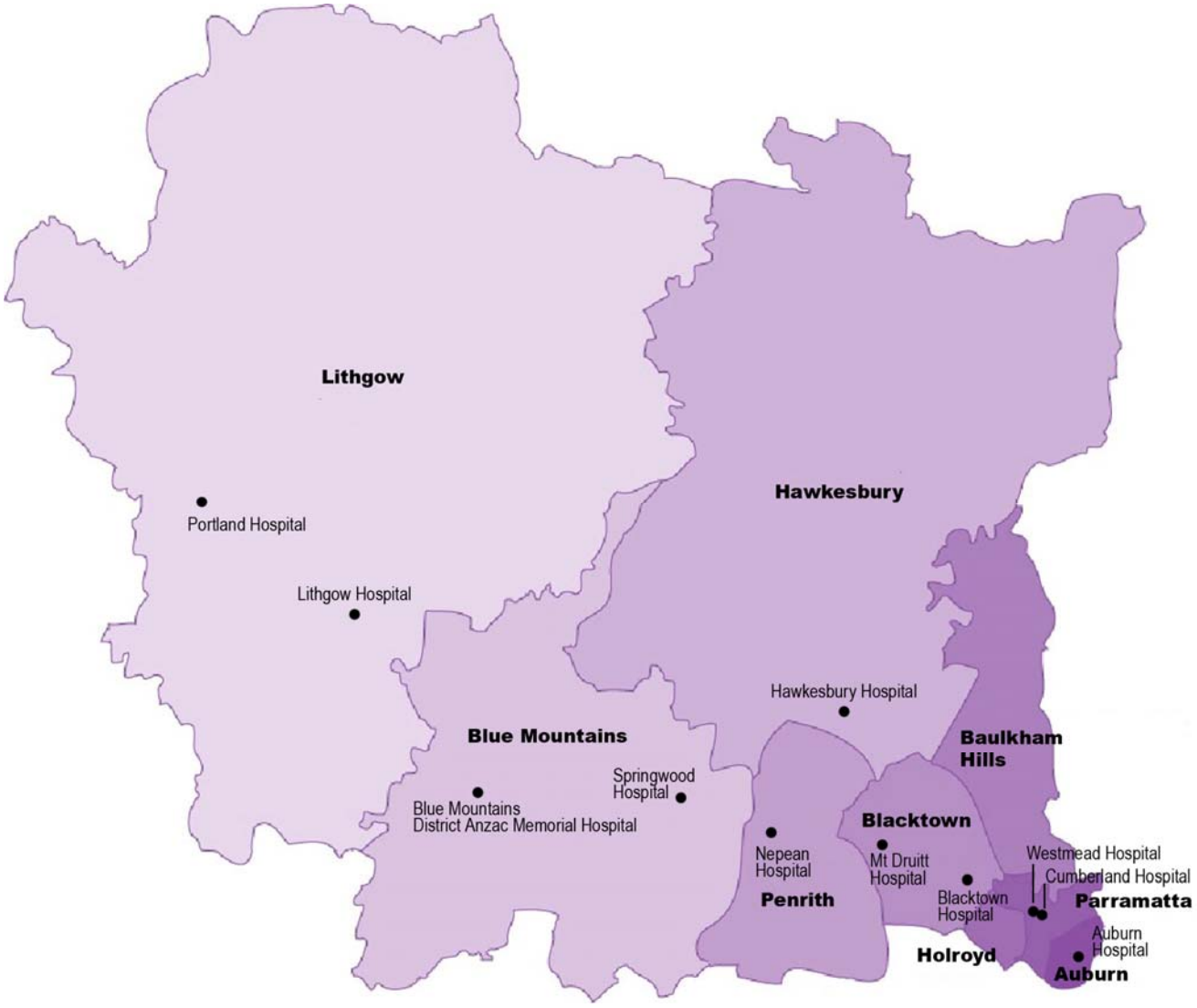
SYDNEY WEST
AREA HEALTH SERVICE

NSW HEALTH

ANNUAL REPORT 2007/2008



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LETTER OF SUBMISSION TO MINISTER

SYDNEY WEST AREA HEALTH SERVICE | NSW HEALTH

The Hon John Della Bosca MLC
Minister for Health
Governor Macquarie Tower
1 Farrer Place
Sydney NSW 2000

Dear Minister

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

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

Professor Steven Boyages
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Chief Executive
Sydney West Area Health Service

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Providing health services to the communities of
Auburn • Baulkham Hills • Blacktown • Holroyd • Parramatta • Hawkesbury • Penrith • Blue Mountains • Greater Lithgow

LH-001

CONTENTS

CHIEF EXECUTIVE'S YEAR IN REVIEW

It is with great pride that I present the Sydney West Area Health Service (SWAHS) results and achievements for 2007-2008. Once again, the hospitals and community health facilities within SWAHS have excelled in delivering exceptional patient care to the residents of western Sydney. Many of our key performance indicator results for our hospitals are among the best in Australia, if not the world. The results reflect the hard work and commitment of SWAHS' clinical and support service staff to provide patient focussed care, which reflects the SWAHS CareFirst philosophy.

Our Safety First Program was officially launched in December, 2007 and rolled out across the area. It ensures that patient safety and quality of care are at the heart of our health service, with the key focus on hand hygiene, falls prevention and identifying and responding to a deteriorating patient.

Computer technology is revolutionising many aspects of everyday life. The uptake of information and communication technology is dramatically reforming the safety of patient care. SWAHS has pioneered the development of and/or implemented use of technology in several areas, including electronic patient records, computer-based medical handover, digital technology in medical imaging to reduce the invasiveness of some diagnostic procedures and treatments and diagnostic test ordering and results reporting computer systems.

We have forged successful partnerships with other government, local health, human service and corporate organisations to deliver healthier environments, encourage healthy lifestyle choices and improve patient and carer experiences of health care.

As health professionals, we have acted as important role models by embracing the 'eat healthy, be active' and 'Go for 2&5' campaigns, thus strengthening the messages we deliver to our community. Up to 2500 staff participated in two Healthy Lifestyle Staff Challenges and another 720 took up the offer of assistance to quit smoking.

We have greatly improved early access to culturally appropriate services for Aboriginal clients, particularly in the areas of maternity, newborn care and chronic and complex disease care, by the partnership forged with local Aboriginal medical services and GPs.

Many of the SWAHS hospitals have a proud history of providing public health services in Sydney since Australia's settlement. Auburn - the oldest hospital in our area - celebrated 100 years of serving the community. This milestone came in the lead-up to the opening of the $120 million redevelopment of Auburn Hospital scheduled for completion in early 2009.

Westmead Hospital, which has its roots in the first tent hospital in Parramatta, turns a proud 30 in November 2008. Although relatively young in the history of medicine, the hospital has, in this short time, firmly established its reputation as a world-class health care, teaching and research facility.

Staff from across SWAHS have been actively engaged in research, in collaboration with a range of universities, and continue to contribute to the growing body of world knowledge about how to promote good health, prevent disease and injury, detect symptoms early and more effectively provide treatment and rehabilitation for our community.

New SWAHS service models have improved patient experience by identifying their needs earlier and directing them to units with specialised staff and environments purpose-designed for their needs. These units include the Psychiatric Emergency Care Centres (PECC) at Blacktown and Nepean hospitals, the Nepean Medical Assessment Unit (MAU) and Home for Older People Early (HOPE) Unit at Westmead Hospital. In addition, waiting times for admission from the ED to a hospital bed has been reduced by the introduction of rapid assessment units for respiratory, cancer, cardiac, neurosurgery and general surgical patients.

SWAHS has invested in several innovative workforce development programs to ensure that a ready supply of clinical, management, teaching and support service staff is available to meet current and future demand for health professionals. These include the highly successful Nursing in Schools Program, a collaboration between schools, TAFE and the University of Western Sydney.

Staff working in our hospitals and community health settings continue to respond to the ever-changing needs of the modern health care system by pioneering new and smarter ways of providing health services. I am confident that local residents can look forward to receiving the health care they need and deserve, both now and into the future.

Professor Steven Boyages
Chief Executive, Sydney West Area Health Service

SECTION 1

PROFILE, PURPOSES & GOALS

PROFILE, PURPOSES AND GOALS

Health Service Profile

Area overview

Sydney West Area Health Service (SWAHS) consists of both urban and semi-rural areas, covering almost 9000 square kilometres. The AHS is responsible for providing primary and secondary health care for people living in the Auburn, Baulkham Hills, Blacktown, Blue Mountains, Hawkesbury, Holroyd, Lithgow, Parramatta and Penrith local government areas (LGAs) and tertiary care to residents of the Greater Western Region.

The estimated resident population of SWAHS in 2008 is 1,143,871 (Table 1), which includes a substantial Aboriginal community. The Darug, Gundungarra and Wiradjuri people are acknowledged as the traditional owners of the land covered by the AHS. The number of people identifying as indigenous in the Census has been increasing in recent years. The official figure reached 16,629 in 2006, although this is widely regarded as an underestimate. The larger indigenous communities reside in Blacktown and Penrith and are younger than the wider NSW community, with 57 per cent under 25 years of age.

These two LGAs, along with Hawkesbury, have almost a quarter of their residents aged less than 15 years. At the other end of the spectrum, the population aged 65 years and over is predicted to increase by 37 per cent between 2008 and 2018 in the LGAs of Parramatta, Holroyd and Baulkham Hills.

Overall, the population is increasing by about 1.3 per cent each year. Births to existing residents contribute about 16,000 persons per annum, with the highest total fertility rate occurring in Auburn (2.5 per woman). Continued major land releases, greater density of dwellings in older areas and new arrivals of refugees and other migrants all contribute to population growth. During the year ending December 2007, SWAHS was the recipient of 42 per cent (13,571) of new settlers under the Humanitarian Program in NSW and a further 63,639 settlers under the Non-Humanitarian Program.

Perhaps unsurprisingly, SWAHS is extremely culturally diverse. On Census night in 2006, one third of the population reported being born overseas. The most frequently reported countries of birth were UK, Philippines, India, China, New Zealand, Lebanon, Fiji, Sri Lanka, South Korea and Malta.

The increasing sectors of older residents, culturally diverse communities and new arrivals and refugees are distinct populations within the AHS. These populations pose new and unique challenges in health care planning, service delivery and access to specialised care.

Based on the Socio-economic Indexes for Area (SEIFA) 2006, Index of Socio-economic Disadvantage, SWAHS comprises LGAs at both ends of the spectrum. Among the most disadvantaged areas in NSW, scoring well below the 1,000 average, were Lithgow (937) and Auburn (922), characterised by low income and educational attainment and a high level of unemployment. At the opposite end, LGAs receiving a score over 1,000, suggesting least disadvantaged areas, were Baulkham Hills (1116), Blue Mountains (1051), Hawkesbury (1033) and Penrith (1006).

The age standardised death rates for SWAHS residents for the five year period 2000 to 2004 were slightly higher than the State average for males (825 and 810 per 100,000 respectively) and significantly higher for females (553 and 532 per 100,000 respectively). The major causes of death were circulatory diseases, cancers, respiratory diseases injury and poisoning. A similar pattern existed for premature deaths among residents aged less than 75 years, with rates somewhat higher among males in SWAHS compared to NSW (348 and 342 per 100,000 respectively) but significantly higher among females than the State average (210 and 198 per 100,000 respectively).

Activity

In the 2007/08 financial year there were:

- 193,787 separations
- 835,604 beds days
- 106,111 day only separations
- 225,858 emergency visits*
- 54,106 operations performed
- 3,726,497 non-admitted patient occasions of service.

(Note: *Admissions to the seven major hospitals in SWAHS)

PROFILE, PURPOSES AND GOALS

Health Service Profile

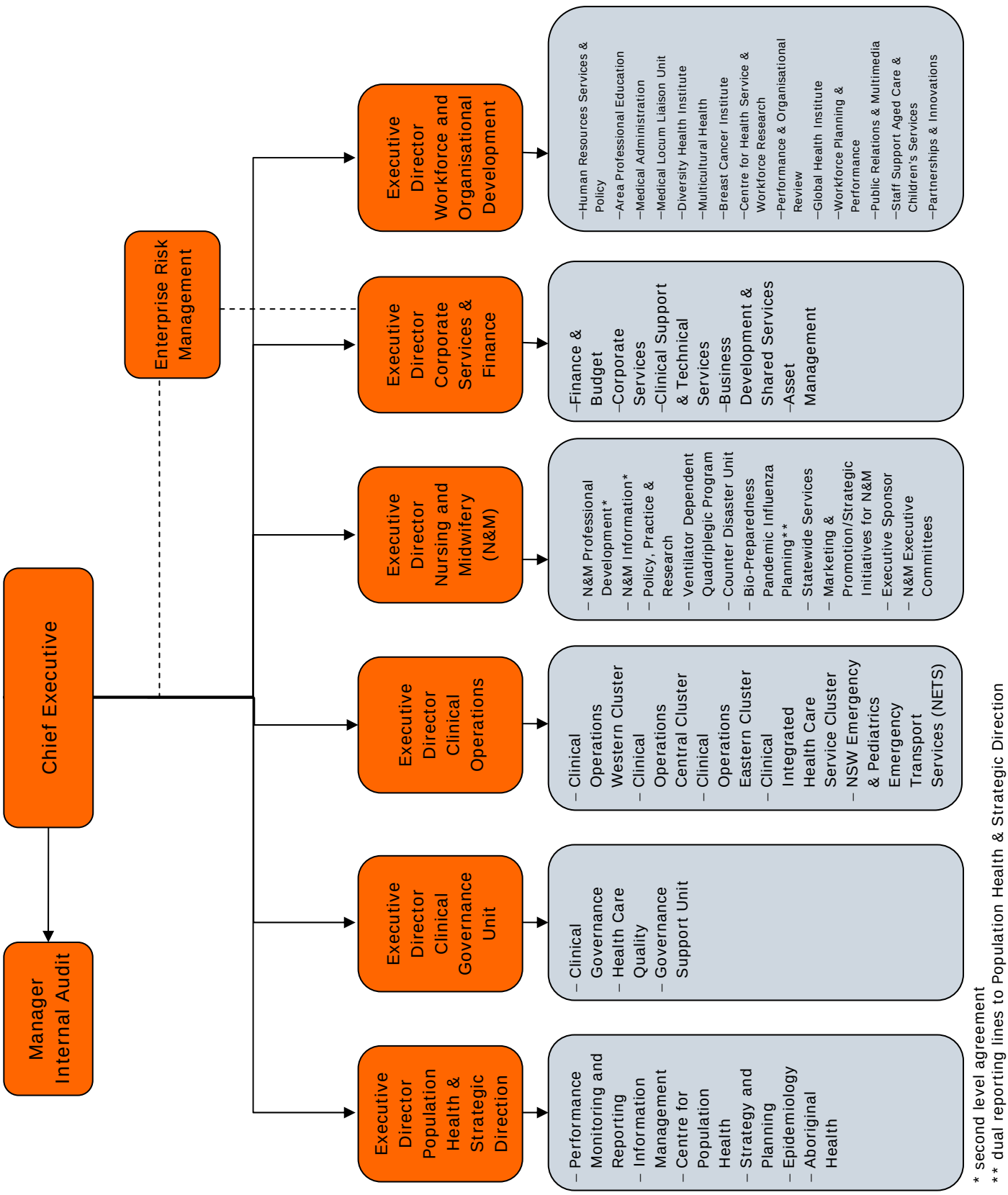
LGA	Estimated Resident Population					Census	
	2008	2018	% Aged<5	% Aged >=70	% Indigenous	(2006) % [1]LOTE of the total Census population	(2001) [2]IRSD
			Of the 2008 total population				
Auburn	70,290	87,312	6.8	7.0	0.7	66.2	922
Baulkham Hills	176,175	207,187	5.9	6.0	0.3	24.4	1116
Blacktown	290,574	320,969	7.5	5.7	2.6	32.4	973
Blue Mountains	10,335	83,037	6.3	8.9	1.3	4.8	1051
Hawkesbury	66,264	71,563	6.8	6.2	1.9	4.8	1033
Holroyd	96,381	108,370	6.5	8.8	0.8	45.2	972
Lithgow	20,234	20,235	5.8	11.0	3.1	2.4	937
Parramatta	158,221	175,468	6.4	9.3	0.8	44.1	987
Penrith	187,021	197,703	7.4	5.5	2.4	13.4	1006
SWAHS	1,143,871	1,271,844	6.8	6.9	1.6	28.9	
NSW	6,996,848	7,568,479	6.0	9.9	2.2	20.1	1000

