

Western Sydney Area Health Service

2000-2001 Annual Report

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13th annual report - for the year ended 30 June 2001 Normal business hours 8 a.m. - 5 p.m.

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AUSTRALIA 24 hours 7 days, telephone 1800 811 620

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Letter to the Minister from Professor P. Castaldi

November 2001

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

Dear Minister,

We have pleasure in submitting the Western Sydney Area Health Service 2000/2001 annual report including statements for the financial year ended 30 June 2001 as certified by the Auditor-General of NSW.

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

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

ESTABLISHMENT

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

OUR GOAL

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

OUR PURPOSES

To provide relief to sick and injured people through the provision of care and treatment.
To promote, protect and maintain the health of the community.

OUR VALUES

In fulfilling our mission, Western Sydney Area Health Service (WSAHS) is guided by the following values:

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

Western Sydney Area Health Service consists of the following facilities:

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

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

OUR COMMUNITY

Western Sydney Health is responsible for providing primary and secondary health care for approximately 690,000 people living in the local government areas (LGAs) of Auburn, Baulkham Hills, Blacktown, Holroyd and Parramatta, and tertiary care to the entire western region for an estimated population of 1.7 million people. The population of the Area is increasing by 1.7 per cent per year.

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

- The Auburn municipality has almost 65 per cent of its land zoned industrial or for purposes such as Rookwood Cemetery and the Department of Defence. The residential population occupies just 30 per cent of the total area.
- Residential and semi-rural areas, with little high-rise development, constitute most of Baulkham Hills Shire.
- Blacktown, Doonside, Mt Druitt, Rooty Hill and Seven Hills are the biggest centres of population in the Blacktown LGA. Major population growth is occurring in Parklea, Quakers Hill and Rouse Hill.
- Holroyd and Parramatta are older established areas, with the highest population densities of the five LGAs. There is a large commercial centre in Parramatta and the suburb includes a sporting stadium and large park for recreational use.

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

Demographic and Socioeconomic Characteristics

Age Structure

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

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

Ethnicity

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

Aboriginal Population

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

Socioeconomic Advantage Indices

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

Community Liaison and Ministerial Access

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

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

HIGHLIGHTS

HANDS across the ocean from Australia to Tibet. ICPMR's Professor Cres Eastman and his team have achieved remarkable success in attacking iodine deficiency in China and have now set out to tackle the problem in Tibet. The effects of iodine deficiency range through cretin-ism, mental and physical retardation and goitre. The project reduced the proportion of Chinese people with goitre from 20 per cent to 11 per cent in two years, thereby saving 120 million people from the condition.

AUBURN Hospital is an impressive pacesetter in the management of elective care patients. Some brief statistics on surgical patients provide telling evidence:

95 per cent undergo a pre-admission medical assess-ment, 98 per cent are admitted on the day of surgery and 63 per cent are managed on a day-only basis.

CONSISTENT with the federal Government's greenhouse emission targets, Western Sydney Health has developed an energy management plan to reduce energy consumption. Group purchasing deals between South Western Sydney, Wentworth and Western Sydney AHS mean substantially reduced electricity costs all round.

NSW Premier Bob Carr officially opened the new Blacktown Hospital on 29 June 2000. The state-of-the-art facility is the centrepiece of a \$102 million redevelopment of Blacktown-Mt Druitt Health. Other projects included new and separate oncology and dental units at Blacktown, a purpose-built palliative care unit at Mt Druitt and the total refurbishment of the Mt Druitt Community Health Centre.

OLYMPIC swimming legend Dawn Fraser is patron of the Lottie Stewart Hospital fundraising appeal to build a hydrotherapy pool in the hospital grounds. The "Every Drop Counts" appeal aims to provide a much-needed facility for both inpatients and others. It has been strongly supported by the local community and will be in full swing before the end of 2000.

LEADING nutritionist Catherine Saxelby launched the Mt Druitt Food Project - a widely acclaimed Health Promotion initiative aimed at improving the nutrition and therefore the health of disadvant-aged people in Mt Druitt.

TWO prime ministers, the NSW premier and the health minister turned out in force for the opening of the purpose-built Westmead Millennium Institute building. Bob Carr, John Howard, Craig Knowles and Gough Whitlam were on hand as the long-dreamt of and planned specialist research facility became a reality.

SILVER medal success in two international film festivals was fitting reward for the Education Centre Against Violence video production Big Shame - a study of child sexual assault in the Abor-iginal community. Big Shame and its companion video Who's the Loser?, which portrays the impact of family violence, have generated huge interest and demand from groups across Australia.

IMPROVED fleet management slashed vehicle numbers and leasing costs - with projected savings of \$750k. Tele-communication costs have dropped by \$300k as a result of negotiations with telephone carriers on local and mobile calls.

BLACKTOWN & Mt Druitt Hospitals are the first health facilities in Australia to link a Picture Archiving Communication System (PACS) across two sites. Conventional film-based radi-ology is replaced by an electronic network which allows digital images to be viewed on high-quality monitors at remote locations.

ST JOSEPH'S Hospital continues to show leadership in palliative care. The latest initiative is the provision of a home support program for people needing palliative care. Feedback from patients and GPs has been very positive. A grateful patient tells the story: "The home visit from the St Joseph's Hospital doctor was an unexpected bonus at a time when my spirit and health were low. The doctor's involvement changed my condition overnight".

WESTERN Sydney Mental Health Service has greatly improved access and accountability to consumers, carers and relatives. A significant initiative is the increase in the number of paid consumer representatives - people who have had a mental illness - who report to managers about the quality of care and make recommendations for improvements.

AUBURN and Westmead Hospitals have established an electronic link to transfer digital x-ray images between the two sites. The system allows senior clinicians to provide immediate advice and to offer "on-the-spot" consultation when sought

FOLLOWING a research trial at Westmead Hospital by the Western Sydney Health Drug and Alcohol team, the NSW Government approved the use of naltrexone in the detoxification of heroin addicts. NSW is the first State to opt for naltrexone treatment.

ALL hospitals and community health services in Western Sydney Health continue to operate under full accreditation in their respective categories.

CHAIRMAN'S REPORT

In the five years past we have participated in some quite radical changes and adopted a new structure to support the clinical work of the entire Area. Since his appointment as CEO, Alan McCarroll has guided, cajoled, supported and ultimately ensured this transition to a state where we are poised to take the penultimate step with the clinical streams. The final phase will be more protracted still, but entails the introduction of the WIN strategy - with emphasis on shifts in care delivery and structural reorganisation - particularly at Westmead and Auburn. Steven Boyages, Director of Clinical Operations, will guide the stream process and lead the teams that carry out the emerging network arrangements to ensure optimal care across the Area. I pay tribute to the three people responsible for the Clinical Management Units, Claire Blizard in Acute Medical Services, Russell Mills in Continuing & Chronic Care and Roy Cordell in Procedural Services. The executive group has ensured that the realignments entailed in these changes have been achieved with minimal upheaval and many people have taken opportunities to expand their horizons in creative new positions.

Our success with the WIN strategy and a Government commitment to major expenditure over the 3-4 years ahead is a milestone. Our earlier efforts to introduce

a process of change were delayed because of the necessity to achieve clinical acceptance of new roles, in the merge of Blacktown and Mt Druitt and in the plans for role changes in Westmead and Auburn. I believe that it has been the introduction of clinical streams that has brought about this acceptance. The extensive consultation, medical staff council executive involvement and significant leadership roles played by a number of outstanding clinicians have now been rewarded. We can proceed with delayed planning, consolidate Blacktown-Mt Druitt Health and introduce service integration between Westmead and Auburn. Considerable progress has already been made, with new appointments of specialists with privileges across the centres and realignments of facilities for elective and acute clinical work proceeding well.

Our external relationships have matured over this period. The arrival of The Children's Hospital at Westmead has been a great boost to the campus, now one of the most significant concentrations of clinical, investigative and research activity in the country. John Dunlop, longstanding board chairman of The Children's Hospital, maintains close contact and we share one board member, Gabrielle Kibble. Clinical groups have productive interactions and in some instances we have overlapping appointments. As our own clinical activities have been increasingly integrated across Western Sydney we have pursued joint initiatives with Wentworth AHS. We collaborate in the Daruk Aboriginal Health Centre at Mt Druitt and have shared appointments in cancer care in Medical and Radiation Oncology. Further collaboration in other clinical areas - particularly Neurosurgery, Renal Dialysis and Cardiology is developing. These initiatives and others are being enhanced and further options studied by board chairs, including South Western Sydney Area Health Service, to meet the Minister's direction for increased co-operation. The working group is under the chairmanship of Peter Anderson.

Our teaching commitments in medicine, nursing and allied health disciplines are integral to our success as an institution. The Western Clinical School of the University of Sydney has been strengthened by the recent appointment of Professor John Uther as Associate Dean for Westmead and the other hospitals. He is a clinician of great repute. Appointed head of Cardiology in 1979, he will bring wisdom and leadership to this position. Our specialists in medicine, surgery, obstetrics, mental health and the imaging disciplines achieve excellent results in training programs and satisfy our need for a quality resident medical staff.

Research achievements have blossomed and brought recognition and honour to our Area. In recent months a research hub has been established including Westmead, the Millennium Institute, The Children's Hospital and the Children's Medical Research Institute. This initiative had the enthusiastic support of the Minister and has attracted further Government backing to develop biotech collaboration with the Garvan Institute and the Hunter Research Centre. There are plans to create a biotech park to attract industry to co-operative programs for commercial applications of research discoveries. In August the Premier, Bob Carr, announced a State Government grant of \$8m towards completion of stage two of the Millennium Institute. This will help to realise our aspirations for a research consortium second-to-none. We must pay tribute to Tony Cunningham, WMI director and his supporters for their roles in these achievements. I think we can anticipate ever-closer collaboration in research within the Western Sydney Hub and a great future for those taking part and sharing the benefits.

I have been impressed many times in the last five years by the leadership that appears just when needed. The qualities of selflessness and courage often required in individuals and exercised in good causes are manifest in many guises. I cannot overlook the contributions of many people in devising and implementing the Government Action Plan for Health following the reports of John Menadue and Ian Sinclair. Barriers were broken down and collaborations established in a manner never previously seen. It is now up to the participants and their colleagues to continue the process in following through the Metropolitan, Acute Care and other plans and turn talk into action.

From my vantage point I see much to admire. Delicate issues like pregnancy in ethnic groups managed with sensitivity and understanding, particularly at Auburn; the response to the road deaths of the young married Residents recalled each year by a young staff member in the Clancey Donald oration; the courage in their last illnesses of Tony Buhagiar and Ron Tindale who both did so much for so many over the years. These are some of the enriching aspects of our collective experience that encourage us all to continue.

Peter Castaldi

CORPORATE GOVERNANCE STATEMENT

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

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

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

- Setting strategic directions
- Ensuring compliance with statutory requirements
- Monitoring organisational performance
- Monitoring quality of health services
- Board appraisal
- Community consultation
- Professional development.

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

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

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

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

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

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

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

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

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

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

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

Processes are in place to:

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

BOARD PROFILES

FATHER ARTHUR BRIDGE, OAM BA BSW MLitt Grad Cert Theo Lambeth Scholar of Theology D. Mus

Arthur Bridge is a Catholic priest. He was born in Newcastle and experienced his secondary education in Parramatta. He studied at Curtin University Perth, Sydney University and Oxford University. Fr Bridge is parish priest of St Patrick's Pro-Cathedral, Blacktown. Appointed 18 November 1996. Term expired 31 July 2000. Meetings 1, attendance 1.

PROFESSOR BETTINA CASS, AO BA PhD

Bettina Cass is Professor of Sociology and Social Policy, and Dean of the Faculty of Arts at the University of Sydney. She is also a part-time commissioner on the Australian Law Reform Commission. She has been elected a Fellow of the Academy of Social Sciences. Appointed 28 April 1997. Term expired 31 July 2000. Meetings 1, attendance 0.

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

Peter Castaldi was appointed Professor of Medicine and Director of the Department of Medicine at the new Westmead Hospital in 1978. He retired from his academic position in 1995 and has since been active in private practice as a clinical haematologist. He was Acting Associate Dean of the Western Clinical School of the University of Sydney 1997-98. He had previous experience in Melbourne at the Austin Hospital and University of Melbourne and has longstanding contacts with the University of Paris.

Professor Castaldi has special interests in education and medical research and has been one of the driving forces over the years in the development of the strong research base in the clinical school. He has been a visiting specialist at Blacktown-Mt Druitt and has encouraged the development of a strong clinical base and of teaching medical undergraduates in this environment.

As board chairperson Peter is particularly interested in the development of clinical streams and is keen to encourage the convergence of clinical research and

teaching with the practical aspects of service delivery. Appointed 1 August 1990, appointed chair 18 November 1996. Committees: Audit (chair), Finance, Medical Appointments Advisory Committee (MAAC) (chair), Planning. Meetings 11, attendance 11.

DR DAVID COOPER Bmed MMgt MBA AFAIM AFCHSE FACEM

David Cooper is the Director of Emergency Services, Blacktown-Mt Druitt Health and is the staff elected representative on the board of Western Sydney Health. He has worked in western Sydney as an emergency physician since 1996. David has specialist qualifications in emergency medicine and an MBA from Macquarie University Graduate School of Management. He is an Associate Fellow of the Australian Institute of Management and the Australian College of Health Service Executives. His special interest in disaster medicine led to him being appointed as a medical commander for the Sydney 2000 Olympics. He also holds a number of representative appointments, being chair of the NSW Faculty of the Australasian College for Emergency Medicine, vice-president of the Australasian Society for Emergency Medicine and an AMA (NSW) councillor. Appointed 1 August 2000. Committee: Audit. Meetings 10, attendance 10.

VERNON DALTON, AM BA

Vernon Dalton has been an active member of the board of Western Sydney Area Health Service since 1994. He is also a member of the board of Wentworth Area Health Service.

