tr><tr><td>T1 – Resuscitation (% seen by MO* within 2 mins)</td><td>98%</td><td>100%</td></tr><tr><td>T2 – Emergency (% seen by MO within 10mins)</td><td>83%</td><td>97%</td></tr><tr><td>T3 – Urgent (% seen by MO within 30 mins)</td><td>72%</td><td>57%</td></tr><tr><td>T4 – Semi Urgent (% seen by MO within 1 hour)</td><td>75%</td><td>45%</td></tr><tr><td>T5 – Non Urgent (% seen by MO within 2 hours)</td><td>85%</td><td>75%</td></tr><tr><td>T6 – Access Block (% admitted within 8 hours of seeing MO)</td><td>92%</td><td>91%</td></tr></table> <p>* MO = Medical Officer</p>	Benchmark	Target	Actual	T1 – Resuscitation (% seen by MO* within 2 mins)	98%	100%	T2 – Emergency (% seen by MO within 10mins)	83%	97%	T3 – Urgent (% seen by MO within 30 mins)	72%	57%	T4 – Semi Urgent (% seen by MO within 1 hour)	75%	45%	T5 – Non Urgent (% seen by MO within 2 hours)	85%	75%	T6 – Access Block (% admitted within 8 hours of seeing MO)	92%	91%
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Events affecting progress	Future initiatives
Financial management continued to be difficult during 1998/99. A number of strategies were developed to assist in the process. These included: delayed replacement of staff and stringent criteria for replacement in departments over budget reduction in overtime reduction in motor vehicle fleet.	These strategies will continue, as required, to achieve the best financial result.
	This service will continue to be supported.
The Hospital struggled earlier in the year to meet the NSW Health Department Benchmarks. Strategies to improve the situation included opening additional beds during the winter months and best practice principle of pre-admission clinics and admit day of surgery. Priority Access Strategy funding allowed the benchmarks to be achieved by the second quarter of 1998/99. Although there has been a gradual increase since then, the figures are still well below the previous financial year.	A “Networking Group” has been established in the Greater West Area Health Services to consider ways to work together to promote high quality paediatric services closer to children’s homes. It is anticipated that progression of this strategy will impact on the NCH waiting list.
The Hospital, while being able to exceed the benchmarks for the most urgent cases, was unable to meet the benchmarks for less acute cases. This is a reflection of the fact that many families bring their children to NCH Emergency Department with non-acute problems, often seeking a “second opinion”.	A trial of discharge planning nurses to identify children able to continue treatment at home, or in another health facility, has commenced to address this problem.

Continues over

Objectives	Achievements
Facilitate and support the training and career development of Aboriginal employees.	An Aboriginal Employment Coordinator was appointed and was involved in establishing career development plans for ATSI employees. Additional ATSI employees were attracted to the Hospital via the Elsa Dixon Program.
Improve the OHS&R profile score.	A score of 65.4% was achieved in May 1999.
Introduce hospital-wide patient satisfaction tool.	<p>A “Postcard” Satisfaction Survey was trialed in three wards over three months.</p> <p><b>Outcomes</b></p> <p>Staff are caring and polite: Good 96.2% Fair 3.3% Poor 0%.</p> <p>Staff listened to me and kept me informed: Good 91% Fair 8% Poor 0.5%.</p> <p>Food was: Good 59.9% Fair 31.6% Poor 4.7%.</p> <p>Cleanliness was: Good 84.9% Fair 12.7% Poor 1.9%.</p> <p>Services provided by the Hospital were: Good 95.8% Fair 3.8% Poor 0%.</p>
Establish the NSW Centre for the Advancement of Adolescent Health.	<p>The Centre officially opened on 18 June 1999. Significant activities undertaken prior to the opening of the Centre, under the auspices of the Centre include:</p> <p>Four Youth Health Forums</p> <p>Publication of “Unzipped” – a health promotion book for parents.</p> <p>“Here and now: a report card on the health of young people in NSW” – conference held involving community consultation and including an inaugural strategic planning process.</p>
Increase the availability of an appropriate range of palliative care services for people with progressive, far advanced disease.	A Staff Specialist in Pain Management was appointed and played a major role in implementing the Palliative Care Initiative. Bear Cottage, which will form a significant component of the Initiative, commenced construction in June 1999.

Events affecting progress	Future initiatives
	<p>Funding has been allocated for ATSI employee career development.</p> <p>The purchase of a more sophisticated database for tracking the training and development of staff is being investigated.</p>
The new audit tool utilised in the profile was expected to result in a decrease in score of 20 to 25%, as it set more stringent criteria. The actual result was just 16% lower than June 1998, so is seen as an indication of ongoing improvement.	A review of manual handling aims to improve practices throughout the Hospital.
	The “Postcard” will be utilised in all wards on an annual rotating basis.
Receipt of \$130,000 in December 1998, when the Minister for Health launched the Youth Health Policy to establish the Centre.	<p>Development of a Strategic Plan:</p> <p>preparation of a research agenda</p> <p>development of a GP training strategy</p> <p>presentation of four Youth Health forums.</p>
Contractual problems impacted on the progress of Bear Cottage construction.	Bear Cottage construction is expected to be completed in the first half of 2000. This will facilitate the implementation of the Palliative Care Initiative.



## Built to last

What makes a hospital successful? Is it the ability to treat more and more patients? To always come in on budget? To succeed in research? To comply with government wishes? To meet all benchmarks? Perhaps it is a combination of these and other factors, or possibly something less tangible. In their book, "Built To Last", Collins and Porras studied 18 visionary organisations which had existed for an average of 97 years and which continue to develop and succeed as acknowledged leaders. They found that in changing and often difficult circumstances, successful organisations do two things. One, they never lose their focus and core values and, two, they are flexible enough to respond to new challenges in a way that allows them to develop, while also being innovative enough to create opportunities to progress.

Our focus is child health. We have been looking after sick children for 119 years. During that time we have grown from a cottage hospital established in an ex-school building, into one of the world's great children's hospitals. Our record meets many of the criteria for a successful visionary organisation, but while it is comforting to look back, we must also look forward. The children's novelist, Hugh Lofting, created a marvellous animal the "Push-Me-Pull-You" which had the ability to face backwards and forwards simultaneously. Like the push-me-pull-you, we need to constantly keep an eye on our focus and, at the same time, look forward, being flexible and innovative as children's health needs, community expectations and health policies change.

On a clinical front, we have to balance the statewide demand for our ability to look after sick children with what we are actually able to provide. This involves getting the right "mix" of patients. There are certain problems that no one else in the state can manage. Examples include children's liver transplants, major burns and complex children's heart surgery. There are other conditions which only the state's specialised children's units can manage. Some examples include leukaemia, renal dialysis, complex metabolic disorders and surgery in newborn infants. Many children with such disorders are quite appropriately treated at this Hospital. A third group is childhood problems which can often be managed very well in a paediatric unit in a general hospital or in the

community with back-up when needed being available from a specialist children's centre. Examples include tonsillectomy, circumcision, management of most asthma and attention deficit disorder.

It is this third group where we have to be innovative. We do not ever plan to cease seeing these "common" problems for several reasons: we have a responsibility for the children living in our local area; as a teaching hospital we need expertise in the whole spectrum of childhood illness; we need to help set the standard for the management of these problems and we often have to treat these "common" problems in our young patients who come to us with other complex disorders. On the other hand, we have to avoid the situation where the demand for us to care for these "common" problems is so great that it reduces our capacity to care for children who can only be managed at a hospital like this.

Part of the answer to obtaining the right mix is to work closely with the Area Health Services nearest to us to share some paediatric services. We are now discussing with the three Area Health Services in the west of Sydney how we can work with their paediatric services to allow children needing hospital admission to be cared for closer to their own homes. These initiatives include having joint staff appointments, rotation of staff and the use of common protocols. This will give families the confidence that The New Children's Hospital's standard of care is often available at their local hospital.

As well as working cooperatively with the Area Health Services around us, it also involves some attitudinal changes for this Hospital, in being able to look outwards better than we may have in the past. It will also involve increasing community awareness. As part of the process we have employed two discharge nurses in our Emergency Department. Their function is to identify families whose child needs hospital admission, but who could be cared for in an appropriate paediatric ward at another hospital closer to home, or by their family doctor for children where admission or ongoing assessment at our Hospital is not needed. The discharge nurse explains the process to the parents and discusses the case with the local hospital or general practitioner to facilitate the transfer.

Other initiatives for extending care into the community include our extensive child telepsychiatry service which we plan to use as a model for the development of other child telehealth services, our ear, nose and throat (ENT) outreach clinic to the Tharawal Aboriginal Community in Sydney's south-west and the discussions currently under way to provide a paediatric ENT consultation and day surgery service at Goulburn.

In difficult financial times, with other Health Areas looking at services they may be able to reduce, there is the danger that the number of children seeking our services or being advised to come here, may escalate. The success of this network will depend on the commitment of us, of NSW Health and of our colleagues to provide high quality care for common paediatric problems closer to home.

## Looking after sick children

A study commissioned by the National Association for Children's Hospitals and Related Institutions in the USA in the 1980s showed that an efficient bed occupancy for an adult hospital was 85% and, because of the need for more segregated units in a paediatric hospital, the efficient occupancy level was set at 75%. Our occupancy for the year has been 95.8% of staffed beds. This is achieved by a flexible bed strategy where fewer beds are available in summer than in the winter, a streamlined admission and discharge system and by staff often working well beyond the call of duty because they know that they are doing this to help sick children. This year we have also increased efficiencies with the more widespread use of oral rehydration therapy for gastroenteritis in the Emergency Department, as well as on the ward, earlier discharge of children with asthma and the successful introduction of a day stay tonsillectomy list. As a result, our average length of stay has fallen to just under three days for the first time, even though many of the children for whom we care have extremely complex problems. Of course in arriving at this figure, we have a proportion of long stay patients and others who are only here for a day.

## Our staff

It is good to see that many of our staff have been recognised publicly for their achievements. Kay Spence's contribution to neonatal nursing was

recognised with an AM and John Overton received an OAM in recognition of his service to medicine and the welfare of children as a paediatric anaesthetist. Martin Silink was appointed as President of the International Society of Paediatric and Adolescent Diabetes and Michael Besser was elected as president of the Neurosurgical Society of Australia. Robert Ouvrier and David Isaacs were promoted to Clinical Professor and Louise Baur, Elizabeth Elliott, Robert Howman-Giles, Stewart Kellie, Peter McIntyre and Roger Uren were promoted to Associate Professor. Louise Baur also received one of the highly coveted University of Sydney Awards for Excellence in Teaching. Sue Emeleus, our Anglican Chaplain, won a Churchill Fellowship to study chaplaincy in overseas children's hospitals.

Two major academic appointments occurred this year. Craig Mellis was appointed as the Douglas Burrows Professor of Paediatrics and Child Health in the University of Sydney, and Danny Cass to the William Dunlop Chair of Paediatric Surgery in the University of Sydney. These are two appointments with which the Hospital is particularly pleased.

In the academic area, Albert Lam was awarded a Doctorate of Medicine and Andrew Bleasel a Doctorate of Philosophy, both from the University of Sydney. Greta Dungalson won the Inaugural University of Sydney Award for Excellence in Medical Research, while John Massie, now in Melbourne, won the Young Investigators Award at the ACP/RACP Scientific Meeting for work done at this Hospital while he was a respiratory fellow. Others who received recognition include Jane Gregurke and Carola Wittekind who both won places on the National New Leaders in Health Forum and Lyn Wheeler and Catherine Doggett who won scholarships for the Public Sector Management Course.

Internal recognition is also important, so this year we started a program of Staff Service Awards to recognise staff who have served the Hospital for periods of 10 to 30 years. The awards were greatly appreciated by staff and will now be a continuing part of hospital life.

Three long-serving staff members retired. Jan Minnis, after 19 outstanding years as Director of Nursing; Wal Grigor who, after a distinguished career as a consultant paediatrician, became equally effective as Director of Clinical Training,

and Sue Mills who, as Head of Standards & Performance, was a key member of the Hospital's management team. Wendy Hawker became the first Staff Elected Member of the Hospital's Board and Professor Genevieve Gray, from the University of Western Sydney, joined the Board.

Dr Alan Oldfield and Dr Helen Walsh, both of whom served the Hospital for many years, died during the year, as did Percy Willis, a much loved figure from the Outpatients Department.

## Finances

The Hospital had a relatively stable year in financial terms with a full year result of 1.7% over net cost of services budget, reflecting the pressures of activity experienced during the year.

After this relatively successful year, it is disappointing to have received a qualified audit opinion from the Auditor General. The matter relates exclusively to loans extended by NSW Health to the Hospital during the period 1996 to 1999 which we understand was due to the Department fully adopting the Treasurer's loans/savings policy of 1989/90 within NSW Health. The Auditor General has indicated that the loans extended by NSW Health did not comply with the provisions of the Public Authorities (Financial Arrangements) Act 1987. Whilst we accept that the qualification is appropriate we have the view that this is a technicality and was not raised in prior years. The Hospital has consistently reported the matter clearly and appropriately in a transparent matter.

We budgeted for inpatient activity of 29,207 and non-admitted patient activity of 459,678 and achieved 29,120 admissions and 534,784 non-admitted occasions of service. Despite this very high level of activity, most of the performance targets were met.

NSW Health contributed \$111,678,000 to fund core activity and part of the capital works undertaken by the Hospital, an increase of 9% overall. The bulk of this increased funding related to supplementation for award increases in salaries and so was unavailable for increased activity.

The Hospital closely monitors its cash position throughout the year. Trade creditors were consistently paid within the 45 day target. However, we continue to experience difficulties in reducing the length of time taken to recover debts. During the

year there was a marked decline in the rate of bad debts and the level of provisions required.

Antiquated billing systems and circumstances particular to the paediatric population continue to hamper the speed of collection. Improvements this year include increased EFTPOS terminals and ongoing refinements in electronic interfaces with Pathology and Radiology systems enabling improved transfer of information and prompt invoicing. New systems are being installed in 1999/2000 to further increase speed of collection.

The decline in privately insured patients from 23% of bed days to 21% of bed days was compensated for in part by privately referred non-inpatient occasions of service increasing by 40%, but was still responsible for an overall 3% fall in fee revenue.

The main reason for the increase in operating costs related to funded salary increases. Attempts to reduce other operating costs were somewhat hampered by high activity. Despite this, the Hospital achieved significant reductions in administration and energy costs.

We are continuing to invest effort in reducing inventory levels and streamlining the supply service. These efforts resulted in an inventory reduction of 16%. Much of this was achieved by the introduction of initiatives, such as the Corporate Express online ordering system, which reduced stationery stock to nil and allows daily ordering of stationery items; the introduction of imprest stocks in many of the wards; negotiations with selected suppliers aimed at reducing the number of orders flowing from the Hospital; and reviews of inventory levels and the range of items held in store.

Donations were 2% more than last year. The cost of raising funds increased from 18% to 19% of funds raised. Much of the money donated is for specific items, such as single items of equipment, but not for major projects which benefit the Hospital as a whole. As a result of previous commitments and this pattern of donations, the Hospital faces a lean year in terms of maintaining technological advantage, replacing equipment and developing initiatives to improve the care of children. While donations for specific items of equipment are vital for equipping the Hospital, we encourage many of our donors to make "untagged" gifts towards the care of sick children.

We move into the next financial year carrying a number of burdens. These include a remaining loan instalment payment to NSW Health of \$1,367,000 and a number of 1998/99 debts to be paid from 1999/2000 funding. Such cash shortfalls are not a burden peculiar to this financial year, however their continued existence hampers the Hospital's ability to fund growth and to provide for replacing technology and other resources.

Our financial wellbeing in the coming year is very much dependent on the level of activity. The Hospital has financial strategies designed to continue to meet planned demands for service without affecting investment in clinical care, although any increase in planned activity levels will have dire financial consequences.

## Quality and performance

In the last quarter of the previous financial year, the average number of children unable to be admitted for surgery within 30 days had reached 47. An additional \$1,349,000 provided through the Priority Access Strategy allowed us to gradually reduce this during this year from an average of 32 for the first quarter and down to 12 for the last quarter. This was well below the benchmark figure of 19. In December 1998, we also met the benchmark of no children waiting more than 12 months for surgery, a target we had not been able to achieve since the Hospital's relocation to Westmead. While the additional funding allowed us to undertake an extra 516 admissions, these could not have been achieved without the extra effort from nursing, anaesthetic and surgical staff, including meeting extra surgical lists at weekends. Although there has been a gradual increase in the waiting lists since January, we are well below the figures for the end of the last financial year (67 waiting more than 30 days and 50 waiting more than 12 months) with 13 children waiting longer than their estimated 30 days and 15 waiting more than 12 months.

We exceeded benchmarks in the Emergency Department for the sickest children. In triage category one (seen within two minutes) we reached 100% (benchmark 98%) and in category two (seen within 10 minutes), we achieved 97% (benchmark 83%). We were unable to meet the benchmarks for the less urgent cases, reaching 57% for children seen within 30 minutes

(benchmark 72%) and 45% and 75% for children seen within one hour and two hours respectively (benchmarks 75% and 85%). This reflects the large number of families who bring their children to our Emergency Department, not because of an emergency, which would put them into the high triage categories, but often for a second opinion about a problem which may have been present for days or weeks. We are addressing this next year by working with some general practitioners, experienced in paediatrics, who will see some of these less acute problems.

The Hospital welcomes the initiatives of NSW Health for hospitals to develop Quality Councils. We want to ensure that the highest quality service is provided at every level of the Hospital's activities and will reconfigure our quality activities to conform with the Quality Council recommendations. Quality goes beyond patient care. Examples of the Hospital's achievements this year include working towards best practice in energy costs, resulting in savings of \$309,000; a 16% improvement in the waste management profile and ISO9002 accreditation for Biomedical Engineering, making it one of only five hospitals in Australia to receive this level of accreditation. Our Year 2000 compliance testing is well on-target for completion. The Hospital is currently working on a strategic plan for the next five years, a process which has involved wide staff consultation.

## Initiatives

Some "firsts" have included the ground-breaking for Bear Cottage, the state's first hospice for children; the launch of Australia's first Tumour Bank; the opening of the state's first Voice Clinic; the establishment of the NSW Centre for the Advancement of Adolescent Health and the opening of Kidsafe House. A Memorandum of Understanding between the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases and the University of Sydney was signed and four staff were employed under the Elsa Dixon Aboriginal Employment and Career Development Program. These initiatives demonstrate the range of activities in which we are involved. Some are directly related to our core business of helping sick children through direct care and through research, while others, such as our work with immunisation, accident prevention and adoles-



cent health, are aimed at seizing opportunities to prevent health problems.

One of the most important initiatives is the discussion taking place with our neighbour, the Children's Medical Research Institute (CMRI) about closer collaboration. Already there is collaboration in some areas, such as gene therapy. A working group of New Children's Hospital and CMRI members has now agreed on the goal to be achieved:

"To have on this campus a single research organisation which administers and promotes excellence in basic and clinical research and which has secure, independent funding, strong and effective leadership and is seen by the public as the country's main children's research body."

We are now exploring how this can be achieved. It is a goal which poses considerable challenges but which has logic on its side and which will be to the ultimate benefit of children by creating realistic links between basic and clinical research.

### Our supporters

We can only provide most of the equipment our children need and many of the special facilities for parents and children, as well as our research initiatives, with the help of our supporters in the community. We receive no separate research funding from government. It all comes from winning competitive grants and public support. Similarly, the vast majority of equipment is provided from donations. We currently employ almost 200 staff on donated funds. They work in such diverse areas as genetic research, patient advocacy, pain management and dietary help for children with complex metabolic diseases.

Our public support must be maintained to be able to continue these services and must increase significantly if we are to continue to be innovative and seize opportunities to extend the frontiers of paediatric care and knowledge.

While our supporters are too numerous to name individually here, mention should be made of the Woolworths Appeal, which raised \$450,000 to expand our renal treatment centre and \$150,000 to help children in hospitals throughout rural New South Wales. This year was the tenth

anniversary of our Bandaged Bear Day Appeal. Anne Geddes, the photographer, and her husband, Kel, demonstrated their commitment to prevent child abuse by funding an annual fellowship for child protection. We were also delighted to welcome the Clown Doctors as regular visitors to the Hospital, supported by the AMP Foundation, Commonwealth Bank and Staff Charity and the Lions Club of Kellyville.

### The continuing partnerships

The Hospital is only too well aware of the strains being faced by the health system. We are fortunate to have marvellous staff, a committed Board and outstanding support from the community. We work in close cooperation with NSW Health and see their support, along with that of the public and our own expert staff, as a partnership which will enable us to never lose sight of our focus and to also be flexible enough to respond in innovative ways to new challenges.



John Dunlop, President



Kim Oates, Chief Executive

### Board meeting attendances

Name	Possible meetings*	Meetings attended
J A Dunlop	11	11
G Gray	10	9
W Hawker	7	7
G Lawrence	9	8
P E Mason	6	6
R K Oates	10	10
J H Pascoe	4	2
D G A Say	8	8
V Street	9	9
D Thiele	11	6
J A Young	6	4

\*If a member has been granted leave, meetings held during that leave are not considered as possible meetings.

### Division of General Medicine

The workload in all departments within General Medicine increased this year – in most instances without an increase in staff or other resources. At times, workload reached critical levels requiring extreme care and often an effort well beyond the call of duty to ensure that standards of safe care were not compromised.

The Hospital's five general medical units care for a high proportion of children requiring acute hospital admission. Average length of stay compares favourably, or more than favourably, with other hospitals including other Australian children's hospitals. During the year, Dr Dominic Fitzgerald was appointed as a staff specialist with duties divided between general medicine and respiratory medicine. This and future 'combined' appointments should benefit general and sub speciality disciplines, physicians and the children in their care.

The Emergency Department looked after 41,000 children during the year, maintaining its position as one of the busiest Emergency Departments in the State. Work practices were streamlined resulting in better service to children and their families. This has especially benefited the sickest children and those with more complex problems. Staffing within the Department improved with three "Fellow" positions allowing more educational initiatives and research commitment.

The Department of Clinical Epidemiology and Biostatistics made substantial changes in teaching methods for statistics and epidemiology. The introduction of a full curriculum in research methodology has benefited the large and increasing number of postgraduate researchers. Additional teaching was offered to resident medical staff to assist with interpreting the literature and becoming more competent in practising evidence based medicine.

In the Dermatology Department a dermatology registrar position – with three registrars on a four month rotation – has improved clinical service and enabled further research projects. The Department is involved in a number of multi-disciplinary projects in cooperation with medical imaging, psychiatry and clinical genetics.

The Vincent Fairfax Pain Unit continues to provide a wide range of inpatient services and increasing outpatient services to children with

pain. The Unit, in particular Dr John Collins, is playing a major role in further development of palliative care within the Hospital.

The Poisons Information Centre handled approximately 120,000 calls this year, an increase of 15% over the previous year. Except for calls handled during normal business hours in Victoria, Queensland and Western Australia, the Poisons Centre now handles calls from every State of Australia, 24 hours a day.

### Division of Specialty Medicine

The provision of clinical services has remained a priority for the Division and the level of clinical activity has continued to be high. A number of initiatives in endocrinology and epilepsy have resulted in increased laboratory services and we are proud to report that the Immunology Clinical Diagnostic Laboratory is the first paediatric immunology laboratory in the world to receive both NATA accreditation and ISO-9002 certification.

A large donation from Woolworths facilitated the expansion of the Renal Treatment Centre to provide a 7-station haemodialysis unit, additional space for peritoneal dialysis, a consultation room and office. Completion of the extensions is expected by the end of 1999.

A Hepatology Unit has been created within the Department of Gastroenterology, headed by Dr Stuart Dorney, recognising the large clinical hepatology patient load. The Department of Immunology established a Paediatric Allergy Day, in collaboration with Westmead Hospital. Held in Turner Medical Day Stay Ward, difficult diagnostic problems in food, drug and stinging insect allergy are addressed.

The Division has also focussed on outreach services with greater community involvement. Health professionals from 17 outreach centres in NSW and other health centres in Sydney attended the annual NSW Paediatric Diabetes Outreach Meeting held in May 1999. The Department of Respiratory Medicine, in conjunction with representatives from other Western Sydney Paediatric Units and the Western Sydney Division of General Practice, has formulated and disseminated guidelines for the management of acute asthma in children based on NAC guidelines. Implementation of those guidelines will also benefit paediatric

patients in community hospitals and general practitioner surgeries in Western Sydney.

Research continues to be an important part of divisional activity. The Division successfully attracted NH&MRC and other research funding and produced a significant number of research presentations and publications. The Oncology Research Unit, thanks to community support and Department of Health funding, established a paediatric Tumour Bank. An Australian first, the Tumour Bank provides researchers anywhere in the world access, via the Internet, to specimens for their own research.

The academic achievements of members within the Division has been recognised by the promotion of David Isaacs and Robert Ouvrier to Clinical Professor and Peter McIntyre and Stewart Kellie's achievements earned their promotions to Clinical Associate Professor within the Department of Paediatrics and Child Health, University of Sydney.

This year Dr Jayne Antony replaced Robert Ouvrier as Head of the Department of Neurology. Following Craig Mellis' appointment as Professor of Paediatrics at Sydney University, Dr Dominic Fitzgerald took up a joint position in both Respiratory Medicine and General Paediatrics, setting a precedent aimed at strengthening both Divisions of Medicine.

The Division is committed to improving clinical services to the community and next year will focus on expanding the Department of Endocrinology's NSW Diabetes Outreach Program and its Transition Service for transfer of adolescents to adult care at Westmead Hospital. It also plans to formalise a Diabetes Complications Assessment Scheme. With increasing emphasis on treatment in the community, a pilot study evaluating home IV antibiotics in the treatment of patients with Cystic Fibrosis has potential ramifications for altering patient care delivery in many chronic conditions. The Department of Neurology also plans to establish an Institute for Neuromuscular Research. Clinical and research expertise will continue to improve through training of Fellows in paediatric specialities.

## Division of Critical Care and Diagnostic Services

The Division had a productive year meeting increased demands with efficiency and effective delivery of services.

The Department of Nuclear Medicine continued to maintain a high workload with renal and oncology patients. Co-registration software has been installed and will now be used in clinical imaging where nuclear medicine studies can be co-registered with radiology MRI and CT scans. Many research projects were undertaken during the year and the Department has frequently published in journals and textbooks.

The Department of Radiology is now headed by Dr Adam Steinberg, and Dr Onikul and Dr Wong have joined as Staff Specialists. Numerous MRI software packages have been introduced, including a body coil and a cardiac package. Departmental protocols have been streamlined.

Paediatric Intensive Care continued to expand its integration management structure. A number of nursing research projects received small grants funding, and a Nursing Doctoral Scholarship has been awarded for the next three years. Several quality assurance projects have been undertaken with a major project looking into the transfer process to the wards producing many fruitful improvements. Both medical and nursing staff continue to publish widely and present at national and international conferences.

Our Biomedical Engineering Department was accredited to ISO 9002 quality standard. At present there are only five Biomedical Engineering Departments in Australia accredited to ISO 9002, with The New Children's Hospital, Westmead being the only children's hospital.