Source: ABS population estimates (HOIST), centre for Epidemiology and Research, NSW Department of Health and CDATA 2001, 2006

1. People speaking a language other than English
2. Index of Relative Socio-economic Disadvantage

PROFILE, PURPOSES AND GOALS

Organisational Chart



PROFILE, PURPOSE AND GOALS

Summary of Health Services Goals, Mission and Values

The Health Futures Plan provides a vision for the NSW health system over the next 15 to 20 years. The project refined NSW Health and area health service (AHS) vision and goals. Importantly, the Futures Plan also identified seven strategic directions that have informed the Corporate Strategic Plan and related strategic planning initiatives.

In summary, the SWAHS strategic vision is to deliver high quality health services that are responsive to the needs of health consumers and the community and ensure that its services can adapt to meet future challenges. We share high level goals and seven strategic directions to realise those goals with the NSW Health system as a whole.

Goals

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

SWAHS aims to be a quality health care organisation that embraces learning and innovation to achieve better health for the people we serve.

Values

Excellence, equity, respect
Learning, research, innovation
Ethical, honest and open practice
Collaboration, teamwork
Responsiveness

Seven Strategic Directions

The seven strategic directions reflect shared priorities across NSW Health for the next five years. Progress in achieving the directions will be measured using existing dashboard and other indicators at State and AHS level.

The strategic directions are:

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

There are also several specific strategic goals and associated indicators of performance that are reported in the following pages.

SECTION 2

PERFORMANCE SUMMARY

PERFORMANCE SUMMARY

Corporate Governance Statement

The chief executive carries out all functions, responsibilities and obligations in accordance with the *Health Services Act* of 1997.

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

The Chief Executive has practices in place to ensure that the primary governing responsibilities of Sydney West Area Health Service are fulfilled in respect to:

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

2007/08 Governance Statement:
Chief Executive Governed Public Health Organisations

Governance Statement

As Chief Executive I am responsible for the governance controls of the Sydney West Area Health Service.

This Statement sets out the main governance practices in operation for the reporting period 1 July 2007 to 30 June 2008, and the extent to which they have been met.

To the best of my knowledge and belief the organisation has complied with the principles within the Department of Health's Corporate Governance and Accountability Compendium [December 2005] as they currently apply, except where there may be a qualification in the attachment to this statement.

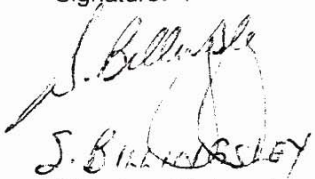
Signed:

Prof Steven Boyages
Chief Executive
Sydney West Area Health Service

Date: 31 / 10 / 08

This statement is a fair and true account of the corporate governance controls in place during the reporting period.

Signature:



Director of Internal Audit for the
Sydney West Area Health Service

Date: 31 / 10 / 08

PERFORMANCE SUMMARY

Clinical Governance Statement

The highest priority of SWAHS is to deliver safe, high quality care to the community.

This is achieved by employing health professionals of the highest standard and providing them with the training and support they need to do their best. When, at times, things do not go as planned, our obligation is to be open, apologise and make sure we learn from our mistakes.

Our SafetyFirst strategy adopts the following principles:

- Teamwork
- Openness about errors
- Emphasis on learning
- Just culture
- Obligation to act
- Accountability
- Prioritisation of action
- Partnerships with staff, consumers and carers.

First among these principles is Teamwork. SWAHS is committed to supporting our multi-disciplinary teams (doctors, nurses, other health professionals and all those involved in supporting the delivery of safe, high quality care) with what they need in order to work as outstanding teams. SWAHS considers the patient to be at the centre of this team, with family and friends.

SWAHS is committed to improving the patient experience by seeking feedback (patient survey), actively listening to patients and their carers (patient/carer interviews) and reviewing complaints and compliments to maintain and improve our services.

What does the area do to improve patient safety and quality?

- Recognise the importance of clear accountability for addressing patient safety issues.
- Have structures in place such as the Area Health Care Quality Committee and the Network Patient Safety and Quality Committees to advise on and take a leadership role in this.
- Work towards creating an environment where staff and patients are supported to report and address errors and system problems.
- Standardise systems and practices using the best available evidence to make management and clinical decisions about the care of patients.
- Have a standard process to manage and mitigate patient risk.
- Support and actively promote a culture of incident reporting, review and analysis of incidents and patient complaints.
- Work with clinicians on quality and safety through advisory groups and active participation.
- Engage in benchmarking activities, meaning we compare our hospitals to similar services to assess our performance.
- Measure our clinical performance through clinical audits and reviews.

In the past year, SWAHS has undertaken a series of major initiatives to improve patient safety and quality of care including:

- Hand hygiene – improved compliance with hand hygiene practices before and after patient contact by making alcohol hand rubs widely available at the point of patient care.
- Falls prevention – standardisation of patient risk assessment processes and other preventative interventions, which have resulted in a reduction in patient injuries as a result of falls in hospital.
- National Inpatient Medication Chart – introduced a standard medication chart in all hospitals within SWAHS, which has reduced variation in clinical practice.
- Correct Site, Correct Patient, Correct Procedure Policy – standardised procedures for correct identification of patients and the procedure that they are to undergo to reduce errors. There have been no surgical errors in the past year relating to wrong procedures.
- Patient Experience Program – establishing a process to collect, analyse and respond to patient and carers' experiences, both during and after they have accessed our health care services.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 1 - Make prevention everybody's business

Performance Indicator: Chronic disease risk factors

Desired outcome
Reduced prevalence of chronic diseases in adults.

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

Alcohol

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

Target
Reduce total risk drinking to below 25 per cent by 2012.

Interpretation
The range of alcohol-related prevention strategies employed to date has created a net fall in risk drinking behaviour of 6.2 per cent since 2002. The annual decrease has been steady at an average of 1.2 per cent. It is likely that the target will be reached by the end of 2008 if this trend continues.

Achievements
A range of key partnerships has been established to facilitate cross-sectoral approaches to alcohol risk reduction. These involve Licensing Police and Liquor Accords, Council, Dept Education & Training (DET), TAFE, UWS and the Youth Work Sector. Examples include:

- Relationships have been fostered with all 12 Liquor Accords within the geographic boundaries of SWAHS.
- Specific strategies have been developed to address risk drinking and associated sexual risk taking within the context of residential students at UWS (Choice Matters Program).
- A small grants program (sex, drugs and risky stuff) has been established for the Youth Work Sector to develop projects that address risky use of alcohol by young people.
- Ongoing partnership activities with TAFE and DET include professional development and lesson planning.

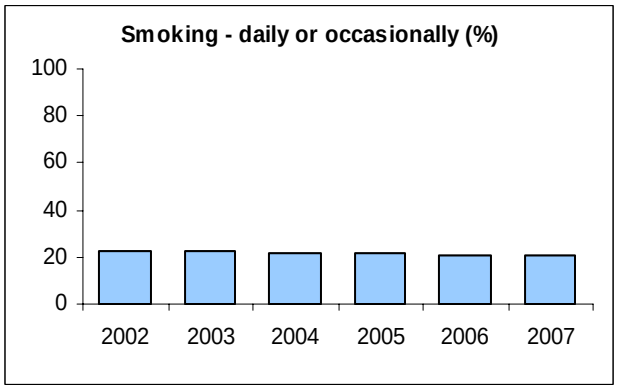
Future Initiatives

- Good Sports Program in partnership with Australian Defence Force (ADF).
- Expansion of UWS Partnership (Choice Matters Project).
- Repeat small grants scheme.
- Identify and support activities to be undertaken by Liquor Accord, (e.g. Responsible Service of Alcohol (RSA) training for high school students and secondary sales to minors).

Smoking

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

Target
Continue to reduce smoking rates by 1 per cent each year to 2010, then by 0.5 per cent to 2016. We aim to exceed this target for the Aboriginal population.



Interpretation
The range of tobacco-related prevention strategies implemented has resulted in a 2.1 per cent reduction in smoking levels since 2002. Although

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 1 - Make prevention everybody's business

the results are moving in the right direction, the 1 per cent annual target has not been achieved.

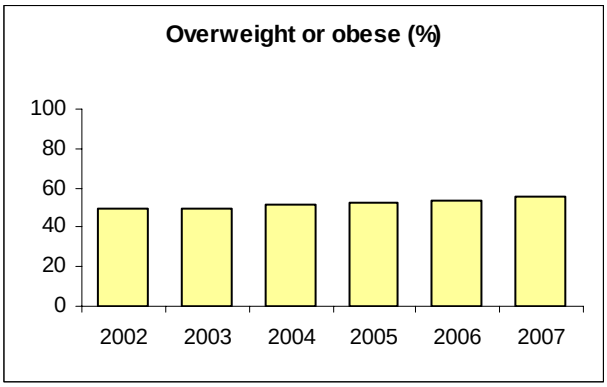
Achievements
- AHS Tobacco Control Action plan developed, approved and baseline assessment completed.
- Blacktown LGA community-based quit smoking services - 14 per cent quit rate at 6 months.
- Staff Smoking Intervention Service - 720 staff accessed service, 25 per cent quit rate at 6 months.
- Population Health Tobacco Cessation Competency Course for workers (33 staff trained), Smokecheck Training (26 staff).
- Commonwealth funding secured for Smoking in Pregnancy Project ($123,000).
- Arabic Waterpipe Tobacco Awareness Campaign.

Future Initiatives
- Continue to support compliance strategies for the SWAHS Smoke Free Policy.
- Increasing workforce capacity to implement smoking brief intervention.
- Targeted strategies for high-risk groups e.g., Arabic community, locational disadvantage, pregnant women, Aboriginal people and people with a mental health illness.

Overweight and obese

Context
Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Target
Stop the growth in childhood obesity by holding it at the 2004 level of 25 per cent by 2010. Then reduce levels to 22 per cent by 2016.



Interpretation
Overweight and obesity continues to rise in SWAHS, across NSW and Australia-wide. SWAHS has been implementing a number of strategies in attempts to hold the level of weight increases, predominately focusing on children. New strategies for 2009 will see an increase in focus on adults.

Achievements
- Healthy Lifestyle Staff Challenges – more than 2500 participants in two challenges. Staff increased physical activity and ate healthier choices, including more fruit and vegetables.
- Walking paths and brochures for staff and visitors developed for Westmead, Cumberland, Nepean and Blacktown hospitals.
- Active Young Bowenfels Project completed.
- Bodywise Project completed and evaluated.
- Go for 2&5® Campaign implemented.
- Twenty clubs recruited to healthier food and drink choices in sporting organisations project.
- Munch & Move Program – promoting healthy lifestyles to children 0-5 years and their families.
- Live Life Well @ School – including Crunch&Sip® Program (74 schools registered) – promoting healthy lifestyles to children 5-12 years and their families.
- Healthier Environments for Healthy Choices Program – creating supportive environments for healthier choices at AHS facilities – staff, visitors and patients.
- Partnership agreement with TAFE to promote healthy lifestyles to staff and students.
- Walkability index developed and validated, suburb observational assessments conducted.

Future Initiatives
- Measure up campaign.
- Healthy Kids Everyday, Everywhere Project.
- Munch & Move Preschools.
- Live Life Well @ School.
- Obesogenic Environments.
- Live Life Well in Lithgow.
- Needs assessment and strategies high-risk groups (Lebanese, Pacific Islanders, Aboriginal).
- Healthier Environments for Healthier Choices Program.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

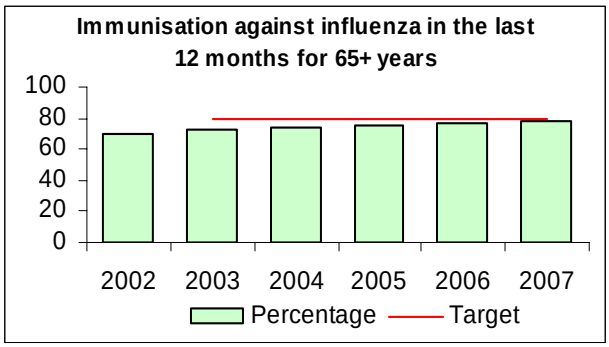
Strategic Direction 1 - Make prevention everybody's business

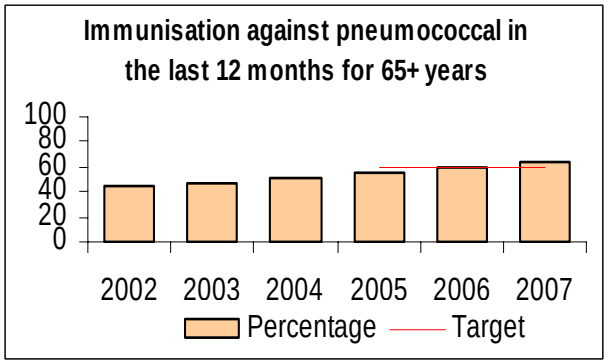
Performance Indicator: Adult immunisation

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

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

Target
Increase the rate of influenza immunisation among people aged 65 years of age and over from 75 to 80 per cent and pneumococcal immunisation from 55 to 60 per cent.