Vern had a distinguished career in the human services fields of the NSW Public Service and in voluntary community service. He retired in 1992 after five years as chairman of the NSW Corrective Services Commission followed by five years as chairman of the NSW Department of Community Services and chairman of the board of the NSW Home Care Service. He conducts his own management consultancy and dispute resolution service.

As a local resident with previous experience as a member of the board of Prospect Area Health Service, with specialised and relevant management experience and with his knowledge of the workings of government, he continues to make a valuable contribution to the board through his skills, commitment and involvement. Appointed 1 August 1994. Committees: Audit, Finance (chair), Planning (chair). Meetings 11, attendance 11.

HON PAUL ELLIOTT, BA MLitt

Paul Elliott is a Westmead resident who has been involved in community activities in the Parramatta district for over 20 years. He has served as an alderman and as mayor of Parramatta and as a member of the Australian Parliament for Parramatta from 1990 to 1996.

Paul is a board member of the Greater Western Sydney Chamber of Commerce and of Parramatta Riverside Theatres, and is a member of a local advisory committee supporting an employment project for people with disabilities. He has initiated many activities to upgrade community facilities in the region.

Integral to his community service is a longstanding interest and involvement in health issues in western Sydney.

Paul is a financial and political consultant. First appointed 18 November 1996. Meetings 11, attendance 4.

GABRIELLE KIBBLE, AO

Gabrielle Kibble has been the chair of Sydney Water since 1998, having been appointed to the board in 1997. She is also a director of Sydney Water's trading subsidiary, Australian Water Technologies Pty Ltd. In her role as chair she is leading Sydney Water during a period of very substantial reform and rebuilding.

From 1987 until 1997 she was CEO of the Department of Urban Affairs and Planning. From 1992 to 1994 Gabrielle was also director-general of the NSW Department of Housing. She has a Bachelor of Arts and a diploma of Town and Country Planning from the University of Sydney. She is a Fellow of the Royal Australian Planning Institute and has received its Sidney Luker Memorial medal for an outstanding contribution to urban planning in NSW.

Gabrielle became an Officer of the Order of Australia in 1994. In 1998 she was appointed an adjunct professor in the Faculty of the Built Environment at the University of NSW. UNSW also conferred on her the degree of Doctor of Science, honoris causa. In 1999 she was appointed deputy chair of the Ministerial Council to advise the NSW Minister for Health on reform of the health system. Gabrielle Kibble is on the board of many organisations, both public and private. Appointed 1 August 2000. Meetings 10, attendance 9.

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

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

Foundation member -1 August 1988. Committees: Clinical Policy, Quality and Outcomes (CLIPQOC) (chair), Human Research Ethics (chair). Meetings 11, attendance 9.

ALAN McCARROLL, BA (Hons)

Alan McCarroll is CEO of Western Sydney Health. He joined NSW Health in 1981 and became very familiar with the delivery of health care in the west of Sydney through his time as both deputy and then regional director of health, Western Metropolitan Region in the mid to late eighties.

Part of his responsibilities at that time involved the introduction of the current Area health services. A period of consultancy was followed by further senior positions in NSW Health - including the role of Chief Operating Officer.

Following another brief period in the private sector, he accepted an offer to lead Western Sydney Health. Appointed 16 December 1996. Committees: Audit, CLIPQOC, Finance, Planning. Meetings 11, attendance 11.

ROSANNA MARTINELLO, BCom GDipAppFin ASCPA CFTP

Rosanna Martinello has financial and business management experience spanning 15 years in the private sector. As a senior finance executive at CSR Limited, she has had responsibility for managing the company's \$2bn worldwide debt portfolio.

Rosanna is particularly interested in health promotion and education and is a strong advocate in promoting women's health issues, specifically relating to cancer. She has been involved in many community groups - including CanTeen, Starlight Foundation and Youth Off The Streets. Appointed 1 August 1998. Committee: CLIPQOC. Meetings 11, attendance 10.

MICHELLE ROWLAND, BA (Hons) LLB

Michelle is a solicitor in the Competition and Regulation group at the Sydney law firm Gilbert & Tobin. Her main areas of practice are telecommunications law and utilities regulation, with a growing focus on regulatory issues in health.

She has lived in Blacktown all her life and has a special interest in the expansion and enhancement of community health services for growing regions such as the North-West Sector. She is involved in a variety of broad-based community initiatives in her local area. Michelle has worked in Corporate Affairs & Communications at NRMA Ltd and as an adviser to a federal Member of Parliament. She attained her Bachelor of Arts (Hons) and Bachelor of Laws at Sydney University and is completing her Master of Laws at the same institution, focussing on competition and regulation. Michelle is particularly interested in the privacy implications of personal information in technology and health, and the imperatives of health policies to meet the demands of population growth. Appointed 1 August 2000. Meetings 10, attendance 10.

DEA THIELE

Dea Thiele is a former CEO of the Daruk Aboriginal Community Controlled Medical Service. Among her community commitments have been two years as metropolitan representative for the NSW Aboriginal Health Resource Co-operative, representation on the National Aboriginal Community Controlled Health Organisations, delegate to the NSW Aboriginal Mental Health Advisory Committee, and chair of Murawina Mt Druitt pre-school organisation. Appointed 18 November 1996. Term expired 31 July 2000. Meetings 1, attendance 0.

GORDON TODOROVITCH

Gordon Todorovitch dedicated much of his life to the health care profession. He was a nurse for 34 years and progressed in hospital administration. Over the years he was involved in many community groups such as Diabetes Australia, Lions, Western District Cardiac Support Group and various Auxiliaries. He was president of Lidcombe Hospital Auxiliary for 16 years and was president of the Fox Terrier Club of NSW Inc. Appointed 18 November 1996. Meetings 8, attendance 6. Gordon Todorovitch died on 1 March 2001.

JAN TWEEDIE, CCU(Cert) BAdmin FCoN (NSW) MCoN (Aust)

Jan Tweedie is Acting Director of Nursing at Auburn Hospital and was the staff elected representative on the board. She has a nursing background spanning 30 years - experience which proved valuable when she stood for election to the board. Appointed 1 August 1996. Term expired 31 July 2000. Meetings 1, attendance 1.

DR LING YOONG, MB BS MBA

Ling Yoong has many years experience in the Australian health system - including three years at Royal Alexandra Hospital for Children at its Camperdown site. She is now a partner in a general practice in Mt Druitt and is a member of the Mt Druitt Medical Practitioners' Association.

Ling was born in Malaysia of Chinese parents and graduated with a medical degree from the University of Malaysia. Her previous active involvement in the Medical Women's Society, membership of the Australian Medical Association's (AMA) Women's Advisory Committee and the AMA Council all contribute to the experience she brings to board discussions.

Dr Yoong has a Masters degree in Business Administration, was executive director of the Western Sydney Division of General Practice and has been in general practice in western Sydney for 20 years. Committees: CLIPQOC, Planning. Appointed 18 November 1996. Meetings 11, attendance 10.

WESTERN SYDNEY HEALTH EXECUTIVE FORUM

The work of the Western Sydney Area Health Service is co-ordinated and integrated through the Area Executive Forum (AEF). The team is made up of the Area executive, and the senior managers of the seven hospitals and their associated community health services and nominees of the clinical streams. The membership of the AEF is:

Alan McCarroll, BA (Hons) - Chief Executive Officer

Bernard Deady, BComm CPA FTMA BHA AFCHSE CHE AIPSM - A/Deputy CEO

Jonathan Anderson, BEc MMgt - General Manager, St Joseph's Hospital

Theraviam Balakrisnadas, FCPA MMgt - A/Director, Systems Information & Resources

Dr Claire Blizard, MB BS MHA FRACMA AFCHSE - A/General Manager, Blacktown-Mt Druitt Health

Roy Cordell, BHA ACHSE - A/Executive Director, Auburn Hospital & Community Health Services

Jenny Coutts, MHA BA DipNurseEd RN - Executive Officer, Lottie Stewart Hospital (from Feb 01 to June 01)

Dr Siun Gallagher, BA MB BCh BAO MPH - Director, Health Services Development & Population Health

Nick Gerrand, BA DipEd - Director, Human Resources and Organisational Development

Kim Field, BSW MSW - Community Health Services Co-ordinator

Kevin Lord - Director, Information Technology

CONTENTS

Keith Merchant, BA MBA AFCHSE CHE - Associate Director, Corporate Services

Russell Mills, BBus AssDipHA AFCHSE CHE - A/CE, Westmead Hospital & CHS

Dr Ganapathi Murugesan, MB BS MPM FRANZCP MRC Psych BHA FRACMA - Director, Mental Health Services

Kate Needham, RN ICU (Cert) ACCN - Clinical Stream Leader, Intensive Care Services

Peggy O'Connor, RN CM COTM DAN - A/Director, Nursing and Community Services

Dr Michael Price, MB BS FRACP - Clinical Stream Leader, Aged Care, Neurology & Rehabilitation

Janis Redford, BappSc (Phy) MHA MBA AFCHSE - Exec Officer Lottie Stewart Hospital (from July 00 to Oct 00)

Dr Paul Tridgell, BE (Hons) MB BS MBA - Director of Clinical Services

Jan Tweedie, RN CCU BAdmin MSC MCoN (Aus) FCoN(NSW) MINE - A/Exec Officer Lottie Stewart Hospital (from Oct 00 to Feb 01)

CORRUPTION PREVENTION

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

The code of conduct and ethics document can be viewed on: <http://westnet/internal/policy/westmead/ORGPP/ORG/CODECOND.PDF>

WESTERN SYDNEY HEALTH SENIOR EXECUTIVE SERVICE PROFILE

Level	7	4	3	2	1
2001	1	1	1	3	2
2000	1	1	1	2	0

Women occupy two of these positions

PERFORMANCE STATEMENT

Name: Alan McCarroll
Position: Chief Executive Officer
SES: Level 7
Period: Whole year

Strategic Initiatives

The Population Health Strategy 2001-2003 launched by the Minister for Health and the Minister for Western Sydney on 13 July 2001.
The Project Definition Plan for Western Sydney Integrated Network Program completed and funding of \$178M announced in the May 2001 Budget.
Continuation of the State pilot of preferred PAS System (PiMS).
Commenced implementation of NSW Priority Health Care Programs - Cancer Service Without Walls, Vascular Risk Assessment and Management Program, Support of People with Chronic Obstructive Lung Disease and Transitional Services for Young Adults with Diabetes.
Area board endorsed a local strategy for consumer and community participation in June 2001.
Commissioning of a further two intensive care beds.
Development of the Cancer Services Quality Framework.
Area plan for implementing Stroke Care formulated.

Planning work completed to enable construction of NETS works project and NSW Breast Cancer Institute.

Management Accountabilities

Implementation of a clinical management model for the Area is underway.

Favourable full year Net Cost of Service Budget result.

Activity targets for the Area were exceeded by 1.3 per cent with Westmead Hospital being 3.4 per cent above target.

Progress has been made in >50 per cent of issues identified by the Quality Management Indicator set.

Episode funding budgets issued to all hospitals.

Pilot Ambulance and Emergency Department Liaison Project established to improve access block and ambulance turnaround.

Intensive Care Unit Information Management System implemented at Blacktown-Mt Druiitt Health.

Completed commissioning of upgraded Hills Community Health Centre.

CONSULTANCIES

Over \$30,000

		\$
Bayley Consultants	Area Restructure	46,665
Alan S Jones & Assoc	Blacktown-Mt Druiitt Benchmarking Study	40,000
Acetek Communications	Tibet IDD Elimination Project	46,236

Under \$30,000

Total number	74	395,279
Reportable consultancies		528,180
IT consultancies		572,820
Total value of consultancies to 30 June 2001		1,101,000

EQUAL EMPLOYMENT OPPORTUNITIES REPORT

Data for Table 1 was not available at the time of publication due to software problems. These figures will be included in the Western Sydney Area Health Service EEO Annual Report and will be available from the Office of the Director of Equal Opportunity in Public Employment from November 2001.

Table 2 Percent of Total Staff by Employment Basis

EMPLOYMENT BASIS	TOTAL STAFF (Number)	Subgroup as % of Total Staff in each Category			Subgroup as Estimated Percent of Total Staff in each Employment Category					
		Respondents	Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, Ethno-Religious Minority Groups	People Whose Language First Spoken as a Child was not English	People with a Disability	People with a Disability Requiring Work-related Adjustment	
Permanent	Full-Time	6,746	63%	32%	68%	1.2%	26%	31%	5%	1.0%
	Part-Time	2,291	62%	10%	90%	0.9%	19%	25%	4%	0.6%
Temporary	Full-Time	632	73%	28%	72%	0.9%	23%	30%	4%	0.4%
	Part-Time	93	75%	8%	92%	1.4%	19%	14%	7%	
Contract	SES									
	Non SES									
Casual		465	61%	18%	82%	2.1%	16%	31%	3%	0.4%
TOTAL		10,227	64%	26%	74%	1.2%	24%	29%	4%	0.9%
Estimated Subgroup Totals			6,499	2,648	7,579	118	2,437	3,008	443	88

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

COMMUNITY PROGRAMS (funded non-government organisations)

Name	Amount \$	Review	Program	Nature and purpose of the project
Workers Health Centre	146,900	2003	1	Preventive education on occupational health and safety and hazardous substances in the work place.
Blacktown A&OD Family Service	66,400	2002	1	Support and counselling service for A&OD users and their families.
Ted Noffs Foundation Inc	714,500	2003	1	Medium-term residential drug and alcohol treatment service for young people (14-19 years).
Wayback Committee	245,100	2002	1	Residential and outpatient drug and alcohol treatment service.
WHO - We Help Ourselves	97,600	2003	1	Residential drug treatment service.