In the Western Sydney Genetics Program the new technology of electrospray tandem mass spectrometry has now been in use for over a year. In the Newborn Screening Program, 29 children with significant disorders have been detected and treated, and in Biochemical Genetics this has enabled the development of cheaper and better protocols for the diagnosis of inherited disorders of fat metabolism. The Molecular Genetics Department is going from strength to strength. From a standing start 18 months ago, it now has five sets of protocols in place for DNA testing, with another six under development.

The Institute of Pathology has introduced a number of initiatives that have been of benefit to the Hospital. The new air tube for delivering specimens to pathology has decreased time taken

to deliver specimens, allowing ward and nursing staff, as well as pathology staff, to do other tasks. The addition of new tests has reduced turn around time and lowered the cost of referred tests. The Haematology Department has become one of the four designated Haemophilia Centres in NSW. The number of congenital clotting disorders seen in the Haematology Clinic has doubled in recent years. The Biochemistry Department continues to respond to the clinical needs of the Hospital with tests added and changing on a daily basis. The Histopathology Department has forged closer links with oncology research and clinical sciences and continues to hold numerous meetings for clinicians within the Hospital.

The Department of Neonatology is increasing its relationship with the Westmead Neonatal Intensive Care Unit. Both these services and the Newborn Emergency Transport Services (NETS) form the largest concentration of neonatal services in the state.

## Division of Surgery

This year saw the appointment of Professor Danny Cass to the William Dunlop Chair of Paediatric Surgery. Professor Cass will be instrumental in fostering increased surgical research activities and enhance the surgical academic image of the Hospital.

The number of liver and renal transplants increased significantly over the past 12 months and the Division is hopeful that small bowel transplantation will be feasible in the near future. The appointment of a second transplant surgeon in the next 12 months is planned to help deal with the increasing volume of transplant surgery. There has also been an increase in the number of children referred from New Caledonia in this past year.

An Innovation and Achievement meeting in November 1998 organised by the Adolph Basser Cardiac Institute, which marked the retirement of Professor Tim Cartmill, was extremely successful with a large number of Australian and overseas registrants attending. Drs Gary Sholler, Graham Nunn and Richard Chard lectured at overseas meetings.

Drs Graham Nunn and Richard Hawker participated in overseas aid programs in Papua New Guinea. Dr Meredith Sheil, Senior Research Fellow in Paediatric Cardiology was awarded the National

Heart Foundation Fellowship. General paediatric surgeons participated willingly and effectively in the waiting list reduction program, which involved additional week-day and Saturday operating lists.

The establishment of the Urology Oncall Roster allows for specialists to be available at all times to assist in the management of children with urological problems. Dr Graham Smith, Head of the Department of Urology has been appointed as Supervisor of Surgical Training. The Hospital has an extremely high calibre of general surgical registrars and the introduction of rotating a registrar into ICU every three months has proved very successful.

The Burns Unit continues to see a steady reduction in length of stay of patients, with an increasing number of children being treated as Outpatients. The establishment of the Burns and Plastic Surgery Treatment Centre in Clubbe Ward will improve treatment and coordination of all aspects of patient management. The Unit continues its active involvement in education of burns management. In conjunction with the Department of Paediatrics, the Burns Unit also conducted a major research study on the detection patterns of child abuse in burns patients.

Development of a Craniofacial Unit by the Department of Plastic Surgery was significantly enhanced by a contribution from NSW Health. The Unit, under the leadership of Professor Poole treats children from across the State.

The Ear Nose and Throat (ENT) Department continues to develop its super-specialised clinics. These include the Voice Clinic, the Deafness Unit, the Cleft Palate Clinic, the Congenital Microtia Clinic, the Craniofacial Clinic, the Rhinology Clinic and the Otology Clinic. The Fellowship Program conducted by the Department has been extremely successful.

The Department of Ophthalmology continues to be the major tertiary referral centre for paediatric ocular problems in New South Wales. The year continued to focus on the management of paediatric cataracts and retinoblastoma. Dr Jeremy Smith established vitreo-retinal surgery with much of the surgery being performed on neonates. Purchase of the equipment for vitreo-retinal surgery was made possible through a donation from the Commercial Travellers' Fund.



Members of the Department continue to play a role in international ophthalmology. Professor Frank Billson and Dr Frank Martin lectured at the Asia Pacific Academy of Ophthalmology in Manila in March. In April, the Department hosted an extremely successful two day conference of the Australian and New Zealand Strabismus Club attended by 130 registrants. Dr Craig Donaldson convened the Scientific Program and papers were delivered by Drs James Smith, Maree Flaherty, Stephen Hing and Frank Martin.

The rapid expansion of orthopaedic research has lead to the creation of an Orthopaedic Research Department with a full time Orthopaedic Research Fellow, PhD student and Research Scientist. Research has focussed on understanding distraction osteogenesis.

In order to meet increased clinical and development demands, the Adolph Basser Cardiac Institute intends to appoint, within the next two years, another cardiac surgeon as well as a cardiologist.

The Division also intends to extend its research program. The Burns Unit will further enhance Outpatient treatment and investigate early operative excision of burns involving the use of modern skin substitutes. The ENT Department will continue to move towards super specialisation particularly in specialised laryngeal work. To cope with the increase in volume of Outpatients, the Department of Ophthalmology will look at the feasibility of super specialisation to allow more ready access for tertiary referrals for the Department and, subject to the purchase of a digital retinal camera, a Retinoblastoma Outcome Study.

## Division of Developmental Medicine, Psychological Health and Rehabilitation

This newly created Division comprises:

- Rehabilitation Medicine
- Psychological Medicine
- Child Development Unit
- Deafness Centre
- Adolescent Medicine
- Child Protection.

The Division relies on general paediatrics and nursing colleagues to provide high quality and comprehensive care. Until amalgamation, these departments, which have much in common,

operated independently. Now gradually being welded into a cohesive whole, unnecessary duplications are being eliminated, as is the risk of children “falling” between departments. Strong cooperative liaisons will continue to develop within our Division as well as with Social Work, Allied Health and Nursing staff.

The Division provides a venue for discussion of common conditions, core clinical skills and the day-to-day complications of providing care to children with complex disorders. In its inaugural year of operation, the Division successfully established a regular weekly program of lunchtime meetings – the Bread ‘n’ Butter Rounds – designed to provide a venue and voice for this disparate but vital group of departments. Presentations have been well attended and of a high quality.

Major achievements of the year have been varied. Rehabilitation Medicine launched an informative book on sexuality in young people with acquired brain injury. The Deafness Centre expanded screening and testing. Psychological Medicine received major funding for parent training programs: self-injurious behaviours in teenagers; rural preventive psychiatry and psychological problems in chronic illness. They also launched and expanded Telepsychiatry and the Centre for Prevention of Psychological Problems in Children.

The Department of Adolescent Medicine launched the Centre for the Advancement of Adolescent Health, which will provide a valuable infrastructure for research, advocacy and service development for adolescent health in NSW.

Dr Paul Tait was appointed Head of the Child Protection Unit and will lead the unit in revising its charter to strengthen its role in child advocacy.

The year ahead will see a concerted effort in developing strong staff education and developing inter-departmental cohesion. Activities will focus on identifying key service development initiatives at a national level for each department and developing sound strategic policy in relation to the rest of the Hospital, outreach to NSW and the Western Area Health Service.

## Division of Nursing

In the past year, the demand for nursing services remained high while meeting the challenges of 96% occupancy in the wards. The Division of

Nursing maintained the high standards of nursing care expected in the community.

Our proactive nursing service extends to the local community, other Area Health Services and to a network of other Children’s Hospitals nationally and internationally. The provision of quality care continues to be maintained and is a reflection of the commitment of nursing services staff.

Growth in nursing research is a high priority with an increasing number of clinical nurses undertaking collaborative research with nurse academics. Professional nurse education has been a strong focus with highlights including a Paediatric Nursing Seminar Day, Nurse Forums and Twilight Seminars on Shaken Baby Syndrome and Palliative Care. A supportive professional relationships program has also been inaugurated.

The nursing service proudly promotes the career success of its members. The inaugural Mead Johnson/NSW College of Nursing Research Grant was this year awarded to Ms Kim Psaila, Grace Neonatal Nursery. Iona Massey CNS, developed a chemotherapy wall reference chart which has greatly assisted the role of oncology nurses throughout Australia and New Zealand.

Positive community support has been expressed for the innovative clinical practice in the Emergency Department, which resulted in increased numbers of children returning home rather than being admitted to Hospital. Two registered nurse discharge coordinators have been appointed to coordinate discharges under the Homecare Guidelines.

The introduction of family friendly workplace concepts has provided facilities for breast feeding mothers on staff.

The significant contribution of Ms Jan Minnis, Director of Nursing for 19 years, and a career spanning forty years must be acknowledged. Miss Minnis, who retired in May, will be remembered for her advocacy for children and families as well as for her commitment to the improvement of nursing services and nurse education.

The Division of Nursing will continue to forge links with paediatric nursing units in the Greater West of Sydney to enhance paediatric nursing to further improve care for children in their homes.

## Division of Allied Health

This year saw the reduction of some community services which added considerably to the workload of our Allied Health Division. It included the reduction in staff of the Spastic Centre school-aged services and the closure of the Spinecare outreach service. The increase in demand for service was highlighted in departments such as Speech Pathology, where the number of new referrals for the year increased by 46%.

Highlights for the year included the launch of an excellent picture book “Lachlan goes to Hospital”, created by the Recreational Therapy team and designed to minimise anxiety in children attending hospital. Martine Simons and the Brain Injury research team launched a valuable resource book “Sexuality and Acquired Brain Injury” and the Social Work Department was instrumental in the development and implementation of a “Victims of Crime” policy for the Hospital. A new clinic in Speech Pathology was established to help children with feeding difficulties and Kids Health, in conjunction with the RTA, developed a Road Safety Centre to educate children in safe road practices.

A 24% increase in the number of children who received Cochlear Implants this year brought the total to 265 over the 12 years that the centre has been running.

The Department of Dietetics and Nutrition completed a nutritional evaluation of our patient menu and as a result, increased the number of foods containing calcium. The department is also assisting the Adolescent Weight Management Clinic with research for the widely recognised community health problem of adolescent obesity.

A project researching medication management issues for inpatients admitted with chronic diseases was commenced by Pharmacy. The Orthotic and Orthopaedic departments collaborated on projects related to leg lengthening, including extensive trials with animal harnessing, the development of a bone-cutting device and a bone-securing device.

Allied Health staff recognised for their contribution this year included: Kerry West, Physiotherapist, who received the Australian Physiotherapy Association award for service in Paediatrics; Alison Jones in Occupational Therapy

was presented with the inaugural "Excellence in Occupational Therapy Management Award"; and Margaret Wallen, with some of her colleagues, was awarded the Australian Association of Occupational Therapists National Research Award for their work on the comparison of characteristics and features of pressure garments in the management of burn scars.

A variety of post-graduate teaching initiatives were undertaken during the year. The Psychology Department co-presented with the Australian Psychological Society, educational seminars in Child Psychology. NCH is now a primary centre for training and research into neuropsychological disorders of childhood and adolescence. Cheri Templeton, burns Physiotherapist, was invited to speak at meetings in Jerusalem and Florence. Aboriginal Health Education Officers implemented Cultural Awareness Training sessions and Kids Health continued its successful program of parent seminars and health and safety symposiums.

## Division of Clinical Outreach

Rising to the challenge of helping the Hospital provide services beyond its walls, the Division in its inaugural year concentrated its efforts on forging strong links with paediatric colleagues.

The development of a monthly Aboriginal Ear Nose and Throat (ENT) Clinic – conducted by the Fellow in ENT – at Tharawal Aboriginal Corporation has been highly commended and is proving to be a very effective service. The possibility of an ENT clinic for Aboriginal patients at Goulburn, to be conducted at Goulburn Base Hospital, is also being explored.

GP Forums were established and have attracted wide membership including GPs from surrounding areas as well as the Professors of General Practice.

Joint meetings with Western Sydney Area Health Service, Wentworth Area Health Service and South Western Area Health Service were implemented in recognition of the need for development of stronger supportive relationships. Frequent cooperative and constructive meetings have resulted in two specific developments: a Day-Stay Surgery at Nepean Hospital; and a patent for Community Health Physicians and their relationship with developing Emergency Departments in appropriate hospitals. These

initiatives have been accepted in principle and are awaiting NSW Health funding.

Ambulatory Paediatric Services will continue to be an area of focus despite resource limitations.

## Division of Standards and Performance

The Quality Care Unit facilitated action and responded to 358 letters received from patients and their families and staff via the "Suggestion Box". The Patients' Friend met with approximately 1,000 patients or family members during the year to discuss issues of concern. 97% of these interventions achieved satisfactory resolution with only 3% leading to formal complaint.

"Bear Essentials", the quarterly Hospital Quality Care Newsletter launched this year, has been well received by staff as a useful tool to feedback information about quality activities undertaken throughout the Hospital. The Hospital's Primary Clinical Review Committee, responsible for discussion of clinical cases, was granted Qualified Clinical Privilege by the NSW Minister for Health.

This year, the trial of a Patient Satisfaction "Postcard" was conducted with preliminary results indicating a high level of patient satisfaction.

The Chaplaincy Service has seen an increase in the number of visits to patients by representatives of all denominations. Our Chaplains continue their involvement in advanced clinical pastoral education, including training Chaplains at other centres. Outreach beyond the Hospital continues to grow with many of our Chaplains conducting funerals and offering bereavement support for our patients after they have been discharged from Hospital.

As a result of Rev. Sue Emeleus' overseas study of paediatric chaplaincy and her excellent report, the philosophy and future direction of the Chaplains Department continues to be enhanced.

## Division of Education

This year, a reorganisation of facilities and resources in the Education Centre has resulted in improvements in the services offered to staff and the wider community. Improved procedures have enhanced the information provided to staff and training rooms have been fully equipped achieving more efficient use. A revised booking

system for conferences and seminars has improved organisation and planning. Several international, national and state conferences were held in the Centre catering for over 120 people. Letters received by the Centre have commended the level of service and support provided.

Staff training and development within the Hospital is firmly established and continues to expand. It is recognised as an essential component of Hospital administration with training offered on an individual, departmental and Hospital-wide basis.

A needs analysis survey was conducted earlier this year to determine the training needs of staff and resulted in additional courses being offered including Performance Appraisal, OH&S for Managers, Selection and Recruitment, and Incident/Accident investigation. The Leadership and Management program for managers has been very successful, with over 100 staff participating in the program since it began in 1998. An Introduction to Supervision for Leading Hands and Supervisors course was introduced for staff with supervisory roles in the Hospital.

Communication in the Workplace activities have expanded since the appointment of a full-time staff member. Funding from the Commonwealth Department of Education, Employment and Training (DEET) has facilitated the implementation of programs to assist staff in the Hospital to meet the needs of their employment.

Opportunities to study the Diploma of Child Health in Campbelltown and Orange have been facilitated by the expansion of distance education sites. This increase in additional sites is proving successful in offering greater access to regional New South Wales.

Nurse education activities have continued with emphasis this year on providing training for senior staff in role development. With 17 new graduates, and one of these starting an Honours Degree, the awareness of the need for further study has increased. The Hospital hosted two students on a cardiac placement from KK Children's Hospital in Singapore.

The Library continues to offer a wide range of services and has introduced computer training courses in Internet, Medline and Reference Manager use. Use of NCH library services by other hospital libraries around Australia and

overseas has increased and after hours access has proved very popular and will be expanded.

## Division of Corporate Services

The demand for hotel and support services continued to increase throughout the year. The focus of all departments within Corporate Services has been on improving quality of service, developing internal and external benchmarks to improve effectiveness and efficiency, as well as preparing for the Year 2000 (Y2K).

In November 1998 a staff survey revealed that staff consider the three most important elements in their work to be customer focus and quality, recognition and participation. As a result, several staff service award ceremonies were conducted in April and May 1999, during which almost 400 staff members were recognised for their long service to the Hospital. These were highly popular events and several staff members received awards recognising over thirty years of service.

The Domestic Services Department, in conjunction with the waste management committee, implemented a hospital-wide waste management program focussed on the reduction, recycling, reuse and monitoring of waste. As a result, the Hospital has reduced its clinical waste by approximately 30% in both volume and cost. Linen services, engineering, transport, mail room and food services departments were also involved in specific benchmarking programs to reduce cost and improve efficiency.

The Outpatients Department has been involved in expanding the NPR Patient Scheduling System. Additional clinical areas such as the Oncology Treatment Centre and the Burns Ward have commenced using the system. Some doctors have also implemented the system in their private clinics which has helped to streamline patient bookings.

Renovations were undertaken in the orthopaedic clinic and the new treatment room is now fully functional. Apart from orthopaedic procedures the treatment room can also be used for other procedures such as Botox clinics and skin biopsies. Money donated during the year for a new Otoscope for the Ear Nose and Throat (ENT) clinics now allows junior medical staff and nurses to take photographs of the ear for later comment by a consultant.



Y2K testing has affected almost every support service. All plant and equipment has been tested – in some cases retested – and upgrades undertaken where deficiencies were detected. Individual department Risk Management Plans have been developed to ensure the continuation of services in the event of either internal or external Y2K problems occurring. Every departmental computer based information system has been thoroughly tested.

Changes were recently introduced to charges for parent accommodation. From mid-June 1999, sofa bed accommodation in the ward is free to parents which means that lack of finance is never a reason for a parent not being able to stay with their child. Full room charges, in line with NSW Health Policy, have been introduced for all parent hostel and ward room accommodation.

The Hospital's Child Care Centre commenced the process for maintaining its accreditation with the National Child Care Accreditation Council. The Centre cares for an average of 75 children each week. Approximately 90% of the children attending the Centre are children of staff working in the Hospital.

A 66% increase in reportable security incidents last year prompted increased promotion of security awareness for staff and visitors. Personal property theft and aggressive behaviour have been the major problems. To help counter the increasing security incident rate a "Hospital Security Watch" program was introduced. The program focussed on active participation by staff and visitors through awareness and preventative strategies to minimise risk and to maximise personal safety. The Hospital is also now a master licence holder in accordance with the new Security Industry Act and all security staff have completed the necessary qualifications for licensing under the new legislation.

## Division of Finance

During 1998/99 the Finance Division placed significant emphasis on improving the budget process to better assist Departmental Heads and improve the decision making process on the allocation of funds.

This was achieved through an extensive consultation process resulting in a list of priorities made

available to the Executive of the Hospital to finalise allocations for the coming financial year.

An upgrade of the Oracle System commenced this financial year with the new version providing substantial improvement to the reporting process for the Hospital. The Windows version for the system, however, continues to be unobtainable due to cost.

A review of inpatient billing undertaken within the Hospital was conducted and a number of major findings and recommendations are now being followed up to improve the billing process. The review is expected to have a substantial impact on Hospital revenue over the coming six to 12 months.

A survey of Private Patients in the Hospital was undertaken to determine: the expectations of private insurance holders; the volume of privately insured patients seen by the Hospital; and the percentage of Private Patients being admitted relative to the percentage of Private Patients in the population generally. The survey provided valuable information for future financial planning.

NSW Health accepted a Business Case seeking permission to tender for a Prime Vendor for regularly used medical supplies in the Hospital. The tender documentation for final approval from NSW Health will be completed in 1999/2000. Prime vendoring may reap major cost savings for the Hospital.

NetXpress, a system allowing on-line daily ordering of stationery, was implemented this year minimising stocks of stationery held by the Hospital. Stationery orders are now delivered to the point of order within 24 hours. Limiting the range of items available for purchase has reduced stationery costs considerably.

The major challenges for the Finance Division in 1999/2000 include:

- the implementation of a Goods and Services Tax (GST)
- the implementation of Fringe Benefits Tax (FBT) requirements for the first time
- participation in the implementation of E-Commerce on behalf of the Hospital
- upgrading electronic interfaces with the Health Insurance Commission (HIC) for the refund of Medicare monies

major upgrades to the Accounts Receivable and Patient Billing Systems.

The Finance Division has 47 staff and costs the Hospital less than 1.5% of net operating cost per annum.

During 1998/99 the Finance Division:

- managed invested funds of \$35M
- processed over 65,000 salary payments
- accounted for 500 cost centres and provided support to their Department Heads
- processed over 193,000 invoices and receipts for revenue and donations
- processed over 241,000 cheque payments and invoices
- processed 12,636 purchase orders during the year and received and delivered 32,160 items on average per year into Stores.

## Division of Community Relations and Marketing

It has been a challenging year for the Division, operating in an environment where increased activity from charities, other hospitals and the Olympics has intensified competition for corporate and community support. Our fundraising activities however, continue to be successful and publicity is at an all time high.

The President's Council, a group of prominent business and community leaders, chaired by Dr John Yu, met for the first time in July 1998. We are grateful to Council Members for their help during the year with strategic advice, introductions to key supporters and the provision of free services to assist the Hospital.

Through the efforts of one member, Daniel Petre, Chairman of Ecorp, we welcomed James Packer and friends to a dinner at the Hospital in May 1999 and were delighted by their donation of \$210,000.

December 1998 saw the return of the KIDS series to Channel 9. Channel 9 was also extremely generous with free advertising time allowing us to publicise the sale of our 35 cm Bandaged Bears as a Christmas present. Allan Crew, a member of the President's Council, arranged free production of the television advertisement, shown on Channel 9 and other stations. There is no doubt that this activity had a positive impact on our marketing activities.

Later in the year, Allan Crew repeated the exercise to assist us with television advertising for Bandaged Bear Day. Our thanks go to Allan for his generosity and professionalism.

During February and March a Capital Campaign Feasibility Study was undertaken by two consultancies. This resulted in a decision to commence a Capital Campaign early in the new financial year, to support the research work of the Hospital. The feasibility study provided good feedback on campaign potential and also an insight into some opportunities to enhance relationships with major individual and corporate donors.

March and April 1999 saw a great deal of activity with Open Day, Bandaged Bear Day, The Good Friday Appeal (courtesy of our friends at Channel 7), and with help from our friends at the Rural Fire Service, a prominent presence at the Easter Show. The first sod for Bear Cottage was turned and construction is well underway. This burst of activity resulted in concentrated media coverage and helped raise significant funds to support the work of the Hospital.

In April, David Inwood, Manager of Fundraising chose to leave to pursue a career assisting older people in our community and we were delighted to welcome Greg McCauley as the new Manager of Fundraising.

In the year ahead, the Division will continue to pursue opportunities to improve our marketing efforts with major individual and corporate supporters. We will also focus on improving communication with these groups, and structural changes within the Division will help facilitate this. A major review of our image and communication strategy will be undertaken to ensure we meet the needs of our existing and potential supporters.

## Activity statistics

- Awareness of the Hospital is now at 85% compared with 77% last year
- 66% of the population have purchased a clip on bear at some stage
- 40,000 active donors
- \$12.2 million raised from donations during the year
- \$0.7 million raised from the sale of merchandise during the year.



## Division of Information Services

Information Services had a busy and productive year including a Divisional restructure to better align operations with business needs. The restructure recognises the Division's diversity of responsibility and complexity in managing integrated Hospital systems. The broader role of Computer Services has also been acknowledged by the name change to IT Services.

Some of the major IT Services projects completed during the year include: the implementation of a dynamic system of Desktop Management; the rollout of Windows 95 to all personal computers in the Hospital; and the extension of the Helpdesk Services to provide seven-day support to users. IT Services also contributed to the successful implementation of a new Pharmacy System and major upgrades of a number of systems around the Hospital. Switchboard Services are now managed as part of IT Services and our operators continue to provide a welcoming reception to the many thousands of callers to the Hospital.

Progress towards an electronic medical record continued this year, further facilitated by the implementation of Results Review software and Electronic Ordering for Pathology, Imaging and Allied Health.

The Medical Records Department continues to do an excellent job in maintaining and managing the patient records. Migration to using ICD10AM for coding inpatient activity has been a major achievement. Staff continue to maintain a high quality of the coded data and meet Department of Health reporting timelines.

The Management Support and Analysis Unit has been strategically involved in ensuring that the Hospital is in a position to survive in a Casemix environment. Central to this has been the recognition of the importance of benchmarking and the involvement of Clinical Departments in this activity with other hospitals. Significant collaboration with other Paediatric hospitals through the Australian Association of Paediatric Teaching Centres proved valuable.

Future strategies will continue to build on existing infrastructure to ensure that Information Services are focussed on the delivery of the best possible standard of care at the point of care.

## Teleradiology

Telehealth is an innovative approach that ensures delivery of specialist services to remote areas. This year the Hospital, in partnership with Macquarie Area Health Service, successfully completed the Teleradiology trial funded by NSW Health under the State Telemedicine Program. The trial proved that Teleradiology provides a fast and efficient diagnostic radiology service to remote areas. Teleradiology offers considerable potential benefit for both clinical consultation and education. Real benefits will come when Teleradiology services are implemented as a mainstream service to facilitate sharing of expertise between Specialist Services and remote centres. The benefits to patient care include immediacy of Specialist input, more informed decision making and a decreased need for patient transfer.

### Year 2000 Millennium Strategy

Preparation for Year 2000 (Y2K) compliance has dominated much of the year's activity with an intensive review of all Hospital IT, Biomedical, Laboratory and building maintenance systems. This required a collaborative effort across Divisions which has been extremely well managed by the Y2K Project Team.

The New Children's Hospital is using the Year 2000 Business Risk Assessment Methodology, promulgated by the NSW Government through the Office of Information Technology to assess and mitigate the risks associated with the Year 2000 problem. A Year 2000 risk assessment report, including a rectification plan and high level cost estimates, has been prepared. Testing of systems and rectification of those systems, where required, has taken place. At the end of June 1999, 89% of the required work was complete, and it is estimated that all work will be complete by the end of September 1999.

Contingency plans are well under way to ensure that the Hospital will be able to continue its operations into the Year 2000. The contingency plan will be refined and updated throughout 1999.

The estimated total cost – including costs associated with the assessment and rectification process – relating to the Year 2000 project is \$2.5 million.

## Division of Research

The pivotal role that medical research will play in health service delivery and biotechnology over the next twenty years was highlighted this year with the release of the Wills Report on Medical Research. The commitment of the Federal Government to more than double the medical research budget over the next six years also reflects this realisation.

Research is at a stimulating stage at The New Children's Hospital. Additional information on this integral part of Hospital activities is highlighted in our 1998 Hospital Research Report.

Our first year as a Division has seen further growth and development in research and the establishment of three new research units.

Research spending for the financial year was approximately \$7 million, comprised of:

- Competitive Peer-Reviewed External (Grant Bodies).
- Competitive Non-Peer Reviewed External (industry and other Public Sector).
- Competitive Internal Peer-Reviewed.
- Infrastructural Budget (Research Office, Animal House equipment).
- Strategic Funding.
- Department SP&T Funding.

The Hospital continued its success in attracting external competitive funding from major research agencies. We attracted over \$1million in peer-reviewed funding with the majority of funds awarded by the National Health and Medical Research Council (NH&MRC). Our National Centre for Immunisation Research also attracted over \$800,000 in Industry Partnerships and from both Commonwealth and State Government funding.