Interpretation
For people over 65 years, influenza vaccination is recommended every year, and two doses of pneumococcal vaccine are recommended five years apart. These are provided free through the National Immunisation Program, delivered mainly by general practitioners. Information for this indicator is self-reported by participants in the NSW Population Health Survey.

Achievements
The trend to improving rates of vaccination coverage probably arises from multiple factors, including increased awareness of vaccine recommendations and availability of the pneumococcal vaccine free under the National Immunisation Program since 2005.

Future Initiatives
Consolidation of the trend towards higher vaccination rates in the elderly will be one of the objectives of the Sydney West Immunisation Strategy, which is being developed jointly by the Centre for Population Health and local Divisions of General Practice, in collaboration with other stakeholders.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

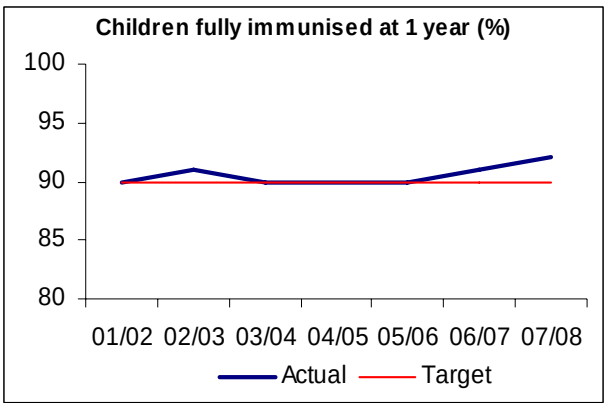
Strategic Direction 1 - Make prevention everybody's business

Performance Indicator: Children fully immunised at one year

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

Context
Although there has been substantial progress in reducing the incidence of vaccine-preventable disease in NSW, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Target
Improve and maintain the rate of children fully immunised at one year of age above 90 per cent.



Interpretation
Childhood immunisation in Sydney West is provided through general practitioners, community health clinics and some local councils. Immunisations are reported to the Australian Childhood Immunisation Register, which is the source of the data for this indicator.

Children fully immunised at one year have protection against hepatitis B, diphtheria, whooping cough, tetanus, haemophilus influenzae type B, meningococcus type C, polio, pneumococcal disease, rotavirus, measles, mumps and rubella.

Achievements
The trend to improving rates of immunisation at one year of age probably arises from a number of factors, including efforts by local Divisions of General Practice to improve data provided to the Australian Childhood Immunisation Register and incentive programs for parents and GPs to fully vaccinate young children.

Future Initiatives
Ongoing improvement in vaccination rates in children, at both one and four years, will be one of the objectives of the Sydney West Immunisation Strategy, which is being developed jointly by the Centre for Population Health and local divisions of general practice, in collaboration with other stakeholders.

The strategy will have a particular focus on timely vaccination for Aboriginal children and on effectively reaching children who have recently immigrated to Australia.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

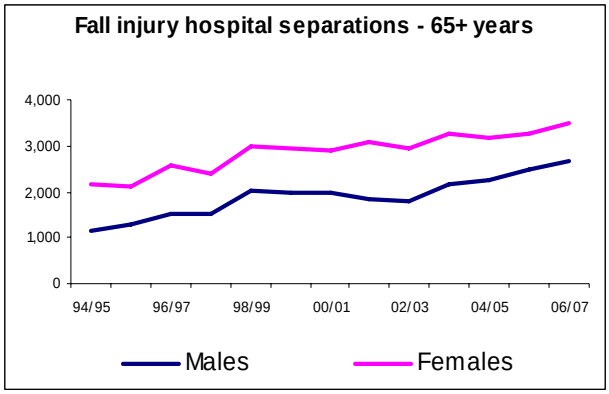
Strategic Direction 1 - Make prevention everybody's business

Performance Indicator: Fall injury hospitalisations – people aged 65 years and over

Desired outcome
Reduced injuries and hospitalisations from fall-related injury in people aged 65 years and over.

Context
Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. They are also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. Nearly one in three people aged 65 years and older living in the community reports falling at least once in a year. Effective strategies to prevent fall-related injuries include increased physical activity to improve strength and balance and providing comprehensive assessment and management of fall risk factors to people at high risk of falls.

Target
Prevent further increases in hospitalisations for fall injuries among people aged 65 years of age and over.



Interpretation
The steady increase in fall-related injury among people aged 65 years and over is matched by the increasing age of the population and the length of time older people live, due to both improved healthy lifestyles and advanced medical interventions. Although prevention strategies have been implemented across the area, insufficient numbers of older people have been engaged for a sufficient amount of time to affect the rising trend.

Achievements
- Development of the NSW Ambulance Service Enhanced Care Paramedic pilot project in collaboration with Ambulance Service (falls risk QuickScreen assessment and hospital diversion).
- Physical activity opportunities for older people across SWAHS mapped and electronic listings developed and distributed to services.
- Baseline participation rates in existing physical activity programs collected.
- Fitness leader training implemented (23 participants).
- Aged Day Care Health and Wellbeing Policy developed, including delivery of prescribed exercise through partnership with UNSW Exercise Physiologist Degree Course.
- Submissions made for planning initiatives in Local Government & AHS clinical redesign for improving environments for older people.

Future Initiatives
Further roll out of the Health and Wellbeing Policy in SWAHS Aged Day Centres, reaching some of the frailest older people living in the community.
- Continued partnership work with local government agencies influencing and supporting policies/plans/strategies targeting health outcomes of older people:
  - Baulkham Hills: Positive Ageing Strategy and Specific Falls Prevention Project
  - Blacktown: Wellness Through Physical Activity Policy
  - Penrith: Ageing Strategy.
- Roll out of the 'Fit and Strong 65 and Beyond' challenge for older people.
- Implementation of the Primary Care and Community Health 'Strength and Balance for 65 years and beyond' quality project.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

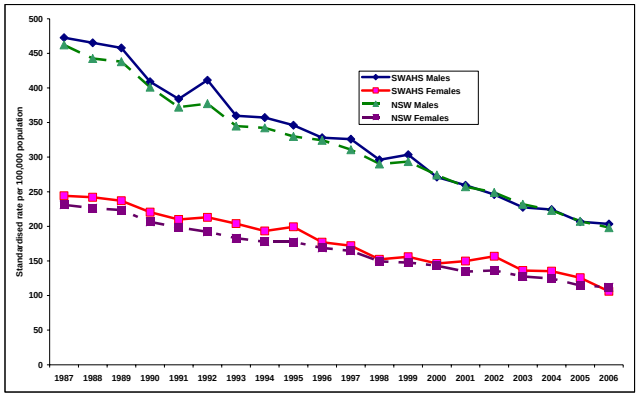
Strategic Direction 1 - Make prevention everybody's business

Performance Indicator:
Potentially avoidable deaths

Desired outcome
Increased life expectancy.

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

Potentially avoidable premature mortality
Reduce the number of potentially avoidable deaths for people under 75 years of age from 175 per 100,000 population in 2003 to 150 per 100,000 population by 2016.



Interpretation
The rate of avoidable premature death in SWAHS residents has fallen significantly and SWAHS is well placed to meet the 2016 target.

Achievements
- Lifestyle strategies targeting smoking, physical activity and nutrition.
- Opportunistic vascular screening of Aboriginal people.
- Chronic Care Programs and self-management care planning.
- Breast and cervical screening.

Future Initiatives
- Continuation of lifestyle strategies, with a particular focus on reducing smoking levels.
- Planned approach for screening Aboriginal people to identify vascular disease risks.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 2 - Create better experiences for people using health services

Performance Indicator: Emergency Department (ED) triage times - cases treated within benchmark times

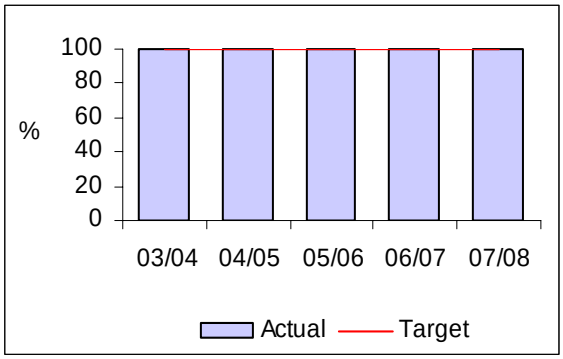
Desired outcome
Treatment of ED patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

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

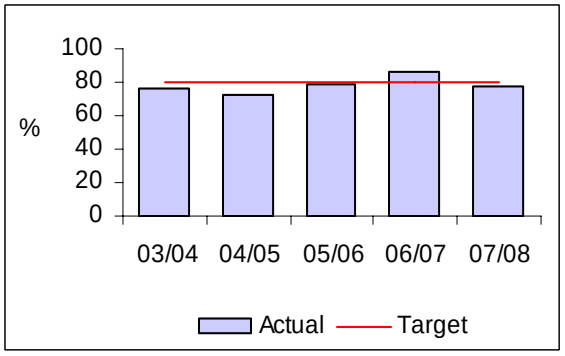
Target
The following benchmark times are recommended by the Australian College of Emergency Medicine (ACEM):

- Triage 1 – 100 per cent within 2 minutes
- Triage 2 – 80 per cent within 10 minutes
- Triage 3 – 75 per cent within 30 minutes
- Triage 4 – 70 per cent within 60 minutes
- Triage 5 – 70 per cent within 120 minutes

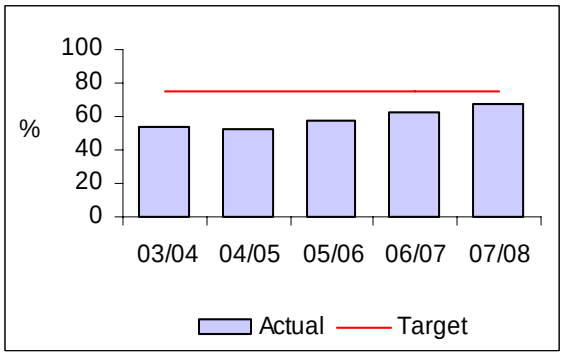
Triage Category 1



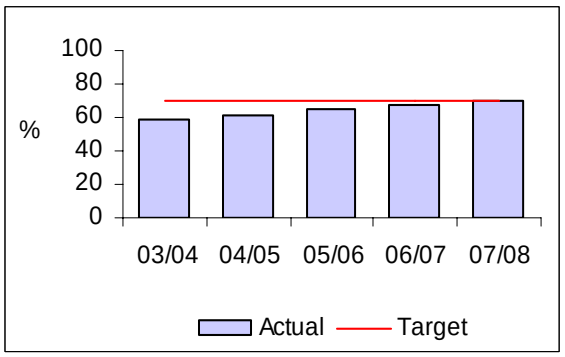
Triage Category 2



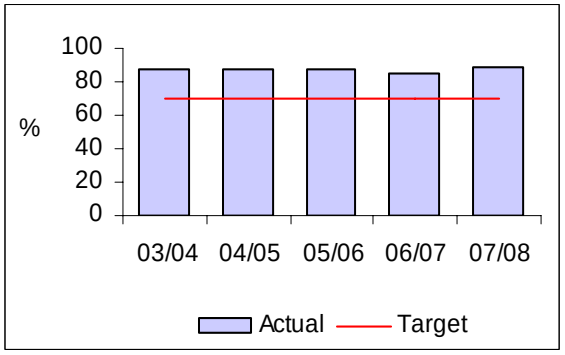
Triage Category 3



Triage Category 4



Triage Category 5



PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 2 - Create better experiences for people using health services

Interpretation

- Triage 1 benchmark has been met consistently at 100 per cent for the period reviewed.
- Triage 2 has always been close to benchmark. During 2006/07 T2 performance was above benchmark, but was marginally below during 2007/08.
- Triage 3 performance, while below benchmark, is steadily improving.
- Triage 4 performance has steadily improved over the past five years and has reached benchmark for the period.
- Triage 5 has consistently met benchmark for each year examined.

Since 2005, there has been a 12 per cent increase in the overall number of emergency presentations across the area. Increased presentations have been seen in all triage categories Triage 1 4, Triage 2 3, Triage 3 13, Triage 4 10 and Triage 5 28 per cent. Managing this increasing demand has been the major issue in meeting benchmark, particularly for the most acutely unwell patients. At Westmead, for example, Triage Categories 1 and 2 presentations increased 19 and 15 per cent respectively between 2005/06 and 2006/07. The life-threatening nature of these presentations, and the need to prioritise them, has the ability to absorb the available medical and nursing resources, resulting in a reduction in performance in the lower triage categories. Westmead has also seen an increase of 29 per cent in the number of Triage 3 presentations.

Achievements

- The introduction of Fastrack areas at Westmead and Blacktown hospitals, has improved the performance of Triage 4 - Potentially Serious and Triage 5 – Less Urgent.
- The introduction of Medical Assessment Units (MAU) at Nepean and Blacktown, as well as Westmead Emergency Department's HOPE Unit, has reduced some of the load on emergency departments by offering opportunities to by-pass emergency departments (ED avoidance) as well as direct ward admission (third door).

Future Initiatives

Care Navigation strategies have been introduced to improve the continuity of care for those patients who frequently present with either acute exacerbations of chronic conditions or for support of their chronic needs. This initiative has been implemented operationally at Blacktown and Mt Druitt hospitals and will be rolled-out throughout the area during the course of this year.