CONTENTS

ACON West includes arrears \$18,750 from 99/00	96,550	2001	1	1.Support and assistance re employment for PLWAs. 2. Home based step down, stabilisation and/or respite care to PWLAs.
Western Suburbs Haven	60,000	2001	1	Living centre for PWLAs providing social support and convalescent respite care.
Daruk AMS	108,700	2002	1	Antenatal outreach service for Aboriginal women.
SANDS	40,800	2003	1	Support and counselling for families who experience the loss of a child through stillbirth or neonatal death.
Cumberland Women's Health Centre	67,500	2001	1	Anti-violence project with women from culturally and linguistically diverse backgrounds.
Auburn District Com. Health Advisory Council	44,900	2001	1	Itinerant speech pathology service for preschool and day care centres in the Auburn LGA.
Blacktown Women and Girls Health Centre	335,400	2001	1	Clinical, counselling and support, health promotion, information and referral and outreach services for women and girls living in the Blacktown LGA.
Brain Injury Association	114,600	2001	1	Information, referral and education services for individuals and families affected by brain injury.
Charmian Clift Cottages	541,300	2003	1	Residential treatment service for women with mental illness and their dependant children.
Cumberland Women's Health Centre	180,400	2001	1	Crisis and other counselling, domestic violence support and advocacy, group work, women's health information and programs, community education and referral.
Doonside Mt Druitt Pregnancy Help	8,200	2003	1	Counselling and support service for parents and prospective parents.
Lifeline Western Sydney	66,800	2002	1	24-hour telephone counselling and face-to-face counselling for people experiencing psychological distress.
Maronite Natural Family Planning Service	14,800	2001	1	Natural family planning education and advice for women and couples of the Maronite faith.
Nursing Mothers Association	23,600	2002	1	Education, advice and support for breast feeding women.
SIDA NSW	58,400	2001	1	Direct counselling and 24-hour emergency support to parents who have lost a child suddenly or unexpectedly.
After Care Adolescent Service – Kurinda	522,000	2003	3	Residential treatment for young people with serious mental illness who for some reason cannot live at home.
GROW – Western Metro Project	44,700	2002	3	Self-help support network for people experiencing mental illness in Western Sydney.
Arthritis Foundation NSW	29,200	2003	1	Education, training and information about arthritis.
Aust Huntington's Disease Assoc.	36,900	2003	1	Information, support and self-help service for sufferers, families and carers of people with Huntington's Disease.
Continence Foundation	62,200	2002	1	Continence information/education for health professionals and public. Clinical service, information and referral.
Epilepsy Association	84,800	2001	1	Counselling, information, support and education for people with epilepsy, their families and wider community.
Healthy Older People's Assoc.	14,700	2002	1	Health information and activities for older people.
Burnside	45,000	2001	3	NewPin Centres aim to prevent child abuse and emotional/behavioural problems by building parent social networks, providing children's support, and improving the security of attachment between children and parents.
Parramatta Mission	75,617	2001	3	Provide a manager for mental health services within Parramatta Mission.
Psychiatric Rehabilitation Assoc	50,000	2001	3	To contribute to PRA employment of additional full-time support officer and additional part-time welfare officer to support mental health clients from Cumberland Hospital at PRA's Harris Park facilities.
Wareemba	60,500	2003	1	Specialist support service for people with an acquired brain injury.
Total NGO Funding 2000/01	4,058,067			

ETHNIC AFFAIRS PRIORITIES STATEMENT 2000/2001

Under the Ethnic Affairs Commission Act (1997), all Area health services are required to provide an Ethnic Affairs Priority Statement. The following summarises Western Sydney Area Health Service's (WSAHS) activity and achievements in 2000-2001.

Major Achievements 2000/2001

Western Sydney Health has fully achieved the planned initiatives outlined in the 1999/2000 EAPS Report to the Ethnic Affairs Commission and NSW Health and has responded to additional opportunities and initiatives as these have arisen during the year.

Planning and Service Development

The Epidemiology, Indicators, Research and Evaluation Unit (EIRE) produced a detailed demographic and health status summary of residents by top 20 countries of birth to be used in service planning by all units in WSAHS. The Multicultural Men's Health Project was established to improve the health status of men from non-English speaking backgrounds through research into their specific health needs and the development of projects to address those needs.

Program and Service Delivery

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

Across WSAHS there was a major emphasis on diabetes awareness and prevention through programs including the Pacific Islander Diabetes Prevention Program, the Diabetes - Take Control Program targeting the Turkish speaking community and the development of a partnership with Diabetes Australia to develop risk factor awareness programs in community languages.

The Breastfeeding and Chinese Women's Project successfully promoted breastfeeding and access to early childhood services for Chinese women in Auburn. The project led to the production of a booklet in Chinese and the establishment of the first Nursing Mothers Association for Chinese women in Australia. "Kaya Natin", a mental health promotion and support program to promote resilience in Filipino migrant youth, was implemented in partnership with the Department of Education and Training. The Hills Community Health Centre Chinese Aged Care Gardening Project provided a model for culturally appropriate physical activity through the creation of a courtyard garden within the centre.

Staffing

During 2000/2001 WSAHS employed a full-time equivalent of 78 multicultural health and health care interpreter staff. In addition, more than 290 workers covering approximately 120 languages were employed on a sessional basis. The total expenditure on core Area multicultural health staff (excluding Health Care Interpreter Service (HCIS) staff) was \$2,051,946. Cultural diversity issues were included as key components in staff development programs including Area-wide and local orientation, management training, staff selection and recruitment and in specific content areas, including child protection and health promotion.

Communication

Western Sydney Area HCIS provides services to Western Sydney and Wentworth AHS and The Children's Hospital at Westmead. A total of 93,133 occasions of service were provided during 2000/2001 with a total of \$2,097,454 being spent during this period. The annual audit of multilingual resources reports that a total of 20 translations were completed or being developed by WSAHS units during 2000/2001.

Future Initiatives 2001/2002

The Multicultural Health Unit will work in partnership with the NSW Refugee Health Service to develop and implement a refugee health strategy for WSAHS. The Women's Health at Work Service will develop and implement strategies for women from culturally and linguistically diverse backgrounds, including women employed in market gardens across the Sydney Basin and women with intellectual and physical disabilities employed in business enterprises across NSW.

Issues around tobacco, alcohol and other drugs will be addressed through projects including the Arabic Tobacco Health Project & the Chinese Tobacco Program. Resilience building programs for Pacific Islander youth to raise awareness of mental health issues and services among high school students will be implemented.

Health information for the Somali, Kurdish, Bosnian and Ethiopian communities will be translated in consultation with community-based working parties. The Parramatta Emerging Communities/Somali Community Harmony Project will develop family harmony video and audio tapes in Somali.

RISK MANAGEMENT

WSAHS is a member entity of the NSW Treasury Managed Fund, a fully-funded self-insurance scheme. However, if the funds allocated yearly are exhausted due to claims and costs, the difference (deficit) comes from general funds.

In 00/01 the Area has been able to manage the risk associated with workers compensation and motor vehicles and generate significant returns on investment. The reduction in motor vehicle costs and claims during 00/01 has resulted in a \$115,887 surplus between the benchmark and deposit premium for 01/02 and a hindsight surplus of \$150,000 (approx).

While there has been a slight increase in workers compensation claim numbers in 00/01 (cognisant that in 99/00 the Area had the lowest yearly claim numbers since the inception of the TMF in 1989), there has been a 30 per cent decrease in claim costs. The total incurred costs are the lowest since 1990 and are set against increasing wages, treatment and statutory costs.

A direct result of the Area's good performance over the last two years is the surplus of \$3,251,512 between the benchmark and deposit premium for 01/02. WSAHS continues to perform well when benchmarked against the health industry. This is supported by the benchmarking and performance indicators collated by the TMF and NSW Health. Examples are reported claims per 100 employees (WSAHS 7, All Health 8) and incurred costs per employee (WSAHS \$216, All Health \$373). On all other indicators the Area is comparative or superior. The fastest growing insured financial risk for the Area (and All Health) is in the public liability/medical negligence area. This matter is being addressed through a variety of initiatives.

COMPLAINTS HANDLING

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

All complaints are categorised as articulated by complainants according to their perceptions. A "snapshot" of complaints received shows that the three

dominant issues under the national system of categorisation are Access, Communications and Treatment. Quality initiatives identified within the complaint by senior managers are forwarded from the Patient Representative's office to the Quality Management Co-ordinator for appropriate action and follow-up. Issues involving complex system problems are referred to the Confidential Review Committee which meets monthly. The committee includes representatives of the Division of General Practice, senior clinicians from a range of disciplines, the Director of Social Work, the Quality Management Co-ordinator and the Patient Representative.

SAME DAY BOOKED SURGERY

For the year ending 30 June 2001 health services undertook to achieve a Statewide target of 60 per cent for same day booked surgery. All health services implemented programs aimed at achieving this target, with Western Sydney Area Health Service's performance varying from 46 per cent for 1999/2000 to 49 per cent in 2000/2001.

Over the past five years hospitals have been increasingly replacing same day admissions by outpatient care. The most common procedures where this is occurring include chemotherapy, sleep studies, endoscopies, cardiac catheterisation, biopsies and colposcopies. Adjustment for this factor (with the information available) increases the same day booked surgery percentages to 58 per cent in the 2000/2001 year. This is a conservative estimate. From the beginning of 2001-02 systems have been established to collect this information more accurately.

COMMUNITY CONSULTATION

Western Sydney Health places considerable emphasis on the need to consult widely with the community it serves.

Consultation takes many forms and includes community advisory groups, focus groups, consumer satisfaction surveys and consumer participation in planning processes. Typically consumers and key stakeholders are invited to provide input on the services required, quality of current services and alternative models of service delivery.

A major method of gauging consumers' reactions to health services offered uses program and service evaluation surveys and "have your say" and "suggestion" strategies. Information, feedback and ideas gained from these consultations are invaluable in assessing the efficiency and effectiveness of services and in planning changes to services accordingly.

The Area board endorsed a proposal to further develop consumer and community participation in the Area in line with recommendations arising from the NSW Health Consumer and Community Participation Implementation Group draft report.

The core elements of the proposal are the establishment of a Consumer and Community Participation Co-ordinator to drive the implementation of the recommendations outlined in the NSW Health Council Report and a staging plan for the implementation of the initiative.

FREEDOM OF INFORMATION

Western Sydney Health received 29 Freedom of Information applications in 2000/01. The figure is much lower than the previous year (62) and shows a dramatic drop on the peak of 381 applications in 1996/97. The much lower numbers result from increasing use of the NSW Health Information Privacy Code of Practice. All 29 requests were personal. Full access was granted in 26 cases, part access in one and two cases were deferred. No application was refused. One case required review. At 30 June 2001 two outstanding requests were being processed. One request involved third party consultation.

There were no requests for amendment of records. Five applicants were granted a discount on application and processing fees. Western Sydney Health received FOI fees of \$722. Twenty-four requests were completed within 21 days, three within 22-35 days and two over 35 days (out of time determination).

Enquiries for information on FOI should be directed to the Director of Corporate affairs on 02 9845 7000.

CLINICAL DRUG TRIALS FOR 2000/01

Name of Trial	Pharmaceutical Company	Contribution \$	Full Cost Recovery Y/N	Patient/Client Nos in Trial	Duration	Purpose of Drug
04731L/002 in ovarian cancer	Astra Australia	2,604	N	Nil	< 1 year	Prolong survival
157-002 Panorex	Glaxo Smith Kline	27,652	N	15	6 years	Prolong survival
3TC clinical end point trial	Glaxo Smith Kline	41,938	Y	0	8 months	Data collection - surveillance
3TC clinical end point trial	Glaxo Smith Kline	6,425	Y	9	6 months	Post marketing
548-ONC-0050-0007 in melanoma	Pharmacia & Upjohn Pty Ltd	34,089	Y	Nil	< 1 year	Prolong survival
5FU dose calculation study	In-house	-	N	40	2 years	Clinical information

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A multi-centre, randomised, double blind placebo-controlled study to assess the efficacy and safety of RWJ-270201 in the treatment of acute influenza A and B infections in healthy adults	Janssen-Cilag	45,872	Y	2	1 year	Influenza treatment
AM424-03-001	AMRAD Operations Pty Ltd	18,595	N	Nil	< 1 year	Prevention of neuropathy
AUSHEPO 4	Roche Pharmaceuticals	17,568	N	64	76 weeks(#4 has finished, 6 & 8 ongoing)	Treatment of hepatitis C
Boehringer Tiotropium study	Boehringer Ingelheim	12,438	Y	12 - 24 (6 recruited so far)	Until approximately Feb-March 2002	Anticholinergic bronchodilator - Once a day dosage to keep airways open longer
CA159-008 in advanced gastric cancer	Bristol-Myers Squibb Pharmaceuticals	1,034	N	Nil	< 1 year	Prolong survival
Channel Seven pollen counts	Channel Seven	20,789	Y	Nil	3 months	Provision of daily pollen counts Sep to Dec 2000
Collaborative trial irbesartan in hypertensive patients	Bristol-Myers Squibb Pharmaceuticals	15,493	Y	5	Completed	Prevent diabetic nephropathy
Comparison of the safety and efficacy of desloradine vs fexofenadine	Schering-Plough Pty Ltd	19,151	Y	13	3 months	Hayfever treatment
CPT-11 study	Pharmacia & Upjohn Pty Ltd	26,871	Y	Nil	< 1 year	Prolong survival
CRC Protocol 7 - asthma - (expanded). A randomised, controlled trial to assess the impact, clinical meaning and value of improvements in lung function, symptoms and airway responsiveness of three asthma medications: long-acting Bronchodilators, Leukotirene	University of Sydney - Royal Prince Alfred Hospital	10,709	Y	16-24 (3 recruited so far)	Until approximately May 2002	Comparison of 3 different current asthma medications
Dacarbazine Plus G3139 vs Dacarbazine in advanced melanoma	Genta Incorporated	19,750	Y	Nil	1 year	Prolong survival
Field study: Fenofibrate intervention & event lowering in diabetes	NH&MRC Clinical Trials Centre	41,614	Y	about 165	5-7 years	Reduction of cardiac risk
Gem Tax Bladder	Sydney Cancer Centre, CSAHS	7,005	N	8	3 years	Prolong survival
GUOG-IAB study	Sir Charles Gairdner Hospital	723	N	3	5 years	Prolong survival
Hepatic metabolism/vinorelbine disposition	In-house	-	N	40	2 years	Clinical information
Herpes vaccine trial HSV-017	Glaxo Smith Kline	791	Y	4	8 years	HSV vaccine
Influenza surveillance program	Glaxo Smith Kline	5,693	Y	0	1 year	None
Insulin lispro low mixture vs human insulin 50/50 following a standard test meal in type 1 diabetes	Eli Lilly	33,163	Y	5	1 year	Treatment of diabetes
Intermittent androgen blockade	Sir Charles Gairdner Hospital	6,821	N	19	> 5 years	Lucrin/Flutamide to prolong survival
Irinotecan, leucovorin & fluorouracil in advanced gastric cancer	NH&MRC Clinical Trials Centre	7,751	N	8	1 year	Prolong survival
JWCI-MC-3-001A/JWCI-MC-4-001	John Wayne Cancer Institute	25,766	Y	3	3 years	Prolong survival
Lamivudine and hepatitis B	Glaxo Smith Kline	38,107	Y	9	5 years	Treatment of hepatitis B cirrhosis
Lamivudine trial	Glaxo Smith Kline	6,201	Y	3	5 years (now finished)	Treatment of hepatitis B
Lobucavir and hepatitis B	Bristol-Myers Squibb Pharmaceuticals	24,238	Y	4	76 weeks	Treatment of hepatitis B
Lometrexol in melanoma	Ilex Oncology	8,475	N	Nil	< 1 year	Prolong survival
Lower limb spasticity	AMRAD Operations Pty Ltd	5,113	Y	10	12 months	Reduce spasticity
Maxim-Melanoma study MP-MA-0102	Covance Pty Ltd	24,178	N	5	3 years	Prolong survival
National pancreas transplant neonatal study	Sandoz	12,946	Y	2	7 years	Anti-hypertensive & immunosuppressive
Neuropathic bone pain study	TROG	2,170	N	11	> 5 years	XRT doses palliative pain control