Dr Karen McKay established the Children's Chest Research Centre to investigate the regulation of lung function with implications for cystic fibrosis. Dr Alison Kesson has brought extensive experience to lead her virology laboratory. Dr Cheryl Jones is the recipient of the Hospital's Research Career Development Award and will continue her research on novel vaccine strategies. New staff continue to contribute new approaches and experience to our research efforts, as well as complementing ongoing projects from other units.

We have also attracted strong support for our PhD scholars. Ten of our PhD students now have prestigious NH&MRC post-graduate scholarships. In addition, five of our students won travel awards from the Faculty of Medicine at the University of Sydney.

Our Annual Research Grants Scheme has been redesigned in response to an evaluation of its objectives and performance. We now have three research schemes that target pilot studies (Small Grants), young investigators (three-year grants) and established investigators (NH&MRC/ARC "near miss" and "bridging support").

Towards the end of the financial year, the newly developed Research Strategic Plan was circulated throughout the Hospital. The Plan will be implemented, in consultation with the Hospital's research community, by the newly formed Research and Development Advisory Committee. We look forward to the implementation of new strategies and the flourishing of innovative ideas which will take the Hospital's research into the new millennium.

## University Division of Paediatrics and Child Health

Our first year as a Division and under the chairmanship of Professor Craig Mellis, has been an exciting and challenging one. The major business of the year focussed on successfully implementing the new Graduate Medical Program. The new four-year course, introduces paediatrics in both years one and two in problem-based learning tutorials and clinical skills days at The New Children's Hospital.

A major challenge next year occurs with the first of the fourth year rotations in Women's and Children's Health. During the Women's and Children's rotation, students who have worked through many paper and real problem-based tutorials, will gradually assume more responsibility for running their own tutorials, using real cases. All students will spend the first three weeks of rotation at The New Children's Hospital before returning to their respective clinical schools for an integrated course in paediatrics, neonatology, obstetrics and gynaecology. Students at Western Clinical School (Westmead Hospital) will return to The New Children's Hospital in weeks nine and ten for the remainder of their five weeks of paediatrics.

This first rotation will be a challenging period and there is little doubt that changes will need to be made to fine tune paediatric teaching in this major overhaul of the old undergraduate medical program.

With an emphasis on self directed learning and small group tutorials, these major innovations in teaching have been greatly facilitated by full-time Education Support Officer, Ms Wendy Oldmeadow who has brought a new dimension in the process of teaching medicine.

To ensure paediatric teaching is successful, the Department supported the appointment of education support officers at both Northern and Central Clinical Schools. Ms Samantha Miles has been appointed to work on the paediatrics component of the Women's and Children's Health rotation at Northern Clinical School. The Education Support Officer at Central Clinical School (Royal Prince Alfred Hospital) is yet to be appointed.

The full-time members of this academic Department continue their significant contributions to teaching, research, and clinical work within the Hospital, with the major achievements of Dr Louise Baur and Dr Elizabeth Elliott recognised by their promotions this year from Senior Lecturer to Associate Professor.

The Department is closely linked with a major initiative to compile a national curriculum for paediatrics across all the major paediatric teaching hospitals in Australia. In addition to this collaborative effort, the paediatric teaching hospitals of Australia are developing electronic learning resources for use between centres to ensure that we are all up-to-date with future innovative computer-based techniques.

## Volunteer Services

Our volunteers continue to provide a valuable service to the Hospital in a strong supportive role. Volunteers can be found helping with patients, internal transport, supporting parents, in fact contributing to the extras that go to make our Hospital a family centred environment.

The 350 volunteers who offered their time to the Hospital this year, committed 1400 hours each week.

Through their fundraising efforts in the past year, the Volunteers helped provide:

- Nurse Lactation Consultant for the nursery – part time hours.
- Equipment for the establishment of the Hospital GP Clinic.
- Equipment for Cranio facial surgery.
- Equipment for home care children on antibiotics.
- P.C.A. Pumps for pain control (four pumps).
- Breast pump for the staff room.

Volunteers now also support parents, in the evenings and on weekends, in the Emergency Department. They offer assistance in caring for other children, providing a listening ear, the occasional cup of tea and generally helping the department maintain a friendly environment.

The weekend opening of the sibling care area has proved very successful and is appreciated by parents who are able to relax while visiting their sick child, knowing their other children are being well looked after.

The Volunteers continued to operate the Volunteer Shop and White Elephant Stall, and provide regular staff barbeques. The Volunteers not only sell raffle tickets in house for the Hospital, but help raise a lot of money by external raffles. The Volunteers also spend many hours giving their services to external activities such as the Teddy Bear's Picnic and Cromer Art and Craft Show.

## Feedback from families

The Hospital offers a number of avenues to families through which they can express their opinions about the service they have received.

The majority of communications received take the form of letters of appreciation, received both by the Hospital Executive and in individual wards and departments. These are widely circulated and are acknowledged by the Hospital Executive.

A less formal method of either offering an opinion or registering a complaint is through the use of one of the 24 suggestion boxes placed strategically around the Hospital. The Quality Care Unit collects this information and this year facilitated action and responded to 358 letters received from patients, their families and staff. Again, a number of these are thank you letters and the percentage of those rose over the year from 10% to 17%. Any letter which has a name and contact details receives a response. The comments vary from suggestions that the kitchens in the parents' hostel should have a teatowel hanger, to feelings expressed by parents when staff attitudes do not meet their expectations.

An initiative introduced this year has been the Patient Satisfaction "Postcard", which was trialed in three wards over a three month period. The questionnaire (which is the size of a postcard) is given to patients and their families on the ward as soon as a decision has been taken to discharge the patient. Preliminary results from the trial are very good, indicating a high level of patient satisfaction, particularly with the care they received from the staff, which had a more than 90% positive response.

Families who prefer to speak to someone about a difficulty they are experiencing are directed to, or contacted by, The Patients' Friend, who acts as a liaison between the patient, the family and the Hospital. Issues addressed by the Patients' Friend are often associated with problems that families have in dealing with an atmosphere that is foreign to them. They may have difficulty communicating with professional staff and need someone, not connected to the ward or clinic, to act as their advocate. They might just need to know where the nearest hairdresser is or how to vote if they are from interstate. Over the year, the Patients' Friend

dealt with over a thousand of these situations. 97% of these contacts achieved a result that satisfied that family with only 3% progressing to formal complaint.

The Hospital received 90 formal letters of complaint as well as many telephone calls addressing concerns of patients and parents. All complaints are rapidly assessed, acknowledged and receive prompt responses, often by telephone, and always followed up with a letter from the office of the Deputy Executive Director. As well as this, a telephone call from the Head of the relevant department often assists in resolving the issue prior to any written response.

Nine complaints involved other agencies including seven complaints from the Health Care Complaints Commission. The Hospital and the Health Care Complaints Commission managed four of these complaints through a conciliation process.

All complaints are reviewed by a Board Sub-Committee and reported to the Board through the Patient Care Committee. Complaints are seen as an opportunity to improve services to consumers while at the same time identifying problems that may cause staff pressures and stress.

A number of changes have been implemented over the year in response to suggestions or complaints from patients or their families. These initiatives have included arranging a presentation by the Patients' Friend to junior medical staff, suggesting strategies for interacting with parents of children with long term or chronic illnesses. This has lead to a decrease in the numbers of these families needing to seek some support from the Patients' Friend. A review of charges for parent accommodation has lead to a removal of the charge for the sofa beds supplied in ward areas so parents can sleep at the bedside. A concession rate for parking has been introduced for families of children whose hospital stay is a long one. There have been many other changes varying from an increase in the variety of food available, to a redesign of the medical record sheets to allow more prominent recording of parents' wishes to withhold blood products. All of these changes have been implemented in response to suggestions or expressions of concern from our patients and their families.



### Cultural diversity

The population served by the Hospital has families from many different cultural and linguistic backgrounds. Staff of The New Children’s Hospital recognise that while many of these people speak some English it is important that any important information discussed with families should be done with the aid of a qualified interpreter. Staff also recognise that people from different cultural back grounds may have very different attitudes towards, and beliefs about, illness and hospitalisa- tion and so the staff have a responsibility to develop their own understanding of these attitudes and beliefs.

During the past year more than 5,662 occasions of interpreter service were provided to patients and families through the Western Sydney Health Care Interpreter Service (HCIS). Forty-seven different languages are represented in this. These figures are slightly higher than last year and reflect the staff’s ongoing awareness of the needs of non-English speaking families. To assist staff in developing their skills in using interpreters a “User’s Guide” to the Health Care Interpreter Service, developed by the Western Sydney HCIS has been distributed to all wards and major units of the Hospital.

A number of areas within the Hospital have developed projects to assist staff in developing their understanding of the needs of people from diverse cultural and linguistic backgrounds. The Hospital’s education unit has also developed new programs in cultural awareness, which are made available to all staff members.

The Hospital employs a workplace communication

trainer. This person’s job is to assist staff from non-English speaking backgrounds to work to their fullest capacity. The trainer has expertise in writing, reading and spoken communication.

Members of the Hospital’s Ethnic Access Committee include representatives from the Health Care Interpreter Service as well as staff from specialist community groups. This provides a forum for ongoing information and feedback, and a forum for continuing discussion of ways to improve the service the Hospital provides.

### Publications

The following information was published during the year and made available to the public through Kids Health – our child health promotion unit.

*Lachlan Goes to Hospital*

Produced by Recreational Therapy.

*Unzipped: Everything teenagers want to know about love, sex and each other.*

Written by Bronwyn Donaghy and supported by the NSW Centre for the Advancement of Adolescent Health.

*Cleft Lip and Palate Clinic – A Parents Guide*

Produced by the Cleft Lip and Palate Clinic.

*Grieving Pathways*

Video produced by Oncology.

*Sexuality and Acquired Brain Injury*

Produced by the Brain Injury Service.

*Galactocaemia Handbook*

Produced by Dietetics and Nutrition.

### Patron

Her Majesty Queen Elizabeth,  
The Queen Mother

### Board of Directors

#### President:

John Dunlop, AM (appointed  
1983, Board Director since 1973)

#### Vice-Presidents:

Peter Mason, AM, BCom, MBA  
(appointed 1989, Board Director  
since 1987)

Val Street, MEd (Hon), MSc,  
MACE (appointed 1998, Board  
Director since 1989)

#### Honorary Treasurer:

David Say, CA, FCA, DipBA,  
MBCS (appointed 1993, Board  
Director since 1989)

#### Directors:

Genevieve Gray, RN, RM, MSc  
(Nursing), DipAdvNsgSt,  
DNE (NSWCN), FCN (NSW),  
FRCNA (1998)

Graham Lawrence, DipMarket  
(1993)

Kim Oates, AM, MD, MHP,  
FRCP, FRACP, FRACMA,  
FAFPHM, DCH (1990)

John Pascoe, AM, BA, LLB  
(1986)

Dea Thiele (1996)

John Young, AO, MD, DSc,  
FAA, FRACP (1989)

#### Staff Elected Member:

W. Hawker, DipPhys (1998)

#### Honorary Solicitor:

Gadens Ridgeway

#### Consultant Legal Advisor:

Murray Tobias AM QC

### Executive Management

#### Chief Executive:

Kim Oates, AM, MD, MHP,  
FRCP, FRACP, FRACMA,  
FAFPHM, DCH

#### Executive Director (Clinical Services) and Deputy Chief Executive:

Peter Procopis, MB, BS, FRACP

#### Deputy Executive Director and Director of Clinical Outreach:

John Overton, OAM, MB, BS,  
DA (Lond), FRCA, FFARACS,  
FANZCA

#### Director of Nursing:

Jan Minnis, BHA (NSW), FCN  
(NSW) (to 5/99)

#### Acting Director of Nursing:

Margaret Bunker, RN, MM,  
BAAd(N) (from 5/99)

#### Director of Corporate Services:

Russell Smith, BBus,  
GradDipBA, AFCHSE, CHE

#### Director of Finance:

Louise Mooney, LLB, FCA

#### Director of Community Relations and Marketing:

David Jackett, ACMA

#### Medical Staff Council Representatives attending Board:

John Pitkin, MB, BS, FRACS,  
FRCS (1996)

Paul Knight, MB, BS, FRACP  
(1998)

### President’s Council Members

Craig Brown

Joanna Capon

Alex Carmichael AO

John Conde AO

Patrick Condon

Allan Crew

Greg Daniel

Patricia Duffy

John Dunlop AM

Bernie Fraser

Kathryn Greiner

David Jackett

Anne Knoblanche

Anne Landa

David Lowy

Hugh Mackay

David Macintosh

Peter Mason AM

Kim Oates AM

John Pascoe AM

Daniel Petre

John Priest

Ouma Sananikone-Fletcher

Ray Williams AM

John Yu AM (Chairman)

#### Postal address:

PO Box 3515 Parramatta  
New South Wales 2124  
Australia  
Telephone: (02) 9845 0000  
Facsimile: (02) 9845 3489



## John Dunlop

John Dunlop was elected President in January 1983. He became a member of the Board in 1973 and has served the Hospital as Honorary Treasurer (1978 – 1981) and Vice-President (1981 – 1983). He is a director of the Children's Medical Research Institute and The Hospitals Contribution Fund of Australia Limited. He is President of the Health Services Association of New South Wales and a Councillor of the Australian Healthcare Association. John Dunlop was formerly Managing Director of Edwards Dunlop & Co Ltd. He was appointed a Member in the Order of Australia in 1987 in recognition of his work for children's health.

## Peter Mason

Peter Mason was Chairman of the Children's Hospital Fund from 1985 to 1993 and established the Fund as a major force in fundraising for the Hospital. He holds a BComm and MBA from the University of New South Wales and has had a distinguished career as a merchant banker. He is Chairman of the Ord Minnett Group Limited, on the board of Mayne Nickless Limited and on the Council of the University of New South Wales. He is a Vice-President of the Board. He was appointed a Member in the Order of Australia in 1995 in recognition of his work for the Hospital.

## Val Street

Val Street is a Tertiary Education Consultant and was formerly Principal of the Women's College. She was a Fellow of the Senate of the University of Sydney and is now a Fellow of the University of Western Sydney. She was elected to the Hospital Board in December 1989 and appointed a Vice-President in 1998.

## David Say

David Say is a non-executive director of a number of companies including HongkongBank of Australia (Chairman), Warren Centre for Advanced Engineering (Director), Australian Centre for Languages (Chairman), and Southern Star Group. A Chartered Accountant, he holds a Diploma of Business Studies from IMI, Geneva. He was elected to the Board in April 1989 and appointed

Honorary Treasurer in 1993. He is a committed supporter of the Children's Hospital.

## Genevieve Gray

Genevieve Gray was appointed to the Board in 1998. She has substantial experience in health services, nursing and higher education and is involved in formulation of policy at institutional, state and federal levels. She has extensive experience on boards of management and policy level committees, in health and nursing organisations and in the university sector.

Genevieve Gray is a skilled senior educational administrator with particular interests in quality management, staff and organisational development, equity and strategic planning. She has held a range of senior positions at the University of Western Sydney since 1995. These have included Dean of the Faculty of Nursing and Health Studies and Interim Chief Executive Officer for UWS Nepean, and Deputy Vice-Chancellor (Planning) for the University of Western Sydney. She is currently Professor of Nursing in the School of Health and Nursing at UWS Nepean.

## Wendy Hawker

Wendy Hawker was elected to the Board as Staff Member in 1998. She has been the Head Physiotherapist at the Royal Alexandra Hospital for Children since 1980 and Chairman of the Division of Allied Health Professionals since 1993.

She served on the Council of the Australian Physiotherapy Association, was an active member of the founding committee of the Physiotherapists in Management Group and served as a member of the Physiotherapists Vocational Branch of the Public Service Association.

She developed strong working relationships throughout the Hospital through her secondments to the Commissioning Team, which organised the move of the Hospital from Camperdown to Westmead, and to the Implementation Team of the Human Resources Information System.

## Graham Lawrence

Graham Lawrence joined the Board in 1993 and was Chairman of the Marketing Committee for

The New Children's Hospital Caring Campaign. He has a 30 year career in advertising and publishing and is currently Group Advertising Sales Director of News Ltd, previously Deputy Publisher and Director of Australian Consolidated Press. He is a Director of Newspaper Advertising Bureau, a Member of the Advisory Board of International Marketing Institute of Australia and is a Master in Strategic Marketing. He was a Member of the Media and Marketing Committee, Sydney 2000 Olympic Bid.

## Kim Oates

Kim Oates was appointed as Chief Executive in December 1997. Apart from several years working in the UK and the USA, he has had a continuous association with the Hospital since starting as a Paediatric Resident in 1969. For the 12 years prior to his current appointment he was the Douglas Burrows Professor of Paediatrics & Child Health in the University of Sydney, a Member of the Hospital's Board of Directors and Chairman of the Hospital's Division of Medicine. He is Chairman of the NSW Child Death Review Team and chairs the Federal Government's National Council for the Prevention of Child Abuse and Neglect.

## John Pascoe

John Pascoe is a graduate of the Australian National University and, after admission as a solicitor, became a partner of Stephen Jaques & Stephen in 1977. He joined the Board of George Weston Foods Limited in 1981 and is now Deputy Chairman and Chief Executive of that Company. He is a Member of the Business Council of Australia, a Governor of the Australian Naval Aviation Museum, a Director of Cambooya Investments Limited, President of the Corporations and Securities Panel, National Chairman of The Duke of Edinburgh's Award Scheme in Australia, Deputy Chairman of the Board of Governors of the Sir David Martin Foundation, a Part-time Member of the Board of Tourism New South Wales, a Member of the Board of the Australian Chamber Orchestra and a Director of Australian Business Foundation Limited. He was appointed a Member in the General Division of the Order of Australia in 1994.

John Pascoe was an Associate Member of the Trade Practices Commission from 1983 to 1989; a Director of Qantas Airways Limited from 1991 to 1993; a Member of the New South Wales State Cancer Council from 1989 to 1994; a Member of the Australian Manufacturing Council from 1993 to 1995; a Member of The Art Gallery of New South Wales Foundation from 1992 to 1996; Chairman of Airservices Australia from 1995 to 1996; a Trustee of the Sydney Opera House from 1988 to 1997; a Director of Australian Food Council from 1997 to 1998; and President of the Corporations and Securities Panel from 1994 to 1998.

## Dea Thiele

Dea Thiele was elected to the Board in January 1996. She is currently the Chief Executive Officer of Daruk Aboriginal Medical Service (AMS), an Executive member of the NSW Aboriginal Health Resource Co-Op Ltd (AHRC) (the State peak body for AMS), and an Executive Member of the National Aboriginal Community Controlled Health Organisation (the National peak body for AMS). She is the Chairperson for Murawina Pre-School and the Chairperson for Kamaku Business Enterprises. She is currently in the process of completing her Postgraduate Diploma in Health Management at the University of New England.

## John Young

John Young is Professor of Physiology and Pro-Vice-Chancellor (Health Sciences) in the University of Sydney. He is a prominent Physiologist who has played an important role in international and national physiological societies. He is Field Editor of the European Journal of Physiology, a Fellow of the Australian Academy of Science, a member of both the British and the American Physiology Societies and a corresponding member of the German Physiological Society. Currently, he is President of the Australian Physiological and Pharmacological Society and President of the Federation of Asian and Oceanian Physiological Societies. He is Vice-President and Secretary (Biological) of the Australian Academy of Science. John Young was appointed an Officer in the Order of Australia in 1994.

### Kim Oates

Kim Oates was appointed as Chief Executive in December 1997. Apart from several years working in the UK and the USA, he has had a continuous association with the Hospital since starting as a Paediatric Resident in 1969. For the 12 years prior to his current appointment he was the Douglas Burrows Professor of Paediatrics and Child Health in the University of Sydney, a Member of the Hospital's Board of Directors and Chairman of the Hospital's Division of Medicine. He is Chairman of the NSW Child Death Review Team and chairs the Federal Government's National Council for the Prevention of Child Abuse and Neglect.

### Peter Procopis

Peter Procopis joined the Hospital staff in the Neurology Clinic in 1969. After a period of further training in the USA he returned in 1973 as a Visiting Neurologist. He was appointed Staff Neurologist in 1979, Director of Medical Services in 1985 and Executive Director in 1990. He is active in College affairs being the inaugural Chairman of the Australian Board of Paediatric Censors and was Chairman of the Committee for Examinations of the Royal Australasian College

of Physicians until 1996. He was President of the Australian College of Paediatrics from 1993 – 1995 and is now a member of the RACP Council and Chairman of the Board of Continuing Education. His interests in postgraduate medical education have led to his appointment to the Postgraduate Medical Council of NSW where he is Chairman of the Education Committee.

### John Overton

John Overton, previously Director of Clinical Services and Director of Standards and Performance, has been appointed Deputy Executive Director and Director of Clinical Outreach. In 1998 he relinquished the position of Director of Anaesthesia after 21 years, but remains Clinical Associate Professor of Anaesthesia at the University of Sydney.

John Overton joined the Hospital in 1968 and, following a National Heart Research Fellowship, was appointed Staff Anaesthetist with special responsibility in the development of intensive care, cardio-pulmonary bypass and neonatal services.

He became Director of Anaesthesia in 1977, Deputy Director of Medical Services in 1982 and Director of Clinical Services in 1990. He has held senior rank in the Medical Service of the

Australian Defence Force, has been on the Board of Examiners of the Australian and New Zealand College of Anaesthetists and serves on the Professional Standards Committee and the Medical Tribunal of the Medical Board of New South Wales.

John Overton was appointed an OAM in 1999 in recognition of his service to medicine and the welfare of children as a paediatric anaesthetist.

### Jan Minnis

Jan Minnis holds a Bachelor of Health Administration and Graduate Certificate in Bioethics, is a Fellow of the NSW College of Nursing and a member of the Institute of Nursing Executives (NSW & ACT). She held the position of Director of Nursing since 1980 and retired in May 1999.

### Russell Smith

Russell Smith joined the Hospital in August 1991 as Deputy Director of Administrative Services. He previously worked at St Vincent's (Private) Hospital in Toowoomba, Queensland, as Executive Officer. He held management committee positions on the Private Hospital's Association, Queensland and the Australian Catholic Health Care Association. He holds a Bachelor of Business (Health Administration) from Queensland University of

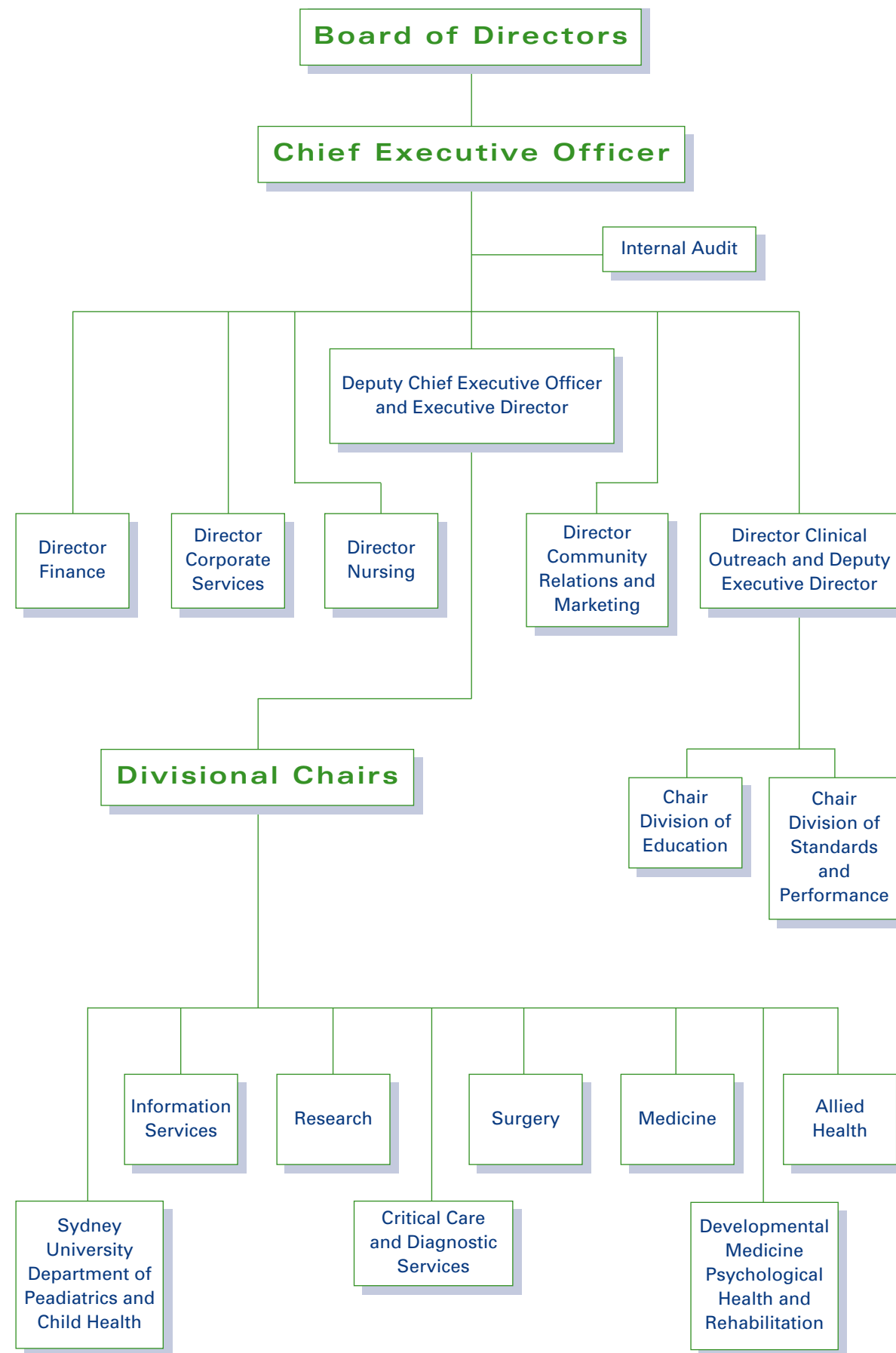
Technology, a Graduate Diploma in Business Administration from the University of Sydney and is an Associate Fellow of the Australian College of Health Service Executives. He was appointed Director of Administrative Services in April 1993.