Performance Indicator: Off-stretcher time < 30 minutes

Desired outcome

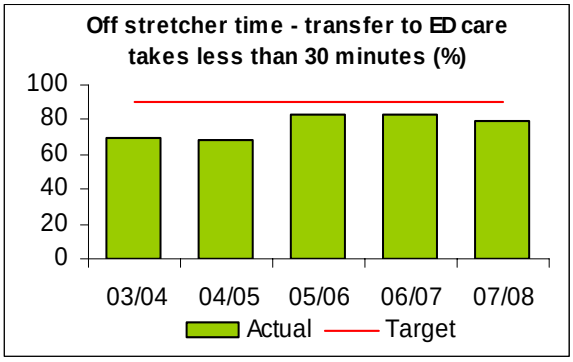
Timely transfer of patients from ambulance to hospital EDs, resulting in improved survival, quality of life and patient satisfaction, as well as improved ambulance operational efficiency.

Context

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

Target

Increase the proportion of patients transferred from the ambulance stretcher to the Emergency Department within 30 minutes from 76 to 90 per cent.



Interpretation

Since 2004/05 improvements in off-stretcher time performance have been largely achieved, although the target of 90 per cent has not been met. In attempting to meet this target, the area health service has had to manage a 23 percent increase in Emergency presentations between 2004/05 and 2007/08, with an increase in all triage categories with subsequent prioritising of those categories that are life-threatening. This latter point is important, given the increasing number of ambulance presentations to emergency departments, many of which are not in the life-threatening categories. Many people who are at significant risk do not come by ambulance because they self present. All of these factors impact on the capacity of SWAHS to achieve the off-stretcher benchmark.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 2 - Create better experiences for people using health services

Achievements

- The introduction of fastrack areas in emergency departments has helped reduce the offload issues associated with the increasing number of presentations in the non life-threatening triage categories. Patients triaged as suitable for fastrack are typically categories 4 or 5.
- The introduction of Medical Assessment Units (MAU) at Nepean and Blacktown, as well as the Westmead HOPE ED unit, also provide an alternative means of care outside of the emergency department and therefore increase ability to offload patients in a timely fashion.

Future Initiatives

- Further enhancements, such as a dedicated surge area, have been proposed for Westmead Emergency Department. In times of peak demand, this will provide additional capacity to further reduce the risk of offload issues occurring.

Performance Indicator: Emergency admission performance – patients transferred to an inpatient bed within 8 hours

Desired outcome

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

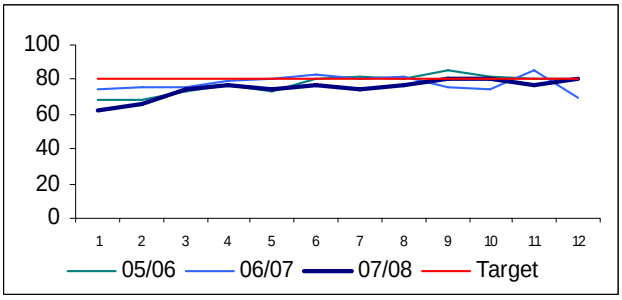
Context

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

Target

Increase the proportion of patients admitted from the emergency department to a ward, intensive care unit or operating theatre within 8 hours from 75 to 80 per cent.

Emergency Department patients admitted to an inpatient bed within 8 hrs of commencement of active treatment (%)



Interpretation

SWAHS emergency departments have consistently been close to, or above, benchmark for this performance indicator, including mental health services. Seasonal trends can be observed, with the greatest deviations from benchmark occurring during the winter months when emergency presentations and admissions are highest (range 67 to 81 per cent 2007/08). In addition to seasonal variations, during the period 2005/06 to 2007/08 inclusive, there has been an overall increase in Emergency presentations and admissions of 12 and 10 per cent respectively. These factors have provided additional challenges in meeting benchmark.

Achievements

The introduction of rapid assessment units for respiratory, cancer, cardiac, neurosurgery and general surgical admissions has reduced the waiting

Performance in Meeting Health Service Goals

Strategic Direction 2 - Create better experiences for people using health services

time for admission from the ED to a hospital bed. The introduction of the HOPE Unit at Westmead Emergency Department has enhanced the service's ability to move patients quickly from ED to a hospital bed and in some instances by-pass the ED completely. Other comparable units are planned for Nepean and Blacktown Hospital EDs.

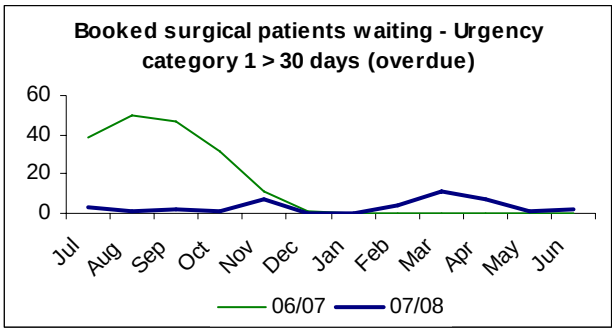
Future Initiatives
The further expansion of Care Navigation throughout SWAHS will facilitate more direct ward admissions and ED avoidance strategies. Future initiatives for mental health include an increased focus on the maintenance of patients in the community with the assistance of a telephone triage system.

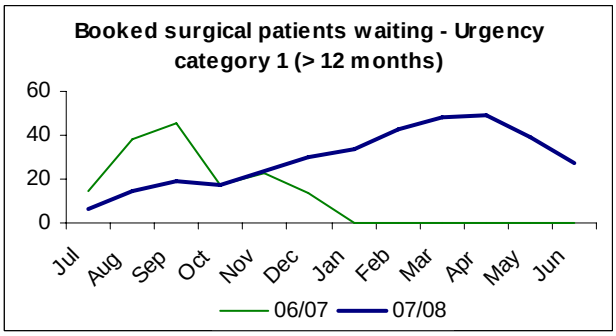
Performance Indicator: Booked surgical patients

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

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

Target
Perform 100 per cent of booked surgery for patients whose clinical conditions warrant surgery within 30 days.
Perform 100 per cent of booked surgery for patients whose clinical conditions warrant surgery within 12 months.





Interpretation

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 2 - Create better experiences for people using health services

Sydney West Area Health Service continues to perform strongly in relation to planned surgery waiting list targets with the best figures for this category in NSW. The only long wait patients over benchmark are currently at Hawkesbury Hospital. All other facilities throughout SWAHS have met zero targets for Category 1 and Category 3 patients as of June 2008.

Achievements
SWAHS has consistently performed to meet zero waiting list targets and, as of June 2008, has achieved this result at all its controlled facilities. SWAHS will continue to work with Hawkesbury District Health Service (under its services contract) to seek improved performance at Hawkesbury Hospital. SWAHS, as of June 2008, has the best waiting list target achievement in NSW.

Future Initiatives
SWAHS will continue to work in collaboration with Hawkesbury Hospital in obtaining zero waiting list targets for all categories. SWAHS will continue to explore opportunities for new models of care to enhance and maintain its current performance.

Performance Indicator: Planned surgery – cancellations on the day of surgery

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

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

Target
2 per cent elective surgery cancellations on day of surgery.

Interpretation
SWAHS has achieved improved performance and reduction in cancellations over a number of years. The elective surgery "cancellation on day of surgery" indicator has ranged on average between 3 to 5 per cent over the past 12 month. SWAHS continues to work towards the target of 2 per cent cancellations on day of surgery.

Achievements
On average the achieved results range from 3 to 5 per cent over the past 12 months.

Future Initiatives
SWAHS will be implementing a centralised bookings hub, together with some adjustments to individual facilities' surgical profiles in the first half of 2009. It is hoped that these structural changes, together with improvements in communication with clinicians and patients, will continue to improve access to surgical services across SWAHS and minimise deferrals or cancellation of planned surgery.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

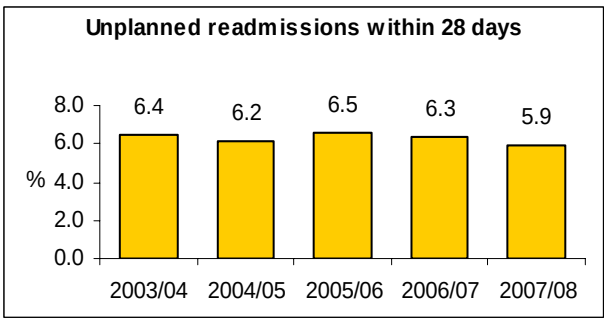
Strategic Direction 2 - Create better experiences for people using health services

Performance Indicator: Unplanned and unexpected readmissions within 28 days of separation – all admissions

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

Context
Unplanned and unexpected readmissions to a hospital may reflect less than optimal patient management. Patients might be readmitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post-discharge planning was inadequate. Other factors occurring after discharge may contribute to readmission, for example, poor post-discharge care. While improvements can be made to reduce readmission rates, unplanned readmissions cannot be fully eliminated. Improved quality and safety of treatment reduces unplanned events.

Target
Reduce unplanned/unexpected hospital readmissions within 28 days.



Interpretation
There was a 6 per cent reduction in the rate of unplanned readmission in 2007/08. This can be attributed to the substantial investment in clinical redesign and other initiatives designed to improve patient flow and discharge planning.

Achievements
- Patient flow units have been established in all clusters.
- Use of the patient flow bed board, with clearly defined business rules for access to inpatient beds.
- Capacity demand analysis and escalation plans.
- Establishment of rapid assessment units – in particular the Medical Assessment Unit (MAU) and the Acute Surgical Unit (ASU).
- Dedicated programs for the elderly, Older Persons Evaluation Review and Assessment (OPERA) Unit, and Home for Older Persons Early (HOPE)
- Integrated primary & community health models of care (HOMEFirst and HealthOne)
- Post acute care services.

Many of these initiatives have converged around the concept of care navigation. That is identifying those patients who use health care services the most frequently and re-aligning the provision of services across the continuum of care. This is achieved through improved points of access (the “third” door), more customised inpatient services and greater integration with community services.

The concept of the third door refers to new models of care in which chronic patients and patient sub types can access inpatient services via alternative mechanisms to emergency department or the elective admissions office.

Future Initiatives
Finalise trials of care navigation at Blacktown Hospital followed by roll out to the remainder of the area health service.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

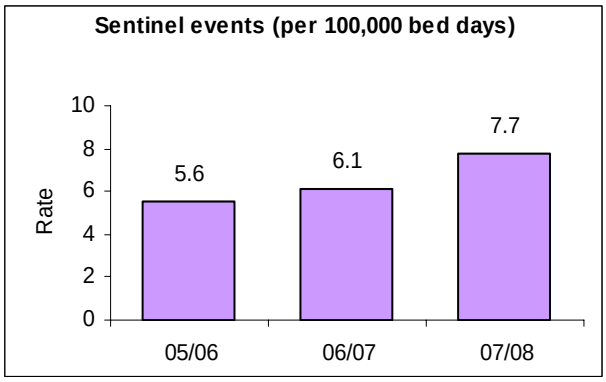
Strategic Direction 2 - Create better experiences for people using health services

Performance Indicator: Sentinel events

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

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

Target
Reduce 'sentinel' events in NSW public hospitals



Interpretation
Sentinel events represent a mixed group of rare, but serious, incidents. The overall rate has increased over the past three years following the introduction of formal sentinel event reporting. This is partially the result of increased vigilance in reporting, particularly in relation to some of the rarer sentinel events. Over the past 12 months, however, the major driver for the increase in rate has been an increase in wrong patient/wrong side/wrong site procedures in the imaging department. The definition of a "wrong site" procedure was amended in 2006 to include x-rays performed in error on the wrong patient or wrong body part, and there has been a large increase in reporting as a consequence. The rate for all the other sentinel events has remained constant and low between 2006/07 and 2007/08. Although unnecessary x-rays are not as serious as the other sentinel events, they generally occur due to errors of patient identification. As a class of error, patient mis-identification has the potential to lead to other serious outcomes.

Achievements
- Each sentinel event requires individual investigation. A Root Cause Analysis (RCA) investigation was conducted by the area health services for each of these incidents and a report provided to the Department of Health within the required deadline (<70 days) in 100 per cent of cases.
- The largest class of sentinel events was the group of wrong patient/wrong site x-rays. Investigation of these incidents has resulted in the customisation of the "correct patient, correct procedure, correct site" policy for the imaging departments. This policy has been implemented and staff trained. Staff are now required to demonstrate competencies in this procedure.
- The occurrence of a small number of cases of retained surgical material has led to a focus on the review of, and improvement in, the way in which accountable items are managed in the operating theatre.

Future Initiatives
Continued review of accountable items in a variety of different contexts, including the introduction of amendments to central line insertion procedures to better account for guidewires.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

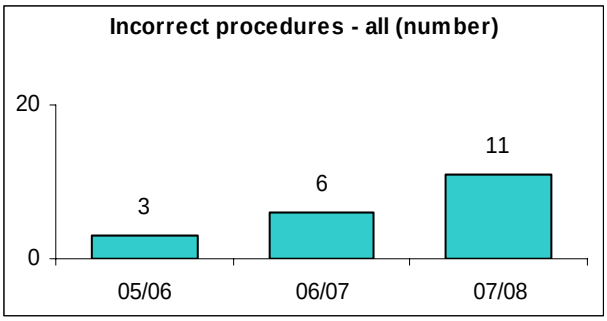
Strategic Direction 2 - Create better experiences for people using health services

Performance Indicator: Incorrect Procedures

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

Context
Incorrect procedures, though uncommon, are important and represent system failures. Studies have demonstrated that implementation of correct patient/site/procedure policies can eliminate these errors.

Target
Reduce the proportion of wrong patient/site/ procedures incidents.



Interpretation
There has been an increase in incorrect procedures being reported, but this is due entirely to the inclusion of imaging procedures, among others, as a sentinel event in the NSW Health Correct Patient, Site, Procedure Policy. Significant work took place during 2007/08 to raise awareness of and compliance with this policy. The majority of incidents relating to Imaging are due to calling the wrong person for x-ray or taking the x-ray on the wrong part of the body.

It is important to recognise that no serious injury has resulted from these incorrect procedures.

Achievements
- Quarterly audits to assess compliance with key policy elements take place in surgical services.
- Competency assessment for all imaging staff involved in patient identification.
- Placing of alert stickers next to all relevant equipment.
- The rate of imaging wrong site procedures has declined in response to these measures.