CONTENTS

NO15753-Pegasys in RCC	Roche Pharmaceuticals	6,816	N	Nil	< 1 year	Prolong survival
Osteoarthritis clinical trial	Searle	10,232	Y	12	6 months	Efficacy and safety of celecoxib, compared with diclofenac in treating osteoarthritis
Ovulation induction study	Serono	33,486	Y	4 x 3 cycles	Up to 6 months	Ovulation induction
PEG Interferon vs Roferon A	Roche Pharmaceuticals	11,586	Y	6	72 weeks	Treatment of hepatitis C cirrhosis
Phase I/IIa controlled evaluation of the safety and biological activity of avipox virus expressing HIV gag-pol and Interferon-gamma in HIV-1 infected subjects	Virax Immunotherapeutics	180,529	Y	3	18 months	HIV vaccine
Phase II double blind study comparing Valdecoxib and Diclofenac for antiarthritic efficacy, gastrointestinal safety and tolerability in patients with rheumatoid arthritis	Searle	9,872	Y	3	18 months	Efficacy of valdecoxib, compared with diclofenac, in treating the signs & symptoms of rheumatoid arthritis.
Phase III adjuvant letrozole study	ANZ Trials Group	-	N	12	2 years	Prolong survival
Pollen counts	Alcon Laboratories	8,000	Y	Nil	1 year	Provision of pollen counts for 1999
PRI/EPI-AUS-15	Johnson & Johnson Medical	8,775	N	Nil	< 1 year	Maintain haemoglobin
PRI/EPI-INT-76/EPO-CA-489	Johnson & Johnson Medical	7,364	N	6	1 year	Maintain haemoglobin
Protocol No. 302, Histrelin in metastatic prostate cancer	Shire-Roberts	35,314	Y	12	2 years	Prolong survival
Protocol RP56976V-327	Aventis Pharma Pty Ltd	8,785	N	7	2 years	Prolong survival
Provision of pollen count for a clinical drug trial	Aventis Pharma Pty Ltd	11,400	Y		6 months	Pollen counts from Oct 2000 to Mar 2001
Refit treatment of chronic hepatitis C	Ares Sorono	28,829	Y	17	72 weeks (now finished)	Treatment of Hepatitis C
Safety & tolerability study of Creatine in Huntington's Disease	Huntington's Disease Association	7,903	Y	20	18 months	To assess the safety & tolerability of Creatine in ambulatory patients with Huntington's Disease
SILVA study	Quintiles Pty Ltd	9,198	N	5	5 years	Prolong survival
Sirolimus (2 levels) vs standard therapy in renal allografts	Wyeth	17,296	Y	25	2 years	New antirejection drug
Study No: 198-547-3 in melanoma	Schering-Plough Pty Ltd	7,548	N	1	1 year	Prolong survival
TAX-CMA-601 in ovarian cancer	Aventis Pharma Pty Ltd	2,408	N	5	2 years	Prolong survival
Taxotere RP56976-v-303	Aventis Pharma Pty Ltd	368	N	7	3 years	Prolong survival
Theratope study STn-BR-104 in breast cancer	Covance Pty Ltd	25,806	Y	4	1 year	Prolong survival
Zoledronate 010 study	Novartis Pharmaceuticals	1,607	N	1	3 years	Prolong survival
Zoledronate 011 study	Novartis Pharmaceuticals	13,436	N	5	3 years	Prolong survival
Zoledronate 039 study	Novartis Pharmaceuticals	30,539	N	7	3 years	Prolong survival
Six months randomised double blind study active control multi- centre study of Troglitazone/Metaform	Parke Davis (Aust) Pty Ltd	17,030	Y	13	1 year	Treatment of diabetes
Various grouped trials		348,553				

TOTAL: \$1,414,414

FINANCIAL OVERVIEW

General

Western Sydney Area Health Service achieved an overall Net Cost of Services result (NCOS) of \$3.6M favourable for the year ended 30 June 2001.

Employee related expenditure rose by \$19.7M over the last financial year and was largely associated with increases in award entitlements. During the year, nursing agency payments increased by \$2M and reflect the dwindling supply of specialist nurses in the country.

Other operating expenditure increased by \$20.5M (after purifying for cross-border flows) and comprised largely increases in Goods and Services of \$10.0M and depreciation \$11.3M. Movement in Goods and Services was generally due to price increases; movement in depreciation was due to revaluation of land and buildings on 1 July 2000.

The Area was a net exporter of health services to other States and the notional amount of the net earning from this source for the year was \$1.7M. Overall, the Area experienced a net outflow equivalent to \$21.9M as against \$20.8M in the previous year. The outflow to The Children's Hospital at Westmead was \$21.9M or 25% of the total.

Maintenance expenditure, when compared to last year and after purifying for Y2K expenditure reclassification, increased by \$2.1M and was mainly due to price increases.

Patient fees revenue when compared to last year was up by \$3.6M. The increase occurred mainly in revenue earned from the Department of Veterans' Affairs.

A revaluation of the land and buildings on 1 July 2000 yielded a revaluation surplus of \$98.1M.

The Area has overall exceeded its separations target for the year by 1,432 or 1.1% and achieved its non-inpatient occasions of service target.

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

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

Overall, total expenses (net of depreciation and superannuation) on various health programs increased by \$31M in 2000/01. During the year, the Area undertook a review of the apportionment of costs assigned to Budget Programs. The methodology employed involved the completion of surveys by cost centre managers, which resulted in the re-allocation of cost shares (including overheads) to the various programs. Material expenditure variations (as compared to the previous year) were evident in Program 3.1 (Mental Health Services) up 30%, Program 5.1 (Population Health Services) down 34% and Program 6.1 (Teaching and Research) up 138%.

Accounts Payable

Accounts Payable at the year end amounted to \$23.9M and included therein were Trade Creditors of \$14.4M and the related transactions (except for approximately \$0.9M) were under 45 days. The following table shows the Area's Trade Creditor performance for the year:

Quarter	0 – 30 Days \$	30 – 45 Days \$	45 Days and over \$	Total Trade Creditors \$	Accounts paid on time %	Amount paid on time \$
June	13,280,544	192,406	884,600	14,357,550	94.16	13,519,070
March	8,297,256	7,036	58,719	8,363,011	99.30	8,304,292
December	6,014,467	106,506	144,097	6,265,070	97.70	6,120,973
September	6,566,697	116,285	157,327	6,840,309	97.70	6,682,983

Accounts Receivable

Receivables at the year end amounted to \$18.1M and included in the figure were net GST receivables of \$1.6M and amount due from NSW Health Department of \$2.5M. Debtors for sale of Goods and Services amounted to \$10.9M and provision for doubtful debts amounted to \$0.6M. The aged analysis of debtors for sale of Goods and Services is as follows:

30 Days and under \$	30 – 60 Days \$	60 – 90 Days \$	Over 90 Days \$	Total Debtors \$
5,250,880	1,218,382	506,893	3,911,564	10,887,719

Compensable and Ineligible patient fee debtors included in the total debtors figure above was \$3,434,745.

Group Services

Parramatta Linen Service (PLS) has a customer base comprising Northern, South Eastern, South Western and Western Sydney Area Health Services and The Children's Hospital at Westmead. PLS ended the year with a favourable NCOS result of \$0.3M. Production of linen for the year was 11.1M kilograms. The service has sufficient levels of liquidity to meet its ongoing recurrent and linen replacement needs.

Matters Raised by Auditor-General

The Auditor-General issued a Management Letter at the conclusion of the audit for 2000/01 and covered eight topics assessed as of moderate or low risk. Action has been taken to implement recommendations contained in the Management Letter.

Budget 2001/02

The budget for the year 2001/02 includes general and specific enhancements totalling \$12.3M and comprise Mental Health \$2M, Oral Health \$1.3M and Growth \$9M. Devolution of the 2001/02 budgets to Clinical Management Units/Streams in line with the reorganisation is being progressed.

Western Sydney Area Health Service**Statement of Financial Performance for the year ended 30 June 2001**

	Notes	Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000
Expenses				
Operating Expenses				
Employee Related	3	470,174	470,795	450,504
Visiting Medical Officers		17,304	17,954	17,591
Goods and Services	4	206,019	205,743	190,215
Maintenance	5	22,171	20,763	23,883
Depreciation and Amortisation	2(k), 6	50,089	49,958	38,776
Grants and Subsidies	7	25,888	25,453	26,382
Payments to Affiliated Health Organisations	8	20,938	20,938	19,295
Total Expenses		812,583	811,604	766,646
Revenues				
Sale of Goods and Services	9	137,453	133,131	126,651
Investment Income	10	5,103	4,874	4,582
Grants and Contributions	11	13,049	10,223	16,597
Other Revenue	12	6,066	9,211	6,079
Total Revenues		161,671	157,439	153,909
Gain/(Loss) on Disposal of Non-Current Assets	13	(2,035)	(2,335)	(13,282)
NET COST OF SERVICES	30,35	652,947	656,500	626,019
Government Contributions				
NSW Health Department				
Recurrent Allocations	2(a)	595,944	595,944	563,886
NSW Health Department				
Capital Allocations	2(a)	9,489	9,489	35,228
Acceptance by the Crown Entity				
of Superannuation Liability	2(c)	37,097	37,097	33,260
Total Government Contributions		642,530	642,530	632,374
RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES	25	(10,417)	(13,970)	6,355
NON OWNER TRANSACTION CHANGES IN EQUITY				
Net increase in Asset Revaluation Reserve	25	98,129	-	-
Total Revenues, Expenses and Valuation Adjustments		98,129	-	-
Recognised Directly in Equity				

**TOTAL CHANGES IN EQUITY OTHER THAN THOSE
RESULTING FROM TRANSACTIONS WITH
OWNERS AS OWNERS**

87,712 (13,970) 6,355

The accompanying notes form part of these Financial Statements

**Western Sydney Area Health Service
Statement of Financial Position as at 30 June 2001**

	Notes	Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000
ASSETS				
Current Assets				
Cash	16	36,944	16,890	18,906
Receivables	18	18,065	16,219	11,221
Other Financial Assets	17	27,130	34,654	18,676
Inventories	19	6,362	5,704	5,821
Total Current Assets		88,501	73,467	54,624
Non-Current Assets				
Property, Plant and Equipment				
- Land and Buildings	20	677,708	599,458	606,432
- Plant and Equipment	20	85,087	74,752	82,321
Total Property, Plant and Equipment		762,795	674,210	688,753
Other Financial Assets	17	18,335	13,344	25,844
Total Non-Current Assets		781,130	687,554	714,597
Total Assets		869,631	761,021	769,221
LIABILITIES				
Current Liabilities				
Payables	22	23,898	16,736	17,821
Interest Bearing Liabilities	23	13	51	26
Employee Entitlements and Other Provisions	24	56,848	56,683	53,939
Total Current Liabilities		80,759	73,470	71,786
Non-Current Liabilities				
Interest Bearing Liabilities	23	108	113	113
Employee Entitlements and Other Provisions	24	73,557	73,914	69,827
Total Non-Current Liabilities		73,665	74,027	69,940
Total Liabilities		154,424	147,497	141,726
Net Assets		715,207	613,524	627,495
EQUITY				
Reserves	25	108,047	9,918	9,918
Accumulated Funds	25	607,160	603,606	617,577
Total Equity		715,207	613,524	627,495

The accompanying notes form part of these Financial Statements

Western Sydney Area Health Service

Statement of Cash Flows for the year ended 30 June 2001

	Notes	Actual 2001 \$000	Budget 2001 \$000	Actual 2000 \$000
CASH FLOWS FROM OPERATING ACTIVITIES				
Payments				
Employee Related		426,436	426,865	413,861
Grants and Subsidies		47,309	46,391	49,991
Other		150,828	156,902	143,948
Total Payments		624,573	630,158	607,800
Receipts				
Sale of Goods and Services		60,841	64,179	80,558
Interest Received		5,103	4,874	4,582
Other		22,529	20,055	24,468
Total Receipts		88,473	89,108	109,608
Cash Flows From Government				
NSW Health Department Recurrent Allocations		574,032	574,032	543,070
NSW Health Department Capital Allocations		9,489	9,489	35,228
Cash Reimbursements from the Government		-	-	138
Net Cash Flows from Government		583,521	583,521	578,436
NET CASH FLOWS FROM OPERATING ACTIVITIES	30	47,421	42,471	80,244
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems				
		460	(7,245)	541
Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems				
		(29,825)	(37,267)	(75,040)
Purchase of Investments				
		-	-	(3,000)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(29,365)	(44,512)	(77,499)
CASH FLOWS FROM FINANCING ACTIVITIES				
Repayment of Borrowings and Advances				
		(18)	25	-
NET CASH FLOWS FROM FINANCING ACTIVITIES		(18)	25	-
NET INCREASE / (DECREASE) IN CASH		18,038	(2,016)	2,745
Opening Cash and Cash Equivalents				
		18,906	18,906	16,161
CLOSING CASH AND CASH EQUIVALENTS	16	36,944	16,890	18,906