### Louise Mooney

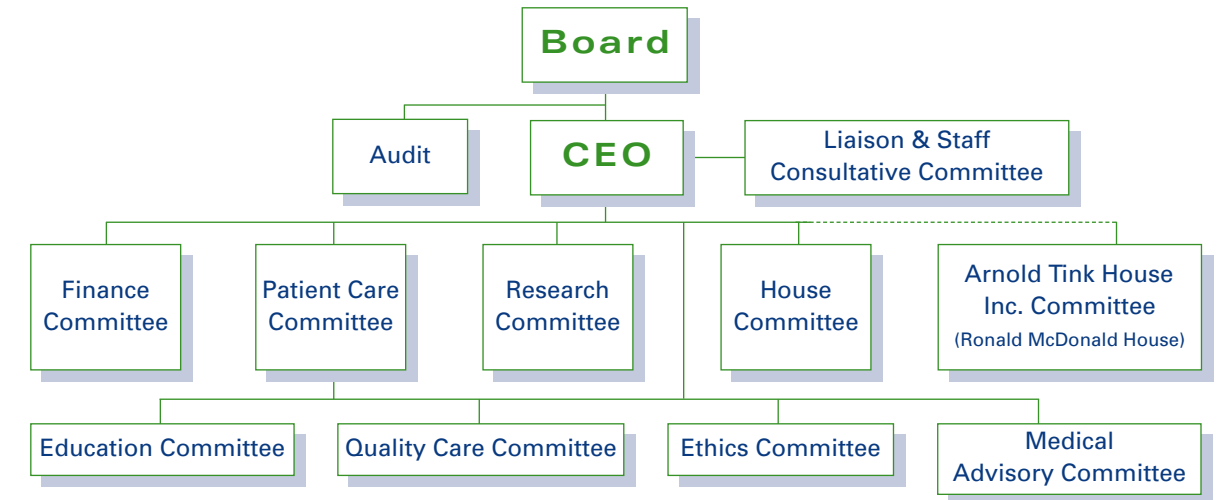
Louise Mooney joined the Hospital as Director of Finance in August 1994. She holds a degree in Law from Queen's University Belfast, is a Fellow of the Institute of Chartered Accountants in Ireland and an Associate of the Institute of Chartered Accountants in Australia. She spent eight years in practice with both Price Waterhouse and Coopers and Lybrand, and a further eight years in senior positions in both the private and public sector before joining the Hospital.

### David Jackett

David Jackett joined the Hospital as Director of Community Relations and Marketing in 1994. He is a Chartered Management Accountant by profession, having qualified in England in 1982. Since that time he has worked in marketing having held brand management roles with Wilkinson Sword, Cerebos and Johnson and Johnson. In the four years prior to joining the Hospital, he was Marketing Manager at Air New Zealand.



## Structure of the Major Committees of The New Children's Hospital



### Patient Care Committee

**Role:** The Patient Care Committee is accountable to the Board for the provision of clinical services to patients and their families in the Hospital.

#### Membership:

Board Representatives  
 Ms V Street (Chairman)  
 Mr J H Pascoe  
 Mrs D Theile  
 Chief Executive  
 Executive Director  
 Director, Clinical Outreach  
 Director, Nursing  
 Deputy Director, Nursing  
 Director, Corporate Services  
 Deputy Director, Corporate Services  
 Director, Finance  
 Chairman, Division of Surgery  
 Chairman, Division of General Medicine  
 Chairman, Division of Specialty Medicine  
 Chairman, Division of Critical Care and Diagnostic Services  
 Chairman, Division of Allied Health Professions  
 Chairman, Medical Staff Council  
 Four Clinicians  
 One Nurse Unit Manager.

### House Committee

**Role:** The House Committee is the Board Committee which is delegated to supervise and determine policies on the day-to-day running of the Hospital.

#### Membership:

Board Representatives  
 Mr J A Dunlop (Chairman)  
 Mr G Lawrence  
 Mrs D Theile  
 Chief Executive  
 Executive Director  
 Director, Nursing  
 Director, Corporate Services  
 Director, Finance  
 Director, Community Relations and Marketing  
 Chairman, Division of Information Services  
 Chairman, Medical Staff Council  
 Four Clinicians.

### Medical Advisory Committee

**Role:** The Medical Advisory Committee advises the Patient Care Committee about all matters relating to the clinical care of children.

#### Membership:

Board Representative  
 Mr J A Dunlop (Chairman)  
 Chief Executive  
 Executive Director  
 Director, Clinical Outreach  
 Director, Nursing  
 Douglas Burrows Professor of Paediatrics and Child Health  
 Chairman, Division of Surgery  
 Chairman, Medical Staff Council  
 Chairman, Division of Critical Care and Diagnostic Services  
 Chairman, Division of Education



Chairman, Division of Developmental Medicine  
Psychological Health and Rehabilitation  
Three Clinicians  
Dr M Glasson  
A/Prof H Kilham  
A/Prof P Van Asperen.

## Quality Care Committee

**Role:** The Quality Care Committee establishes the strategic direction and development of quality activities. The Committee reports to the Patient Care Committee on all matters relating to the evaluation of quality activities, their scope and effectiveness to ensure an overall acceptable standard of quality of service delivery within the Hospital.

### Membership:

Executive Director (Chairman)  
Chief Executive (ex officio)  
Director, Clinical Outreach  
Service Director (rotating)  
Manager, Quality Care  
Representative, Corporate Services  
Representative, Finance Department  
Representative, Information Services  
Representative, Department of Nursing (two)  
Representative, Division of Medicine  
Representative, Division of Surgery  
Representative, Division of Critical Care and Diagnostic Services  
Representative, Allied Health Professionals  
Chair, Division of Standards and Performance.

## Finance Committee

**Role:** The Finance Committee monitors the financial aspects of the Hospital and reports to the Board on the effectiveness of the Hospital's financial management in relation to its budget and the regulations under which it operates.

### Membership:

Board Representatives  
Mr J A Dunlop (Chairman)  
Mr P E Mason  
Mr D G A Say  
Ms V Street  
Chief Executive  
Executive Director  
Director, Finance  
Director, Corporate Services  
Director, Community Relations and Marketing  
Director, Nursing  
Chairman, Division of Surgery.

## Ethics Committee

**Role:** This committee safeguards the rights of infants and children who seek the Hospital's help or who are brought to the Hospital or its outreach services. The Committee has particular concern that new protocols, treatment and research are properly reviewed and maintained.

### Membership:

Prof Peter Rowe (Chairman)  
Prof Craig Mellis (Deputy Chairman)  
Anne O'Neill (Secretary)  
Chief Executive Officer  
Executive Director  
Director, Nursing  
Community Members  
Laypeople not affiliated with the institution  
Mrs Ruth Burleigh (from August 1998)  
Mr Rod Young  
Mr Ian Butcher (Lawyer)  
Mrs Vera Ryan (Chaplain)  
Prof Peter Gunning (Chair, Division of Research)  
Prof Danny Cass (Surgical Research)  
Prof Sue Nagy (Nursing Research)  
Ms Alison Moore (Allied Health Research)  
Dr Roger Reddel (Representative, CMRI).

## Audit Committee

**Role:** The Audit Committee acts as an advisory body to the Board of Directors in discharging the Board's responsibilities for issues relating to internal and external audits, management and internal controls, financial reporting and accounting policies.

### Membership:

Board Representatives  
Mr D G A Say (Chairman)  
Mr J A Dunlop  
Mr P E Mason  
Ms V Street  
In attendance:  
Chief Executive  
Executive Director  
Director, Finance  
Director, Corporate Services  
Director, Community Relations and Marketing  
Chairman, Division of Surgery  
Internal Audit Manager  
External Audit Representatives  
Audit Advisor.

## Arnold Tink House Committee

**Role:** The Arnold Tink House Committee is an incorporated body responsible for the operation of Ronald McDonald House. The Committee oversees the management and financial operations of the House and sets policies appropriate for day-to-day operation.

### Membership:

Mrs R Everett (to October 1998)  
Mrs T Jermyn (President)  
McDonald Children's Charities  
Mr F Meduri / Mr T Decari  
Mr R. Finn  
Ms L O'Malley (to February 1999)  
Mr D Tynan  
Representatives of The New Children's Hospital:  
Prof R K Oates  
Mr R Smith  
Miss C Searle  
Ordinary Members:  
Dr M Stevens  
Mrs T Jermyn / Mrs R Everett  
Mrs J Keenan  
Mr M Holton  
Mr A Overton  
In Attendance  
Ms C Atkinson – House Manager.

## Education Committee

**Role:** The Education Committee coordinates education initiatives for both professional and non-professional staff within the Hospital and community.

### Membership:

Chairman, Division of Education (Chairman)  
Chief Executive  
Executive Director  
Director, Nursing  
Director, Clinical Outreach  
Representative, Other Professions  
Education Committee  
Representative, University Department of Paediatrics and Child Health  
Representative, University Department of Paediatric Nursing  
Representative, Medical Education Committee  
Representative, Nursing Education Committee  
Representative, Allied Health and Technical Education Committee.

## Liaison & Staff Consultative Committee

**Role:** The Committee provides liaison between the Hospital Executive and union representatives on issues affecting staff and the workplace.

### Membership:

Chief Executive Officer  
Executive Director  
Director, Nursing  
Director, Finance  
Director, Corporate Services  
Director, Community Relations and Marketing  
Manager, Staff Services Department  
Chief Resident Medical Officer  
Representatives, Australian Salaried Medical Officers' Federation  
Representatives, Health and Research Employees Association (three)  
General Sub Branch  
Professional Sub Branch  
Hospital Managers Sub Branch  
Representatives, Medical Staff Council (two).

## Research Committee

**Role:** To encourage and promote an inquiring approach to the problems of children and to advise the board on use of research funds.

### Membership:

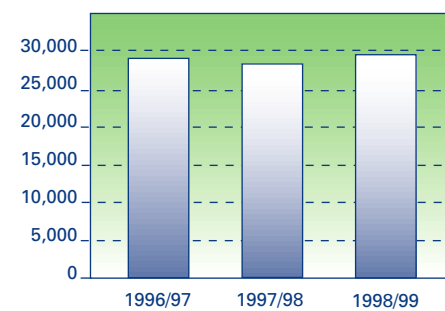
Board Representative  
Mr J Dunlop (Chairman)  
Chief Executive  
Executive Director  
Director, Nursing  
Director, Clinical Outreach  
Professor of Paediatrics and Child Health  
Chairman, Division of Research  
Chairman, Division of Developmental Medicine, Psychological Health and Rehabilitation  
Prof J Bailey, Children's Hospital Education Research Institute  
Prof S Nagy, Nursing Academic Unit  
Representative, Scientific Advisory Committee  
Representative, Research and Development Advisory Committee  
Director, Children's Medical Research Institute  
Representative, University of Sydney.

*Other Committees meet regularly to prepare guidelines and advise on specific matters of Hospital activity.*

## Summary of key statistics

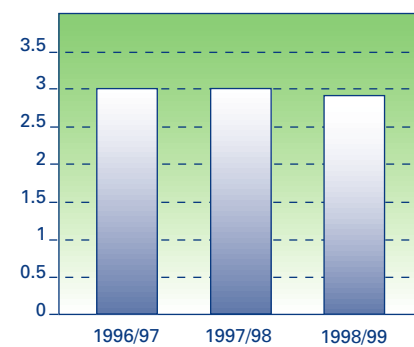
	1998/99	1997/98	1996/97
<b>Bed capacity</b>			
Total beds at 30 June	350	350	350
Average number of beds available during year	248	243	246
<b>Patient details</b>			
<b>Inpatients</b>			
Number in Hospital at 1 July	245	219	229
Admissions during year	29,120	27,942	28,801
Total patients treated	29,365	28,165	29,030
Number in Hospital at 30 June	230	245	219
Bed days of inpatients treated	86,550	82,726	86,974
Number of operations	13,601	12,466	12,664
<b>Outpatients</b>			
Total occasions of service	534,784	543,897	516,206
<b>Average</b>			
Daily average of inpatients	237.1	226.6	238.3
Adjustment for outpatients	146.5	149.5	141.4
Adjusted daily average (ADA)	383.6	376.1	379.7
Average stay of inpatients (days)	2.97	3.0	3.0
Bed occupancy rate (%) (after adjustment for weekday beds)	95.8	93.4	96.8

## Admissions (thousands)



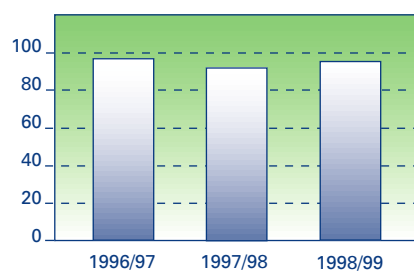
1998/99 saw a 4% increase in admissions partly due to increased demand and partly due to some extra funds from the Department of Health to assist with the management of the waiting lists.

## Average length of stay (days)



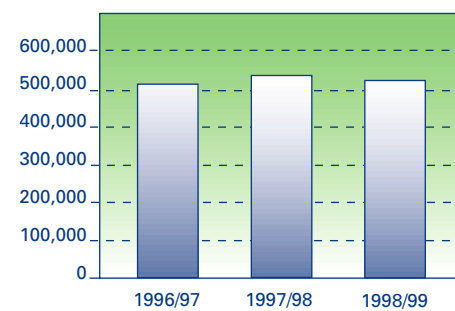
Average length of stay decreased slightly to 2.97 days.

## Occupancy rate (percent)



Occupancy rate increased by 2.4% to 95.8%, well above the paediatric benchmark of 75%.

## Non-inpatient occasions of service (thousands)



Non-inpatient occasions of service fell slightly, owing to the cessation of the immunisation program.

	1998/99	1998/99
<b>Cardiology</b>		
Electrocardiograms	2,003	Milk 38
Cardiac catheterisations	230	Thyroid 33
Echocardiograms	5,265	Miscellaneous 135
Blood gas determinations	4,120	<b>Radiology</b>
Holter monitoring	181	General X-rays 36,625
<b>Endocrine Laboratory</b>		Fluoroscopic procedures 1,501
Specimens received	9,485	Ultrasound 4,114
Tests performed	23,988	Computed tomography 4,531
<b>Gastroenterology</b>		Magnetic resonance imaging 3,553
Video endoscopies:		Special procedures 1,343
Upper gastrointestinal	397	<b>Respiratory Medicine Pulmonary</b>
Colonoscopy	80	<b>Function Laboratory</b>
Liver biopsies	22	Spirometry and flow/volume loops 1,522
Pancreatic stimulation tests	15	Lung volumes 284
Faecal fat balance	37	Transfer factor of carbon monoxide 71
Faecal fat studies	41	Exercise provocation 5
<b>Immunology</b>		Saline provocation 4
Total specimens	5,247	Maximal respiratory pressure 1
Tests performed	15,442	Allergy skin testing 1,510
<b>National Liver Transplantation Unit</b>		Patient education/inhalational techniques 492
Number of patients assessed	15	Oximetry 503
Number of transplants performed	12	<b>Sleep Unit</b>
<b>Neurology</b>		Polysomnograms 697
E.E.G.'s	1,094	Day studies 12
E.M.G./N.C.S.	131	<b>Microbiology</b>
Videotelemetry	136	Total specimens 36,639
Evoked potentials	52	<b>Biochemical Genetics</b>
<b>Nuclear Medicine</b>		Total specimens 5,257
BMD	352	Total tests 21,493
Bone	461	<b>Biochemistry</b>
Brain	92	Total specimens 69,423
Cardiac	41	<b>Blood Bank</b>
CSF/Shunt	82	Total specimens 4,918
Cystogram	185	<b>Cytogenetics</b>
DISIDA	158	Total specimens 6,417
DMSA	625	<b>Haematology</b>
DTPA/MAG <sub>3</sub>	453	Total specimens 42,200
Gallium	294	<b>Histopathology</b>
GFR	303	Autopsies 77
Lung	52	Total specimens 4,448
Meckels	16	<b>Newborn Screening</b>
MIBG	72	Babies tested 96,230
Red blood cell	11	Total tests 625,820
White blood cell	54	<b>Virology</b>
Spect	1,104	Total specimens 11,406
Thallium	55	

As a matter of NSW Department of Health policy, clients/patients are guaranteed a right of access to information held in their personal health record. The provisions of the Freedom of Information (FOI) Act will therefore not generally apply to requests by clients/patients to access their own record.

In 1998/1999 there were 230 applications for access to medical records by clients/patients. Inspection is free of charge and there is a fee for copies, not exceeding FOI fees. All requests are referred to the Medical Record Department for attention.

### Section A – Numbers of new FOI requests

	1997/98			1998/99		
FOI requests	Personal	Other	Total	Personal	Other	Total
A1 New (including transferred in)						
A2 Brought forward						
A3 Total to be processed	nil	nil	nil	nil	nil	nil
A4 Completed						
A5 Transferred out						
A6 Withdrawn						
A7 Total processed	nil	nil	nil	nil	nil	nil
A8 Unfinished (carried forward)						

### Section B – What happened to completed requests?

	1997/98		1998/99	
Result of FOI requests	Personal	Other	Personal	Other
B1 Granted in full				
B2 Granted in part				
B3 Refused				
B4 Deferred				
B5 Completed	nil	nil	nil	nil

### Section C – Ministerial certificates

	1997/98	1998/99
C1 – Ministerial Certificates Issued	nil	nil

### Section D – Formal consultations

	1997/98		1998/99	
	Issued	Total	Issued	Total
D1 Number of requests requiring formal consultation(s)	nil	nil	nil	nil

### Section E – Amendment of personal records

	1997/98	1998/99
E1 Result of amendment – agreed		
E2 Result of amendment – refused		
E3 Total	nil	nil

### Section F – Notation of personal records

	1997/98	1998/99
F3 Number of requests for notation	nil	nil

### Section G – FOI requests granted in part or refused

	1997/98	1998/99
<b>Basis of disallowing or restricting access</b>		
G1 Section 19		
G2 Section 22		
G3 Section 25 (1a1)		
G4 Section 25 (1a)		
G5 Section 25 (1 bcd)		
G6 Section 28 (1b)		
G7 Section 24 (2)		
G8 Section 31 (4)		
G9 Totals	nil	nil

### Section H – Costs and fees of requests processed

	1997/98		1998/99	
	Assessed costs	FOI fees received	Assessed costs	FOI fees received
H1 all completed requests	nil	nil	nil	nil

### Section I – Discounts allowed

	1997/98		1998/99	
Type of discount allowed:	Personal	Other	Personal	Other
1. Public interest				
2. Financial hardship – pensioner/child				
3. Financial hardship – non profit organisation				
4. Totals	nil	nil	nil	nil
5. Significant correction of personal records	nil	nil	nil	nil

### Section J – Days to process

	1997/98		1998/99	
Elapsed time	Personal	Other	Personal	Other
J1 0 – 21 dys				
J2 22 – 35 dys				
J3 over 35 dys				
J4 Totals	nil	nil	nil	nil

### Section K – Processing time

	1997/98		1998/99	
Process. time	Personal	Other	Personal	Other
K1 0 – 10 hrs				
K2 11 – 20 hrs				
K3 21 – 40 hrs				
K4 over 40 hrs				
K5 Totals	nil	nil	nil	nil

### Section L – Reviews and appeals

	1997/98	1998/99
L1 Number of internal reviews finalised	N/A	N/A
L2 Number of Ombudsman reviews finalised	N/A	N/A
L3 Number of district court appeals finalised	N/A	N/A



Risk management remains an integral part of Hospital operations and workplace management. The focus is on minimising risk by providing a safe and secure environment for patients, staff and visitors, as well as preventing loss or damage to Hospital property and equipment. Risk minimisation is pursued through the implementation of related policies, procedures, systems of work, training and information.

### Chain of responsibility

All staff are encouraged to recognise and accept responsibility for risk management and to report any concerns or identified risks to their supervisor. Department managers and supervisors are responsible for monthly risk audits and the removal and/or control of identified risks. Divisional Directors retain a responsibility for management of risks and specialist support is provided through the services of an appointed Risk Manager and an Occupational Health Safety and Rehabilitation Coordinator. The Hospital's Occupational Health and Safety Committee (OH&S) also actively reviews, investigates and resolves matters affecting the health and safety of persons visiting and working within the Hospital. The OH&S Committee reports to the House Committee.

### Risk strategies

Risk management strategies employed during the year include:

- manual handling risk assessment program
- incident/accident investigation training program
- hazardous substances in the workplace training program
- healthy lifestyle program for staff

development of critical operations standing operating procedures (COSOP's) contingency planning for Y2K introduction of Hospital Security Watch program.

### Audits

During the year the Hospital participated in a number of audits that are aligned with the Hospital's risk management initiatives:

The annual Occupational Health, Safety and Rehabilitation Numerical Profile Audit was conducted in May 99. The assessment was conducted using a new audit tool that was expected to result in a 25% – 50% decrease in the previous year's audit score of 77.8%. This year's score was 65.4% (16% drop from previous year) which in terms of the expected decrease, due to the more stringent requirements, is seen as an indication of continuing improvement.

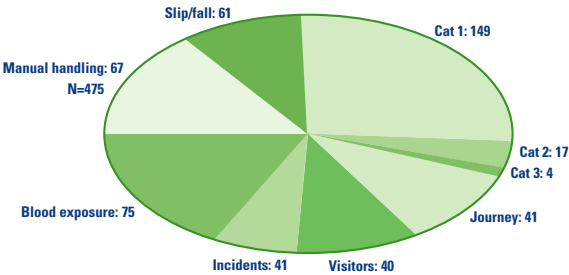
The Australian Council on Healthcare Standards conducted a periodic review in October 98. The Hospital continues to be accredited by the Council and was commended for its initiatives in respect of quality improvement activities.

### Occupational Health, Safety and Rehabilitation

475 work incidents/accidents were reported  
73 workers compensation claims were lodged  
Total hours paid: 4,241  
Mean time lost per claim: 58.1 hours  
18 staff participated in rehabilitation and two of these are still current. All others upgraded to full pre-injury positions or liability was declined.

### Distribution of workplace incidents/accidents

Category 1, 2 and 3 injuries indicate severity based on time lost. No time lost denotes a category 1 injury, whilst less than and more than two weeks time lost are category 2 and 3 respectively.



461 staff vaccinations were given in 1998/99. This consisted of 110 Hepatitis B Vaccinations; 349 Flu Vaccinations; and 2 ADT Vaccinations (the latter for work related injuries).

### Treasury Managed Fund

Motor vehicle 1998/99 as at 30 June 1999		
Benchmark premium (budget allocation)	Deposit premium (amount paid)	Surplus
\$21,821	\$21,804	\$17
Claims total: 10		Incurred cost: \$20,000

Workers compensation 1998/99 as at 30 June 1999		
Benchmark premium (budget allocation)	Deposit premium (amount paid)	Surplus
\$3,666,477	\$2,207,970	\$1,458,507
Claims total: 62		
Claims frequency: 3.30 per 100 employees (Health average: 8.48)		
Claims cost per employee: \$95.2 (Health average: \$376.1)		
Total incurred cost: \$170,000		

### Public liability claim data

Type of claim	Number of claims		Total incurred	
	1997/98	1998/99	1997/98	1998/99
Treatment Non-Surgical	4	4	\$12,841	\$2,964
Treatment Surgical	5	2	\$1,014,675	\$52,480
Tripping/slipping	–	1	–	\$35,405
<b>Totals</b>	<b>9</b>	<b>7</b>	<b>\$1,027,516</b>	<b>\$90,849</b>

### Property claim data

Type of claim	Number of claims		Total incurred	
	1997/98	1998/99	1997/98	1998/99
Theft/burglary	7	–	\$22,238	–
Impact/collision	1	–	–	–
Fusion/electrical faults	1	1	–	\$140,017
Accidental damage	2	1	\$3,195	\$800
Misplaced/lost	–	1	–	\$217
<b>Totals</b>	<b>11</b>	<b>3</b>	<b>\$25,433</b>	<b>\$141,034</b>

Radiation safety

Incremental improvements to radiation safety practice have been made during the year in accordance with the two major changes to legislation; the NSW Protection of the Environment Operations Act and Regulations and the Australian Radiation Protection and Nuclear Security Act (Commonwealth). A variety of strategies to increase broad awareness of radiation safety issues have been employed, with a degree of success which is best reflected in the very low rate of reported, and reportable incidents.

Emphasis this year has been given firstly to staff training both for professional staff and for support staff, especially in line with the increased stringency in interpretation of requirements for licensing of laboratory radiation users, and secondly, in developing policies and procedures for the safe storage and disposal of radioactive waste. Disposal of waste is a universal problem for all research institutions, and no quick or easy solutions have been forthcoming.

The New Children's Hospital has adopted several approaches to addressing the problems involving disposal of waste. These include having professional bodies seek appropriate amendments to statutory regulations, providing additional, short-

term storage within the Hospital's research facility and persuading the research division to purchase equipment which will facilitate the use of non-isotopic methods.

Fraud control

The Hospital's Fraud Control Policy and Code of Conduct are issued to all staff members and are available on the Hospital's Intranet.

All staff members are expected to observe these policies by demonstrating honest, ethical and professional behaviour.

Staff and any others who deal with the Hospital are expected to promptly bring any instance of suspected internal or external fraud to the attention of management. This will result in the process of investigation as set out in the Hospital's Fraud Control Policy document.

Internal Audit usually conducts investigations on suspected fraud. This may involve investigations in cooperation with the Police and the Independent Commission Against Corruption.

The Chief Executive has an obligation to report criminal offences to the Police as well as actual or suspected corruption to the Independent Commission Against Corruption.

The New Children's Hospital maintains human resources and industrial relations policies and procedures that support the vision and strategic goals of the Hospital. All policies and procedures comply with Department of Health requirements, relevant legislation and industrial awards.

EEO

The Hospital's current Equal Employment Opportunities (EEO) Plan expires in 1999 and a new EEO Management Plan 2000 to 2003 is currently being developed.

This year, the Hospital made significant progress in the area of Aboriginal and Torres Strait

Islander Employment. Under the Elsa Dixon Program, the Hospital successfully recruited to four positions in the areas of Nursing, Domestic Services, Central Sterilising and Administration. In late 1998, all positions were filled under the requirements of the program, with career development plans provided for each individual employee. A part time Aboriginal and EEO Coordinator has been employed to develop an Aboriginal Employment Strategy.

Improvements in EEO data collection have seen an increase in response rates from 69% in 1997/98 to 81% in 1998/99.

Representation of EEO target groups 1998/99

Total staff	Men	Women	Aboriginal and Torres Strait Islander	Minority groups	NESB	Disabilities	Disabilities requiring work adjustment
2,243	488 22%	1,755 78%	20 1.1%	473 26%	412 22%	71 4%	19 1%

Salaries	Total staff	Men	Women	ATSI	Minority groups	NESB	Disabilities	Disabilities requiring adjustment
<\$25,761	43	6	37	0	5	4	2	0
\$25,761 – \$33,835	689	136	553	12	178	202	23	7
\$33,836 – \$37,825	163	20	143	3	24	19	1	0
\$37,826 – \$47,866	652	73	579	2	133	101	22	5
\$47,867 – \$61,899	402	82	320	1	70	47	12	3
\$61,900 – \$77,374	171	91	80	1	44	26	2	0
>\$77,374	123	80	43	1	19	13	9	4
Total	2,243	488	1,755	20	473	412	71	19

Data for EEO Target Groups reflects only those staff members who have documented their status ie. 1,823 respondents.

Implementation of the NSW Government Disability Action Plan throughout the Hospital will be coordinated by Alison Jones, Department Head of Occupational Therapy. Ms Jones has already made significant progress towards the assessment of issues concerning patients with disabilities. This has been achieved through surveying patients and their families.

For staff members, it is our belief that we are under reporting on Disability and Adjustments. This is through employees being unaware of the range of conditions that may be classified as a disability and the stigma attached to being iden-

tified as a member of this EEO group. The Hospital is promoting an understanding of the term 'disability' and its definition under relevant legislation and the importance of accurate information to assist in developing a Disability Action Plan. Clearly this will be a priority area in next few years.

Overseas leave

For the 1998/1999 financial year approximately 178 employees travelled overseas for an average duty period of eight days. The majority of this travel was for attendance or presentation at an International Conference.