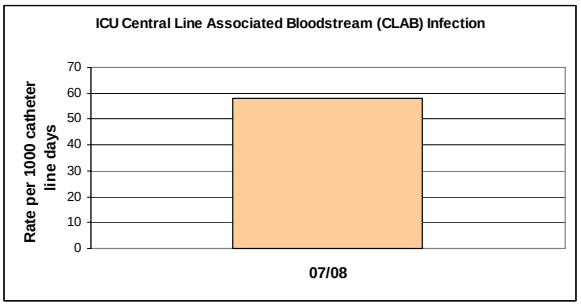
Future Initiatives
Broaden current initiatives in this area to obtain improvement around patient identification.

Performance Indicator: Healthcare associated bloodstream infections

Desired outcome
Sustained, continual reduction in the incidence of central line bloodstream infections resulting in improved clinical outcomes in intensive care unit (ICU) patients.

Context
The recommendations made by the NSW Multi-Resistant Organism Expert Group and the use of a best practice clinical guideline for inserting central lines, have positioned the NSW Health system to reduce the number of health care associated infections in ICU patients.

Improvement on infection control practices has resulted in lower rates of health care associated bloodstream infection. Some of the factors contributing to this relate to availability of hand hygiene products at the point of care, targeted staff education and clear standards of clinical practice.



Interpretation
This indicator is relevant to those facilities with an intensive care unit (Blacktown, Westmead and Nepean hospitals). Data contains information on performance for 2008 because collection of data only started in January 2008.

As at January 2008, the average rate of ICU central line associated bloodstream (CLAB) infection was 11.6 per 1000 catheter line days. By June 2008, however, the rate decreased to 2.2.

Achievements
Sydney West intensive care units are actively participating in the central venous line associated bacteraemia in ICU (CLAB-ICU) project sponsored by the Clinical Excellence Commission.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 2 - Create better experiences for people using health services

This has resulted in standardisation of the following processes:

- development of NSW Health guideline/s for the insertion and management of central lines in ICU in NSW
- development and facilitation of simple data collection systems to monitor project outcomes—using existing collections wherever possible to minimise the workload for clinicians
- computerised Information System (CIS) captures insertion procedural data
- CIS captures clinician skill level for central venous catheter (CVC) insertion
- mobile trolley used to co-locate all necessary equipment.

Future Initiatives

- Implementation of monitoring and surveillance of all CVCs.
- Credentialing of staff to perform CVC insertion.

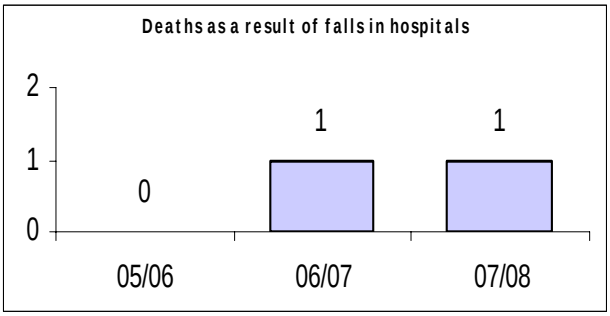
Performance Indicator: Death as a result of a fall in a hospital

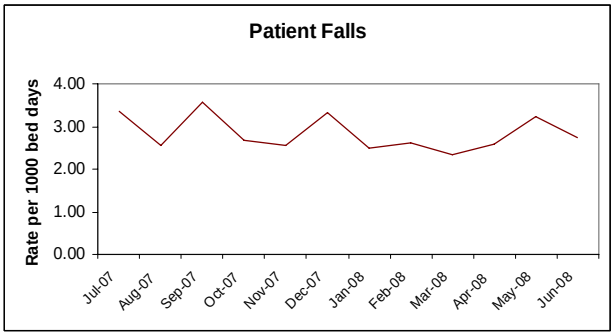
Desired outcome

Reduce deaths as a direct result of falls in hospital.

Context

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





Interpretation

Deaths resulting from falls are rare events and it is not possible to draw conclusions regarding the underlying trend in falls injuries from this statistic. Falls incident data is based on reports entered in the Incident Information Management System by staff. High rates of reporting are a sign of a healthy reporting culture. The most valuable indicator for revealing progress with reducing falls injuries is the rate of Severity Assessment Category (SAC) 2 falls rate, which gives an indication of the number of serious injuries resulting from falls in hospital.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 2 - Create better experiences for people using health services

Achievements

- Standardisation of processes to identify and manage a patient who is at risk of falling.
- Flagging system (use of green armbands).
- Provision of equipment to reduce injuries. Use of Hi-Low beds, hip protectors, non-slip socks.
- Education to staff via ongoing sessions and one-off events to raise awareness: April Falls Day.
- Provision of education and information to patients and their carers regarding the prevention of falls upon discharge.
- Toileting program in the rehabilitation areas.
- Reduction in the rate of SAC2 incidents reported.

Future Initiatives

- Early identification and injury prevention of the patient presenting to the emergency department due to a fall at home.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 3 - Strengthen primary health and continuing care in the community

Performance Indicator: Avoidable hospital admissions (selected conditions)

Desired outcome

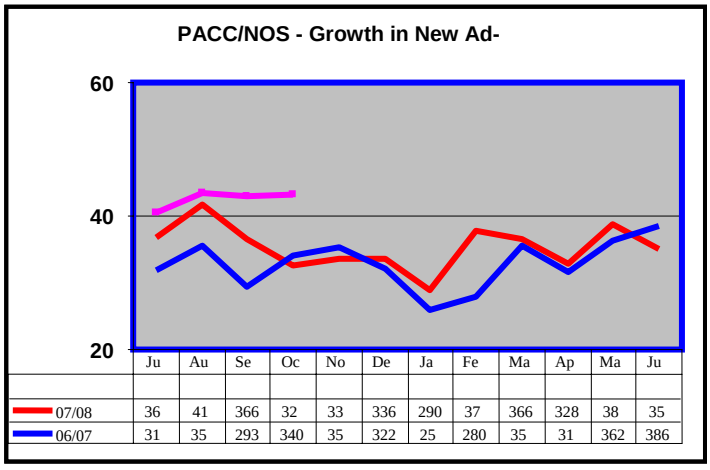
Numbers of avoidable hospital admissions minimised, resulting in improved health, increased independence, convenience and patient satisfaction and reduction of unnecessary demand on hospital services.

Context

There are some conditions for which hospitalisation is avoidable through early or more appropriate forms of management. These include interventions at GP clinics, in community health settings, at home, or in outpatient clinics. The conditions that are included in the indicator are cellulitis, deep vein thrombosis, community-acquired pneumonia, urinary tract infections, certain chronic respiratory disorders such as emphysema and chronic obstructive pulmonary disorder, bronchitis and asthma, certain blood disorders such as anaemia, and muscular or tendon and other associated disorders, such as acute back pain.

Target

Reduce avoidable hospital admissions by 15 per cent within five years for people who should not need to come to hospital for the conditions listed above.



	Ju	Au	Se	Oc	No	De	Ja	Fe	Ma	Ap	Ma	Ju
07/08	36	41	366	32	33	336	290	37	366	328	38	35
06/07	31	35	293	340	35	322	25	280	35	31	362	386

Interpretation

During the period 2005/06 to 2007/08, SWAHS increased the number of new admissions into Community Acute and Post Acute Care (CAPAC) services beyond the 15 per cent target. Admissions increased from 3478 to 4654 (variation of 1176) representing a 34 per cent increase. The chart above demonstrates the growth of CAPAC services within SWAHS.

Achievements

As part of the avoidable admissions strategy the AHS increased the presence of CAPAC nurses within emergency departments. This enables the early identification of those patients suitable for care with CAPAC, general practitioner and primary care and community health, rather than by hospital admission. Some of those patients subsequently admitted via emergency may also be suitable for admission into CAPAC services at the end of their acute hospital admission and are often flagged at this stage for follow up by CAPAC nurses.

Future Initiatives

- Include CAPAC nurses within care navigation teams. These teams plan and navigate the care of people who have chronic and complex conditions and who are at risk of frequent presentations to emergency departments.
- SWAHS is also developing a standardised IT system which will allow the uniform capture and reporting of patient activity within the CAPAC service.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 3 - Strengthen primary health and continuing care in the community

Performance Indicator: Mental Health acute adult readmission

Desired outcome

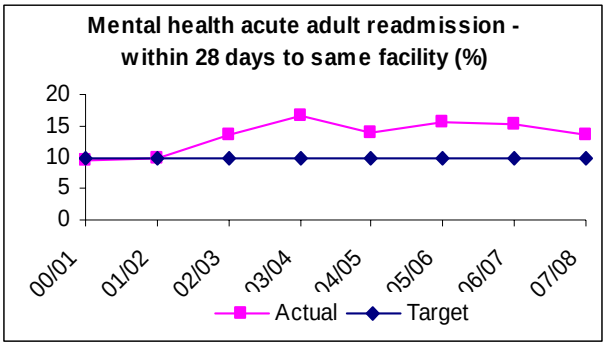
Rates of mental health readmission minimised, resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

Context

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

Target

Reduce readmissions within 28 days to the same mental health facility.



Interpretation

The 28 day readmission rate for 2007/08 has reduced to 13.5 per cent, which is 1.8 per cent lower than the previous year. The overall trend in the past two years is towards meeting the national target. New care models has been strengthened to assist patient flow through emergency departments. The Emergency Access Performance (EAP) has improved from 56.5 per cent to over 80 per cent in SWAHS. The area has been consistently above the state benchmark of 80 per cent on EAP for the last financial year. The number of inpatient overnight separations has also increased in the past two years, but has not been matched by an increase in the community mental health workforce. While the above graph shows the trend for SWAHS, the figure varies from unit to unit depending on the structure and resources of the acute community teams.

Achievements

- The Penrith access team has been restructured to increase post discharge support for up to 50 clients at any one time for up to four weeks following discharge.
- There has been an increased staffing of 1 FTE for the access team.
- Improved patient flow and discharge planning management.
- Appointment of quality improvement officer and rehabilitation coordinator across all the clusters.

Future Initiatives

- Improvements to discharge planning for each patient to be further developed.
- Close monitoring of post discharge follow up of all patients within seven days.
- Increased recruitment of staff across the area.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

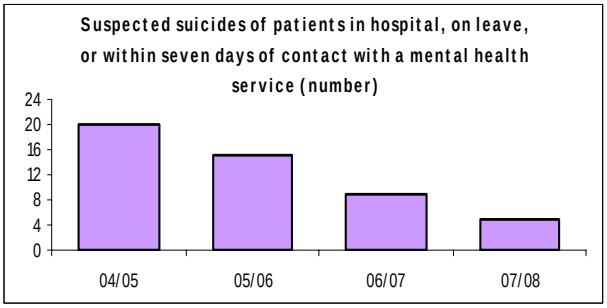
Strategic Direction 3 - Strengthen primary health and continuing care in the community

Performance Indicator: Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service

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

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

Target
Reduce suspected suicides of patients in hospitals, on leave, or within seven days of contact with a mental health service.



Interpretation
There were five suspected suicides for 2007/08, which is lower than the previous year and continues the downward trend over the past four years. This is one of the lowest rates in NSW. The pattern within the financial year shows some variation, with more suicides in the second half of the year. Three incidents occurred while the patient was either on leave from the hospital or had been discharged. Two involved clients of community mental health services, one of whom died from an overdose and the other from an unknown cause.

Achievements
- Establishment of reporting mechanisms for mental health Root Cause Analysis (RCA) teams.
- Establishment of risk management committee to review patients with high risk behaviours.
- More staff recruited for the clinical performance unit.

Future Initiatives
Creating a SWAHS working party to review the NSW Health Suicide Policy and implement it in the Central Cluster, followed by the remaining two clusters.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

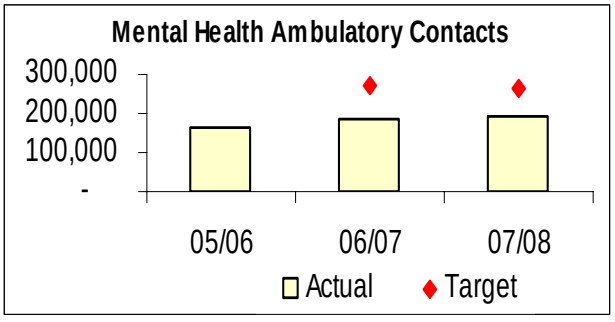
Strategic Direction 3 - Strengthen primary health and continuing care in the community

Performance Indicator: Mental health a) ambulatory contacts b) acute overnight inpatient separations

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

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

Target a) ambulatory contacts
Increase the number of occasions when mental health patients are seen by clinicians by increasing the number of clinicians.



Interpretation
While this graph shows an increase in the number of occasions of service for 2007/08 compared to the previous two years, it is recognised that there remains under reporting on Sci-MHOAT (mental health database) that has contributed to the annual target not being achieved. The mental health network is focussing on improving data input by staff, cognisant that clinicians prioritise direct clinical work over the entry of data. The introduction of Community Health Information Management Enterprise (CHIME) at Auburn Community Health Centre has adversely affected the data collection within Sci-MHOAT, further contributing to underreporting of activities. The network is currently working to resolve this.

The network is also undertaking a clinical redesign to enhance processes and the model of care, to deal with the demand and the high vacancy rates for medical officers and other clinical staff.

Achievements
- All clinicians are reminded about the critical nature of recording their direct clinical work appropriately in Sci-MHOAT.
- Routine reports are provided to directors and managers on a monthly basis - direct patient contact hours and patient related hours to monitor underperformance and/or underreporting.
- To assist in data entry the network is ensuring that clinicians have access to a PC to record information in a timely way.

Future Initiatives
- To capture the data from Auburn Community Mental Health Centre in the Sci-MHOAT.
- To fill the clinical staff vacancies in the community teams.
- To finalise zero-based budget process within the network and align with the clinical redesign work, to ensure an adequate number of clinical

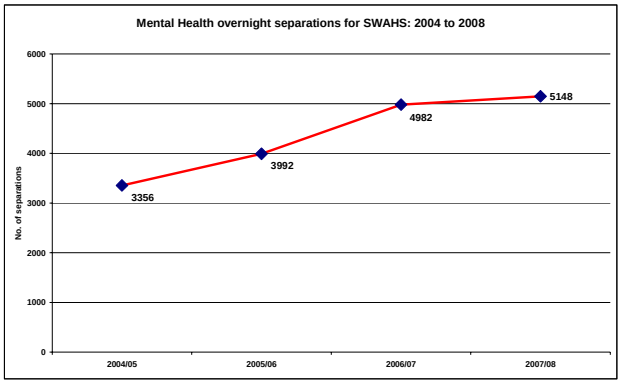
Performance in Meeting Health Service Goals

Strategic Direction 3 - Strengthen primary health and continuing care in the community

staff, where possible.