The accompanying notes form part of these Financial Statements

SERVICE'S EXPENSES AND REVENUES

	Program 1.1*		Program 1.2*		Program 1.3*		Program 2.1*		Program 2.2*		Program 2.3*		Program 3.1*		Program 4.1*		Program 5.1*		Program 6.1*		Grand Total		
	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Expenses																							
Operating Expenses																							
Employee Related	47,441	50,646	235	293	35,968	45,613	31,643	26,355	173,022	167,911	34,088	29,736	58,349	48,994	28,775	33,266	14,905	29,982	45,748	17,708	470,174	450,504	
Visiting Medical Officers	270	-	-	-	1,696	-	824	-	8,941	-	3,620	-	782	-	279	-	-	-	892	-	17,304	-	
Goods and Services	8,817	16,155	74	36	11,216	15,805	6,517	6,177	142,768	124,033	13,281	21,370	9,658	5,484	4,155	7,856	2,251	6,472	7,282	4,417	206,019	207,805	
Maintenance	2,044	2,142	7	5	2,474	3,498	1,339	1,663	6,964	7,996	1,634	1,155	2,355	1,640	1,226	1,632	725	1,984	3,403	2,167	22,171	23,883	
Depreciation and Amortisation	3,411	2,695	10	13	6,266	6,257	2,955	2,102	20,973	15,910	3,912	3,452	5,289	2,530	2,575	1,795	666	2,571	4,032	1,450	50,089	38,776	
Grants and Subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	25,888	26,382	-	-	25,888	26,382	
Other Expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20,938	19,295	-	-	20,938	19,295	
Total Expenses	61,983	71,638	326	347	57,620	71,173	43,278	36,297	352,668	315,850	56,535	55,713	76,433	58,648	57,948	63,844	44,435	67,391	61,357	25,742	812,583	766,646	
Revenue																							
Sale of Goods and Services	3,038	-	14	-	7,285	694	2,392	-	92,135	80,305	3,766	17,897	3,203	3,352	11,326	13,221	1,017	11,181	13,277	-	137,453	126,651	
Investment Income	218	-	1	-	449	-	101	-	673	119	138	-	174	-	205	4,017	134	446	3,010	-	5,103	4,582	
Grants and Contributions	557	-	3	-	1,148	-	258	-	1,721	4,440	352	-	445	-	525	-	343	1,452	7,697	10,705	13,049	16,597	
Other Revenue	259	133	1	-	534	850	120	268	800	1,134	164	216	206	323	244	602	160	863	3,578	1,689	6,066	6,079	
Total Revenue	4,072	133	19	-	9,416	1,544	2,871	268	95,329	85,998	4,420	18,113	4,028	3,675	12,300	17,840	1,654	13,942	27,562	12,394	161,671	153,909	
Gain/ (Loss) on Disposal of Non-Current Assets	(87)	(741)	(1)	(3)	(179)	(704)	(40)	(359)	(268)	(9,063)	(54)	(531)	(69)	(580)	(82)	(740)	(54)	(307)	(1,201)	(255)	(2,035)	(13,282)	
NET COST OF SERVICES	57,998	72,246	308	350	48,383	70,332	40,447	36,388	257,607	238,915	52,169	38,131	72,474	55,553	45,730	46,744	42,835	53,756	34,996	13,603	652,947	626,019	

* The name and purpose of each program is summarised in Note 15.

Western Sydney Area Health Service

Notes to and forming part of the Financial Statements for the year ended 30 June 2001

1. The Health Service Reporting Entity

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

2. Summary of Significant Accounting Policies

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

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

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

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

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

a) NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Statement of Financial Performance before arriving at the “Result for the year from Ordinary Activities” on the basis that the allocation is earned in return for the health services provided in 2000/2001 on behalf of the Department.

General operating expenses/revenues of St Joseph’s and Lottie Stewart Hospitals have only been included in the Statement of Financial Performance prepared to the extent of the net cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various

assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

b) Employee Entitlements

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

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

Long service leave 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.

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

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

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

c) Superannuation

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

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

d) Insurance

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

e) Revenue Recognition

Revenue arising from the sale of goods, the provision of services and the use of the Health Service's assets is recognised when:

1. the Health Service has passed control of the goods or other assets to the buyer;
2. the Health Service controls a right to be compensated for services rendered;
3. the Health Service controls a right relating to the consideration payable for the provision of investment assets;
4. it is probable that the economic benefits comprising the consideration will flow to the entity; and
5. the amount of the revenue can be measured reliably.

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.

Debt Forgiveness

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

Use of Hospital Facilities

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

Use of Outside Facilities

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

f) Goods and Services Tax (GST)

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

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

Inter-Area and Interstate Patient Flows

Health Services recognise the flow of acute inpatients from the Area in which they are resident to other Areas within the State and across Australia. The expense and revenue values reported within the financial statements have been based on 1999/2000 activity data using standard cost weighted separation values to reflect estimated costs in 2000/01 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the Area providing the service is reimbursed by the benefiting Area.

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

The adjustments have no effect on equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Recurrent Allocation. In 2000/01 calculation of the patient flows has been amended to include the flows to/from other Australian States and Territories. (Refer Note 2x)

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

h) Research and Development Costs

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

i) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the agency. 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 means the amount for which an asset could be charged between a knowledgeable, willing buyer and a knowledgeable, willing seller in an arm's length transaction.

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

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

j) Plant and Equipment

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

k) Depreciation

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

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

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

l) Revaluation of Physical Non-Current Assets

Buildings 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 5 years by independent valuation. The last such revaluation was completed with an effective date of 1 July 2000.

In accordance with Treasury policy, the Health Service has applied the AAS38 "Revaluation of Non-Current Assets" transitional provisions for the public sector and has elected to apply the same revaluation basis as the preceding reporting period, while the relationship between fair value and the existing valuation basis in the NSW public sector is further examined. It is expected however, that in most instances the current valuation methodology will approximate fair value.

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

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

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

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

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

m) Maintenance and repairs

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

n) Leased Assets

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

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

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

o) Inventories

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

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

p) Investments

Marketable securities and deposits are valued at cost unless specifically stated in Note 17. Non-marketable securities are brought to account at cost.

For non-current investments, revaluation increments are credited directly to the asset revaluation reserve. Revaluation decrements are recognised in the Statement of Financial Performance except to the extent that the decrement reverses an increment previously credited to the asset revaluation reserve, in which case it should be debited to the asset revaluation reserve. For current investments, revaluation increments and decrements are recognised in the Statement of Financial Performance.

q) Administrative Restructuring

The transfer of net assets between agencies as a result of administrative restructuring is treated as a direct adjustment to the opening balance of "Accumulated Funds".

r) Financial Instruments

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

In accordance with Australian Accounting Standard AAS33, "Presentation and Disclosure of Financial Instruments", information is disclosed in Note 33 in

respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

Cash

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

Terms and Conditions - Monies on deposit attract an effective interest rate averaging 5.64 %.

For the purposes of the Statement of Cash Flows cash includes cash on hand, cash at bank and bank overdraft.

Receivables

Accounting Policies - 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.

Terms and Conditions - Accounts are issued on 30 day terms.

Investments

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

Terms and Conditions – Short-term deposits have an average maturity of 180 days (180 days in 1999/2000) and effective interest rate of 5 % to 6 % as compared to 5% to 6% in the previous year. Fixed term deposits have an average maturity of 365 days (365 days in 1999/2000) and effective interest rates of 5 % to 7.5 % as compared to 5% to 8% in the previous year.

Payables

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

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

Classes of instruments recorded at market value comprise:

Treasury Corporation Hour Glass Investments

Accounting Policies - Treasury Corporation Hour Glass investments are stated at the lower of cost and net realisable value. Interest is recognised when earned.

Terms and Conditions - Deposits have an average maturity of 6 months with effective interest rates of 5% to 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 accruals basis.

s) Payables

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

t) Interest bearing liabilities

All loans are valued at current capital value.

u) Trust Funds

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

v) Reclassification of financial information

As a result of applying AAS1 "Statement of Financial Performance" and AAS36 "Statement of Financial Position", the format of the Statement of Financial Performance (previously referred to as the Operating Statement) and the Statement of Financial Position has been amended. As a result of applying these Accounting Standards, a number of comparative amounts were re-presented or reclassified to ensure comparability with the current reporting period.

Budgeted amounts

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

Changes in Accounting Policy

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

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

Western Sydney Area Health Service

Notes to and forming part of the Financial Statements for the year ended 30 June 2001

Changes in Accounting Policy continued

The effect of the change on the 2000/2001 Net Cost of Services was a decrease of \$1.7 million. If the change in accounting policy had been adopted in the previous year the 1999/2000 comparative would have been a decrease of \$1.6 million.

	2001	2000
	\$000	\$000
3. Employee Related		
Employee related expenses comprise the following:		
Salaries and Wages	358,942	347,360
Long Service Leave [see note 2(b)]	10,944	9,847
Annual Leave [see note 2(b)]	37,171	35,424
Sick Leave and Other Leave	10,766	10,824
Nursing Agency Payments	4,221	2,341
Workers Compensation Insurance	11,007	11,448
Superannuation [see note 2(c)]	37,097	33,260
Fringe Benefits Tax	26	-
	<u>470,174</u>	<u>450,504</u>

Salaries and Wages includes \$127,200 paid to members of the Health Service Board consistent with the Statutory Determination by the Minister for Health which provided remuneration effective from 1 July 2000.

The payments have been made within the following bands -

\$ range	Number paid
\$0 - \$9,999	1
\$10,000 - \$19,999	9

4. Goods and Services	2001	2000
	\$000	\$000
Computer Related Expenses	3,496	2,257
Domestic Charges	7,335	6,887
Drug Supplies	30,794	27,660
Food Supplies	6,175	6,157
Fuel, Light and Power	5,392	5,178
General Expenses	10,739	9,351
Hospital Ambulance Transport Costs	738	814
Insurance	563	716
Inter-Area Patient Outflows, NSW	87,269	82,362
Interstate Patient Outflows	904	-
Medical and Surgical Supplies	24,632	23,224
Postal and Telephone Costs	3,775	3,314
Printing and Stationery	3,426	3,122
Rental	556	592
Rates and Charges	1,646	1,559
Special Service Departments	14,844	13,796
Staff Related Costs	1,058	603
Sundry Operating Expenses	-	-

Travel Related Costs	2,677	2,623
	<u>206,019</u>	<u>190,215</u>

(a) General Expenses include:-

Advertising	1,297	853
Books and Magazines	1,161	1,069
Consultancies		
- Operating Activities	1,101	1,140
- Capital Works	-	-
Courier and Freight	305	269
Auditor's Remuneration – Audit of financial reports	103	94
Legal Expenses	348	325
Membership/Professional Fees	294	216
Other Operating Lease Expense	2,019	2,237
Payroll Services	5	15
Provision for Bad and Doubtful Debts	38	47
Other	4,068	3,086
	<u>10,739</u>	<u>9,351</u>

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

Central Sydney Area Health Service	18,694	18,889
Northern Sydney Area Health Service	19,158	17,268
Wentworth Area Health Service	11,904	10,375
South Western Sydney Area Health Service	7,126	6,656
South Eastern Sydney Area Health Service	6,713	6,975
Children's Hospital at Westmead	21,862	20,712
Other	1,812	1,487
	<u>87,269</u>	<u>82,362</u>

(c) Expenses for Interstate Patient Flows on a State basis are as follows:-

Australian Capital Territory	113	-
Northern Territory	16	-
Queensland	438	-
South Australia	59	-
Tasmania	15	-
Victoria	192	-
Western Australia	71	-
	<u>904</u>	<u>-</u>

5. Maintenance

Repairs and Routine Maintenance	14,602	13,187
Renovations and Additional Works	154	238
Replacements and Additional Equipment less than \$5,000	5,469	4,665
Y2K expenditure and other capital expenditure written off	1,946	5,717
Sundry	-	76
	<u>22,171</u>	<u>23,883</u>

6. Depreciation and Amortisation

	2001	2000
	\$000	\$000
Depreciation – Buildings	27,303	18,240
Depreciation - Plant and Equipment	22,786	20,536
	<u>50,089</u>	<u>38,776</u>

7. Grants and Subsidies

Breast Screening	20,520	21,573
Cervical Screening	922	891
Non-Government Organisations	4,058	3,541
Other	388	377
	<u>25,888</u>	<u>26,382</u>

8. Payments to Affiliated Health Organisations

Recurrent Sourced:		
Lottie Stewart Hospital	9,240	7,725
St Joseph's Hospital	11,698	11,570
	<u>20,938</u>	<u>19,295</u>

9. Sale of Goods and Services

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

Patient Fees [see note 2(e)]	27,455	23,889
Staff - Meals and Accommodation	4,405	4,465
Infrastructure Charge – Facility Fee [see note 2(e)]	10,693	10,673
Car Parking	2,032	2,184
Fees for Medical Records	272	336
Lease and Rental Income	2,857	2,343
Linen Service Revenues – Other Health Services	11,505	11,385
Linen Service Revenues – Non-Health Services	873	1,257
Sale of Prostheses	3,535	2,763
Services Provided to Non-NSW Health Organisations	4,233	3,414
Inter-Area Patient Inflows, NSW	63,673	61,546
Interstate Patient Inflows	2,588	-
Other	3,332	2,396
	<u>137,453</u>	<u>126,651</u>