Staff employed at 30 June 1999

Full time equivalent	1998/99	1997/98	1996/97	1995/96
Administrative and Clerical	291	300	309	305
Nursing	621	622	610	690
Medical	239	240	232	241
Medical Support Services	385	360	369	365
Hotel Services	178	178	177	178
Maintenance	15	16	18	18
SP & T	166	166	173	125
Total	1,895	1,882	1,880	1,922

DIVISION OF GENERAL MEDICINE

Chair:  
H.A. Kilham\*

Emeritus Consultant Physicians:  
J.M. Alexander  
J. Beveridge  
J. Brown  
W.G. Grigor  
F. Grunseit  
J.D. McDonald  
G.S. Nagy  
G.B. Soutter  
T. Stapleton  
G.N.B. Storey  
K.H. Walsh  
(deceased 6/99)  
J.S. Yu

Consultant Physicians:  
T.J.C. Boulton  
S. Boyages  
S.C-A. Chen  
K. Cox  
D. Dwyer  
B. Gardiner  
J. Gurka  
D.J. Henderson-Smart  
M. Hooper  
T. Karplus  
R.F. Kefford  
J. Kirk  
P.A.L. Lancaster  
K. McCarthy  
M.A. McGrath  
A. McLaughlin  
J.G. Morris  
V. Nossar (from 12/98)  
D. Packham  
P.B. Rowe  
J. Sandanam  
T. Sorrell  
G. Turner  
W. Webster  
J.A. Young

Heads of Medical Teams:  
M.D. Gett  
D. Isaacs\*  
B.E. Kearney  
H.A. Kilham\*  
C.C.S. Poon

Physicians:  
L. Baur  
K. Brown  
D. Butler  
A. Chong  
M.J. Deloughery

E. Elliott  
M.D. Gett  
P. Hong  
B.E. Kearney  
P.W. Knight  
A. Mansour  
P. McVeagh  
D. Raymond  
G. Rowell (from 5/99)  
S.A. Shanker  
G.L. Williams  
B.E. Wyeth

Associate Physicians:  
G. Alperstein  
R. Ambler  
J. Arnold  
V.V. Bayl  
G.J. Bench  
C. Bennett  
A. Buckmaster  
L.E. Budd  
A. Bye  
P. Chidiac  
D. Cohen  
P. Colditz  
C. Cooper  
G. Crawford  
J. de Courcy  
M. de Souza  
P. Donald  
J. Douglas  
P. Doyle  
S. Durvasula  
P. Emdar  
M. Freelandar  
S. Gadd  
M. Gazarian  
H. Gilbert  
D. Gilmore  
P. Goodhew (from 10/98)  
S. Grass  
T. Grattan-Smith  
T. Greenacre  
J.M. Haas  
R. Hardwick  
R.K. Hart  
S. Hartman  
M. Holloway  
J.C.S. Hong  
K. Howard  
I.W. Hufton  
C. Ingall  
A. James  
C.A. James  
P. Jenkins  
S. Johnson  
A. Kok  
P. Kristidis  
R.P. Leitner

J.N. Lemoh  
G. Leslie  
W.R. Levy  
D. Lillystone  
A. Lim  
M. Llewellyn  
T. McCrossin  
A. McDonald  
D.T. McDonald  
D.W. McDonald  
A.J. McIntosh  
J. Moloney  
P.S.J. Moore  
C. Morgan  
D.L. Mulcahy  
A.P. Naidoo  
V. Nossar (to 12/98)  
P. Rack  
P.M. Rahilly  
B. Richards  
M. Richter  
L. Roddick  
G. Rowell (to 5/99)  
T. Sands  
C.M. Scarf  
J. Sinn  
K.K. Sinn  
V. Soutter  
B.J. Springthorpe  
M. Stormon (from 12/98)  
J.E. Stuart  
D.L. Sutton  
B. Symons  
G. Thambipillay  
P. Van Vliet  
M. Westphalen (from 4/99)

Honorary Research Physician:  
C. Thompson

EMERGENCY AND OUTPATIENTS

Head:  
G. Browne\*

Physicians:  
B. Fasher\*  
R.M. Hanson\*  
M. McCaskill\*

Career Medical Officer:  
K. Currow

EPIDEMIOLOGY UNIT

Head of Unit:  
C.M. Mellis\*

Head, Population-Based Section:  
M. Burgess\*

Consultant Epidemiologist:  
G.L. Rubin

Statistician:  
J. Peat

PAIN UNIT – VINCENT FAIRFAX

Head:  
H.A. Kilham\*

Physician:  
J. Collins\*

Anaesthetists:  
M.G. Cooper\*  
J.P. Keneally\*  
D. Murrell\*  
M. O'Brien\*  
K. Schwager\*

DIVISION OF SPECIALTY MEDICINE

Chair:  
P. Van Asperen\*

DERMATOLOGY

Head:  
M. Rogers

Emeritus Consultant Dermatologists:  
L.J. Cains  
M.B. Lewis  
J. Mason-Johnson  
W. Regan

Dermatologists:  
G. Fischer  
P.A. Hogan

Associate Dermatologist:  
I. McCrossin

ENDOCRINOLOGY – RAY WILLIAMS INSTITUTE OF PAEDIATRIC ENDOCRINOLOGY, DIABETES AND METABOLISM

Director:  
M. Silink\*

Deputy Director:  
C.T. Cowell\*

Consultant Endocrinologists:  
L. Lazarus  
A.S. Oldfield  
(deceased 11/98)  
S. Posen  
K. Steinbeck  
J.R. Turtle

\*Salaried staff



Physicians:  
G. Ambler\*  
K. Donaghue\*  
N. Howard\*  
C.C.S. Poon

#### Robert Vines Growth Research Centre

Head:  
C.T. Cowell\*

#### GASTROENTEROLOGY

Head:  
K. Gaskin\*

Consultant  
Endoscopist:  
S. Williams

Physicians:  
S.F.A. Dorney\*  
K.R. Kamath\*  
E.V. O'Loughlin\*

#### Hepatology Unit

Head:  
S.F.A. Dorney\*

#### IMMUNOLOGY AND INFECTIOUS DISEASES

Head:  
D. Isaacs\* (to 2/99)  
A. Kakakios\* (from 2/99)

Consultant  
Immunologists:  
A. Basten  
E. Benson  
D.A. Fulcher  
P. Gatenby  
C. Katelaris  
G.J. Stewart  
J. Ziegler

Physicians:  
D. Isaacs\* (from 2/99)  
A. Kakakios\* (to 2/99)  
P. McIntyre\*  
J.W. Ruhno  
M. Wong (from 7/98)

#### NATIONAL LIVER TRANSPLANTATION UNIT

Chairman and Director:  
A.G.R. Sheil

Vice-Chairmen:  
S.F.A. Dorney\*  
D. Koorey  
G. McCaughan

Transplant Surgeons:  
A. Ka Keung Chui  
A.G.R. Sheil  
D. Verran

\*Salaried staff

Paediatric Surgeon:  
A. Shun\*  
Paediatric  
Gastroenterologists:  
S.F.A. Dorney\*  
K. Gaskin\*  
K.R. Kamath\*  
E.V. O'Loughlin\*

Liver Transplant Unit  
Coordinator:  
G. Kyd

#### NEPHROLOGY

Head:  
E.M. Hodson\*

Consultant Physicians:  
J. Chapman  
G.G. Duggin  
J.S. Horvath  
B.J. Nankivell  
P.J. O'Connell  
A.R. Rosenberg  
D.J. Tiller

Consultant Renal  
Transplant Surgeons:  
R. Allen  
H. Lau

Renal Transplant  
Surgeons:  
R. Cohen\*  
A. Shun\*

Physicians:  
J. Craig\*  
J.F. Knight\*  
D. Lewis\*  
L.P. Roy

Associate Physician:  
G. Kainer

#### NEUROLOGY/ NEUROSURGERY – T.Y. NELSON DEPARTMENT OF NEUROLOGY AND NEUROSURGERY

Head:  
J. Antony  
Consultant  
Neurologists:  
J. Leicester (from 4/99)  
J.G. McLeod  
G. Wise

Emeritus Consultant  
Neurosurgeon:  
R.F.C. Jones  
Consultant  
Neurosurgeons:  
N.W.C. Dorsch  
M.R. Fearnside  
R.S. Gye

Neurologists:  
A. Bleasel\*  
N. Buchanan  
E. Fagan\*  
P. Grattan-Smith\*  
R.A. Ouvrier\*  
P.G. Procopis\*  
Neurosurgeons:  
M. Besser  
R. Chaseling  
M. Dexter\* (from 2/99)  
I.H. Johnston\*

#### Neurogenetics Research Unit

Head:  
K.N. North

#### NUTRITION – JAMES FAIRFAX INSTITUTE OF NUTRITION

Director:  
K. Gaskin\*

#### ONCOLOGY

Head:  
M.M. Stevens\*

Deputy Head:  
M. Bergin\*

Physicians:  
V. Ahern  
L. Dalla Pozza\*  
S.J. Kellie\*  
G. McCowage\*  
P.J. Shaw\*

Coordinator, Late  
Effects Clinic:  
H.M. Somerville

Consultant Oncologist:  
M.H.N. Tattersall

Consultant  
Radiotherapists:  
M.P. Berry  
G. Stevens

Medical Officers:  
A. Lim  
W. Nightingale  
N. Walker

#### RESPIRATORY MEDICINE

Head:  
P.P. Van Asperen\*  
Consultant Physicians:  
H. Allen  
P. Despas  
R. Henry  
P. Middleton  
J. Wheatley  
A. Woolcock

Physicians:  
A. Amos  
P. Cooper\*  
M.J. Deloughery  
P. Field  
D. Fitzgerald\*  
(from 12/98)  
M.D. Gett  
H.A. Kilham\*  
C.M. Mellis\*  
S.J. Towns\*

Associate Physicians:  
P. Bye  
D. Fitzgerald  
P. Torzillo

#### David Read Sleep Disorders Unit

Head:  
C.E. Sullivan

Unit Coordinator:  
K. Waters\*

Physician:  
C. Seton\*

Associate Physician:  
A. Teng

#### Home Ventilation Oxygen Support Program

Head:  
P. Hutchins\*

#### RHEUMATOLOGY

Head:  
J. Chaitow

#### TOXICOLOGY

Head:  
G.G. Duggin  
Physician-in-Charge,  
Poisons Information  
Centre:  
H.A. Kilham\*  
Consultants, Poisons  
Information Centre:  
A. Graudins  
F. Kerr  
D. Reith (from 10/98)

Consultant Physician:  
S. Pond

Associate Physicians:  
G. Braitberg  
N. Buckley  
B. Chan  
A.H. Dawson  
R. Dowsett  
L. Murray  
I.M. Whyte

Associate Toxinologist:  
J. White

Pharmacist-in-Charge,  
Poisons Information  
Centre:  
J. Kirby\*

#### DIVISION OF DEVELOPMENTAL MEDICINE, PSYCHOLOGICAL HEALTH AND REHABILITATION

Chair:  
K. Nunn

#### ADOLESCENT MEDICINE

Head:  
D.L. Bennett\*

Consultant  
Gynaecologists:  
I.S. Fraser  
N. Gayer  
J. Murray

Physicians:  
S. Clarke  
M. Kohn\*  
S.J. Towns\*

Gynaecologists:  
K. Matthews  
T. McGee

Career Medical Officer:  
M. Kang

#### NSW Centre for the Advancement of Adolescent Health

Head:  
D.L. Bennett\*

#### CHILD DEVELOPMENT UNIT

Head:  
C. Green\*

Physicians:  
P. Hutchins\*  
S. Raman  
N. Silove\*  
J. Small\*

Associate Physicians:  
K. Chee  
P. Concannon  
B. Field  
D. Starte

#### CHILD PROTECTION UNIT

Head:  
S. Booth\* (to 12/98)  
P. Tait\* (from 1/99)

Deputy Head:  
R. Lamb\*

Physicians:  
S. Booth\* (from 12/98)  
M. Ryan\*  
P. Tait\* (to 12/98)

Psychiatrists:  
J. Boots  
B. Potter

#### DEAFNESS CENTRE

Coordinator:  
P. Mutton  
ENT Consultants:  
E.J. Beckenham  
J. Curotta  
W.P.R. Gibson  
J. Motbey  
P.W. Noyce

#### PSYCHOLOGICAL MEDICINE

Head:  
K. Nunn\* (to 10/98)  
D. Dossetor\* (from 10/98)

Emeritus Consultant  
Psychiatrists:  
M. Gilchrist  
B.F. Green  
J. Katz

Consultant  
Psychiatrists:  
S. Einfeld  
L. Newman  
B. Waters

Associate Psychiatrists:  
J. Brennan  
A. Keighran

Psychiatrists:  
J. Boots  
M. Chambers\*  
C.C. Enfield  
M. Fairley\*  
F. Forbes\*

J. Fliegner  
J.C.M. Friend  
K. Kozłowska\* (from 10/98)

D.A. Lonie  
B. Potter  
T. Sprague\*  
J.M. Sullivan  
S. Thompson\*

#### Centre for Preventative Child Psychiatry

Head:  
K. Williams\*

#### REHABILITATION MEDICINE

Head:  
S. O'Flaherty\*

Consultants in Rehabilitation Medicine:  
P. Henke  
J.E. Marosszeky  
J. Yeo

Consultant  
Neuropsychologist:  
A. Shores

Physicians:  
J. Ault\*  
M.C. Waugh\*

#### Limb Deficiency Clinic

Physician Coordinator:  
A. Epps\*

Clinical Geneticist:  
D.O. Sillence

Rehabilitation

Physician:  
J. Ault\*

Emeritus Consultant  
Orthopaedic Surgeons:  
F.W. Marsden  
D.W. Whiteway

Emeritus Consultant  
Limb Fitting Surgeon:  
D.C. Caine

Emeritus Consultant  
Radiologist:  
J. McCredie

Consultant Physician:  
L.E. Jones

Associate Physician:  
K. Lowe

Orthopaedic Surgeons:  
M. Bellemore  
D. Little

#### Spina Bifida Clinic

Head:  
C. West\*

#### UNIVERSITY DIVISION OF PAEDIATRICS AND CHILD HEALTH

##### PROFESSORS:

Douglas Burrows  
Professor of Paediatrics  
and Child Health and  
Head of Department:  
C.M. Mellis\*  
Professor of Medical  
Genetics:  
D.O. Sillence

Professor of Paediatric  
Preventive Medicine:  
M. Burgess\*  
William Dunlop  
Professor of Paediatric  
Surgery:  
D. Cass\*

Professor of Paediatric  
Endocrinology:  
M. Silink\*

Professor and Head,  
James Fairfax Institute  
of Nutrition:  
K. Gaskin\*

Professor and Head,  
Oncology Research:  
P. Gunning\*

Professor of  
Perinatology:  
D.J. Henderson-Smart

Honorary Professor:  
Professor R.K. Oates\*

Clinical Professors:  
J. Boulton  
D. Isaacs\*  
R.A. Ouvrier\*

Associate Professors:  
L. Baur  
J. Christodoulou\*  
E. Elliott  
G. Reynolds

Clinical Associate  
Professors:  
D.L. Bennett\*

R. Howman-Giles  
K.R. Kamath\*  
S. Kellie\*  
H.A. Kilham\*

A. Lam\*  
P.B. McIntyre\*  
J.H. Overton\*  
P.G. Procopis\*

L.P. Roy  
P. Van Asperen\*  
S. Young

Senior Lecturers:  
L. Ades\*

J. Craig\*  
K.C. Donaghue\*  
S. Durvasula  
R. Jamieson\*

A. Kesson\*  
K. McKay\*  
K.N. North  
J. Peat\*

Clinical Senior  
Lecturers:  
I. Alexander\*  
J. Allen\*

G. Alperstein  
N. Badawi\*  
M. Bellemore  
R. Cohen\*  
P. Cousens  
D. Dossetor\*  
R. Hanson\*  
J. Keneally\*  
J.F. Knight\*  
G. Leslie  
P. Shaw\*  
G. Sholler\*  
K. Waters\*

Lecturers:  
D. Lin  
M. Phelps\*  
G. Smith\*  
K. Williams\*  
Clinical Lecturers:  
J. Dean\*  
J. Dalby-Payne\*  
S. Johnson  
K. Jones\*  
D. Little

Clinical Associate  
Lecturers:  
G. Bond  
A.J. Cocks  
P. Donnelly  
S. Dutt\*  
C. Ellaway\*  
M. Fasher  
B. Field  
J. Hendy\*  
P. Joy\*  
R. Kimble  
M.M. Lee\*  
D. Lillystone  
W. Oldmeadow\*  
M. Ryan\*  
D. Starte  
I. Stiefel\*  
C. Wittekind\*

Research Fellows:  
J. Byrne  
R. Weinberger

## DIVISION OF SURGERY

Chair:  
F.J. Martin

## BURNS

Head:  
H.C.O. Martin  
Surgeons:  
G.E. Cummins  
M.J. Glasson\*

J. Harvey\*  
P. Hayward  
J. Pitkin  
J.G. Vandervord

## CARDIOLOGY – ADOLPH BASSER CARDIAC INSTITUTE

Director:  
G.F. Sholler\*  
Head of Cardiac  
Surgery:  
G.R. Nunn  
Emeritus Consultant  
Surgeon:  
T.B. Cartmill  
Emeritus Consultant  
Cardiologist:  
D.S. Stuckey  
Consultant  
Cardiologists:  
D.T. Kelly  
D. Richards  
D. Ross  
J.B. Uther  
Cardiologists:  
D. Celermajer\*  
S.G. Cooper\*  
R.E. Hawker\*  
K.C. Lau\*  
P.J. Robinson\*  
Associate  
Cardiologists:  
O.D. Jones  
L. Pressley#  
Cardiac Surgeon:  
R. Chard  
Perfusionist  
Coordinator:  
D. Baines\*

## CLEFT PALATE

Plastic Surgeons:  
P. Hayward  
M.D. Poole  
P.G. Thompson  
J.G. Vandervord  
ENT Surgeons:  
E.J. Beckenham  
P.W. Noyce  
Orthodontists:  
C.K. Chan  
A. Pistolese  
Congenital Microtia  
Surgeon:  
J.G. Vandervord

ENT Surgeon:  
E.J. Beckenham

## Craniofacial Unit

Head:  
M.D. Poole  
Surgeons:  
E.J. Beckenham  
M. Besser  
F.J. Martin  
J.G. Vandervord  
Clinical Geneticists:  
L. Ades\*  
M. Wilson\*

## Voice Clinic

ENT Surgeon:  
C. Birman (temp)  
Speech Pathologist:  
D. Fitzsimmons

## DENTISTRY

Head:  
R.P. Widmer  
Emeritus Consultant  
Orthodontist:  
F. Gregg  
Consultant Dental  
Officer:  
E. Godfrey  
Orthodontists:  
C.K. Chan  
A. Pistolese  
Associate Orthodontist:  
D. Bachmayer (from  
10/98)  
Dentist:  
K. Hunter  
Periodontist:  
J.E. Highfield  
Paediatric Dentists:  
R. Balmer  
A. Cameron  
K. Hood  
K. Mekertichian  
P. Wong  
Maxillo-Facial Surgeon:  
G. McKellar

## EAR, NOSE & THROAT

Head:  
E.J. Beckenham  
Emeritus Consultant  
ENT Surgeons:  
B.N.P. Benjamin  
J. Davies  
J.B. Dowe  
T.H. O'Donnell

Consultant ENT  
Surgeons:  
P.R. Carter  
H.C. Harrison  
ENT Surgeons:  
C. Birman (from 8/98)  
J. Curotta  
C. Dalton  
W.P.R. Gibson  
J. Motbey  
P.W. Noyce  
Associate Physician:  
A. Cheng (from 2/99)

## OPHTHALMOLOGY

Head:  
F.J. Martin  
Emeritus Consultant  
Surgeons:  
G.C.T. Burfitt-Williams  
R. Hertzberg  
J.W. Hornbrook  
Consultant Ophthalmic  
Surgeons:  
J. Chandra  
J. Kennedy  
P.A. Martin  
K. McClellan  
J.B. Smith

Ophthalmic Surgeons:  
F.A. Billson  
C. Donaldson\*  
M. Flaherty  
M.E. Giblin  
S.J. Hing\*  
J. Smith\*  
Associate  
Ophthalmologists:  
C.J. Challinor  
J. Grigg  
G. Horowitz

## ORTHOPAEDICS

Head:  
I.R. Barrett  
Emeritus Consultant  
Orthopaedic Surgeons:  
J.M. Furber  
F.W. Marsden  
C.M. Maxwell  
R.W.D. Middleton  
D.W. Whiteway  
Consultant Orthopaedic  
Surgeons:  
C. Gschwind  
S. Nade  
S. Ruff  
D. Ryan  
M.D. Ryan

J.S. Scougall  
Orthopaedic Surgeons:  
M. Bellemore  
J.L. Cummine  
P.C. Gray  
D. Little  
T.K.F. Taylor  
M.A. Tonkin  
Associate Orthopaedic  
Surgeon:  
I.D. Farey

## PLASTIC SURGERY

Head:  
P.G. Thompson  
Emeritus Consultant  
Surgeon:  
D.L. Dey  
Surgeons:  
P. Hayward  
M. Poole  
J.G. Vandervord

## SURGERY – DOUGLAS COHEN DEPARTMENT OF SURGERY

Head:  
M.J. Glasson\*  
Emeritus Consultant  
Surgeons:  
P.D. Blaxland  
D.H. Cohen  
D.L. Dey  
E.H. Goulston  
R.S.B. Hudson  
D.M. Llewelyn  
F.N. Street  
E.S. Stuckey  
Consultant Surgeons:  
R. Allen  
A.A. Evers  
J.P. Fletcher  
S. Hazelton  
J.M. Little  
C. O'Brien  
P. Pai  
M. Stephen  
Surgeons:  
D. Cass\*  
R. Cohen\*  
G. Cummins  
J. Harvey\*  
H.C.O. Martin  
J. Pitkin  
A. Shun\*  
G. Smith\*  
Associate Surgeons:  
J. Cassey  
P. Davidson  
D. Verran

## UROLOGY

Head:  
G. Smith\*  
Urologists:  
J. Boulas  
L.J. Hayden  
Emeritus Consultant  
Urologist:  
R.D. Smith  
Emeritus Consultant  
Surgeon:  
D.D. Arnold  
Consultant Urologist:  
R.D. Wines  
Surgeon:  
R. Cohen\*

## DIVISION OF CRITICAL CARE AND DIAGNOSTIC SERVICES

Chair:  
J. Gillis\*

## ANAESTHESIA

Head:  
J.P. Keneally\*  
Emeritus Consultant  
Anaesthetists:  
R.J. Bailey  
R.McV. Coffey  
G.C. Fisk  
C.A. Sara  
Consultant  
Anaesthetists:  
A.P. Baker  
M. Bookallil  
M.J. Cousins  
M.T. Lyon  
P. Tralaggan  
Anaesthetists:  
D. Baines\*  
M.G. Cooper\*  
J.F. Donnelly  
P. Gibson\*  
V.L. Harrison\*  
J. McDonald  
J.G. Milross\*  
D. Murrell\*  
M. O'Brien\*  
A.J. O'Connell\*  
J.H. Overton\*  
K. Schwager\*  
N.E. Street\*  
J. Thirlwell Jones  
S. Walker  
H.J. Wark\*  
S. Wharton\*  
G.A. Wilson\*  
G.P. Wotherspoon

Associate  
Anaesthetists:  
I. Douglas  
A.P. Forrest  
M. Jones  
P.C-A. Kam  
D.V. Mawter  
M. Priestley  
C.L. Thompson  
R.E. Traill  
P. Wajon  
R.H. Woog  
J.M. Wynter

## INSTITUTE OF PATHOLOGY

Head of Pathology  
Services:  
S. Arbuckle\*

## Biochemistry

Head:  
J. Coakley\*  
Biochemist:  
J.W. Earl\*  
Emeritus Consultant  
Biochemist:  
M. O'Halloran

## Haematology

Head:  
B.H. Webster\*  
Haematologist:  
A.T. Lammi\*  
Consultant  
Haematologists:  
H. Kronenberg  
V.A. Lovric

## Histopathology

Head:  
S. Arbuckle\*  
Histopathologists:  
C. Cooke-Yarborough  
A.E. Kan\*  
Emeritus Consultant  
Histopathologist:  
P. Bale  
Consultant  
Neuropathologist:  
C. Harper

## Microbiology and Virology

Head:  
A. Kesson\*  
Microbiologists:  
G.L. Gilbert  
M. Watson\*  
Emeritus Consultant  
Bacteriologists:  
D.C. Dorman

M. Gapes

## INTENSIVE CARE

Head:  
J. Gillis\*  
Physicians:  
R. Choong\*  
A.J. O'Connell\*  
D.N. Schell\*  
B. Wilkins\*

## MEDICAL IMAGING

Director:  
A. Steinberg\*  
(from 8/98)  
Emeritus Consultant  
Radiologists:  
P. Grattan-Smith  
K.S. Kozlowski  
J. McCredie  
F. Wishaw  
Consultant  
Radiologists:  
M. de Silva (from 4/99)  
G.H.K. Lim  
K.P. Wong  
N. Young  
Consultant  
Radiotherapists:  
M.P. Berry  
P. Duval  
G. Stevens  
Radiologists:  
B. Doust  
A. Lam\*  
E. Onikul\*  
A. Peduto\*  
V. Stockton\*  
R. Welshman  
C. Wong\* (from 4/99)

## PACS AND TELERADIOLOGY

Director:  
M. de Silva\* (to 4/99)

## NEONATOLOGY

Head:  
R.J. Halliday\*  
Consultant Physician:  
D.J. Henderson-Smart  
Physicians:  
N. Badawi\*  
P. Barr\*  
A. Berry  
J.P.C. Wojtulewicz\*  
Associate Physicians:  
J. Arnold  
H. Jeffery  
G. Leslie  
I. Rieger

\*Salaried staff

# Senior Congenital Heart Clinic



## NUCLEAR MEDICINE

Head:  
R. Howman-Giles  
Physician:  
R.F. Uren  
Associate Physicians:  
E. Bernard  
G. Lewis (from 2/99)  
R. Mansberg  
J. Roberts

## WESTERN SYDNEY GENETICS PROGRAM

Director:  
J. Christodoulou\*

## NSW Biochemical Genetic Service and NSW Newborn Screening Programme

Director:  
B. Wilcken\*

## Clinical Genetics

Acting Head:  
J. Christodoulou\*  
(to 10/98)

Head:  
M. Wilson\* (from 10/98)

Emeritus Consultant  
Clinical Geneticist:  
G. Morgan (from 4/99)

Consultant Clinical  
Geneticists:  
C.B. Kerr  
G. Morgan (to 4/99)  
G. Turner

Associate Clinical  
Geneticist:  
S.L. Worthington  
Consultant Molecular  
Biologists:  
C.G. dos Remedios  
R.J. Trent

Physicians:  
L. Ades\*  
R. Jamieson\*  
D.O. Sillence

Associate Physician:  
A. Colley

## Cytogenetics

Head:  
L. Bousfield\*  
Cytogeneticists:  
A. Daniel  
A. Smith\*

## Genetic Metabolic Diseases Service

Physicians:  
I. Alexander\*  
J. Christodoulou\*  
B. Wilcken\*

Associate Physician:  
J. Holmes-Walker

## Molecular Genetics

Head:  
B. Bennetts\*

## DIVISION OF RESEARCH

Listed here are the  
Heads of the Hospital's  
Research Units. Details  
of research staff and  
activities are in the  
Hospital's Research  
Report.