Target b) acute overnight inpatient separations

Increase the number of occasions where a patient is admitted to an acute mental health bed and remains overnight by the opening of new acute units.



Interpretation

This chart shows an increase in the number of overnight admissions to acute mental health wards for the past four years. The increase was most marked between 2004/05 and 2006/07. The upward trend has continued for the 2007/08 financial year. The number of admissions almost meets the area target and, if the current trend continues, is likely to reach or exceed the target in the next financial year.

Achievements

The Mental Health Patient Flow Unit has been actively working with consideration of the patient journey as a whole. Patients requiring acute care are admitted based on risk assessments. They are discharged once the risk level is safe, with follow up and care in the community.

This process allows for a steady flow of patients who require care and allows the units to increase the number of admissions as demonstrated.

The newly developed patient flow policy has been implemented and has significantly contributed to improved patient flow capacity.

The operation of the Blacktown and Nepean Psychiatric Emergency Care Centres (PECC) have assisted in transferring patients who require monitoring, additional assessment and/or short admissions.

Future Initiatives

Funding of $36 million has been allocated by NSW Health towards the redevelopment of the Pialla Unit at Nepean Hospital to increase the number of acute and specialty beds in the western sector of the area.

Performance Indicator: Antenatal visits – confinements where first visit was before 20 weeks gestation

Desired outcome

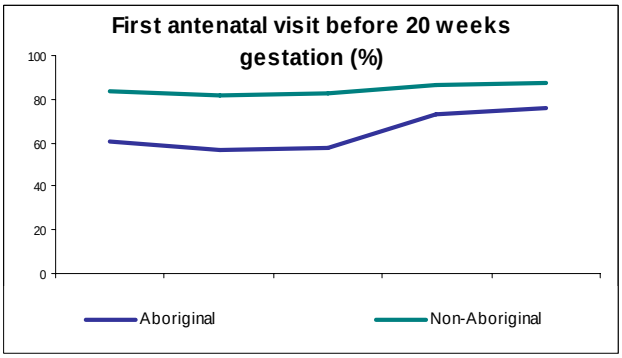
Improved health of mothers and babies.

Context

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

Target

Increase the proportion of mothers (Aboriginal and non-Aboriginal) starting ante-natal care before 20 weeks gestation.



Interpretation

The Women, Children's and Youth Health Network continues to raise the bar and out-perform the KPI targets for access to antenatal services, while at the same time managing an increase in birth numbers and great diversity of need across its populations. There has been a significant improvement in the access to antenatal services across SWAHS, particularly within the indigenous population.

A number of adjustments to service delivery models, including increased number of 'high risk' clinics and the relocation of antenatal services into community settings, have contributed to this positive result.

Achievements

- Greater frequency of clinics and flexibility with outpatient opening times – including early morning, evening and Saturday clinics.
- Greater number of high risk clinics (including drug and alcohol and diabetic clinics).
- Greater access to ultrasound services.
- Heightened focus on Antenatal GP Shared care and convenience for women that this offers.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 3 - Strengthen primary health and continuing care in the community

- Relocation of antenatal clinics away from the acute setting to community health centres.
- Development of partnerships with the Aboriginal Medical Service have facilitated improved access to, cultural awareness of and appropriateness of services, ensuring that more women have the opportunity to engage with clinical services sooner.

Future Initiatives

- Greater collaboration with Aboriginal Medical Service, including direct links with communities to provide awareness and education about the importance of early engagement and intervention.
- Increasing the frequency of maternity services in the community setting, away from acute settings.
- Working with divisions of general practice to increase the number of women accessing Antenatal GP Shared Care, allowing for greater contact with clinical services and improvements in timeliness of interventions if necessary.

Performance Indicator: Low birth weight babies – weighing less than 2,500g

Desired outcome

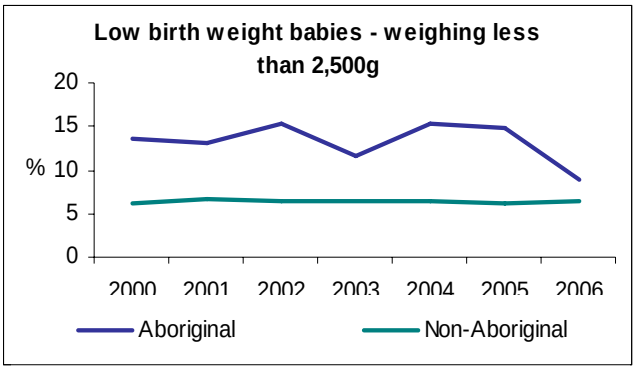
Reduced rates of low weight births and subsequent health problems.

Context

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

Target

Strive to reduce the proportion of Aboriginal babies weighing less than 2,500g at birth.
Prevent any increase in the proportion of non-Aboriginal babies weighing less than 2,500g at birth.



Interpretation

There has been a significant reduction in the number of low birth weight babies, particularly within the indigenous population. The non-indigenous population has remained constant and this figure may indicate a 'natural level' within the wider community.

Achievements

- A number of adjustment to service delivery models, including increased number of 'high-risk' patient clinics and the relocation of antenatal services into the community setting, have contributed to this positive result. Similarly, development of partnerships with the Aboriginal Medical Service has facilitated cultural awareness and improved access to appropriate services, ensuring that more women have the opportunity to engage with clinical services sooner.
- Greater number of high-risk clinics (including drug and alcohol and diabetic).

Performance in Meeting Health Service Goals

Strategic Direction 3 - Strengthen primary health and continuing care in the community

- Greater access to ultrasound services.
- Vulnerable families coordinator role pivotal in working with a specific cohort of high-risk women and acting as a fulcrum for navigating the clinical patient journey and accessing appropriate services.

Future Initiatives

- Greater collaboration with Aboriginal Medical Service, including direct engagement with communities to support awareness raising and education about the importance of early engagement and intervention.
- Increasing the frequency of maternity services in the community settings.
- Working with divisions of general practice to increase the number of women accessing Antenatal GP Shared Care, allowing for greater contact with clinical services and improvements in timeliness of interventions as needed.

Performance Indicator: Postnatal home visits – families receiving a Families NSW visit within two weeks of the birth

Desired outcome

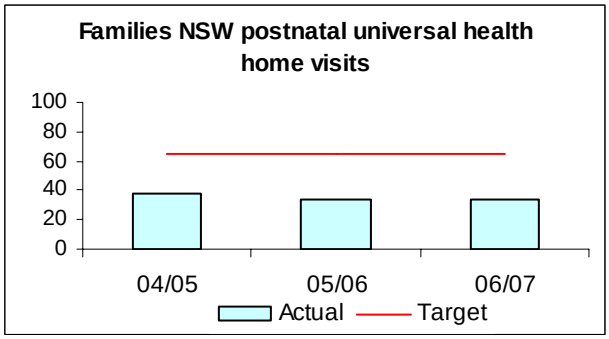
To solve problems in raising children early, before they become entrenched, resulting in the best possible start in life.

Context

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

Target

Increase the proportion of families offered and receiving a post natal home visit within two weeks of birth.



Interpretation

- The Primary Care and Community Health Network (PC&CHN) in SWAHS has consistently achieved up to 38 per cent of Universal Health Home Visiting (UHHV) within two weeks of a baby's birth.
- SWAHS birth rates increased from 8 per cent in 2005/06 to 11 per cent in 2006/07. This has substantially increased the total number of families who are eligible for postnatal home visits.
- On the basis of the current staffing numbers, the service has maintained a response time for postnatal home visits equivalent to a 19 per cent increase between 2004/05 and 2006/07.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 3 - Strengthen primary health and continuing care in the community

- There have been various issues affecting the availablility of clinical nursing hours, some of which have arisen from the implementation of strategies to improve overall service efficiencies. These include improved data gathering strategies that have required staff training and support—as they have incorporated them into work practices for CHIME; establishment of processes to support central referral service (CRS) for the taking of all referrals, staff turnover following redesign of the service and subsequent recruitment difficulties.

Achievements

- Universal Health Home Visiting (UHHV) is a well established child and family health nursing practice in SWAHS.
- UHHV is a core component of the care model (CONNECTFirst) in the Primary Care and Community Health Network (PC&CHN) in SWAHS.
- The redesign of PC&CHN and associated services has resulted in a care model for child and family health, with a population health focus that supports early identification and intervention and embeds prevention as a core component of the care model. The redesign has resulted in the roll out of a number of strategies to address service demand. These include streaming to child and family specific services, centralised referral services to achieve one point of access, and the implementation of CHIME to establish a standardised health record and data management system.
- The implementation of the CONNECTFirst model of care has been undertaken to achieve optimal deployment of current child and family heath nursing staff to improve service response capacity for UHHV.
- Child and family health referral triage tool was developed in October 2006 to establish a network-wide standard for prioritising child and family health referrals. The form is used to document issues and risk information which is gathered from the obstetric discharge summary, midwives data form, referrals from health professionals, and the phone contact with the mother/carer. A planned response time is established, based on the level of need and risk identified through the triage process. 25 per cent of patient referrals are consistently in the urgent or high need categories.
- Review and update of the SWAHS maternal assessment tool to establish a network–wide approach to maternal assessment during home visits. The tool is being developed to include the SAFESTART assessment and levels of care, as set down in the Families NSW Supporting Families Early Policy.
- Various strategies across the PC&CHN and for Hawkesbury CHC have been implemented, including child and family health staff visiting new mothers/parents (while still in hospital) to introduce the services available to them on discharge and discuss any issues they may be having (Hawkesbury CH Service). Regular maternity liaison meetings are conducted by maternity and child and family health services.
- Reviewed clinical priorities to focus on home visiting response times.

Future Initiatives

- Implement demand management and capacity monitoring tools (through CHIME) to ensure all child and family health nursing resources are utilised to address peak and changing areas of demand.
- Improve post natal referral processes through the implementation of the postnatal child and family health nursing discharge communication tool. This will identify the needs of the family prior to discharge and enable better communication to child and family health services.
- Develop breastfeeding drop-in support and advice clinics and group programs.
- Develop strategies to improve links with the Interpreter service that improve efficiency when booking, coordinating and attending UHHVs.
- Introduce standardised telephone response to all referrals within 72 hours, supported by the CRS urgency level allocation and the planned response time.
- Prepare standardised scripts for the offering of UHHV to ensure that all parents receive the same information.
- Review of nursing service components, assessments for levels of care and planned approaches to subsequent visits to ensure that service response is standardised.
- Review and reorganise the ‘early bird’ parenting support programs to improve access for new parents (including options for open-ended groups).

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

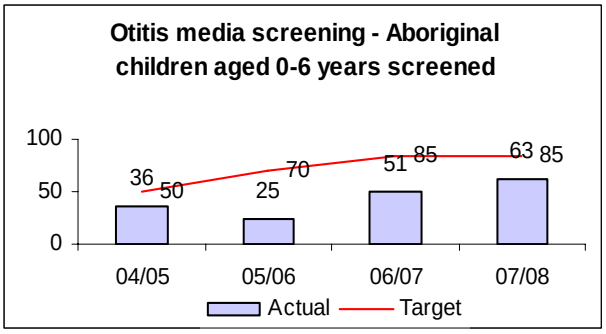
Strategic Direction 4 - Build regional and other partnerships for health

Performance Indicator: Otitis media screening – Aboriginal children (0-6 years) screened

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

Context
The incidence and consequence of otitis media and associated hearing loss in Aboriginal communities has been identified and recognised. The World Health Organisation has noted that prevalence of otitis media greater than 4 per cent in a population indicates a massive public health problem. Otitis media affects up to 10 times this proportion of children in many indigenous communities in Australia.

Target
Increase screening for otitis media in Aboriginal children aged from zero to six years to 85 per cent.



Interpretation
- **07/08 target, 85 pre cent of total pop - 06, 2722, to be screened - 2314**
- **07/08 total 0–6, - 75 per cent of target screened (63 per cent of target noted in graph not correct)**
- Issue identified throughout the year of locating Aboriginal children 0–6 not registered in or attending child care facilities and who don't present and or identify at a health facility.

Achievements
- Increase in screening numbers.
- Better collaboration with primary care and community health to conduct otitis media screening.
- Improved collaboration with the Western Sydney Aboriginal Medical Service for screening and clinical referral and follow up.

Future Initiatives
- NSW Health has evaluated the OM Program.
- The evaluation has been circulated to areas.
- The department has established an expert panel to advise on new directions for OM for 08/09 and beyond.
- The expert panel is still reviewing the evaluation.
- The area has better relationships with the Western Sydney Aboriginal Medical Service, which will allow a more coordinated OM screening program across Sydney West.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 5 - Make smart choices about the costs and benefits of health services

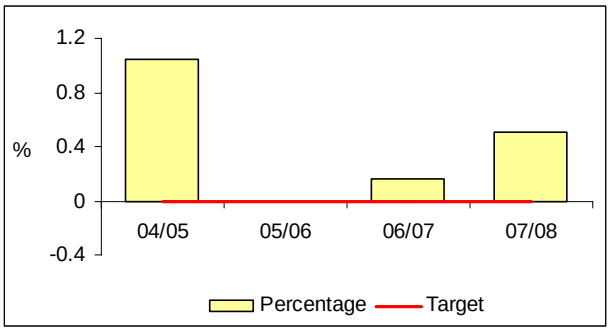
Performance Indicator: Net cost of service – General Fund (General) variance against budget

Desired outcome
Optimal use of resources to deliver health care.

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

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

Net cost of service variance against budget



Interpretation
The increase in activity in 2007/08 and the costs to the area, which were largely unfunded because of the implementation of the surgical waiting list zero targets, contributed significantly to the budget variance.

Achievements
All major key performance indicators are met, including the zero targets of surgical waiting lists for categories 1, 2 & 3 for controlled SWAHS entities.