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

Central Sydney Area Health Service	3,815	3,571
Northern Sydney Area Health Service	5,536	5,395
Wentworth Area Health Service	23,470	21,941
South Western Sydney Area Health Service	17,857	17,509
Mid-Western Health Service	2,771	2,978
Other	10,224	10,152
	<u>63,673</u>	<u>61,546</u>

2001	2000
\$000	\$000

(c) Revenues from Interstate Patient Flows on a State basis are as follows:-

Australian Capital Territory	772	-
Northern Territory	9	-
Queensland	594	-
South Australia	72	-
Tasmania	502	-
Victoria	304	-
Western Australia	335	-
	<u>2,588</u>	<u>-</u>

10. Investment Income

Interest	<u>5,103</u>	<u>4,582</u>
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11. Grants and Contributions

University Commission Grants	111	120
Research Grants	3,738	1,549
Commonwealth Grants	820	715
Other -		
Manufacturing	88	229
Construction	-	11,146
Wholesale and Retail Trade	37	146
Finance, Property and Business Services	34	23
Public Administration and Defence	11	5
Clinical Drug Trials	1,414	917
Community Services	600	1,747
Other Industry Contributions	4,118	-
Other Grants	2,078	-
	<u>13,049</u>	<u>16,597</u>

12. Other Revenue

Other Revenue comprises the following:-

TMF Hindsight Premium Adjustment 97/98 (96/97)	5,257	2,391
Royalties	-	1,200
Other	809	2,488
	<u>6,066</u>	<u>6,079</u>

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

Property Plant and Equipment	10,316	34,583
Less Accumulated Depreciation	7,821	20,760
Written Down Value	<u>2,495</u>	<u>13,823</u>
Less Proceeds from Sale	460	541
Gain/(Loss) on Disposal of Non-Current Assets	<u>(2,035)</u>	<u>(13,282)</u>

Western Sydney Area Health Service

Notes to and forming part of the Financial Statements for the year ended 30 June 2001

14. Conditions on Contributions

	Purchase of Assets \$000	Health Promotion, Education and Research \$000	Other \$000	Total \$000
- Contributions recognised as revenues during current year for which expenditure in manner specified had not occurred as at balance date	548	800	74	1,422
- Aggregate of Contributions recognised as revenues during the financial year which were specifically provided for expenditure over a future period	548	800	74	1,422
- Revenues recognised in previous years which were obtained for expenditure in the current financial year	1,938	1,618	253	3,809

- Total Amount of unexpended Contributions as at Balance Date	667	800	970	2,437
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Comment on restricted assets appears in Note 21

15. Programs/Activities of the Health Service

Program 1.1 - Primary and Community Based Services

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

Program 1.2 - Aboriginal Health Services

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

Program 1.3 - Outpatient Services

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

Program 2.1 - Emergency Services

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

Program 2.2 - Overnight Acute Inpatient Services

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

Program 2.3 - Same Day Acute Inpatient Services

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

Program 3.1 - Mental Health Services

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

Program 4.1 - Rehabilitation and Extended Care Services

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

Program 5.1 - Population Health Services

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

Program 6.1 - Teaching and Research

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

16. Current Assets – Cash

Cash at bank and on hand

	2001 \$000	2000 \$000
	<u>36,944</u>	<u>18,906</u>

Cash assets recognised in the Statement of Financial Position are reconciled to cash at the end of the financial year as shown in the Statement of Cash Flows.

17. Current Other Financial Assets

Treasury Corporation - Hour Glass Facility

Other Loans and Deposits

	2,200	2,200
	24,930	16,476
	<u>27,130</u>	<u>18,676</u>

Non-Current Other Financial Assets

Other Loans and Deposits

Shares

	18,300	25,800
	35	44

18,33525,844**Reconciliation of Non-Current Other Financial Assets**

	TCorp – Hour Glass Facilities	Other Loans and Deposits	Advances Receivable	Shares	Other	Total
	\$000	\$000	\$000	\$000	\$000	\$000
2001						
Carrying amount at start of year	-	25,800	-	44	-	25,844
Additions	-	-	-	-	-	-
Disposals	-	(7,500)	-	(9)	-	(7,509)
Carrying amount at end of year	-	18,300	-	35	-	18,335

	TCorp – Hour Glass Facilities	Other Loans and Deposits	Advances Receivable	Shares	Other	Total
	\$000	\$000	\$000	\$000	\$000	\$000
2000						
Carrying amount at start of year	-	8,976	-	44	-	9,020
Additions	-	16,824	-	-	-	16,824
Disposals	-	-	-	-	-	-
Carrying amount at end of year	-	25,800	-	44	-	25,844

2001
\$0002000
\$000**18. Current Receivables**

(a) Sale of Goods and Services	10,888	7,411
Other Debtors	2,712	3,665
GST Receivables	1,626	-
- Prepayments	945	503
- NSW Health Department	2,495	633
Sub Total	<u>18,666</u>	<u>12,212</u>

Less Provision for Doubtful Debts	(601)	(991)
	<u>18,065</u>	<u>11,221</u>

(b) Bad debts written off during the year - Current Receivables

- Sale of Goods and Services	<u>428</u>	<u>399</u>
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(c) Sale of Goods and Services includes:

Patient Fees - Compensable	2,282	2,709
Patient Fees - Ineligible	719	767
Patient Fees and Other	7,887	3,935

19. Inventories

Current - at cost

Drugs	3,337	3,203
Medical and Surgical Supplies	2,463	2,093
Food and Hotel Supplies	321	346
Other including Goods in Transit	241	179
	<u>6,362</u>	<u>5,821</u>

20. Property, Plant and Equipment

	Land	Buildings	Work in Progress	Plant and Equipment	Total
	\$000	\$000	\$000	\$000	\$000

Balance 1 July 2000					
At Valuation date 1 January 1996	64,422	469,120	-	-	533,542
At Cost	298	125,157	22,086	164,134	311,675
Revaluation Adjustment [see note 2(l)]	56,990	544,790	-	-	601,780
Capital Expenditure/Donations	-	149	18,106	10,242	28,497
Disposals	-	(19)	-	(10,297)	(10,316)
Reclassifications	-	3,530	(21,316)	17,786	-
Balance at 30 June 2001					
At Valuation date 1 July 2000	121,710	1,131,709	-	-	1,253,419
At Cost	-	11,018	18,876	181,865	211,759
TOTAL	121,710	1,142,727	18,876	181,865	1,465,178
Depreciation					
Balance 1 July 2000					
At Valuation date 1 January 1996	-	72,042	-	-	72,042
At Cost	-	2,609	-	81,813	84,422
Charge for the year [see note 2(k)]	-	27,303	-	22,786	50,089
Adjustment for disposals	-	-	-	(7,821)	(7,821)
Reclassifications	-	-	-	-	-
Revaluation Adjustment [see note 2(l)]	-	503,651	-	-	503,651
Balance at 30 June 2001					
At Valuation date 1 July 2000	-	605,330	-	-	605,330
At Cost	-	275	-	96,778	97,053
TOTAL	-	605,605	-	96,778	702,383
Carrying Amount at 30 June 2001					
At Valuation date 1 July 2000	121,710	526,379	-	-	648,089
At Cost	-	10,743	18,876	85,087	114,706
TOTAL	121,710	537,122	18,876	85,087	762,795

- (i) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(i)].
- (ii) Land and Buildings were valued by Terry Stevens (Val & Econ) of the Australian Valuation Office on 1 July, 2000 [see note 2(l)]. He is not an employee of the Health Service.
- Plant and Equipment are stated at cost.

Western Sydney Area Health Service
Notes to and forming part of the Financial Statements for the year ended 30 June 2001

21. Restricted Assets

The Health Service's financial statements include the following assets which are restricted by externally imposed conditions, e.g., donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		2001 \$000	2000 \$000
Category	Brief details of externally imposed conditions including asset category affected		
Specific Purposes	Health Promotions	667	2,057
Research Grants	Research	800	1,618
Other	Miscellaneous	970	1,151

22. Payables

Current		
Creditors	19,831	14,276
Other Creditors		
- Capital Works	810	882
- Other	3,257	2,663
	23,898	17,821

23. Current/Non-Current Interest Bearing Liabilities

Current		
Other Loans and Deposits	13	26
Non-Current		
Other Loans and Deposits	108	113
Other loans still to be extinguished represent monies to be repaid to the NSW Health Department Final Repayment is scheduled for 31 December, 2006		
Repayment of Borrowings (excluding Finance Leases)		
Not later than one year	13	-
Between one and two years	26	-
Between two and five years	40	-
Later than five years	42	-
Total Borrowings at face value (excluding Finance Leases)	121	-

2001	2000
\$000	\$000

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

Current		
Employee Annual Leave	36,615	34,684
Employee Long Service Leave	7,000	6,300
Accrued Salaries and Wages	13,233	12,955
Aggregate employee entitlements/other provisions	56,848	53,939
Non-Current		
Employee Annual Leave	7,500	7,000
Employee Long Service Leave	66,057	62,827
Aggregate employee entitlements/other provisions	73,557	69,827

25. Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000	2001 \$000	2000 \$000
Balance at the beginning of the financial year	617,577	611,222	9,918	9,918	627,495	621,140
Changes in Equity-transactions with owners as owners						
Result for the year from Ordinary Activities	(10,417)	6,355	-	-	(10,417)	6,355
Increment on Revaluation of: Land and Buildings	-	-	98,129	-	98,129	-
Balance at the end of the financial year	607,160	617,577	108,047	9,918	715,207	627,495

26. Commitments for Expenditure

	2001 \$000	2000 \$000
(a) Capital Commitments		
Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	11,154	17,050
Between one and two years	3,838	-
Between two and five years	-	-

Later than five years	-	-
Total Capital Expenditure Commitments (including GST)	14,992	17,050
Of the commitments reported at 30 June 2001 it is expected that \$2.3M will be met from locally monies.		
(b) Other Expenditure Commitments		
Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
Not later than one year	1,109	981
Between one and two years	985	823
Between two and five years	3,271	1,594
Later than five years	-	-
Total Other Expenditure Commitments (including GST)	5,365	3,398
(c) Operating Lease Commitments		
Commitments in relation to non-cancellable operating leases are payable as follows:		
Not later than one year	2,217	3,241
Between one and two years	2,217	3,241
Between two and five years	6,651	9,723
Later than five years	8,868	12,964
Total Operating Lease Commitments (including GST)	19,953	29,169
These operating leases are not recognised in the financial statements as liabilities.		
(d) Contingent Asset related to Commitments for Expenditure		
The total of "Other Expenditure Commitments" above includes input tax credits of \$0.5M that are expected to be recoverable from the Australian Taxation Office.		

27. Trust Funds

The Health Service holds Trust Fund monies of \$11.3M which are used for the safe keeping of patients' monies and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Patients' Trust		Private Practice Trust Funds	
	2001 \$000	2000 \$000	2001 \$000	2000 \$000
Cash Balance at the beginning of the financial year	243	241	12,868	13,605
Receipts	1,330	1,000	26,604	22,703
Expenditure	1,326	998	28,414	23,440
Cash Balance at the end of the financial year	247	243	11,058	12,868

28. Contingent Liabilities

(a) Claims on Managed Fund

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

(b) Workers Compensation Hindsight Adjustment

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

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

The interim hindsight adjustment has now been effected for the 1997/98 year and resulted in a decrease in expenses of \$5.257M.

A contingent liability/asset may now exist in respect of the 1998/99, 1999/2000 and 2000/01 Workers Compensation Fund years. The status of the 1998/99 TMF adjustments is unknown.

Affiliated Health Organisations

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

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

Bank Guarantee

WSAHS currently has issued a Bank Guarantee of A\$ 0.3 million to secure the delivery of sterilising equipment for Westmead Hospital. As at the date of these financial statements the equipment is still in the possession of the manufacturers. When entering into the agreement the Service lacked the Treasurer's approval as required by the Public Authorities (Financial Arrangements) Act 1987.

29. Charitable Fundraising Activities

Fundraising Activities

The Western Sydney Area Health Service conducts direct fundraising in all hospitals under its control.

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

RAISED	INCOME EXPENDITURE*	DIRECT EXPENDITURE+	INDIRECT PROCEEDS	NET
	\$000	\$000	\$000	\$000
Appeals (Consultants)	55	-	-	55
Appeals (In House)	13	-	-	13
Fetes	23	-	-	23
Raffles	8	-	-	8
Functions	15	-	-	15
	<u>114</u>	<u>-</u>	<u>-</u>	<u>114</u>
	=====	=====	=====	=====
Percentage of Income	100%	-	-	100%

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

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

The net proceeds were used for the following purposes: \$000

Purchase of Equipment	114
	=====

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

2001 **2000**
\$000 **\$000**

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

CONTENTS

Net Cash Flows from Operating Activities	(47,421)	(80,244)
Depreciation	50,089	38,776
Inter-Area/Interstate Patient Outflows	87,269	82,362
Inter-Area/Interstate Patient Inflows	(63,673)	(61,546)
Interstate Patient Inflows	(2,588)	-
Interstate Patient Outflows	904	-
Provision for Doubtful Debts	(390)	352
Acceptance by the Crown Entity of Superannuation Liability	37,097	33,260
(Increase)/ Decrease in Provisions	6,639	6,091
Increase/ (Decrease) in Prepayments and Other Assets	(6,509)	13,242
(Increase)/ Decrease in Creditors	5,992	2,007
Net Gain/ (Loss) on Disposal of Property, Plant and Equipment	2,035	13,282
(NSW Health Department Recurrent Allocations - Net of Adjustments for Inter-Area/Interstate Patient Flows)	574,032	543,070
(NSW Health Department Capital Allocations)	9,489	35,228
Repayable Loan from NSW Health Department	(18)	139
Net Cost of Services	<u>652,947</u>	<u>626,019</u>

2001	2000
\$000	\$000

31. Non-Cash Financing and Investing Activities

Assets Received by Donation	<u>176</u>	<u>265</u>
-----------------------------	------------	------------

32. 2000/2001 Voluntary Services

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

- | | |
|---|--|
| <ul style="list-style-type: none"> . Chaplaincies and Pastoral Care - . Pink Ladies/Hospital Auxiliaries - . Patient Support Groups - . Community Organisations - | <ul style="list-style-type: none"> Patient & Family Support Patient Services, Fundraising Practical Support to Patients and Relatives Counselling, Health Education, Transport, Home Help & Patient Activities |
|---|--|

33. Financial Instruments

Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates.