Chair:  
P. Gunning\*

## AUSTRALIAN PAEDIATRIC SURVEILLANCE UNIT (APSU)

(A unit of the Division  
of Paediatrics, Royal  
Australasian College  
of Physicians)

Director:  
E. Elliott

## CENTRE FOR KIDNEY RESEARCH

Head:  
J.F. Knight\*

## CENTRE FOR THE PREVENTION OF PSYCHOLOGICAL PROBLEMS IN CHILDREN

Head:  
K. Williams\*

## CHILDREN'S CHEST RESEARCH CENTRE

Principal Scientist:  
K.O. McKay\*

## CHILDREN'S HOSPITAL EDUCATION RESEARCH INSTITUTE (CHERI)

Director:  
J. Bailey

## CLINICAL EPIDEMIOLOGY UNIT

Head:  
C.M. Mellis

## GENE THERAPY RESEARCH UNIT

(Partnership between  
The New Children's  
Hospital and Children's  
Medical Research  
Institute)

Head – NCH:  
I. Alexander\*

Head – CMRI:  
J. Smythe

## HERPES VIRUS RESEARCH UNIT

Principal Scientist:  
C. Jones (from 1/99)

## INTESTINAL DISEASE RESEARCH

Head:  
E. O'Loughlin\*

## METABOLIC DISEASES RESEARCH LABORATORY

Head:  
J. Christodoulou\*

## NATIONAL CENTRE FOR IMMUNISATION RESEARCH AND SURVEILLANCE OF VACCINE PREVENTABLE DISEASES

(Centre for Immun-  
isation Research)

Director:  
M. Burgess\*

## NEUROGENETICS RESEARCH UNIT

Head:  
K.N. North

## ONCOLOGY RESEARCH UNIT

Head:  
P. Gunning\*

## SURGICAL RESEARCH UNIT AND TRAUMA SERVICES

Head:  
D. Cass\*

## DIVISION OF CLINICAL OUTREACH

Service Director:  
J.H. Overton

## CHILDREN'S HOSPITAL INSTITUTE OF SPORTS MEDICINE (CHISM)

Head:  
D. Macauley (to 12/98)

Head of Education:  
R.J. Parker

Professor of Children's  
Sport & Exercise:  
C.J. Blimkie

Consultants in Sports  
Medicine:

C. Broderick  
K.J. Crichton  
D. Macauley  
(from 12/98)  
D. Raftery

## DIVISION OF EDUCATION

Chair:  
D. Isaacs

## ARCHIVES AND HOSPITAL HISTORY

Honorary Archivist:  
Bruce Storey

## EDUCATION CENTRE

Head:  
H. Sharpe

## MEDICAL LIBRARY

Head:  
B. Mew

## DIVISION OF STANDARDS AND PERFORMANCE

Chair:  
S. Mills (to 6/99)  
W. Hawker (from 6/99)

## PATIENTS' FRIEND

B. Radcliffe

## QUALITY OF CARE UNIT

## DIVISION OF NURSING

Service Director:  
J.Y. Minnis (to 5/99)  
Acting Service Director:  
M. Bunker (from 5/99)

Deputy Director of  
Nursing Clinical  
Management:  
M. Bunker

Senior Nurse  
Managers:  
C. Berrington –  
Bed Management  
(p/t to 3/99)  
M. Corbett –  
Bed Management  
(p/t from 5/99)  
P. Burgess –  
Night Duty (p/t)  
J. Flanagan –  
Operating Theatres  
R. Fowler – CSSD  
C. Lau – Information  
Systems  
W. Milne – Personnel  
J. Montgomery –  
Evening Duty (p/t)  
P. Ridley – Relief  
G. Ryan – Evening  
Duty (p/t)  
J. Southerden –  
Special Projects  
N. Walters – Night Duty

## NURSING ACADEMIC UNIT

S. Nagy

## CENTRE FOR EVIDENCE BASED PAEDIATRIC PRACTICE NURSING

Head:  
S. Nagy

Manager:  
D. Gillies  
Clinical Nurse  
Consultant:  
E. O'Riordan  
(from 10/98)

## SENIOR NURSE MANAGER (EDUCATION):

G. Amey

## NURSE EDUCATOR (EDUCATION):

J. Howse

## CLINICAL NURSE CONSULTANTS:

N. Bailey –  
Cystic Fibrosis  
(from 4/99)  
U. Bayliss –  
Newborn Screening  
R. Blanch – Well  
Baby Clinic

I. Cacacouratos –  
Oncology (from 10/98)  
B. Cavalletto – Pain Unit  
T. Chand –  
Stomal Therapy  
D. Dalton –  
Infection Control  
A. Davis – Respiratory  
J. Dicker – Spina Bifida  
M. English –  
Psychological  
Medicine  
H. Gosby – Emergency  
K. Greenway –  
Brain Injury  
W. Gibson –  
Brain Injury  
R. Gunning –  
Oncology Community  
M. Hayden – Genetics  
K. Houghton –  
Orthopaedics  
S. Hunt – Cystic Fibrosis  
L. Lane – Pain Unit  
C. Lockwood –  
Home Ventilation  
L. McCartney –  
Rehabilitation  
J. McCulloch –  
Ophthalmology  
A. Morrison –  
Intensive Care  
E. O'Riordan –  
Oncology (to 10/98)  
K. Rankin –  
Medical/TPN  
F. Ross – Surgical  
Research  
K. Spence –  
Neonatology  
M. Tanner –  
Sleep Unit  
F. Wade –  
Neurology Liaison  
K. Watson – Child  
Development Unit

## MCMILLAN PAEDIATRIC INTENSIVE CARE

Nurse Unit Manager:  
J. Gregurke  
Clinical Nurse  
Coordinators:  
V. Jermyn  
C. Marshall (to 11/98)  
L. Roser  
L. Mann (acting  
from 11/98)

Nurse Educators:  
S. Adams (p/t to 11/98)

C. Bridge (p/t from  
5/99)  
D. Edwards  
Clinical Nurse  
Specialists:  
M. Arino  
D. Baldock  
G. Bennett  
B. Bridge  
P. Crowe  
M. Caine  
F. King  
M. Larkin  
J. Malloy  
F. Maxton  
J. Pasfield  
S. Pollock  
S. Roden  
L. Sadler  
C. Stoddard

## GRACE NURSERY:

Nursing Unit Manager:  
J. Elliott  
Clinical Nurse  
Coordinators:  
C. Brown  
S. Holmes  
C. Selmecci  
Nurse Educator:  
K. Psaila  
Clinical Nurse  
Educator:  
C. Campbell  
(p/t to 3/99)  
L. Waterworth (p/t  
from 5/99)  
Clinical Nurse  
Specialists:  
L. Barnes  
A. Bogaert  
K. Crawford  
J. Denner  
K. Elder  
R. Evans  
P. Gordon  
J. Green  
J. Griggs  
B. Hill  
J. McIntyre  
R. Mountney  
B. Parkinson  
A. Patena  
B. Pong  
J. Schiefelbein  
J. Smith

## OPERATING SUITE:

Nursing Unit  
Managers:  
E. Lane

C. Parish  
F. Shanahan  
S. Sims  
Nurse Educator:  
E. Theodore (to 5/99)  
Clinical Nurse  
Specialists:  
L. Capuno  
Y. Chong  
A. Donnellan  
F. Fahy  
J. Larritt  
P. McGee  
C. McGillicuddy  
E. Mead  
J. Saywell  
K. Upton

## ANAESTHETIC/ RECOVERY

Nursing Unit Manager:  
K. Ryan  
Clinical Educator:  
K. Gardner  
Clinical Nurse  
Specialists:  
V. Burroughs  
Y.H. Khoo  
S. P. Teo

## HALL WARD

Nursing Unit Manager:  
K. Weir  
Clinical Nurse  
Coordinator:  
M. McQuade  
Clinical Nurse  
Specialists:  
F. Chan  
D. Fayle  
A. Hammond  
D. Lawrie  
K. Savage  
J. Woolf

Clinical Nurse  
Educator:  
S. Mahomood

## CLANCY WARD

Nursing Unit Manager:  
J. Gregory (to 11/98)  
C. Marshall (acting  
from 11/98)  
Clinical Nurse  
Educator:  
F. Kenna  
Clinical Nurse  
Specialists:  
E. Brogan  
V. Keller

\*Salaried staff



K. Peters  
K. Small  
J. Sawyer  
J. Williams

## MARY HONAN RENAL TREATMENT CENTRE

Clinical Nurse  
Consultant:  
J. Farquhar  
Clinical Nurse  
Specialist:  
R. Wong

## GROWTH CENTRE:

Clinical Nurse  
Specialists:  
A. Craighead  
B. Moore

## WILLIAM STUART WARD

Nursing Unit Manager:  
P. Houston (to 3/99)  
S. Ray (acting from 3/99)  
Clinical Nurse Educator:  
M. Peregrina

Clinical Nurse  
Specialists:  
C. Bridge  
K. Lawrence  
N. Mangion  
G. O'Grady  
M. Pederson  
L. Rowling

## YARALLA WARD:

Nursing Unit Manager:  
G. Patterson  
Clinical Nurse Educator:  
J. Altenkirk  
Clinical Nurse  
Specialists:  
N. Bailey (to 4/99)  
L. Crawford  
T. Jopling  
K. Krawec  
D. O'Neill  
C. Ramjahn  
L. Sugar

## EDGAR STEPHEN WARD

Nursing Unit Manager:  
V. Leveaux  
Clinical Nurse Educator:  
R. Brooker

Clinical Nurse  
Specialists:  
H. Knight  
R. Yeoh

## HUNTER BAILLIE WARD

Nursing Unit Manager:  
H. Bytheway  
Clinical Nurse  
Educator:  
K. Fergusson  
Clinical Nurse  
Specialists:  
R. Shoemark  
R. Sharples

## VARIETY WARD

Nursing Unit Manager:  
C. Gothard  
Clinical Nurse Educator:  
T. Cripps

Clinical Nurse  
Specialists:  
M. Arnold  
W. De La Rue  
L. Huggett  
U. Ward-Collins

## ADOLESCENT MEDICAL UNIT

Clinical Nurse  
Specialist:  
D. Polverino

## ADOLESCENT WARD (WADE)

Nursing Unit Manager:  
W. Pearce  
Clinical Nurse Educator:  
S. Simonds (to 6/98)  
M. Clifton-Smith  
(acting from 6/98)  
Clinical Nurse  
Specialists:  
L. Davis  
M. Losurdo

## TURNER/DAVID READ

Nursing Unit Manager:  
K. Shuttleworth  
Clinical Nurse  
Specialists:  
C. Bynon  
H. Sharp  
P. Yap

## ONCOLOGY UNIT:

Nursing Unit Manager:  
H. Sullivan

Clinical Nurse  
Coordinators:  
D. Carr  
B. Meares (to 1/99)  
K. Stephen (acting from 1/99)

Nurse Educator:  
J. Frost  
Clinical Nurse  
Specialists:  
R. Anderson  
M. Clarke  
C. Farmer  
N. McKay  
C. Marrinan  
I. Massey  
J. Merrick  
K. Montgomery  
A. Ng  
L. Ormrod

## FAITHFULL WARD

Nursing Unit Manager:  
L. Brodie  
Clinical Nurse Educator:  
M. Birss  
Clinical Nurse  
Specialists:  
M. Robertson  
L. Shatz  
S. Webster

## COMMERCIAL TRAVELLERS WARD

Nursing Unit Manager:  
O. Munoz  
Clinical Nurse Educator:  
R. Richards  
Clinical Nurse  
Specialists:  
C. Brand  
A. Davis  
B. Hall  
F. Nelson  
S. Woods

## CLUBBE WARD

Nursing Unit Manager:  
C. Hopwood  
Clinical Nurse Educator:  
D. Dickson  
Clinical Nurse  
Specialists:  
D. Maze  
J. Murphy

## MIDDLETON WARD

Nursing Unit Manager:  
J. Walker

Clinical Nurse  
Specialists:  
K. Bird  
K. Borthwick  
F. Elliott

## EMERGENCY

Nursing Unit Manager:  
H. Giles  
Clinical Nurse Educator:  
H. Gosby (to 11/98)  
S. Kemister (from 11/98)

Clinical Nurse  
Specialists:  
L. Bernard  
M. Corbett (to 5/99)  
B. Daniels  
G. Estrada  
J. Mabulay

## KIDSNET

Nursing Unit Manager:  
B. Exley  
Clinical Nurse  
Specialist:  
M. Stephens

## OUTPATIENTS DEPARTMENT

Nursing Unit Manager:  
T. Hopkins  
Clinical Nurse  
Specialist:  
P. Shepherd

## IMMUNISATION

Nursing Unit Manager:  
J. Broome (to 12/98)

## CLINICAL PATHWAY PROJECT

M. Penman

## PRE-ADMISSION TESTING SERVICE

D. Wells

## COMMUNITY OUTREACH

Clinical Nurse  
Specialists:  
J. Cavanagh  
S. Palmer  
C. Parkee

## MEDICAL IMAGING

Clinical Nurse  
Specialist:  
I. Chan

## SYDNEY HOME NURSING (TO 12/98)

J. Dicker – Spina Bifida  
R. Gunning – Oncology  
S. Hunt – Cystic Fibrosis  
H. Keighley – Cystic Fibrosis

## RESIDENT MEDICAL STAFF

Chief Resident:  
C. Wittekind  
Deputy Chief Resident:  
C. Ellaway  
Director of Clinical and Physician Training:  
W. Grigor (1998)  
D. Lewis (1999)  
Administration  
Manager to CRMO:  
K. Thompson

## FELLOWS

Adolescent Medicine:  
1998 – H. Goodwin  
Anaesthetics:  
1998 – F. Vosdoganis  
P. Stewart  
M. Lovell  
D. Ho  
1999 – M. Lee  
G. Morris  
S. O'Regan  
R. Strykowski  
Anne and Kel Geddes:  
1999 – D. Tzoumi (CPU)  
(Jan-April)  
S. Woolfenden (CPU)  
(from April)

ATN Channel 7:  
1998 – S. Dutt  
(Gastroenterology)  
1999 – J. Ging  
(General Medicine/  
Epidemiology)

BA Grace:  
1998 – G. Bond  
(Surgery)  
1999 – S. Piper  
(Neurology)

Cardiology:  
J. Angtuaco  
H. Latiff  
D. Murphy  
M. Walayat

Cardiology Research:  
M. Sheil

Cardiac Surgical  
Research:  
D. Andrews

Douglas Burrows:  
1998 – A. Cocks  
(Emergency)  
1999 – A. Morris  
(General Medicine/  
Epidemiology)

Endocrinology:  
M. Craig  
H. Woodhead

ENT:  
H. Myatt  
M. Saunders

Emergency Medicine:  
1999 – J. Hort  
K. McCarthy  
S. Phin

Gastroenterology:  
1999 – S. Dutt

Genetics:  
1998 – F. McKenzie  
S. Piper  
1999 – F. McKenzie  
M.L. Freckman

ICU:  
1998 – N. Piggot  
1999 – F. Miles

Immunisation  
Research:  
G. Bonacruz-Kazzi  
J. Forrest  
T. Heath  
S. Lambert  
F. Payne  
F. Turnbull

Immunology/Infectious  
Diseases:  
M. Codarini

Immunology Research:  
P. Joshi

Information Technology:  
1998 – D. Lin

John Yu:  
1999 – M. Ryan  
(Neurology)

Medical Imaging:  
1998 – T. Kulatunga  
1999 – C. Broome  
P. Rao

Metabolic Genetic  
Research Fellow:  
C. Ellaway

Nephrology:  
1998 – A. Alarillo  
1999 – A. Durkan

Neurology:  
1999 – J. Wilmshurst  
Neurosurgery  
Research:  
N. Assaad

Nuclear Medicine:  
U. Porn

Oncology:  
F. Alvaro  
D. Barbaric  
E. McCahon

Orthopaedics:  
M. Cornell

Pain Unit:  
1998 – C. McInerney  
1999 – A. McDonald

PhD Research:  
J. Dean  
K. Jones  
1999 – J. Dalby-Payne

Psychiatry:  
1998 – J. Wick

Queen Elizabeth,  
Queen Mother:  
1998 – M. Ryan  
(Neurology)  
1999 – R. Hunt  
(Neonatology)

Respiratory Research:  
H. Selvadurai

Respiratory/PICU 1999:  
R. Jayaram

Surgery:  
A. Holland  
J. Orford

Surgical Research:  
R. Kimble

## REGISTRARS

Paediatrics:  
A. Aggarwal  
R. Barry  
M. Bleakley  
P. Bloomfield  
G. Bonacruz  
P. Caldwell  
D. Casson  
N. Cheng  
R. Chin  
M. Coomarasamy  
C. Cooper  
D. Crossland  
J. Dalby-Payne (1998)  
D. Dowling  
J. Egan  
A. Fa'asalele  
M. Field  
D. Fitzgerald  
S. Gardner (1998)

J. Ging (1998)  
S. Grew  
M. Guizzo  
A. Gubbay  
J. Gubbay  
H. Gunasekera  
D. Habashy (1998)  
M. Hatzis  
T. Ho  
D. Holley  
R. Hunt (1998)  
A. Johnston  
D. Kerrin  
K. Knight  
M. Knuckey  
P. Kolos  
L. Lau  
A. Liu  
A. Loughran  
K. McCrea (1998)  
J. Macdessi  
K. Maclean  
A. Magoffin  
J. Martin  
D. Mehta  
D. Meldrum  
M. Michael  
J. Milledge  
A. Morris (1998)  
A. Morrow  
T. O'Brien  
M. Paradis  
P. Patradoon-Ho  
K. Peacock  
E. Peadon  
T. Petterson  
S. Prasad  
J. Rainbow (1998)  
R. Richardson  
H. Saleh  
A. Scheinberg  
D. Singh-Grewal  
Y. Sinha  
I. Sinnerbrink  
J. Smith  
S. Srinivasan  
D. Steinberg  
M. Stone  
J. Teo  
L. Teoh  
J. Thomas  
R. Tomlinson  
D. Tzioumi (1998)  
M. Ward  
N. Wood  
S. Woolfenden  
S. Yim  
Anaesthesia:  
1998 – G. Chang  
L. De Gabrielle  
J. Ellingham

\*Salaried staff

P. Found  
C. Jones  
A. Kumar  
P. Lane  
G. Morris  
D. Sandford  
R. Strykowski  
T. Theodorou  
M. Wilson  
S. Young  
1999 – P. Blum  
G. Caponas  
S. Ferguson  
R. Foreman  
E. Lin  
A. McGirr  
M. Moyle  
N. Orford  
N. Pal  
M. Perry  
Cardiothoracic Surgery:  
1998 – H. Koesbijanto  
D. Lai  
1999 – D. Winlaw  
C. Manganas  
Critical Care:  
S. Bell  
S. Gardner  
D. Habashy  
J. Levison  
J. Rainbow  
M. Sterrett  
J. Stirling (1998)  
Dermatology:  
1999 – C. Ong  
ENT:  
1998 – R. Eisenberg  
1999 – B. Johnston  
General Surgery:  
1998 – A. Bhatia  
G. Buckland (Plastics)  
A. Holland (Senior Registrar)  
R. Kumar  
E. La Hei  
D. Loh  
M. Zimmermann  
1999 – A. Bhatia  
A. Kumardeva (Plastics)  
La Hei (Senior Registrar)  
K. McKertich (Urology)  
I. Mushtaq  
S. Singh  
R. Thomas  
M. Thornton

Infectious Diseases/  
Microbiology:  
1998 – M. Poynton  
1999 – P. McMaster  
Intensive Care:  
1998 – G. Bell  
S. Erikson  
F. Miles  
A. Rajaratnam  
J. Round  
1999 – M. Hatherill  
N. Piggot  
M. Sie  
M. Terradas  
V. Thompson  
Neonatology:  
1998 – A. Al-Kindy  
V. Buettiker  
E. Chong  
O. Khurana  
A. Malzacher  
B. Sinha  
N. Spenceley  
R. Tozer  
1999 – H. Carlisle  
O. Khurana  
M. McCarry  
K. McCrea  
N. McDonald  
J. Miles  
M. Potdar  
P. Roberts  
B. Sinha  
N. Spenceley  
Neurosurgery:  
1998 – S. McKechnie  
1999 – A. Kam  
Orthopaedics:  
1998 – C. Castle  
P. Sunner  
1999 – J. Nagamori  
N. Smith  
Ophthalmology:  
1998 – M. O'Rourke  
1999 – J. Lee  
Pathology:  
1998 – M. Devlin  
(Histopathology)  
S. Mahendravranman  
(Haematology)  
P. Priyakumar  
(Haematology)  
1999 – N. Graf  
(Histopathology)  
P. Priyakumar  
(Haematology)  
Psychiatry:  
1998 – K. Smith

1999 – T. Cassidy  
S. Madden  
Radiology:  
B. Bako  
T. Kulantuga  
G. McInerney  
Rehabilitation:  
A. Scheinberg  
**RESIDENT MEDICAL OFFICERS**  
1998 – M. Baki  
R. Bazina  
M. Betts  
D. FitzGerald  
M. Guizzo  
T. Ho  
H. Hoang  
K. Knight  
T. Ong  
K. Peacock  
E. Peadon  
T. Petterson  
T. Poon  
D. Singh-Grewal  
Y. Sinha  
J. Steinberg  
J. Thomas  
S. Velovski  
L. Wong  
1999 – A. Abdullah-  
Emin  
N. Alexander  
L. Basil  
K. Browning-Carmo  
A. Chapman-Berry  
M. Chew  
I. Chu  
M. Chung  
C. Dey  
M. Docker  
J. Fletcher  
K. Hale  
A. Ming  
D. Nguyen  
Z. Perkowska-Guse  
H. Peters  
M. Poon  
T. Poon  
S. Powell  
C. Taplin  
R. Tiskumara  
D. Wong  
R. Wong  
M. Wu  
**CAREER MEDICAL OFFICERS**  
S. Armstrong  
K. Currow

W. Nightingale  
N. Walker  
**PART-TIME MEDICAL STAFF**  
J. Andrews  
G. Bonacruz-Kazzi  
P. Cameron  
K. Davidson  
M. Dunnett  
S. Heiland  
W. Hu  
S. Marks  
C. Norrie  
A. Pearce  
P. Spencer  
K. Thacker  
T. Trahair  
**ADMINISTRATIVE STAFF**  
**CHIEF EXECUTIVE'S UNIT**  
Chief Executive:  
R.K. Oates  
Personal Assistant:  
V. Alexander  
Internal Audit Manager:  
A. Ching  
**DIVISION OF COMMUNITY RELATIONS AND MARKETING**  
Service Director:  
D. Jackett  
**FUNDRAISING DEPARTMENT**  
Manager:  
D. Inwood (to 4/99)  
G. McCauley (from 5/99)  
**PUBLIC RELATIONS**  
Manager:  
G. Paxton  
Assistant Manager:  
R. Harvey (to 10/98)  
C. Crowe (from 10/98)  
Radio Bed Rock  
Coordinator:  
A. Robertson  
Starlight Express Room  
Coordinator:  
A. Mosses

**DIVISION OF CORPORATE SERVICES**  
Service Director:  
R.J. Smith  
Deputy Director:  
C. Searle  
Manager, Staff Services:  
F. Horn  
Manager, Hotel Services:  
J. Mullin (to 10/98)  
Manager, Support Services:  
M. Fahey (from 11/98)  
Coordinator,  
Accommodation:  
F. Oxley  
Manager, Child Care Centre:  
E. Birch  
Manager, Coffee Shop:  
R. Hille  
Manager, Engineering and Maintenance:  
H.V. Phan  
Manager, Fire, Risk and Security:  
I. Palmer  
Manager, Food Services:  
L. West  
Manager, Linen and Sewing Services:  
M. Tizzone  
Acting Manager, Cleaning Services:  
Z. Camdzic  
Occupational Health, Safety and Rehabilitation Officer:  
K. Sherred  
Manager, Outpatient Services:  
J. Law  
Manager, Patient Administration:  
C. Whitefield  
Staff Counsellor  
B. Anley  
Manager, Transport, Mail and Courier Services:  
M. Foley  
**DIVISION OF FINANCE**  
Service Director:  
L. Mooney

Deputy Director:  
R. Chung  
Management Accountant:  
A. Lenton  
Senior Accountants:  
K. Korenromp  
K. Neal  
Manager, Payroll:  
H. Mastorides  
Supervisor, Accounts Receivable:  
N. Phillips  
Manager, Accounts Payable:  
R. Smith  
Manager, Logistics:  
A. Kendall  
**DIVISION OF INFORMATION SERVICES**  
Chair:  
R. Hanson  
Deputy Chair:  
I. Horner (to 12/98)  
Manager, Computer Services:  
B. Vargas  
Manager, Management Support and Analysis Unit:  
C. Fan  
Acting Manager, Medical Records:  
M. Mijailovic  
Acting Manager, Switchroom:  
K. Wilmink  
**DIVISION OF ALLIED HEALTH**  
Chair:  
W. Hawker  
Audiology:  
R. Douglas (Head)  
Biomedical Engineering:  
P.J. Symonds (Head)  
Cardiac Physiology & Clinical Perfusion Services:  
P. Bernhardt (Head)  
Cochlear Implant Unit:  
C. Rehn (Manager)  
Nutrition and Dietetics:  
J. Stormon (Head)

Occupational Therapy:  
A. Jones (Head)  
Orthoptics:  
K. Johnson (Head)  
Orthotics:  
B. Marley (Head)  
Pharmacy:  
G. Higgins (Head)  
Physiotherapy:  
W. Hawker (Head) (to 6/99)  
P. Hennessey (Head) (from 6/99)  
Poisons Information Centre:  
J. Kirby (Pharmacist-in-Charge)  
Principal Scientific Officers:  
B. Bennetts  
L.R. Bousfield  
A. Daniel  
J.W. Earl  
P.W. Gunning  
J.W. Hammond  
G.E. Joannou  
K.O. McKay  
R.J. Parker  
V.C. Wiley  
Senior Scientific Officers:  
V. Antonenas  
P.J. Beal  
P. Bernhardt  
B.L. Blades  
J.A. Byrne  
K.H. Carpenter  
N.L. Chia  
J.A. Dittmer  
I.D. Favelle  
V. Ferguson  
A.K. Green  
P. Greenacre  
M.A. Gruca  
K.A. Hancox  
M.G. Hanlon  
H.M. He-Williams  
J.W. Hook  
J.G. Johansen  
J.W. Kemp  
B.A. Kramer  
V. Kumar  
L. Lam  
S. Lang  
W.D. Leach  
J.W. Lee  
J.G. Lei  
M.H. Nouri-Sorkhabi  
G. Schevzov  
G. Sherry

K.G. Sim  
R.P. Steel  
R.P. Weinberger  
A. Williams  
K. Wojtun  
F.L. Wood  
Z. Wu  
G. Yang  
Y. Zhang  
Psychology:  
P. Joy (A/Head) (to 8/97)  
I. Steifel (from 9/97)  
Radiography:  
K.C. Fan (Chief)  
Social Work:  
C. Doggett (A/Head)  
Speech Pathology:  
J. Cowell (Head)  
**HOSPITAL CHAPLAINS**  
Sister S. Conliffe  
Father B. Darlow (to 2/99)  
Reverend J. Donoohoo  
Reverend S. Emeleus  
Reverend H. Lee  
Sister H. Maguire  
Deacon R. Mulheron (from 3/99)  
Deaconess V. Ryan  
**KIDS HEALTH**  
Manager:  
P. Serrao  
**MEDICAL STAFF COUNCIL**  
Chairman:  
M. Silink (to 12/98)  
J. Pitkin (from 12/98)  
Deputy Chairman:  
J. Pitkin (to 12/98)  
P. Knight (from 12/98)  
Honorary Secretary:  
G. McCowage  
Honorary Treasurer:  
P. Tait  
**NEW CHILDREN'S HOSPITAL SCHOOL**  
Principal:  
M. McPherson  
**VOLUNTEER SERVICE**  
President and Honorary Director:  
Miss J. Valkenburg  
Coordinator:  
Mrs J. Jenkins

\*Salaried staff



Thank you to all our supporters who have helped The New Children's Hospital, Westmead in so many ways over the years. Thousands of donations were received from loyal friends during the year. A very special thanks is extended to the following individuals and groups, as well as those who chose to remain anonymous, those who

have made smaller but significant donations, and to those donors who we have inadvertently omitted. We recognise that our supporters come from all walks of life and from every sphere of the community. On behalf of the Board, our staff and the children and families – thank you for your care and generosity.