Future Initiatives
Continue the outstanding performance in clinical areas supported by effective and efficient fiscal management.

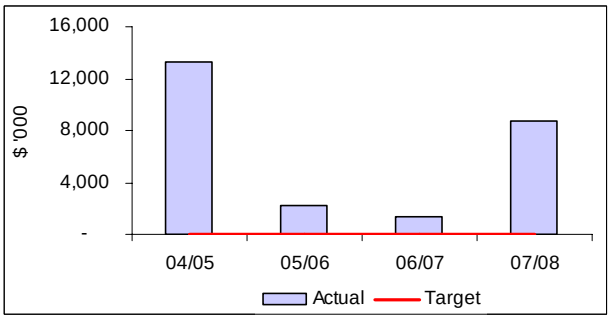
Performance Indicator: Creditors > Benchmark as at the end of the year

Desired outcome
Payment of creditors within agreed terms.

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

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

Value of creditors > benchmark as at 30 June 2008



Interpretation
The creditors result reflects the ever increasing levels of activity being experienced by the area.

Achievements
Continuation of discussions and initiatives with Health Support to ensure ongoing efficiency and effectiveness of data processing.

Future Initiatives
The area continues to progress the implementation of the operational plan for the year, which aims to reduce waste and introduce efficiencies to reduce the cost profile of the area, as well as to maximise revenue generation levels to enhance internal sources of cash to pay creditors.

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

Strategic Direction 5 - Make smart choices about the costs and benefits of health services

Performance Indicator: Major and minor works - Variance against Budget Paper 4 (BP4) total capital allocation

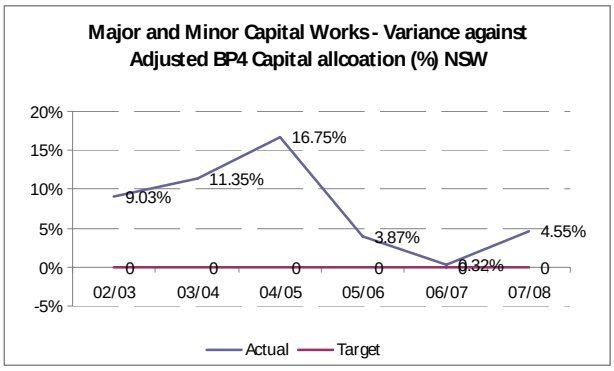
Desired outcome

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

Context

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

Target



Interpretation

BP4 is the initial capital allocation. The target includes adjustments for prior year rollovers and new projects approved subsequently through the year. With the inclusion of all of these factors, the 2007/08 adjusted position was marginally favourable to the budget.

Achievements

SWAHS undertook capital projects in 07/08 to the value of some $98.7m including the following:

- Auburn Hospital redevelopment – continuation ($51.4m)
- Westmead Integrated Network (WIN) – completion ($24.5m)
- Nepean Hospital Pathways/Allied Health – continuation ($3.6m)
- Information technology projects ($5.6m)
- Nepean Hospital PACS/RIS implementation ($2.5m)
- Westmead Interventional Neuroradiology ($1.5m)
- Nepean Psychiatric Emergency Care Centre - completion ($1.4m)
- Blacktown Psychiatric Emergency Care Centre – completion ($1.0m)
- Nepean angiography equipment ($1.0m)
- SWAHS Electronic Medical Record Strategy ($0.8m)
- Nepean Medical Assessment Unit - in progress ($0.7m)
- Nepean Hospital redevelopment – planning ($0.5m)

Future Initiatives

SWAHS proposes to undertake/complete the following capital projects in 08/09:

- Auburn Hospital redevelopment ($60.1m)
- Nepean Hospital Allied Health relocation ($6.7m)
- Nepean Hospital Pathways ($4.0m)
- Nepean Hospital redevelopment (Stage 3) ($3.0m)
- Westmead new equipment (cardiac) ($3.7m)
- Westmead interventional neuroradiology – completion ($2.4m)
- Nepean Hospital specialist imaging suite – completion ($1.7m)
- Nepean Medical Assessment Unit – completion ($1.6m).

PERFORMANCE SUMMARY

Performance in Meeting Health Service Goals

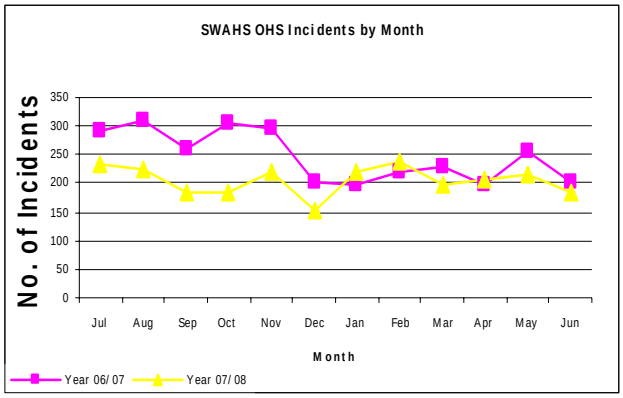
Strategic Direction 6 - Build a sustainable health workforce

Performance Indicator: Workplace injuries

Desired outcome
Minimal proportion of staff experiencing workplace injuries.

Context
Workplace injuries, many of which are preventable, result in significant direct and indirect costs to the public health system, injured employees, their families, and their co-workers. Key prevention strategies include consulting with staff, ensuring workplace hazards are identified, assessed and controlled and providing training.

Target
Reduce the incidence of workplace injuries



Interpretation
There has been a reduction in work place incidents reported of 16 per cent from 2005/06 to 2006/07 and 18 per cent from 2006/07 to 2007/08

Achievements
- Implementation of manual handling program training completed for food services and sterilizing across area health service
- Implemented NSW Audit OHS&IM tool across the area health service
- Reviewed current and existing program strategies
- Reviewed policy and procedures and documents
- All information is accessible on intranet.

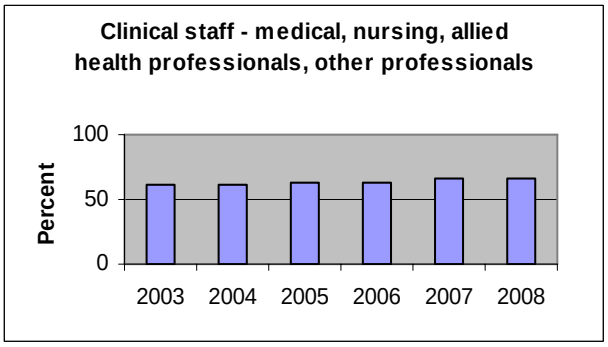
Future Initiatives
- Continuing training and monitoring of the manual handling program
- Procurement of safest and best equipment for manual handling
- Review of NSW Audit OHS&IM tool
- Review existing program strategies
- Review policy and procedures and other associated documents.

Performance Indicator: Clinical staff

Desired outcome
Optimal proportion of total salaried staff employed to provide direct services or support the provision of direct care.

Context
The organisation and delivery of health care is complex and involves a wide range of health professionals, service providers and support staff. Clinical staff comprise medical, nursing, allied and oral health professionals, ambulance clinicians and other health professionals, such as counsellors and Aboriginal health workers. These groups are primarily the front-line staff employed in the health system. In response to increasing demand for services, it is essential that the numbers of front-line staff are maintained in line with that demand and that service providers continually examine how services are organised to direct more resources to front-line care. Note that the category of a small proportion of this group may be management or administration (such as ward clerks), where the primary function is supporting direct care provision and providing support to front-line staff.

Target
Increase the proportion and distribution of clinical staff to meet the demand for services.



Interpretation
There has been a steady increase in the proportion of clinical staff, from 61.1 per cent in 2003 to 66.6 per cent in 2008 (up from 65.5 per cent in 2007). SWAHS has continued to improve its performance in increasing its front-line clinical staff both in terms of absolute numbers and as a proportion of the total workforce.

Achievements
SWAHS has been able to recruit additional numbers of clinical staff during 2007/08 to manage the extra

Performance in Meeting Health Service Goals

Strategic Direction 6 - Build a sustainable health workforce

demand on health care services. Managers have also been asked to identify where they can change how work is done and reduce the number of administrative positions, enabling resources to be allocated to the employment of clinical staff.

Future Initiatives

The Garling Report into the delivery of acute care services of the NSW health system is expected to comprise a number of recommendations relating to the health workforce. These will need to be assessed and may lead to a review of the level of administrative support provided to clinicians and a targeted increase in staff to support clinician managers.

PERFORMANCE SUMMARY

Public Hospital Activity Levels

Total SWAHS public hospital activity

Facility	Separations YTD	Planned Separations	Planned Sep %	Same Day Separations	Same Day Sep %	Daily Average	Total Bed Days (Days Episode)
Cumberland Hospital	1,825	10	.55	61	3.34	243.5	89,139
Auburn Hospital	17,151	4,683	27.30	7,373	42.99	122.5	44,839
Blacktown Hospital	24,461	5,071	20.73	4,917	20.10	309.5	113,285
Blue Mountains District Anzac Memorial Hospital	4,697	804	17.12	768	16.35	73.9	27,041
Nepean Hospital	50,176	15,053	30.00	17,894	35.66	499.5	182,811
St Joseph's Hospital, Auburn	1,081	1,078	99.72	9	.83	67.6	24,727
Springwood Hospital	1,231	767	62.31	740	60.11	27.5	10,054
Mt Druitt Hospital	11,909	4,062	34.11	4,463	37.48	100.2	36,665
Westmead Hospital (all units)	72,791	37,513	51.54	35,602	48.91	765.6	280,199
Tresillian Family Care Centre (Penrith-Kingswood)	2,603	2,603	100.00	16	.61	31.4	11,494
Lithgow Health Service	5,262	1,626	30.90	2,693	51.18	40.9	14,980
Portland District Hospital	18	1	5.56			.5	181
Health Service Total	193,205	73,271	37.92	74,536	38.58	2282.6	835,415

Acute public hospital activity

Facility	Separations YTD	Overnight Bed Days	Acute Avg Length of stay	Total Bed Days (Days episode)
Cumberland Hospital	1,769	46,793	26.5	46,854
Auburn Hospital	16,842	31,953	2.3	39,326
Blacktown Hospital	24,187	104,280	4.5	109,195
Blue Mountains District Anzac Memorial Hospital	4,267	19,211	4.7	19,971
Nepean Hospital	49,564	154,326	3.5	172,218
St Joseph's Hospital, Auburn	9	210	23.3	210
Springwood Hospital	920	2,634	3.7	3,371
Mt Druitt Hospital	11,169	16,759	1.9	21,207
Westmead Hospital (all units)	70,871	22,7639	3.7	262,417
Tresillian Family Care Centre (Penrith-Kingswood)	2,603	11,478	4.4	11,494
Lithgow Health Service	5,254	12,185	2.8	14,878
Portland District Hospital	18	181	10.1	181
Health Service Total	187,473	627,649	3.7	701,322

Emergency Department attendances

Hospital Name	ED attendances
Auburn Hospital	25,511
Blacktown Hospital	34,013
Blue Mountains District Health Service	16,756
Penrith DHS - Nepean Hospital	51,160
Mt Druitt Hospital	29,236
Westmead Hospital	52,678
Hawkesbury	18,212
Lithgow Hospital	15,739
Portland Hospital	376

PERFORMANCE SUMMARY

Activity Levels by Facility

Non-admitted patient services

Hospital Name	Source	Equiv_NAPS
Portland CHC	Web	2,617
Lithgow CHC	Web	5,995
Cumberland Hospital	Web	17,374
Auburn Hospital	Web	143,333
Blacktown Hospital	Web	202,814
Blue Mountains District Health Service	Web	146,725
Penrith DHS - Nepean Hospital	Web	72,341
St Joseph's Hospital	Web	25,960
Springwood Hospital	Web	4,905
Mount Druitt Hospital	Web	222,795
Westmead Hospital	Web	1,283,525
Tresillian - Wentworth	Web	1,416
Hawkesbury	Not available	9,142
Lottie Stewart Hospital	Web	2,971
Western Sydney Group Pathology	Web	700,676
Lithgow District Hospital	Web	68,184
Portland District Hospital	Web	1,478
Western Sydney AHS 2nd Schedule	Web	163,061
Balance		3,726,812
As per balance with WEB DOHRS		3,726,815

Number of average available beds and bed equivalents in public hospitals and nursing homes

Hospital / Area Health Service	Dedicated Overnight Unit	Dedicated Same Day Unit	Other Unit	Total - excl bed equiv	General Hospital units	Nursing Home units	Comm-unity Resi-dential	Other Units	Bed equiva-lents	Total
Cumberland Hospital	314			314			53	261		314
Auburn Hospital	114	12	20	146	146					146
Blacktown Hospital	328	21		349	349					349
Blue Mountains District Anzac Memorial Hospital	104	3		108	108					108
Nepean Hospital	488	30		518	518					518
St Joseph's Hospital, Auburn	81			81	81					81
Springwood Hospital	27	3		30	30					30
Mount Druitt Hospital	134	11		145	124		21			145
Westmead Hospital (all units)	752	102		854	834		20			854
Tresillian Family Care Centre (Penrith-Kingswood)	38			38	38					38
Hawkesbury District Health Service	117			117	117					117
Governor Phillip Special Hospital, Penrith - Nursing home unit	80			80		80				80
Lottie Stewart Nursing Home	75		17	92	10	82				92
Lithgow Hospital	43	3		45	45					45
Portland Hospital	4			4	4					4
Tabulam Residential Aged Care	22			22		22				22
Health Service Total	2721	185	37	2944	2404	184	94	261		2944

SECTION 3

HEALTH SERVICES

HEALTH SERVICES

List of Health Facilities

HOSPITALS

Auburn Hospital
Norval St, Auburn NSW 2144
PO Box 263, Auburn NSW 1811
Tel. (02) 9563 9500 Fax: (02) 9563 9666

Blacktown Hospital
Blacktown Rd, Blacktown NSW 2148
PO Box 6105, Blacktown NSW 2148
Tel. (02) 9881 8000 Fax: (02) 9881 8020

Blue Mountains District Anzac Memorial Hospital
Great Western Hwy, Katoomba NSW 2780
Locked Bag 2, Katoomba NSW 2780
Tel. (02) 4784 6500 Fax: (02) 4784 6980