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

Financial Instruments	Floating Interest rate		Fixed interest rate maturing in:						Total carrying amount as per the Statement of		Financial Position Weighted average effective interest rate *			
			1 year or less		Over 1 to 5 years		More than 5 years						Non-interest bearing	
			2001	2000	2001	2000	2001	2000					2001	2000
	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000

CONTENTS

	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	%	%
Financial Assets														
Cash	-	-	36,900	18,865	-	-	-	-	44	41	36,944	18,906	-	-
Receivables	-	-	-	-	-	-	-	-	18,065	11,221	18,065	11,221	-	-
Shares	-	-	-	-	-	-	-	-	35	44	35	44	-	-
Treasury Corp. Investments	-	-	2,200	2,200	-	-	-	-	-	-	2,200	2,200	4.95	5.95
Other Loans and Deposits	-	-	24,930	16,476	18,300	25,800	-	-	-	-	43,230	42,276	5.64	6.22
Total Financial Assets	-	-	64,030	37,541	18,300	25,800	-	-	18,144	11,306	100,474	74,647	-	-
Financial Liabilities														
Borrowings-Bank Overdraft	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Borrowings-Other	-	-	13	26	108	113	-	-	-	-	121	139	-	-
Payables	-	-	-	-	-	-	-	-	23,898	17,821	23,898	17,821	-	-
Total Financial Liabilities	-	-	13	26	108	113	-	-	23,898	17,821	24,019	17,960	-	-

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

Credit Risk

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

	Governments		Banks		Patients		Other		Total	
	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Financial Assets										
Cash	44	42	36,900	18,864	-	-	-	-	36,944	18,906
Receivables	4,121	3,983	-	-	10,287	4,426	3,657	2,812	18,065	11,221
Shares	-	-	-	-	-	-	35	44	35	44
Treasury Corp. Investments	2,200	2,200	43,230	42,276	-	-	-	-	45,430	44,476
Total Financial Assets	6,365	6,225	80,130	61,140	10,287	4,426	3,692	2,856	100,474	74,647

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totalled \$0.7 million at balance date.

c) Net Fair Value

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

Derivative Financial Instruments

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

34. Unclaimed Monies

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

All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services. All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

35. Budget Review

Net Cost of Services

The actual net cost of services was lower than budget by \$ 3.6 million. This was primarily due to greater than expected revenues from both Department of Veterans' Affairs and Treasury Managed Fund dividends.

Assets and Liabilities

Net current assets was higher than budget by \$7.7 million and was largely as a result of the timing of creditor payments.

Net Non-current assets was higher than budget by \$93.2 million and was primarily due to a revaluation of land and buildings on 1 July, 2000.

Cash Flows

Refer to above note on Assets and Liabilities.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 16 June 2000 are as follows:-

	\$000
Initial Allocation, 16 June 2000	502,695
Award Increases	4,677
Special Projects (e.g., Highly Specialised Drugs etc)	29,072
Motor Vehicle Leases	1,887
Inter-Area/Interstate Patient Flows	21,912
Growth, Reform, Enhancement Funds	13,100
Escalations	1,468
Other	21,133
Balance as per Statement of Financial Performance	595,944

36. Olympic Games Expenditure

Expenditures incurred in 2000/01 for staff made available for Olympic Games related work totalled \$371,460 and covered 98 staff utilised on initiatives directly or specifically related to the Games.

37. Post Balance Date Events

Awards

The Department of Health has previously negotiated industrial agreements with all relevant unions at WSAHS which provide for a 3% award increase effective from 1st January, 2002.

End of Audited Financial Statements

VOLUNTEERS & COMMUNITY SUPPORT GROUPS

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

Air Liquide

After Care Association

Alliance for Mentally Ill

Alzheimer's Disease & Related Disorders Association

Amgen Australia

AMP Foundation/General Insurance

Apex Club of Blacktown

CONTENTS

Association of Children's Welfare
Association of Civilian Widows
Association of Relatives and Friends of the Mentally Ill
Assissians Society
Astra Zeneca Pty Ltd
Auburn Aged Day Care Advisory
Auburn Aged Day Care Centre Volunteers
Auburn Council
Auburn District Community Health Advisory Committee
Auburn Hospital & CHS Volunteers
Auburn Hospital Pink Ladies
Auburn Rotary Club
Auburn RSL & Sub-Branch
Auburn Salvation Army
Australia Post, Lottie Stewart
Australian Chinese Buddhist Society
Bankers Trust
Bethany Respite Care Centre Volunteers
Bidwill High School
Blacktown Bowling Club
Blacktown City Council
Blacktown City Councillors Wards 4&5
Blacktown City Garden Club
Blacktown City Lions Club
Blacktown Rotary Club
Blacktown City RSL Club
Blacktown City Women's Bowling Club
Blacktown East Presbyterian Church
Blacktown Hospital Ladies Auxiliary
Blacktown Hospital Pink Ladies
Blacktown Workers Club
BMDH Aged Care Volunteers
Bonnyscents
Bradley, Jean & Fred
Breast Cancer Support Service Volunteers
Bridgeway Volunteers
Broken Hill Mine Employees' Pension Fund
Brush Park Bowling Club
Busy Fingers
Café Lottie
Castle Hill RSL Club
Catholic Schools Parents' Forum
Chester Hill/Carramar RSL Club
Coles Supermarket staff
Confused and Disturbed Elderly (CADE)
Combined Pensioners= Association Western
Country Women=s Association (CWA)
Community Support Network (West)
Crestwood Volunteers, Blacktown
Cumberland Aftercare Association
Cumberland Newspapers
Cumberland Women's Bowling Club
Day Services Complex Volunteers
Diabetes Australia, Mt Druitt Branch
Diabetes Australia, Parramatta Branch
Doonside Society of Model Engineers
Eastwood residents
Edna Lyall-Linley Memorial Fund – P Perks
Fairfax Community Newspapers
Fairfield Ladies= Golf Club
Friends of Auburn Hospital and CHS Auxiliary
Girraween Amateur Athletic Club
Grace Bros Art Union
Grace Bros Charities Fund
Granville Branch CWA
Green Team, MtDH

CONTENTS

GROW

Guildford Netball Club
Hammer Village
Handicapped Bowls-Denistone Bowling Club
Homecare Service of NSW
Host Volunteers, MtDH
Inner Wheel Club of Eastwood Inc
Kids West
Kinguard Sterile Wrap
Les Baddock & sons
Lidcombe Catholic Workmen's Club
Lidcombe Ladies Working for Auburn Hospital & CHS
Lidcombe RSL Sub-Branch
Lidcombe Women's Bowling Club
Lifeline - Parramatta
Lions Club of Auburn/Lidcombe
Lions Club of NSW & ACT
Lions Club of Mt Druitt
Lions Club of Prospect
Lions Club of Rooty Hill
Lions Club of Wentworthville
Lottie Stewart Auxiliary
Lottie Stewart Day Centre
Lottie Stewart Library
Lottie Stewart Men's Workshop
Lottie Stewart Patient Support
Lottie Stewart Patient Visiting/Escorting
Lottie Stewart Activity Groups
McDonald's Aust Ltd
McDonald's, Blacktown
McDonald's, Mt Druitt
McDonald's, Plumpton
Meals on Wheels, Mt Druitt
Miss Spring Fair
Motor Accidents Authority
Mt Druitt Cancer Support Group
Mt Druitt Hospital Kiosk Volunteers
Mt Druitt Hospital Ladies Auxiliary
Mt Druitt Hospital Transport Dept clients
Mt Druitt Police Social Club
Nara Respite Program
Northern Grammar School
NSW State Forests
Nurses' Association of NSW
Oncology Unit Blacktown Hospital staff
Order of Eastern Star - Lidcombe Chapter 42
Order of Eastern Star B Mt Beulah Chapter 2
Parramatta City Council
Parramatta Leagues Club
Parramatta Lions Club
Parramatta Riverside Theatres
Parramatta RSL
Parramatta Triple O
Pastoral Care Volunteers
Patchwork Quilters of Hawkesbury Penrith Adult Brain Injury
Plumpton Rural Fire Brigade (in memory of G Briggs)
Price, R (International Women's Day)
Psychiatric Rehabilitation Association
Punchbowl RSL Club
Rainbow Girls
Rauland Australia Pty Ltd
Red Cross
Riverside Lyric Ensemble
Rooty Hill RSL Club
Rooty Hill Volunteer Bush Fire Brigade
Rosnay Golf Club

CONTENTS

Rotary Club of Eastwood
Rotary Club of Prospect
Rotary Club of Rydalmere
Rotary Club of Ryde
RSL Australia
Ryde City Council
Ryde Eastwood Leagues Club
Salvation Army
Schizophrenia Fellowship of NSW
SES, Mt Druitt
Seven Hills & Toongabbie Baseball Club
Seven Hills & Toongabbie RSL Anglers
St Joseph's Hospital Auxiliary
St Joseph's Hospital Rehabilitation Ambassadors
St Joseph's Hospital Volunteers
St Marys Salvation Army
St Raphael Community Centre
SGE Credit Union
Statehealth Credit Union
Stiklites Aust
Surgical Products Educational Fund
Tallowood Volunteers, MtDH
Target Blacktown
Tregear Spring Festival
2WS & Radio Roo
Uniting Church in Australia, Parramatta Regional Mission
Voluntary Transport Drivers, MtDH
Volunteer psychologists in Arabic, Cantonese, Croatian, Mandarin & Portugese
Wallacia Associates
Western Districts Cardiac Support Group
Westmead Cardiac Institute
Westmead Hospital Arts Society
Westmead Hospital Voluntary Services
Westmead Renal and Pancreas Transplant Support Group
Westpoint Shopping Centre
Wheelie Warriors
WISHBONE

DONATIONS & BEQUESTS

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

Greater than \$100,000

Blacktown Workers Club
Children's Hospital at Westmead
Ex-Services Memorial Trust
Sundry Donors

Greater than \$50,000

Abbott Australasia P/L
Anonymous Donors
Westmead Hospital Voluntary Services

Greater than \$30,000

Health & Aged Care

Greater than \$20,000

Blacktown City RSL
Grace Bros Charities
Mt Druitt Hospital Ladies Committee
Parramatta Leagues Club
Perpetual Trustees
Piech, J
Rooty Hill RSL Club

CONTENTS

Rotary Club of Ryde
St John's Park Bowling Club
United Hospitals Auxiliaries of NSW
Westmead Institute of Reproductive Medicine

Greater than \$10,000

Assissians Society
Auburn Hospital & CHS Fundraising Committee
Auburn RSL Club
Cooper, Rebecca L Medical Research
Granville RSL
Kidswest
Kiosk Volunteers Mt Druitt Hospital
Merrylands Bowling Sporting & Recreation Club
Novartis Pharmaceuticals Australia P/L
Public Trustee
Wentworthville Leagues Club
Westmead Anaesthetic Society

Greater than \$5,000

Auburn Hospital &
CHS Auxiliary 1
Auburn Hospital &
CHS Auxiliary 2
Australia Council for the Arts
Bleasdale, T & Ass
Clark & Walker P/L
Glaxo Smith Kline Australia

Johnson & Johnson Medical P/L
McDonald's Aust Ltd
Renal & Pancreas Transplant Group
Sorrell, T
Wesley Mission

Greater than \$1,000

Alzheimer's Disease & Related Disorders Association
Apex Club of Blacktown
Aslan
ASTA Medica Australasia P/L
Astrazeneca P/L
Auburn Lidcombe Lions Club
Auburn Pensioners Friendly Club
Bard Australia P/L
Beck, BG
Blackstock, IM
Blacktown City Councillors -Wards 4 & 5
Blacktown Council
Blacktown Hospital Pink Ladies Volunteers
Braun Australia P/L
BT Financial Group
Bull, C
Chester Hill - Carramar RSL Co-op
Chow, J
Coleman & Greig
Coles supermarket staff
Collett, P
Doonside Society of Model Engineers
Dore, PN
Drew, SM
Eagleston, E
Eastwood Uniting Church Musical Society
Edmonds, P
Forward, T
Frewin, W
Friends of AH&CHS Support Group

CONTENTS

Gallagher, P
George, LM
Gilroy College
class of 1989
Glennings Menswear P/L
Grimaldi, M
Hevington House Carers Support Group
Holmes, M&L
Hudson, A & Vanzyl, J
Institute for Immunology
& Allergy
Iredell, J
Janssen Cilag
John, E
Johnson, HD
Lee, S
Lidcombe Catholic Workmens Club
Lions Club of NSW & ACT
Lions Club of Parramatta
Lions Club of Rooty Hill
Lions Club of Wentworthville
Lottie Stewart Hospital Ladies Auxiliary
Mackin, T
McDonald's, Plumpton
Mitchell, D
Morgan, L
Movement Disorder Foundation
Olympus Australia P/L
Open Heart Association of Australia
Orana Club of Baulkham Hills
Order of the Rainbow for Girls Grand Assembly
Parramatta RSL
Plumpton Rural Fire Brigade
RAPT
Regional Health Care Group
Rich, C
Ryan, K
Selim, J
Toscana, A
Tregear Spring Festival
Tress Cocks & Maddox
Tyco Healthcare
Watson, S
Western Suburbs Leagues Club
Westpoint Shopping Centre
White, Doug AVM Foundation
Whitfield, E
Wisemans Ferry Inn Golf Club