## BENEFACTORS

Mrs R Everett  
Miss J Y Minnis  
Mr A Overton

## GROUPS AND CORPORATE DONORS OVER \$5000

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CWA of New South Wales  
Danielle Dean's Benefit Night  
Dept of Health Housing &  
Community Services  
Dept of Veterans' Affairs Staff  
Welfare Fund  
Deutsche Bank  
Diabetes Australia  
Research Trust  
Diabetes NSW Podiatry Group  
Diavitiko Committe – RAHC

Doll Collectors Club of NSW  
Eggbert Eggs  
Eli Lilly Australia Pty Ltd  
Elizabeth Arden  
Endocrine Nurses Society  
of Australia  
Estate Late H & Rosa Israel  
Perpetual Trustee Co. Ltd  
Estate Late Gustave A Gluck  
Perpetual Trustee Co. Ltd  
Estate Late Bernard D Rothbury  
Perpetual Trustee Co. Ltd  
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Fairbridge Foundation  
Fairfax Printers  
Financial Markets Foundation  
Fogolar Furlan Sydney Limited  
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Fraternity Bowling &  
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Friends For Kids  
Genzyme Australasia P/L  
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Gillette Australia Pty Ltd  
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Gold Turkey Roast Charity  
Golden Stave Foundation  
Grace Bros Charities  
Gresham Partners Limited  
Hambros Australia Limited  
Hanimex Pty Limited  
Harbord Bowling &  
Recreation Club  
Harbord Diggers  
Memorial Club  
Hazelton Airlines  
HCF Australia Ltd  
HIH Insurance  
Holden  
ICTHM  
Illawarra Catholic Club Ltd  
Inghams Enterprises Pty Ltd  
Inner Wheel Club of Guildford  
Integral Energy

Intercapital Australia Pty Ltd  
Intercapital Brokers Aust Ltd  
Inverell Police Bowls  
Day Committee  
IOOF Cot Fund of NSW  
J & G Bedwell Foundation  
J Hammond Investments  
Pty Ltd  
J Walter Thompson Aust  
Pty Ltd  
Jake Hodgkinson Charity  
Golf Day  
Japanese Society of Sydney Inc  
Jarren Investments Pty Ltd  
JB Were & Son Charitable Fund  
John Fairfax Group Pty Ltd  
K-Mart – Head Office  
Kayaking for Kemo Kids  
Kel Geddes Management  
Kemo Kare 4 Kids  
Kent Tsai Family Trust  
Kids with Cancer  
Lancresse Property Holdings PL  
Latham Fetes – Camden Haven  
Community Church of Christ  
Op Shop  
Leighton Holdings Limited  
Lend Lease Retail  
Leura Cellars WineFest '98  
Liangrove Group Pty Ltd  
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Lions Club of Sydney-Hellenic  
Lodestar Marine Pty Ltd  
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Meditel Electronics  
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Motor Accidents Authority  
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of NSW (Client Services)  
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Fundraising  
National Centre for  
Disease Control  
National Heart Foundation  
of Australia  
News Limited  
Nine Network  
North Ryde RSL  
Community Club

Novartis Pharmaceuticals  
(Aust) Ltd  
Novo Nordisk Pharmaceuticals  
NSW Association Fire  
Investigators  
NSW Food & Allied Trades  
Golf Association  
NSW Leagues Club Limited  
NSW Fire Brigades  
NSW Police, Hurstville Local  
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Society of NSW  
P & O Australia Ltd  
Page Kirkland Partnership  
Parramatta Leagues Club Ltd  
Parramatta RSL Social Dart Club  
Permanent Trustee Company Ltd  
Pharmacia & Upjohn Pty Ltd  
Plastic Sales & Distribution  
(Australasia) Pty Ltd  
Priestley and Smith  
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Princeton Publishing Pty Ltd  
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International  
Rett Syndrome Association  
of NSW  
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The Imaging Centre Pty Ltd  
The Jenour Foundation  
The Key Group Financial  
Services Pty Ltd  
The Orange Grove Hotel  
The Profield Foundation  
The Scots College  
Toll Group Payroll  
Deduction Scheme  
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It is not possible to list here all donors and supporters who have given. Thank you once again to everyone for your continued support of The New Children’s Hospital Westmead in the year 1998-99.

The New Children's Hospital is extremely appreciative of our many caring bequesters who have left a bequest to the Hospital. Gifts received this year will enhance the lives of our patients now and in the future.

Legacies and bequests – excluding trusts

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1998/99 was the third full year for the Hospital at Westmead. Although activity continues to increase, funding has remained relatively static.

The Hospital's net cost of service was \$143,446,000 in 1998/99, an increase of 9% over 1997/98. The bulk of the increased cost and related recurrent allocations from NSW Health relate to award salary increments.

The net cost of service result was 1.7% over budget. High activity, coupled with lower than expected revenues and a large decrement in the value of investments all contributed to this effect. The Hospital's admissions increased by 4% over 1997/98. Half of this increase was funded as part of the NSW Health Priority Access Strategy. The balance was absorbed into existing recurrent budget. Non-inpatient occasions of service remained relatively stable, with the 2% decrease relating to the cessation of the Measles, Mumps, Rubella Program in December 1998.

Despite this high activity level, the Hospital maintained staffing at relatively stable levels and reduced the cost of goods and services, compared to 1997/98, by 3%.

Poor performance in revenue raising is a matter for concern with the Hospital experiencing a 1.4% drop in income between 1997/98 and 1998/99. It is now becoming apparent that little more can be done to further increase revenue and 1999/2000

revenue budgets have been set accordingly. The Hospital experienced a significant decline in the number of private patient bed days from 23% in 1997/98 to 21% in 1998/99. However privately referred non-inpatients increased by 39%.

Donors continue to make a very significant input to the Hospital. In 1998/99 the Hospital received \$12,165,000 in donations, an increase of just under 2%. The cost of raising donations rose by 1% to 19% of funds raised. Unfortunately donors are increasingly attaching very specific conditions to their gifts. As a result the Hospital has no funds available for necessary equipment and maintenance. In 1999/2000 the Hospital's capital expenditure budget for items not expressly donated will be nil.

During the year the Hospital appointed Schroder's Investment Management (Australasia) Pty Ltd as its funds manager. Schroder's successfully out-performed the agreed benchmarks. Declining interest rates and unfavourable fixed interest markets contributed to a 10% decline in income for the year and a decrement in the value of investments of \$1,067,000.

The Hospital looks forward to 1999/2000 with some misgivings. In order to meet the commitment to NSW Health budget it will be necessary to act decisively to limit beds and activity. This is inconsistent with the Hospital's philosophy.

Throughout the year the Hospital adhered to the NSW Health requirement that general creditors be paid within 45 days. The Hospital reports payments to trade creditors on a quarterly basis as follows:

	Current	To	Between	Between	Over 90	Percentage	Total	Total
	\$000	30 days	30 and	60 and	days	of accounts	paid	amount
		overdue	60 days	90 days	overdue	paid on	on time	paid
			overdue	overdue		time		
			\$000	\$000	\$000	%	\$000	\$000
1997/98								
September 1998	1,352	930	53	0	0	97	12,467	13,123
December 1998	1,491	13	0	0	0	99	14,042	14,184
March 1999	2,151	0	4	0	0	99	12,162	12,285
June 1999	2,701	0	0	0	0	99	13,908	14,048
June 1998	1,640	23	0	87	0	95	12,821	13,496

The Hospital did not incur interest for late payments to any supplier. Prompt processing was hampered by cash shortfalls throughout the year. However, improved cash management techniques and monitoring of ordering patterns has improved this impact during the financial year.

The Hospital continues to severely restrict the use of consultants and reports usage as follows:

Consulting fees > \$30,000		
Name of consultant	Actual Cost	Description
Julie A Priest, Chartered Accountant	\$135,670	Quality Assurance relating to information systems
Institute of Clinical Pathology and Medical Research	\$40,000	Pathology Service Survey
Dr John Yu	\$30,500	Fundraising matters
Consulting fees < \$30,000		
Total number of engagements	Total Cost	Description
30	\$140,621	Mainly relating to new information systems and architectural services

Accounts Receivable continued to show long periods for recovery. This is particularly so for compensable and ineligible patients. Bad debts continue to be a problem for the Hospital, particularly those generated by non-Medicare eligible overseas patients.

Accounts Receivable were aged as follows at 30 June 1999:

	Current	30 days	60 days	90 days	120 days	Total
	\$000	\$000	\$000	\$000	\$000	\$000
Sale of Goods and Services	409	177	203	69	1,547	2,405

# Royal Alexandra Hospital for Children

## Operating Statement for the Year Ended 30 June 1999

	Notes	Actual 1999 \$000	Budget 1999 \$000	Actual 1998 \$000
<b>Expenses</b>				
Operating Expenses				
Employee Related	3	116,702	119,079	106,155
Visiting Medical Officers		3,729	4,012	3,748
Goods and Services	4	28,545	27,280	29,479
Maintenance	5	7,243	6,902	6,485
Depreciation	2(j), 6	19,282	19,310	19,141
Other Expenses	7	1,067	–	–
<b>Total Expenses</b>		<b>176,568</b>	<b>176,583</b>	<b>165,008</b>
<b>Revenues</b>				
Sale of Goods and Services	8	12,878	13,401	11,722
Investment Income	9	2,709	2,917	3,030
Grants and Contributions	10	15,339	15,869	14,264
Other Revenue	11	2,289	3,399	4,677
<b>Total Revenues</b>		<b>33,215</b>	<b>35,586</b>	<b>33,693</b>
Loss on Disposal of Assets	12	92	81	393
<b>Net Cost of Services</b>	30, 33	<b>143,445</b>	<b>141,078</b>	<b>131,708</b>
<b>Government Contributions</b>				
NSW Health Department Recurrent Allocations	2(a)	109,507	109,507	102,473
NSW Health Department Capital Allocations	2(b)	2,171	2,198	318
Acceptance by the Crown				
Entity of Superannuation Liability	2(d)	7,355	7,355	6,319
<b>Total Government Contributions</b>		<b>119,033</b>	<b>119,060</b>	<b>109,110</b>
<b>MOVEMENT IN ACCUMULATED FUNDS</b>	24	<b>24,412</b>	<b>22,018</b>	<b>22,598</b>

The accompanying notes form part of these Financial Statements



	Notes	Actual 1999 \$000	Budget 1999 \$000	Actual 1998 \$000
<b>ASSETS</b>				
<b>Current Assets</b>				
Cash	29	2,297	4,465	4,738
Investments	16	7,156	8,979	12,481
Receivables	17	4,221	5,505	7,659
Inventories	18	2,692	2,472	3,209
<b>Total Current Assets</b>		<b>16,366</b>	<b>21,421</b>	<b>28,087</b>
<b>Non-Current Assets</b>				
Land and Buildings	19	261,419	261,301	266,745
Plant and Equipment	19	67,711	67,453	75,866
Investments	16	25,018	21,977	22,057
Receivables	17	1,413	1,066	2,786
<b>Total Non-Current Assets</b>		<b>355,561</b>	<b>351,797</b>	<b>367,454</b>
<b>Total Assets</b>		<b>371,927</b>	<b>373,218</b>	<b>395,541</b>
<b>LIABILITIES</b>				
<b>Current Liabilities</b>				
Accounts Payable	21	6,261	5,297	8,665
Borrowings	22	1,368	1,368	1,366
Employee Entitlements	23	12,484	12,809	10,148
<b>Total Current Liabilities</b>		<b>20,113</b>	<b>19,474</b>	<b>20,179</b>
<b>Non-Current Liabilities</b>				
Borrowings	22	–	–	1,368
Employee Entitlements	23	15,257	14,793	13,025
<b>Total Non-Current Liabilities</b>		<b>15,257</b>	<b>14,793</b>	<b>14,393</b>
<b>Total Liabilities</b>		<b>35,370</b>	<b>34,267</b>	<b>34,572</b>
<b>Net Assets</b>		<b>336,557</b>	<b>338,951</b>	<b>360,969</b>
<b>EQUITY</b>				
Reserves	24	55,655	55,655	55,655
Accumulated Funds	24	280,902	283,296	305,314
<b>Total Equity</b>		<b>336,557</b>	<b>338,951</b>	<b>360,969</b>

	Notes	Actual 1999 \$000	Budget 1999 \$000	Actual 1998 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
<b>Payments</b>				
Employee Related		(103,560)	(107,110)	(102,792)
Other		(39,978)	(39,479)	(33,553)
<b>Total Payments</b>		<b>(143,538)</b>	<b>(146,589)</b>	<b>(136,345)</b>
<b>Receipts</b>				
Sale of Goods and Services		12,977	13,359	8,652
Interest Received		3,426	3,337	3,419
Grants and Contributions		15,339	15,869	14,264
Other		2,234	3,400	6,993
<b>Total Receipts</b>		<b>33,976</b>	<b>35,965</b>	<b>33,328</b>
<b>CASH FLOWS FROM GOVERNMENT</b>				
NSW Health Department Recurrent Allocations		109,507	109,507	101,038
NSW Health Department Capital Allocations		2,046	2,198	318
NSW Health Department Loans		–	–	1,400
Repayment of NSW Health Department Loans		68	67	(666)
<b>Net Cash Flows from Government</b>		<b>111,621</b>	<b>111,772</b>	<b>102,090</b>
<b>Net Cash Flows From Operating Activities</b>	30	<b>2,059</b>	<b>1,148</b>	<b>(927)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
Proceeds from Sale of Property, Plant and Equipment		–	–	928
Proceeds from Sale Of Investments		62,083	3,583	20,339
Purchase of Property, Plant and Equipment		(5,797)	(5,437)	(4,786)
Purchase of Investments		(60,786)	–	(15,660)
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>		<b>(4,500)</b>	<b>(1,854)</b>	<b>821</b>
<b>NET INCREASE / (DECREASE) IN CASH</b>		<b>(2,441)</b>	<b>(706)</b>	<b>(106)</b>
Opening Cash and Cash Equivalents		<b>4,738</b>	<b>4,738</b>	<b>4,844</b>
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	29	<b>2,297</b>	<b>4,032</b>	<b>4,738</b>

# Royal Alexandra Hospital for Children

## Program Statement – Expenses and Revenues for the Year Ended 30 June 1999

	Program 1.1		Program 1.2		Program 1.3		Program 2.1		Program 2.2	
	1999	1998	1999	1998	1999	1998	1999	1998	1999	1998
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>Expenses</b>										
<b>Operating Expenses</b>										
Employee Related	2,771	3,383	–	83	17,793	17,135	4,819	5,835	60,166	56,256
Other Operating										
Expenses	837	990	–	5	6,496	6,911	1,016	993	17,071	16,493
Maintenance	131	160	–	–	916	861	158	176	4,606	3,662
Depreciation and										
Amortisation	412	506	–	–	4,247	4,025	634	648	10,799	11,088
Other Expenses	–	–	–	–	–	–	–	–	1,067	–
<b>Total Expenses</b>	<b>4,151</b>	<b>5,039</b>	<b>0</b>	<b>88</b>	<b>29,452</b>	<b>28,932</b>	<b>6,627</b>	<b>7,652</b>	<b>93,709</b>	<b>87,499</b>
<b>Retained Revenue</b>										
Sale of Goods										
and Services	83	81	–	–	1,397	2,274	311	294	9,556	7,030
Investment Income	46	59	–	–	200	274	44	73	665	917
Grants and										
Contributions	84	207	–	–	351	940	76	251	5,069	3,158
Other Revenue	39	164	–	–	244	807	55	234	920	2,274
<b>Total Retained Revenue</b>	<b>252</b>	<b>511</b>	<b>0</b>	<b>–</b>	<b>2,192</b>	<b>4,295</b>	<b>486</b>	<b>852</b>	<b>16,210</b>	<b>13,379</b>
Loss on Sale of Assets	2	11	–	–	17	150	4	15	52	188
<b>MOVEMENT IN ACCUMULATED FUNDS</b>	<b>3,901</b>	<b>4,539</b>	<b>0</b>	<b>88</b>	<b>27,277</b>	<b>24,787</b>	<b>6,145</b>	<b>6,815</b>	<b>77,551</b>	<b>74,308</b>

Program 2.3		Program 3.1		Program 4.1		Program 5.1		Program 6.1		Grand Total	
1999	1998	1999	1998	1999	1998	1999	1998	1999	1998	1999	1998
\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
6,599	5,264	204	–	952	–	4,887	3,090	18,511	15,109	116,702	106,155
1,961	1,508	61	325	124	–	1,474	1,163	3,234	4,839	32,274	33,227
241	326	72	–	43	–	305	207	771	1,093	7,243	6,485
1,160	996	13	–	150	–	751	600	1,116	1,278	19,282	19,141
–	–	–	–	–	–	–	–	–	–	1,067	–
<b>9,961</b>	<b>8,094</b>	<b>350</b>	<b>325</b>	<b>1,269</b>	<b>0</b>	<b>7,417</b>	<b>5,060</b>	<b>23,632</b>	<b>22,319</b>	<b>176,568</b>	<b>165,008</b>
884	916	–	–	30	–	141	71	476	1,056	12,878	11,722
65	81	–	–	8	–	51	51	1,630	1,575	2,709	3,030
114	278	–	–	15	–	89	166	9,541	9,264	15,339	14,264
82	151	–	–	10	–	62	146	877	901	2,289	4,677
<b>1,145</b>	<b>1,426</b>	<b>0</b>	<b>0</b>	<b>63</b>	<b>0</b>	<b>343</b>	<b>434</b>	<b>12,524</b>	<b>12,796</b>	<b>33,215</b>	<b>33,693</b>
5	18	–	–	–	–	4	11	8	–	92	393
<b>8,821</b>	<b>6,686</b>	<b>350</b>	<b>325</b>	<b>1,206</b>	<b>0</b>	<b>7,078</b>	<b>4,637</b>	<b>11,116</b>	<b>9,523</b>	<b>143,445</b>	<b>131,708</b>

The accompanying notes form part of these Financial Statements

# Royal Alexandra Hospital for Children

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1999

### 1 The Hospital Reporting Entity

The Royal Alexandra Hospital for Children (the Hospital) comprises all the operating activities of the Hospital facilities under the control of the Hospital. It also encompasses the Special Purposes and Trust Fund which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Hospital.

### 2. Summary of Significant Accounting Policies

The Hospital's Financial Statements are a general purpose financial report which has been prepared on an accrual basis and in accordance with applicable Australian Accounting Standards, other mandatory professional regulations and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

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

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

Except for certain investments and property, plant and equipment, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency. The accounting policies adopted are consistent with those of the previous year.

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

#### a) NSW Health Department Recurrent Allocations

Cash Allocations are made by the NSW Health Department on the basis of the net allocation for the Hospital as adjusted for approved supplementations mostly for salary agreements and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the operating result on the basis that the allocation is earned in return for health services provided in 1998/99 on behalf of the NSW Health Department.

#### b) NSW Health Department Capital Allocations

Capital Allocations made in 1998/99 have been treated as revenue in these financial statements being brought to account after the net cost of services. This can cause significant variation in reported operating results between years.

#### c) Employee Entitlements

Liabilities for wages, salaries and annual leave are recognised and measured as the amount unpaid at the reporting date at current pay rates in respect of employees' services up to that date. Liabilities arising in respect of these amounts are expected to be settled within 12 months of the reporting date and are reported as current liabilities.

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

In accordance with NSW Health Department instructions, the Hospital bases the calculation of Long Service Leave as a current or non-current liability on past experience of demand for payment. The result is that the current liability for Long Service Leave is stated as \$3,814,000. The full liability for employees with greater than 10 years service amounts to \$12,332,000.

# Royal Alexandra Hospital for Children

## Notes to and forming part of the Financial Statements for the Year Ended 30 June 1999

Under the Leave Mobility provisions applicable in the Government Sector from May 1993 the Hospital receives monies equivalent to the value of employee leave transferred.

Employee entitlements exclude the value of voluntary services provided (see note 31).

#### d) Superannuation

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

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

#### e) Insurance

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

#### f) Use of Outside Facilities

The Hospital uses a number of facilities owned and maintained by third parties, mainly local authorities, to deliver community health services. No charges are raised by the authorities.

#### g) Acquisition of Assets

The cost method of accounting is used for all acquisitions of assets. Cost is determined as the fair value of the assets given as consideration plus the costs incidental to the acquisition.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition.

Fair value is calculated as the amount which could be charged for an asset between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arms length transaction.

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

#### h) Plant and Equipment

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

#### i) Maintenance

Repairs and maintenance costs and minor replacements (items less than \$5,000) are expensed as incurred. Maintenance costs include expenses incurred in the periodic overhaul of major items of plant, machinery and equipment.



j) Depreciation

Depreciation is provided for on a straight-line basis for all depreciable assets in order to write off the depreciable amount of each asset as it is consumed over its useful life. Property, plant and equipment have been depreciated from not later than the month following acquisition.

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

Buildings .....	2.5%
Electro Medical Equipment	
– Costing less than \$200,000 .....	10%
– Costing more than or equal to \$200,000 .....	12.5%
Computer Equipment .....	20%
Office Equipment .....	10%
Plant and Machinery .....	10%
Furniture, Fittings and Furnishings .....	5%

k) Revaluation of Physical Non – Current Assets

Buildings and improvements, plant and equipment and infrastructure assets (excluding land) are valued based on the estimated written down replacement cost of the most appropriate modern equivalent replacement facility having a similar service potential to the existing asset. Land is valued on an existing use basis.

Land and buildings are revalued every five years by independent valuers. The last such revaluation was completed in June 1997.

Where assets are revalued upward or downward as a result of a revaluation of a class of non-current physical assets, the Hospital restates separately the gross amount and the related accumulated depreciation of that class of assets.

Donated physical assets are capitalised and brought into account at fair market value if such value is \$5,000 or more (see above).

The recoverable amount test required under AAS 10, Accounting for the Revaluation of Non-Current Assets, is deemed by the NSW Health Department to be inappropriate as the Hospital is a not-for-profit entity whose service potential is not related to the ability to generate net cash inflows.

l) 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.

m) Use of Hospital Facilities

Specialist doctors with rights of private practice are charged a facility fee for the use of Hospital facilities at rates determined by the NSW Health Department. The facility fee is based on actual income received.

n) Research and Development Costs

Research and development costs are charged to expense in the year in which they are incurred.

o) Consolidation

Consolidation adjustments have been effected in the financial statements to eliminate all intra entity transactions for revenues, expenses, accounts receivable and accounts payable.

p) Investments

Marketable securities and deposits are valued at cost unless specifically stated in Note 16. Non Marketable securities are brought into account at cost and donated value, whichever is lower. Donated value is equivalent to the market value at date of receipt. Where the cost or donated value exceeds the recoverable amount, the investment has been written down to the recoverable amount.

For current investments, revaluation increments and decrements are recognised in the Operating Statement.

For non-current investments, revaluation increments are credited directly to the Asset Revaluation Reserve. Revaluation decrements are recognised in the Operating Statement except to the extent that the decrement reverses an increment previously credited to the Asset Revaluation Reserve, in which case it is debited to the Asset Revaluation Reserve.

Interest revenues are recognised as they accrue.

q) Inventories

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

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

r) Bad Debts and Doubtful Debts

Bad debts and doubtful debts specifically provide for debts over 90 days for chargeable Patient Fees and over 120 days for Ineligible Patient Fees, in accordance with benchmarks recommended by the NSW Health Department for managing debt recovery.

General provisions are made for remaining debts, amounting to 5% of the balance of amounts not specifically provided for.

s) Financial Instruments

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

In accordance with Australian Accounting Standard AAS33, Presentation and Disclosure of Financial Instruments, information is disclosed in Note 15 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

Cash

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

Monies on deposit attract an effective interest rate of approximately 5%.

Receivables

Receivables are carried at nominal amounts due, less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable.

Accounts are issued on 30-day terms.

Investments

Investments reported at cost and net realisable value include short term and fixed deposits, whichever is the lowest, exclusive of Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Operating Statement when earned. Shares are carried at cost with dividend income recognised when the dividends are declared by the investee.

Short term deposits have an average maturity of 60 days and effective interest rate of 4.85% to 6.00%. Fixed term deposits have an average maturity of 1,548 days and effective interest rates of 5.21% to 9.64%.

<b>Accounts Payable</b>
Accounts Payable are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Hospital.
Trade liabilities are settled within specified terms. If no terms are specified, payment is made within 45 days as specified by the NSW Health Department.
<b>Borrowings</b>
Loans are carried at the principal amount. Interest is charged as an expense as it accrues.
The Hospital has a non-interest bearing loan from NSW Health Department of \$1,368,000 (1997/98: \$2,734,000) repayable in annual instalments. Final instalment is due on 30 June 2000.
<b>Classes of instruments recorded at market value comprise:</b>
Treasury Corporation Hour Glass Investments.
Government and Semi-Government Bonds.
Treasury Corporation Hour Glass Investments, Government and Semi-Government Bonds are stated at the lower of cost and net realisable value. Interest is recognised when earned.
Deposits have an average maturity of 36 months with effective interest rate of 6%.
There are no classes of instruments, which are recorded at other than cost or market valuation.
All financial instruments including revenue, expenses and other cash flows arising from instruments are recognised on an accrual basis.
<b>t) Operating Statement Interpretation</b>
The Board has the view that the Operating Statement does not fully explain the financial position of the Hospital due to the inclusion of capital allocations and unfunded depreciation. This can cause significant variation in reported Operating Results between years.
<b>u) Donations and Industry Contributions</b>
The Hospital has complied with the requirements of the proforma Financial Statements issued by NSW Treasury and reports Donations and Industry Contributions as part of the Net Cost of Service of the Hospital for both 1998/99 and 1997/98.

	1999 \$000	1998 \$000
<b>3. Employee Related Expenses</b>		
Employee related expenses comprise the following:		
Salaries and Wages	93,401	88,244
Long Service Leave [note 2(c)]	3,255	2,652
Annual Leave [note 2(c)]	9,432	6,567
Redundancies	-	694
Nursing Agency Payments	781	122
Other Agency Payments	35	31
Workers Compensation Insurance	2,443	1,526
Superannuation [note 2(d)]	7,355	6,319
	<b>116,702</b>	<b>106,155</b>

	1999 \$000	1998 \$000
<b>4. Goods and Services</b>		
(a) Expenses on Goods and Services comprise the following:		
Food Supplies	2,089	1,934
Drug Supplies	6,361	6,209
Medical and Surgical Supplies	6,412	5,690
Special Service Departments	3,121	2,705
Fuel, Light and Power	1,096	1,290
Computer Related Expenses	269	302
Travel Related Costs	616	660
Postal and Telephone Costs	1,435	1,502
Staff Related Costs	494	966
Hospital Ambulance Transport Costs	360	360
Insurance	49	30
Rental, Rates and Charges	244	186
Printing and Stationery	1,102	1,266
Domestic Charges	2,162	1,991
General Expenses	2,735	4,388
	<b>28,545</b>	<b>29,479</b>
(b) General expenses include:		
Advertising	234	311
Books and Magazines	261	312
Consultancies		
Operating Activities	347	234
Courier and Freight	187	203
External Audit Fees		
Audit Work	41	38
Other Services	-	11
Legal Expenses	94	40
Membership / Professional Fees	101	143
Payroll Services	-	126
Provision for Bad and Doubtful Debts	92	275

(c) No fees were paid to Hospital Board Members

<b>5. Maintenance</b>		
Repairs and Routine Maintenance	4,838	4,472
Expenditure in relation to Year 2000 Compliance	1,247	-
Renovations and Additional Works	-	178
Replacements and Additional Equipment less than \$5,000	1,158	1,835
	<b>7,243</b>	<b>6,485</b>

# Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1999

	1999 \$000	1998 \$000
<b>6. Depreciation Expense</b>		
Buildings	6,445	6,445
Plant and Equipment	12,837	12,696
	<b>19,282</b>	<b>19,141</b>
<b>7. Other Expenses</b>		
Devaluation of Investments to Net Realisable Value as at 30 June 1999	1,048	–
Devaluation of Shares to market value as at 30 June 1999	19	–
	<b>1,067</b>	<b>–</b>
<b>8. Sale of Goods and Services</b>		
Sale of Goods and Services comprise the following:		
Patient Fees [note 2(l)]	4,977	5,118
Staff Meals and Accommodation	170	190
Use of Hospital Facilities [note 2 (m)]	3,475	2,578
Car Parking	579	486
Child Care Fees	340	295
Fees for Medical Records	25	28
Non-Staff Meals	2,159	2,044
Sale of Prostheses	327	211
Pharmacy	214	334
Other	612	438
	<b>12,878</b>	<b>11,722</b>
<b>9. Investment Income</b>		
Interest	1,138	2,727
Other	1,571	303
	<b>2,709</b>	<b>3,030</b>
<b>10. Grants and Contributions</b>		
University Commission Grants	67	51
Commonwealth Government Grants	1,401	1,327
Other Grants	1,706	919
Donations and Industry Contributions [note 2(u)]	12,165	11,967
	<b>15,339</b>	<b>14,264</b>

# Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1999

	1999 \$000	1998 \$000
<b>11. Other Revenue</b>		
Other Revenue comprises the following:		
Sales of Merchandise and Books	757	1,769
Conferences and Seminars	196	251
Rental Income	419	411
Reimbursement for use of Facilities	–	586
Other	917	1,660
	<b>2,289</b>	<b>4,677</b>
<b>12. Loss on Sale of Non-Current Assets</b>		
Property Plant and Equipment	239	4,071
Less Accumulated Depreciation	147	2,750
<b>Written Down Value</b>	<b>92</b>	<b>1,321</b>
Less Proceeds from Sale	–	928
<b>Net Loss from Disposal of Non-Current Assets</b>	<b>92</b>	<b>393</b>
The 1997/98 cost of disposal includes an amount of \$756,207 which represents the cost of the properties sold jointly with the NSW Health Department, who retained 50% of the sale proceeds.		
<b>13. Donations and Industry Contributions Restrictions</b>		
The following major Donations and Industry Contributions were recognised as revenues during the current year but expenditure in the manner specified by the donor had not occurred as at the balance date:		
Buildings	683	684
Equipment	4,072	5,233
Endocrinology	727	870
Intensive Care Unit	2	121
Oncology and Leukaemia	1,192	1,614
Research	601	1,165
	<b>7,277</b>	<b>9,687</b>
The Hospital held the following amount of major Donations and Industry Contributions unexpended as at balance date:		
Buildings	5,144	5,087
Equipment	4,056	5,655
Endocrinology	1,747	1,867
Intensive Care Unit	1,266	1,558
Oncology and Leukaemia	3,145	3,577
Research	5,582	5,555
	<b>20,940</b>	<b>23,299</b>
The amounts stated above exclude all investment income earned by the Hospital on Donations and Industry Contributions.		
Further information on Restricted Assets appears in note 20.		



## 14. Programs/Activities of the Hospital

### 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.

## 15. Financial Instruments

### a) Interest Rate Risk

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

Financial Instruments	Floating Interest Rate	Fixed interest rate maturing in:						Non-interest bearing	Total Carrying Amount		Weighted average Effective Interest Rate *		
		1 year or less		Over 1 to 5 years		More than 5 years			1999 \$000	1998 \$000	1999 %	1998 %	
		1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000						
Financial Assets													
Cash	2,288	4,732	-	-	-	-	-	9	6	2,297	4,738	5	5
Receivables	-	-	-	-	-	-	-	5,634	10,445	5,634	10,445	-	-
Shares	-	-	-	-	-	-	-	1,473	1,526	1,473	1,526	-	-
Treasury Corporation Investments	-	-	-	804	2,010	-	-	-	-	804	2,010	8	6
Government and Semi-Government Bonds	-	-	-	7,351	-	12,262	-	-	-	19,613	-	7	-
Other Loans and Deposits	-	-	7,156	12,397	3,128	18,500	-	21	84	10,284	31,002	6	7
Total Financial Assets	2,288	4,732	7,156	12,397	11,283	20,510	12,262	21	7,116	12,061	40,105	49,721	
Financial Liabilities													
Borrowings—Other	-	-	-	-	-	-	-	-	1,368	2,734	1,368	2,734	-
Accounts Payable	-	-	-	-	-	-	-	-	6,261	8,665	6,261	8,665	-
Total Financial Liabilities	-	-	-	-	-	-	-	-	7,629	11,399	7,629	11,399	

\* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract or financial position failing to discharge a financial obligation thereunder. The Hospital's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Statement of Financial Position.

Credit Risk by classification of counterparty.

	Governments		Banks		Patients		Other		Total	
	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000
Financial Assets										
Cash	-	-	2,288	4,738	-	-	9	-	2,297	4,738
Receivables	499	2,985	84	801	1,885	2,407	3,166	4,252	5,634	10,445
Shares	-	-	-	-	-	-	1,473	1,526	1,473	1,526
Treasury Corporation Investments	804	2,010	-	-	-	-	-	-	804	2,010
Government and										
Semi-Government Bonds	19,613	-	-	-	-	-	-	-	19,613	-
Other Loans and Deposits	-	-	10,284	21,006	-	-	-	9,996	10,284	31,002
Total Financial Assets	20,916	4,995	12,656	26,545	1,885	2,407	4,648	15,774	40,105	49,721

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables due from these patients totalled \$595,000 at 30 June 1999 (1997/98: \$627,000).

c) Net Fair Value

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

d) Derivative Financial Instruments

The Hospital holds no Derivative Financial Instruments.

16. Investments

Current

Other Loans and Deposits	7,156	12,397
Other	-	84
	7,156	12,481

Non-Current

Treasury Corporation – Hour Glass Facility	804	2,010
Government and Semi-Government Bonds	19,613	-
Other Loans and Deposits	3,128	18,500
Shares	1,473	1,526
Other	-	21
	25,018	22,057

Current Investments are valued at cost. Non current Investments other than shares are valued at market value, which is lower than cost [note 7].

17. Receivables

Current

Sales of Goods and Services	1,241	1,604
Other Debtors		
Non Operating Debtors	125	1,434
Other Debtors	1,560	2,701
Prepayments	1,696	1,719
Interest Receivable	83	801
	4,705	8,259
Less Provision for Doubtful Debts	(484)	(600)
	4,221	7,659

Bad debts written off during the year  
Sale of Goods and Services

171	290
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Non-Current

Sales of Goods and Services	1,164	1,359
Prepayments	285	1,427
	1,449	2,786
Less Provision for Doubtful debts	(36)	-
	1,413	2,786

Sales of Goods and Services Includes:

Patient Fees – Compensable	167	154
Patient Fees – Ineligible	595	627
Patient Fees – Other	1,643	2,182
	2,405	2,963

# Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1999

18. Inventories	1999 \$000	1998 \$000
<b>Current – At Cost</b>		
Drugs	379	353
Medical and Surgical Supplies	1,277	1,134
Food and Hotel Supplies	23	36
Engineering Supplies	141	484
Fundraising Merchandise	216	433
Other including Goods in Transit	656	769
	<b>2,692</b>	<b>3,209</b>

## 19. Property, Plant and Equipment

### Balance at 1 July 1998

At Valuation date 30 June 1995	544	–	–	–	–	544
Valuation date 30 June 1997	14,600	257,855	–	–	–	272,455
At Cost	–	–	191	116,512	4,537	121,240

<b>Total Balance 1 July 1998</b>	<b>15,144</b>	<b>257,855</b>	<b>191</b>	<b>116,512</b>	<b>4,537</b>	<b>394,239</b>
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Capital Expenditure and Donations  
(see note 2(g), (k))  
Disposals

–	–	1,119	3,675	1,099	5,893
–	–	–	(239)	–	(239)
<b>15,144</b>	<b>257,855</b>	<b>1,310</b>	<b>119,948</b>	<b>5,636</b>	<b>399,893</b>

### Balance at 30 June 1999

At Valuation Date 30 June 1995	544	–	–	–	–	544
At Valuation Date 30 June 1997	14,600	257,855	–	–	–	272,455
At Cost	–	–	1,310	119,948	5,636	126,894

<b>Total Balance at 30 June 1999</b>	<b>15,144</b>	<b>257,855</b>	<b>1,310</b>	<b>119,948</b>	<b>5,636</b>	<b>399,893</b>
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### Depreciation

Valuation Depreciation Balance	–	6,445	–	–	–	6,445
Cost Depreciation Balance	–	–	–	43,995	1,188	45,183

<b>Total Balance at 1 July 1998</b>	<b>–</b>	<b>6,445</b>	<b>–</b>	<b>43,995</b>	<b>1,188</b>	<b>51,628</b>
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Charge for the year (see note 2(j))	–	6,445	–	12,652	185	19,282
Disposals	–	–	–	(147)	–	(147)

<b>–</b>	<b>12,890</b>	<b>–</b>	<b>56,500</b>	<b>1,373</b>	<b>70,763</b>
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### Balance at 30 June 1999

At Valuation Date 30 June 1997	–	12,890	–	–	–	12,890
At Cost Balance	–	–	–	56,500	1,373	57,873

<b>Total Balance at 30 June 1999</b>	<b>–</b>	<b>12,890</b>	<b>–</b>	<b>56,500</b>	<b>1,373</b>	<b>70,763</b>
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### Carrying Amount at 30 June 1999

At Valuation Date 30 June 1995	544	–	–	–	–	544
At Valuation Date 30 June 1997	14,600	244,965	–	–	–	259,565
Cost Carrying Amount	–	–	1,310	63,448	4,263	69,021

<b>Carrying Amount at 30 June 1999</b>	<b>15,144</b>	<b>244,965</b>	<b>1,310</b>	<b>63,448</b>	<b>4,263</b>	<b>329,130</b>
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# Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the Year Ended 30 June 1999

(i) Land and Buildings include land owned by the NSW Health Department and administered by the Hospital (see notes 2(g) and 2(k)).

(ii) Land and buildings at Westmead were valued by Mr John Brogan AVLE (Val) Registered Valuer No 1697 from the Valuer Generals Office on 1 July 1996 and Mr Mark Everitt, AVLE (Val), Registered Valuer No 1704 from State Valuation Office on 30 June 1997 (see notes 2(g) and 2(k)) as part of the normal requirement to provide valuations at five yearly intervals.

Land was valued at \$14,600,000 (cost \$14,600,000)

Buildings were valued at \$257,185,000 (cost \$213,977,000).

(iii) The valuation for Buildings dated 30 June 1997 included a property at Wahroonga valued at \$670,000 which had not previously been recognised in the Hospital's financial statements. The valuation was carried out by Cameron C Olson (AVLE (Val)), Registered Valuer No 2658 from FPD Professional Services Pty Limited.

(iv) Plant and Equipment, other than motor vehicles, are valued by the Hospital at cost less accumulated depreciation.

## 20. Restricted Assets

The Hospital's Financial Statements include the following assets which are restricted by externally imposed conditions, for example, donor requirements. The assets are only available in accordance with the terms of the donor restrictions.

(a) Contributions of \$12,165,445 (1997/98: \$11,966,510) which were received for specific purposes were recognised as revenues during the financial year.

(b) Restricted Assets which were unexpended at balance date (including those received in prior years) totalled \$32,463,610 (1997/98: \$38,636,000. Further details appear below:

Major Category	Brief Details of Externally Imposed Conditions	1999 \$000	1998 \$000
Children's Hospital Fund	Donations and fundraisings held for the purchase of specific equipment and/or services.	1,130	2,533
Specific Purposes Trust Funds	Donations, contributions and fundraisings held in trust for the benefit of specific patient, department and/or staff groups.	13,812	17,796
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income therefrom is used in accordance with donors' or trustees' instructions for the benefit of patients and/or in support of Hospital services.	5,654	5,638
Research Funds	Funds to be used for research on child health and other related research carried out by the Hospital.	5,582	5,555
Coffee Shop Trust	Accumulated funds distributed from the Coffee Shop Trust to be used for the purposes specified by the Trust which includes clinical fellowships and equipment.	1,142	2,027
Bear Cottage	Donations, contributions and fundraisings held towards the cost of building Bear Cottage, a home for terminally ill children and their families, to provide them with medical attention in a home environment.	5,144	5,087
		<b>32,464</b>	<b>38,636</b>



	1999 \$000	1998 \$000
<b>21. Accounts Payable</b>		
<b>Current</b>		
Trade Creditors	5,492	8,187
Other Creditors		
Capital Works	512	–
Other	257	478
	<b>6,261</b>	<b>8,665</b>

22. Borrowings

<b>Current</b>		
NSW Health Department Loans [note 2(s)]	1,368	1,366
<b>Non-Current</b>		
NSW Health Department Loans [note 2(s)]	–	1,368
Final repayment is scheduled for 30 June 2000		
<b>Repayment of Borrowings</b>		
Not later than one year	1,368	1,366
Between one and two years	–	1,368
	<b>1,368</b>	<b>2,734</b>

The Treasurer’s approval was not arranged by the NSW Health Department prior to its advancing loan funds to the Hospital in terms of the Public Authorities (Financial Arrangements) Act, 1987 to loans of \$2,734,000 as at 1 July 1998.

Legislative changes are now being considered to validate the loan arrangements in all ensuing financial years.

23. Employee Entitlements

<b>Current</b>		
Employee Annual Leave [note 2(c)]	6,280	5,380
Employee Long Service Leave [note 2(c)]	3,814	3,190
Accrued Salaries and Wages	2,390	1,578
	<b>12,484</b>	<b>10,148</b>
<b>Non-Current</b>		
Employee Annual Leave	4,120	3,340
Employee Long Service Leave	11,137	9,685
	<b>15,257</b>	<b>13,025</b>

24. Equity	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	1999 \$000	1998 \$000	1999 \$000	1998 \$000	1999 \$000	1998 \$000
Balance at the beginning of the Financial Year	305,314	327,912	55,655	55,655	360,969	383,567
Movement in Accumulated Funds	(24,412)	(22,598)	–	–	(24,412)	(22,598)
<b>Balance at the end of the Financial Year</b>	<b>280,902</b>	<b>305,314</b>	<b>55,655</b>	<b>55,655</b>	<b>336,557</b>	<b>360,969</b>

25. Commitments for Expenditure

	1999 \$000	1998 \$000
Aggregate expenditure contracted for at balance date but not provided for in the accounts:		
No later than one year	5,750	–

26. Trust Fund

The Hospital holds Trust Funds amounting to \$234,000 (1998 – \$397,000) which are used for the safe keeping of Private Practice Trusts. These monies are excluded from the financial statements, as the Hospital cannot use them for any other purpose. The following is a summary of the transactions in those trust accounts:

Cash Balance at the beginning of the financial year	397	436
Receipts	102	94
Expenditure	265	133
<b>Cash Balance at the end of the financial year</b>	<b>234</b>	<b>397</b>

27. Contingent Liabilities

(a) Claims on Managed Fund

Since 1 July 1989, the Hospital has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Hospital all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Hospital. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Hospital. 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 and would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Hospital.

(b) 1996/97 and 1997/98 Workers Compensation Hindsight Adjustment

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

The Hospital’s hindsight adjustment has now been effected for the 1995/96 financial year and resulted in an increase in expenses of \$235,142.

A contingent liability/asset may now exist in respect of the 1996/97 and 1997/98 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz those advised as at 30 June 1998 estimate that an asset of \$499,977 is applicable.

This estimate however is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of the calendar year 1999.

28. Charitable Fundraising Activities

Fundraising Activities

The Hospital conducts direct fundraising.

Income received and the cost of raising income for specific fundraising has been audited and all revenue and expenses have been recognised in the financial statements of the Hospital.

Fundraising activities are dissected as follows:

	Income Raised \$000	Direct Expenditure \$000	Indirect Expenditure \$000	Net Proceeds \$000
Appeals (In House)	5,882	745	1,438	3,699
Events	2,702	73	–	2,629
Legacies	3,581	–	–	3,581
	12,165	818	1,438	9,909
Percentage of Income	100%	7%	12%	81%

Direct Expenditure includes printing, postage, raffle prizes, consulting fees and other related direct costs. Indirect Expenditure includes direct overheads such as administrative costs. Indirect overhead including accommodation costs, workers compensation and superannuation are excluded.

The net proceeds were used for the following purposes:	1999 \$000
Purchase of Equipment	4,072
Purchase of Buildings	683
Research	601
Recurrent Operating Costs for Clinical Services	4,553
	9,909

The provisions of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the Royal Alexandra Hospital for Children are considered appropriate and effective in accounting for all the income received in all material respects.

	1999 \$000	1998 \$000
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29. Cash and Cash Equivalents

For the purposes of the Statement of Cash Flows, cash includes cash and bank overdraft. Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

Cash	972	1,740
At Call	1,325	2,998
Closing Cash and Cash Equivalents	2,297	4,738

	1999 \$000	1998 \$000
30. Reconciliation of Net Cost of Services to Net Cash Flows from Operating Activities		
Net Cash Flows from Operating Activities	2,059	(927)
Depreciation	(19,282)	(19,141)
Acceptance by the Crown Entity of Superannuation Liability	(7,355)	(6,319)
(Increase) in Provisions	(4,277)	(28)
Increase/(Decrease) in Prepayments and Other Assets	(4,017)	445
Decrease/(Increase) in Creditors	1,140	(3,255)
Net Loss on Sale of Property, Plant and Equipment	(92)	(393)
NSW Health Department Recurrent Allocations	(109,507)	(101,038)
NSW Health Department Capital Allocations	(2,046)	(318)
NSW Health Department Loans	(68)	(734)
Net Cost of Services	(143,445)	(131,708)

31. 1997/98 Voluntary Services

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

Fundraising  
Provision of relief staff to administration areas  
Sibling Child Care Centre  
Assistance in the wards with inpatient care  
Assistance with child care for the Adolescent, Deafness Centre,  
Spina Bifida and Limb Deficiency Clinics  
Hospital Granny Service  
Volunteers, Gift Shop  
Volunteers, White Elephant Stall  
Radio Bed Rock  
Starlight Room

32. Unclaimed Monies

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

All money and personal effects of patients which are left in the custody of Hospital 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 the Hospital.

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.

### 33. Budget Review

#### Net Cost of Services

The actual net cost of services was more than budget by \$2,367,000. This was primarily due to:

- (i) The Hospital experienced a higher level of activity than expected. This combined with lower than expected revenue due partially to falling proportions of private patient admissions, were the major contributors to the excess of net cost over budget.
- (ii) A \$1,067,000 non-cash Investment Revaluation decrement is recognised in the Operating Statement as Other Expenses.

#### Assets and Liabilities

Major variations between budget and actual assets and liabilities arise as follows:

- (i) Total assets are \$1,291,000 lower than budget primarily due to greater use of cash to pay for commitments and lower investment value.
- (ii) Total Liabilities are \$1,102,000 more than budget due primarily to a high level of accruals at year-end.

#### Cash Flows

A variance of \$911,000 arises in the net cash from operating activities due to a lower than expected level of employee related expenses on the Mental Health Telepsychiatry Program.

### 34. Year 2000 Date Change

The Year 2000 issue concerns potential shortcomings in electronic data processing systems and other electronic equipment that may adversely effect the Hospital's operations on the date change from 1999 to 2000.

The Hospital has implemented a program to address the potential computer system failures attributable to the date change from 1999 to 2000. The program includes risk analysis, remedial action including internal testing, and contingency planning.

The success of the program is dependent on the milestones and achievements that the Hospital is expected to meet. At the date of this report the Hospital is not aware of any matter that would significantly impact on the success of the program.

The Hospital's activities may also be affected by the ability of third parties dealing with the Hospital to also manage the effect of the Year 2000 date change.

The Hospital has spent \$1,711,000 of which \$1,247,000 is charged to the Operating Statement as maintenance expenses.

The information contained within this note is a Year 2000 disclosure statement for the purpose of the Year 2000 Information Disclosure Act 1999. A person may be protected by that Act from liability for this statement in certain circumstances.

**End of Audited Financial Statements.**





## The New Children's Hospital

Royal Alexandra Hospital for Children

### Certification of Accounts

The attached financial statements of The Royal Alexandra Hospital for Children for the year ended 30 June 1999:

- (i) have been prepared in accordance with applicable Australian Accounting Standards and other mandatory professional reporting requirements (Urgent Issue Group Consensus Views), the requirements of the Public Finance and Audit Act, 1983 and its regulations, the Public Hospitals Act 1929 and its regulations, the Accounts and Audit Determination, and the Accounting Manual for Area Health Services, District Health Services, Public Hospitals; and
- (ii) present fairly the financial position and transactions of the Hospital.

It has been determined that the Public Authorities (Financial Arrangements) Act, 1987 has not been complied with in that the Treasurer's approval was not arranged by the NSW Health Department prior to its advancing loan funds to the Hospital, even though loan arrangements of this nature have been in place with the Hospital since 1996/97.

Legislative changes are now being considered to validate the loan arrangements in all ensuing financial years.

Borrowings are accurately reflected in the Hospital's financial statements.

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

John Dunlop  
President

David Say  
Honorary Treasurer





BOX 12 GPO  
SYDNEY NSW 2001

## INDEPENDENT AUDIT REPORT

### ROYAL ALEXANDRA HOSPITAL FOR CHILDREN

To Members of the New South Wales Parliament and Members of the Board

#### Scope

I have audited the accounts of the Royal Alexandra Hospital for Children for the year ended 30 June 1999. The Board is responsible for the financial report consisting of the statement of financial position, operating statement, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* and the *Charitable Fundraising Act 1991*. My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

My audit has been conducted in accordance with Australian Auditing Standards and statutory requirements to provide reasonable assurance whether the financial report is free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates.

In addition, other legislative and policy requirements, which could have an impact on the Royal Alexandra Hospital for Children financial report, have been reviewed on a cyclical basis. For this year, the requirements examined comprised compliance with:

- core business activities being in accordance with approved program descriptions;
- the *Public Authorities (Financial Arrangements) Act 1987*; and
- the Hospital's policies and procedures in respect of trust accounts operations.

These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements, and statutory requirements so as to present a view which is consistent with my understanding of the Royal Alexandra Hospital for Children's financial position, the results of its operations and its cash flows.

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

#### Qualification

As disclosed in note 22 to the financial statements, the Royal Alexandra Hospital for Children did not have the Treasurer's approval in terms of the *Public Authorities (Financial Arrangements) Act 1987* to loans of \$2.734m at 1 July 1998. In my opinion, these loans do not comply with the provisions of the *Public Authorities (Financial Arrangements) Act 1987*. These loans have been accurately recognised in the Royal Alexandra Hospital for Children's financial report.

#### Qualified Audit Opinion

In my opinion, except for the non-compliance with the *Public Authorities (Financial Arrangements) Act 1987* referred to in the qualification paragraph, the financial report of the Royal Alexandra Hospital for Children complies with section 45E of the *Public Finance and Audit Act 1983* and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Service as at 30 June 1999 and the results of its operations and its cash flows for the year then ended.



### **Inherent Uncertainty Regarding Year 2000 Compliance**

Without further qualification to the opinion expressed above, attention is drawn to the following matter because of the implications of any adverse effects on the Royal Alexandra Hospital for Children's activities. As indicated in note 34 to the financial statements, the Royal Alexandra Hospital for Children has implemented a program to address the potential computer system failures attributable to the date change from 1999 to 2000. The Royal Alexandra Hospital for Children's activities might also be affected by the ability of third parties dealing with the Royal Alexandra Hospital for Children to manage the year 2000 date change. Because third parties have not been willing to provide assurances that their systems are year 2000 compliant, the outcome of the date change on the Royal Alexandra Hospital for Children's activities cannot presently be determined.

### **Report in accordance with section 24 of the *Charitable Fundraising Act 1991***

I report that:

- i) the accounts of the Royal Alexandra Hospital for Children show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 1999;
- ii) the accounts and associated records of the Royal Alexandra Hospital for Children have been properly kept during the year in accordance with the Act;
- iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the Act; and
- iv) there are reasonable grounds to believe that the Royal Alexandra Hospital for Children will be able to pay its debts as and when they fall due.



R J Sendt  
Auditor-General

SYDNEY  
13 October 1999





The New Children's Hospital

Royal Alexandra Hospital for Children

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Designed by the Public Relations Department of The New Children's Hospital,  
Cnr Hawkesbury Rd and Hainsworth St, Westmead. PO Box 3515, Parramatta NSW 2124.

**Tel: (02) 9845 0000 Fax (02) 9845 3489**

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