Greater than \$500

ABN - AMRO Australia employees
Auburn Charity Pensioners Club
Ball, A
Belford, O
Blacktown City Womens Bowling Club
Castle Hill RSL Club
Catania, T estate of the late
Catholic Archdiocese Sydney
Chan, R
Cheng, SH
Cheng, Y
Creighton, S
Culbert, H
Datex - Ohmeda P/L
Davisyork, H
Dynamic Press P/L

CONTENTS

Essentials for Health & Fitness

Felton, G

Kung Tai, K

Ladies of Variety

Landau, P

Lidcombe RSL Sub- Branch

Maran, J

Marriott & Oliver Solicitors

Marrow, W

Marshall, R&C

Merrylands RSL Club

Mt Druitt Police Social Club

Nicolson, R

Order of the Amaranth, Hawkesbury Court No 18

Order of the Eastern Star, Liverpool Chapter No 81

Parkes, L

Pennant Hills High School

Pfizer P/L

Pharmacia & Upjohn

Prospect Credit Union

Ruhan, B

Ryde - Eastwood Leagues Club

Sillence, D

Tarrant, A

Thompson, RH

Varga family

Walter & Eliza Hall Trust

Wehbe, T

West City Security Services

Western Districts Cardiac Support Group

Westmead Tavern

Wood, B

Wyeth Health & Nutrition

All our other benefactors

Abela, G

Abeshouse, D

Adams, M&U

Aiton, H

In memory of Akle, C

Abdalla, N

Abi Chemouni, J

Abou-dohar & family

Aboumelhem, M

Akle, A&N

Akle, D

Akle, M & Sarkis, B

Akle, SC

Alber, S

Antor, M

Antoun, K

Aoun, S

Ayrouth, A

Azizi, R&F

Badaoui, N&I

Bahjat, A&R

Bakach, I

Bakos Doueishi, G&H

Barakat, N

Baraket, A

Batour, H

Boudaheri, S

Boudib, S&Z

Boudrah, J

Boufrancis family

Boulos, P

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Castelnyoro, T
Chemouni, A
Chidar, S
Dahdah, B

Dahdah, T
Dawod, J
Diab, H
Dohdoch, F
Doueih, M&Z
Doueih, N
Doueih, R
Doueini, G
Douih, JH
Douwaihi, P&L
Elasmar, J
El-Bayeh, T
El-Bayen, P&M
Fahd family
Gebren Mawad, M
Ghaleb, P
Ghaleb, S
Greige, MW
Habib, C
Halabi, A
Hanna, G&A
Harick, L
Ilinsky, A&J
Issac, R
Kanaane, S&R
Kandalaft, J
Karam, RC
Karam, S
Kareh, G
Kassoum, L
Khandlifit, H
Khattar, T
Khoudeir, J&R
Khoury, A&N
Khoury, B
Khoury, C
Khoury, G&M
Kisirwani, K
Kisirwani, M
Koukassab FS Makary, H
Maksisi, S
Mawad, SG
Mehsen, B
Melhem, J
Mouawad, M
Nahri, M
Nakhoul family
Nammoum, G
Nassar, R
Nouhad, G
Noujaim, C
Ralya Press
Riakos, C
Riakos, H
Roffoul, G
Roumie, J
Saade, S
Said, RF
Sarkis, S
Saroufim, B
Saroufim, M

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Sattout, J
Sharbel, A
Shidiak, E
Sisi, P
Sleiman Basha, P
Tabar, M
Tadros, E
Takla, P
Tannous, I
Tannous, J
Tannous, P
Tohme, B
Touma family
Travis, IM
Valentin, J&J
Wahhe, M
Yamen, J
Yammine family
Yammine, A
Yammine, H
Younan, J&E
Zaatini family
Zaidan, G
Zaidan, S&J
Zalloua, T
Zallouoi, J
Ziade, A

Aldeguer, E
Allan, P & Noake, J
Allen, Dr R
AM Home Help Agency
Amgen Australia
Amos, L & family
AMP Services Ltd
Anaesthetic Supplies
Anandan, U
Andrew Scott Electrical
Andrews, A
Anslow, C
APP Events P/L
Armstrong, M
Armstrong, WA&DL
ARRM P/L
Ashley, C
Ashwood, TJ&LM Family Trust
Auburn Girls High School
Auburn RSL Sub- Branch
Auburn Scottish Association
Auburn Women's Bowling Club
Audiology Dept staff
Aust. National Assoc. of Diabetes Centres
Ayvaz, N
Babbage, JA
Baddock, Les & sons
Bagia, JS
Baldwin, W
Ball, D
Banks, R
Barlow, EJ
Barr, LF&MI
Barraclough, Dr B
Bartho, M
Barton, J

CONTENTS

Bartram, A
Baxter Healthcare P/L
Bayer Aust
BDPR Falconer P/L
Becton Dickinson P/L
Bell, J
Bennett, D estate of the late
Bennett, Dr C
Bernard family
Berry, JR
Bersten, M
Bevington, M
Beyond Productions
Bidwill High School
Biotronic Asia Pacific
Bishop, R
Blackshaw, L
Blackshaw, V
Blacktown City Garden Club
Blacktown East Presbyterian Church
Blacktown Hospital Oncology Unit staff
Blacktown Lodge, No 393 Kildare Rd
Bland, D
Blissett, R
Boan, M
Bonnyscents
Borg, M
Bourke, S
Bowen, A
Bowers, D
Bradshaw, G
Brancatisano, Dr R
Brindell, M
Brodie, M
Brown, J
Brown, M
Brush Park Bowling Club
Budnick, C
Buenaventura, Dr L
Buglass, G
Bullingham, Dr A
Buric, M & Donnelly, H
Burn, D
Butler, J
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Cadman, MN
Cameron, R
Campbell, C
Campbell, R
Campbell, SJ
Cant, A&K
Cardiology Dept staff
Carozzi, Dr A
Cassin, R
Castle Hill Creative
Catto, N
Celpac Envelopes
Challinor, RG&JL
Chan, KY
Chapman, B&A
Chaudhary, I
Cheang, E
Chen, H
Chen, TW
Chin, E
Chinese Womens Association

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Chong, M
Chow, I&T
Christie, HG
Chui Mei, H
Chung, Dr E
Clark, DR
Clarke, M
Cliff, K
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Clissold, N
Cobden, SA
Cobercroft, MA
Cochrane, M
Cole, RL
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Colourwise Nursery NSW P/L
Condello, G
Connors, P
Conroy, T
Convatec
Cooper, CD&FE
Corcoran, D
Cossu, L
Coughan, J
Coutis-Cooper, K
Cox, AO&SD
Cramer, D
Crocker, JA
Crook, CM
Cullen, B
Cummine, Dr JL
Curtin, Dr GP
Cutler, Hughes & Harris
Dafel, P&P
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Dalton, V
Darbar, E
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Davidson, J
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De Cruz, T
Deane, Dr S
Dennison, F
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Doenan, C
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Douglass, RWJ
D'Rozario, J
Dugan, Dr J
Dumas, A
Dunkin, Dr P
Dunlop, J
Edmiston, Dr I
Edwards, LA
Edwards, R&P
Eglon, D
Eli Lilly Aust
Elvery, M
Emmett, R

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Endeavour Credit Union
Epping Boys High School
Evans, M
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Farley, JR
Farrugia family
Fatur, A
Faulding Asia Pacific
Ferguson, B&R
Fernandes, L
Fernside, Dr M
Field, PH
Finesse South Pacific Travel P/L
Fitter, A
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Foord, S&D
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Fowler, Dr W
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Fox, WH
Freeman, P
Friend, M
Fuller, IR
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Gale, RA Foundation
Galea, J&MR
Gallagher, MT&JO
Game, H
Gange, J
Geraghty, A
Geriatric Day Hospital clients
GETZ Bros & Co (Aust) P/L
Gibson, Dr P
Goderie, A
Goderie, F
Goding, N
Gopal, A
Goulder, N
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Graham, T
Grant, H
Gray, S&J
Green, J
Gregson, J
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Grimaldi, V
Grimes, S
Gunther, S
Gupta, N
Haddad, A
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Hankin, M
Hannam, D
HAP P/L
Harnett, P
Hart, J
Harvey, Dr P
Harvey, K
Haskew, R
Hawthorne, WJ
Hayes, B
Hayes, J
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Haynes, LB
Heiler, E & Loveless, M
Heilman-Inglis, A

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Hewitt, Rev L
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Hinchcliffe family trust
Ho, D
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Hogg, T&K
Holland, R
Hollands, Dr M
Hollman, P
Hooper, OD
Horlyck, RH
Horncastle, L
Horsley, D
Horwood, M&C
Houston, C
Hui, R
Hunt, Dr C
Ibbotson, GS
Ignatenko, N
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Investment & Financial Services
Iyer, S
Jacka, BE
Jackson, Dr A
Jackson, T&G
Jacobs, AV
Jacobson, E
Jalron Enterprises
Jaumees, A
Jaworski, R
Johnsen, AA&A
Johnson, Dr D
Johnson, RM
Jones, D
Jones, S
Joshi, Dr PR
Joshua, WD
Kalnins, Dr I
Kaplan, G
Karis, S
Karras, T
Kaur, AP
Kemp, C
Kemsley, L
Kermeci, F
Kerrigan, N
Kestel, C
Key, J
Khan, Y
Kielmann, W
Kilgallon, TP
Kim, SN
Kinguard Sterile Wrap
Kincumber Ritz P/L
Kingham, B
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Kirkwood, C
Kizana, C
Klopper, G
Kneale, C
Knight, R&A
Koffke, V&H
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Kosac, R
Koufos, H
Kumar, A
Laguzza, D
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Laing, SE
Lam, L
Laniewski, Dr P
Larsson, M
Latham, M
Lau, Dr H
Lawson, LH
Lazaros, G
Leggett, Dr H
Leibman, Dr S
Leicester, AW&SC
Leimanshtein, G
Leonard, LN
Leotta, C
Lesaca, Dr E
Letta Holdings P/L
Leukaemia Foundation of NSW
Levitt, Dr M
Lewy, B
Lindfield, B
Link Printing
Little, Dr M
Loder, Dr P
Loe, Dr GTT
Long, CRA
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Loudon, SM
Lovell, M
Loveridge, Dr K
Lundie, MJ
Lundqvist, K
Maas, L
Macartney, L
Mackay, EE
Macken, PL
Mackie, R
Maher, G
Mail Marketing Works
Makin, E
Mann, N
Marg, G
Marist College Kogarah
Marketsoft Services P/L
Marr, J&SM
Matyuk, N
Maxted, N
May, C
McCann, P
McCredie Uniting Church, Guildford
McDonald, A
McGirr, T
McGrath, P
McHugh, JW
McInerney, R
McKenna, P
McKeown, I
McLean, Dr J
McNay, E
McNeil, R
McVay, R&D

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Medicine Dept staff
Medtronic Australia P/L
Mercantile Consulting
Merheb, G
Meriden School
Merritt Madden Printing
Micallef, P
Michelmore, P
Middleton, N
Mid-North Coast Division of GPs
Miller, AR
Miller, GE
Miller, I
Miller, N
Miller, P
MLC Financial Planning staff
Moon, D
Moore, WH&D
Moore's Nursery
Moradi, Dr F
Morey, EJ
Morgan, Dr G
Morrell, V
Morris, E
Morton, D
Moss, R
Mt Beulah Chapter
No 5
Muir, J
Mulley, E
Mulligan, R
Munro, S&K
Muriel Parkin Memorial
Nade, Dr S
Nalletamby, R
Napper, EE
Nappier, J
National Insurance Brokers Association
Nayagar, L
Needham, A
New, D
Newman, E
Newport, D
Nicholls, J
Nicol, H
Nixon, T
Noble, HC
Norsoo, B
Novo Nordisk Pharmaceuticals P/L
NSW College of Nursing
NSW Nurses' Association
Nuske, M
Nussey, Dr FJ
Nyholm, AG&OD
O'Brien, Y
O'Connor, W
Oliver, M
Openshaw, D
Order of the Eastern Star - Lane Cove Chapter No 70
Order of the Eastern Star - Went-worthville
Chapter No 17
Owen, Dr U
Packham, Dr D
Parana, E
Parbery, MJ
Park, A

CONTENTS

Patchwork Quilters of Hawkesbury
Patterson, P
Pattullo, G
Paul, N
Paull, J
Pawsey, HD
Payne, F
Pearson, JG
Pedvin, B
Peebles, MD
Penstone P/L
Perks, T
Permail P/L
Pert, A
Peter MacCallum Cancer Institute
Peters, F&J
Peters, M
Pharma Research
Phillips, N
Pinto, F
Pirrello, J
Pirri, S & children
Pitzing, R
Plantaris P/L
Potts, L
Powell, C
Pratley, J
Preston, RG
Price, R
Priestley, Dr M
Prior, Dr FG
Prosser, Z
Protos, D
Prudnyk, A
Pullen, Dr D
Pulsford, M
Pydde, MF
Pye, S
Quakers Hill Public School
Ralph, Dr A
Ralston, NT&JE
Ramanathan, Dr T
Ranamukalage, C
Rasmussen, A
Reid, WH
Remark Asia Pacific
Reveley, D family & friends
Revelwood NSW P/L
Ricciardiello, G&T
Rich, J
Riley, D
Riley, S
Riverstone High School
Rix, R
Robb, JM
Roberts Research Group
Roberts, D
Roberts, J
Robertson, H
Robinson, PJ
Robson, G
Rolfe, P
Rotary Club of Concord
Royal Sun Alliance
RSL Epping Sub- Branch
Russell, L

CONTENTS

Ryan, A
Ryan, C
Ryan, NM
Ryan, R
Ryde Epping Zone of Playgroups
Ryznar, Z
Saliba, Dr L
Salmat Computing Services P/L
Samways, JW
Sandercoe, G
Sargents P/L, management & staff
Savva, E
Saywell, M
Scicluna, S&B
Scout Association of Australia, NSW
Seitz, A
Senior, LA
Serymgeoun, F
Seven Hills & Toongabbie RSL Anglers
Seven Hills & Toongabbie RSL Baseball Club
Sewell, N
Sexty, R
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