Cumberland Hospital
1-11 Hainsworth St, Westmead NSW 2145
Locked Bag 7118, Parramatta BC 2150
Tel. (02) 9840 3000 Fax: (02) 9840 3700

Hawkesbury Hospital (Managed by Catholic Health Care)
Cnr Day and Macquarie Sts, Windsor NSW 2756
Tel. (02) 4560 5555 Fax: (02) 4577 6730

Lithgow Integrated Health Services
Col Drewe Dr, South Bowenfels, Lithgow NSW 2790
PO Box 10, Lithgow NSW 2790
Tel. (02) 6350 2300 Fax: (02) 6350 2339

Lottie Stewart Hospital
40 Stewart St, Dundas NSW 2117
Tel. (02) 9858 3255 Fax: (02) 9874 9213

Mt Druitt Hospital
Railway St, Mt Druitt NSW 2770
Tel. (02) 9881 1555 Fax: (02) 9881 1690

Nepean Hospital
Cnr Derby and Somerset Sts, Kingswood NSW 2747
PO Box 63, Penrith NSW 2751
Tel. (02) 4734 2000 Fax: (02) 4734 2904

Portland Tabulam Health Centre
20 Green St, Portland NSW 2847
PO Box 56, Portland NSW 2847
Tel. (02) 6359 2666 Fax: (02) 6359 2637

Springwood Hospital
7-9 Huntley Grange Rd, Springwood NSW 2777
PO Box 137, Springwood 2777
Tel. (02) 4751 0300 Fax: (02) 4751 4117

St Joseph's Hospital
Normanby Rd, Auburn NSW 2144
Tel. (02) 9649 8941 Fax: (02) 9649 7092

Westmead Hospital
Cnr Hawkesbury and Darcy Rds,
Westmead NSW 2145
PO Box 533, Wentworthville NSW 2145
Tel. (02) 9845 5555 Fax: (02) 9845 5000

COMMUNITY HEALTH CENTRES

Auburn 9 Northumberland Rd, Auburn NSW 2144
Tel. (02) 9646 2233

Blacktown Marcel Cres, Blacktown NSW 2148
Tel. (02) 9881 8700

Cranebrook Cnr Laycock and Borrowdale Way, Cranebrook NSW 2749 Tel. (02) 4730 5151

Doonside 30 Birdwood Ave, Doonside NSW 2767
Tel. (02) 9881 8650

Dundas 21 Sturt St, Telopea NSW, 2117 Tel. (02) 9638 6511

Hawkesbury Day and Macquarie Sts, Windsor NSW 2756 Tel. (02) 4560 5714

Katoomba 93 Waratah St, Katoomba NSW 2780
Tel. (02) 4782 2133

Kingswood Cnr Bringelly and Baden Powell Rds, Kingswood NSW 2747 Tel. (02) 4736 0500

Lawson 8-12 Honour Avenue, Lawson NSW 2783
Tel. (02) 4759 8725

Lithgow Col Drewe Dr, Lithgow NSW 2790
Tel. (02) 6350 2751

Merrylands 14 Memorial Ave, Merrylands NSW 2160 Tel. (02) 9682 3133

Mt Druitt Cnr Kelly and Burran Cl, Mt Druitt NSW 2770 Tel. (02) 9881 1200

Parramatta 58 Marsden St, Parramatta NSW 2150
Tel. (02) 9843 3222

Penrith Soper Pl, Penrith NSW 2750
Tel. (02) 4732 9400

Portland Kiln St, Portland NSW 2847
Tel. (02) 6355 5008

Richmond 108 March St, Richmond NSW 2753
Tel. (02) 4578 1622

Springwood 288-290 Macquarie Rd, Springwood NSW 2777 Tel. (02) 4751 0100

St Clair Botany Lane, St Clair NSW 2759
Tel. (02) 9834 0500

St Marys Shop 5, Cnr Phillip St and East Lane, St Marys NSW 2760 Tel. (02) 9833 6800

The Hills 83-187 Excelsior Ave, Castle Hill NSW 2154 Tel. (02) 8853 4500

MENTAL HEALTH CENTRES

Anxiety Clinic 67 Derby St, Penrith NSW 2750
Tel. (02) 4731 6504

Blacktown Mental Health Team (Blacktown PECC)
Bungarribee House, Blacktown Hospital, Blacktown NSW 2148
Tel. (02) 9881 8888

HEALTH SERVICES

List of Health Facilities

Blue Mountains Access Team 93 Waratah St, Katoomba NSW 2780 Tel. (02) 4782 2133
Child and Adolescent Mental Health Team Level 3, Borec House 23 Station St, Penrith NSW 2750 Tel. (02) 4732 2388
Consultation Liaison - Emergency Department Nepean Hospital Tel. (02) 4734 3618
Early Psychosis Intervention Borec House, 23 Station St, Penrith NSW 2750 Tel. (02) 4732 6283
Hawkesbury Mental Health Team 8 Ross St, Richmond NSW 2753 Tel. (02) 4587 7599
Hornseywood House 172 Derby St, Penrith NSW 2750 Tel. (02) 4721 1615
Katoomba Mental Health 93 Waratah St, Katoomba NSW 2780 Tel. (02) 4782 2133
Lithgow Community Mental Health Team 15-17 Hassan St, Lithgow NSW 2790 Tel. (02) 6351 4922
Mental Health Information Development Unit 23 Normic Ave, Blaxland NSW 2783 Tel. (02) 4739 4622
PECC Unit - Emergency Department Nepean Hospital Tel. (02) 4734 1698
Penrith Access - Community Assessment and Liaison Centre Nepean Hospital Tel. 1800 650 749
Penrith Mental Health - Soper Pl, Penrith NSW 2750 Tel. (02) 4732 9450
Pialla Unit - Nepean Hospital Tel. (02) 4734 2107
Psychological Medicine - Level 5 South Block Nepean Hospital Tel. (02) 4734 2585
Springwood Mental Health 288-292 Macquarie St, Springwood NSW 2777 Tel. (02) 4751 0100
St Marys Mental Health 38 Gidley St, St Marys NSW 2760 Tel. (02) 9833 4307
Westworks 123 Evan St, Penrith NSW 2750 Tel. (02) 4721 8187

EARLY CHILDHOOD CLINICS

Glenbrook	Tel. (02) 4751 0100
Katoomba	Tel. (02) 4782 8201
Mt Druitt	Tel. (02) 9881 1230
Penrith	Tel. (02) 4732 9400
Richmond	Tel. (02) 4578 1622
Springwood	Tel. (02) 4751 0100
St Marys	Tel. (02) 9623 9942
Windsor	Tel. (02) 4560 5756

DENTAL CLINICS

Auburn	Tel. (02) 9563 9500
Blacktown	Tel. (02) 9881 8275
Katoomba	Tel. (02) 4784 6655
Lithgow	Tel. (02) 6350 2790
Mt Druitt	Tel. (02) 9881 1715
Nepean	Tel. (02) 4734 2387
Richmond	Tel. (02) 4560 5756
Springwood	Tel. (02) 4751 0120
St Marys	Tel. (02) 9623 9942

POPULATION HEALTH

Nepean Hospital Campus, Somerset St, Kingswood NSW 2747 Tel. (02) 4734 2022
Cumberland Hospital Campus, Hainsworth Ave, Westmead NSW 2145 Tel. (02) 9840 3708

BLUE MOUNTAINS CHILD AND ADOLESCENT DEVELOPMENT UNIT

Blue Mountains Hospital Campus, Great Western Hwy, Katoomba NSW 2780 Tel. (02) 4784 6671

NEPEAN CANCER CARE CENTRE

Cnr Great Western Hwy and Somerset St, Kingswood NSW 2747 Tel. (02) 4734 3500

NURSING HOME

Governor Phillip Nursing Home
Glebe Pl, Penrith NSW 2751
PO Box 126, Penrith NSW 2751
Tel. (02) 4734 3920 Fax: (02) 4734 3846

TRESILLIAN WENTWORTH FAMILY CARE CENTRE

1b Barber Ave, Kingswood NSW 2747
Tel. (02) 4734 2124
24 Hour Parents Help Line Tel. (02) 9787 0855
Outside Sydney Metro Area Tel. 1800 637 357

HEALTH SERVICES

Health Service Five Year Strategic Planning

The Sydney West Area Healthcare Services Plan outlines how services will be enhanced and delivered in the area to support CAREFirst. The plan is the result of the first comprehensive planning process for the Sydney West Area Health Service, and covers all aspects of health service delivery, from population health programs and primary care and community health services through to acute, sub-acute and non-acute hospital services.

Priorities addressed in the plan are also consistent with the SWAHS Service Corporate Strategic Plan 2006-2010 and, in turn, with NSW State Health Plan and State Plan. Implementation of these priorities rests on a cluster of strategic plans that are either complete (Workforce Action Plan) or currently in development (Asset Strategy Plan, facility master plans and clinical network service plans).

Sydney West's corporate strategic priorities include the following:

- Make all SWAHS clinical networks and facilities gateways to all services.
- Focus on health promotion and illness prevention, particularly smoking and obesity.
- Broaden chronic disease prevention and management programs.
- Target programs to disadvantaged populations.
- Enhance cardiac diagnostic and treatment capacity.
- Further develop innovative models of care for aged care and rehabilitation services.
- Continue integration of community and hospital-based care services across Sydney West through the Total Care Navigation strategy.
- Review midwifery-led service models and develop strategies to address the increasing number of caesarean sections.
- Continue to improve early and appropriate mental health care, particularly community-based care.
- Strengthen partnerships and develop opportunities to work with GPs and other service providers.
- Maximise use of information and communication technology to enhance patient care.
- Enhance workforce support structures, processes and systems. Identify and respond to individual workforce needs and plan for the future in partnership with others. Recruitment, retention, education and training, career and succession planning are all important factors in enhancing the quality of the workforce.

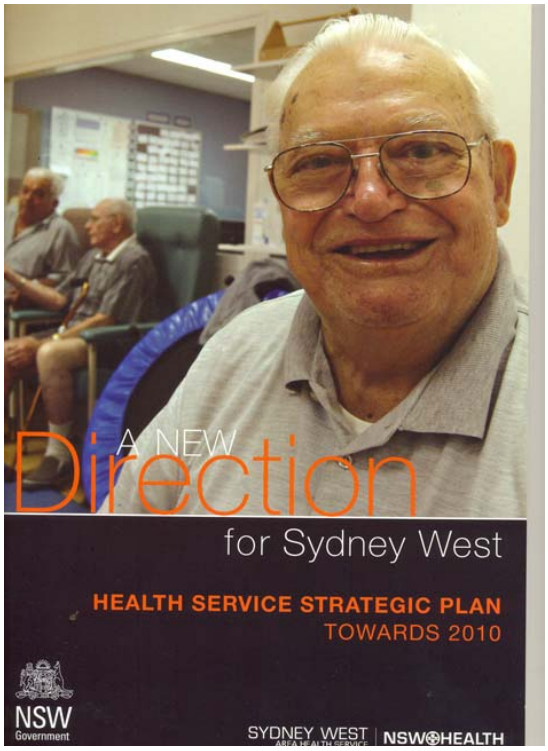
Clinical Governance and Quality

- Falls prevention
- Hand hygiene
- Early detection of critically unwell patients
- Incident monitoring systems.

Clinical Redesign

- Focus on development of local capacity and expertise.
- Greater emphasis on operationalisation of solutions and development of organisational capacity to identify issues, define solutions and implement change.

SWAHS will continue its reputation for leading innovation in service delivery, with an increasing focus on patients and carers throughout the patient journey. Along with NSW Health and other partners, the area will implement priorities outlined in the State Health Plan and Area Corporate Strategic Plan.



HEALTH SERVICES

Major Hospital Facilities

SWAHS clinical service delivery is provided through clinical networks, which operate throughout the area via hospital and community health facilities/ resources.

For logistical purposes, the area's facilities are arranged in three geographic clusters.

1. Eastern – covering facilities in the Auburn, Parramatta, Holroyd and Hills LGAs
2. Central – covering facilities in the Blacktown LGA
3. Western – covering facilities in the Penrith, Hawkesbury, Blue Mountains and greater Lithgow LGAs

The area's Primary and Community Health, Mental Health and Drug and Alcohol Services operate as an area-wide cluster known as Integrated Health.

Eastern Cluster

The Eastern Cluster is comprised of four hospital facilities and three clinical networks.

Hospital facilities:
- Westmead Hospital
- Auburn Hospital
- St Joseph's Hospital (affiliated health organisation)
- Lottie Stewart Hospital (affiliated health organisation).

Information about each of the facilities is highlighted below.

Westmead Hospital

Westmead Hospital is the largest teaching hospital in Australia and a major tertiary referral facility of the University of Sydney. It provides a comprehensive range of secondary and tertiary clinical (Level 6) state-wide services and a number of clinical services. It is home to internationally recognised institutes of health research, the Westmead Millennium Institute (WMI) and Breast Cancer Institute (BCI).

Major developments
- An extensive refurbishment program has been completed at Westmead Hospital this year. The new Women's and Child Health Centre G Block opened in stages throughout late 2007 and 2008 and includes maternity, antenatal and women's health wards, the Centre for Newborn Care, the Birthing Unit and women's health clinics.
- The Comprehensive Cancer Care Centre, F Block has been completed and opened in stages throughout 2007 and 2008. It accommodates Cancer Day Care Centre, cancer clinics and radiation oncology in one place.
- The Renal and Urology Centre was also completed and opened in March 2008. It brings together inpatient care for renal and urology patients, the Haemodialysis Unit, renal clinics and day care for the first time.
- Refurbishment and beautification of the main entry to the hospital was completed in mid 2008 and signalled the final works of the redevelopment program.

Auburn Hospital

Auburn Hospital provides Level 3 acute services for the needs of its ethnically diverse local population. It is networked closely with Westmead and other SWAHS hospitals and receives strong community support.

Major developments
The hospital is undergoing major reconstruction, with a completely new facility being rebuilt on site. Construction is due to be complete in December 2008, with transfer of all hospital services by mid 2009.

St Joseph's Hospital

St Joseph's Hospital is an affiliated health organisation 3rd Schedule Hospital under the care of the Sisters of Charity. It provides medical rehabilitation, aged care rehabilitation, palliative care and aged care psychiatry.

Major developments
Nil.

Lottie Stewart Hospital

Lottie Stewart Hospital is an affiliated health organisation 3rd Schedule hospital owned by Wesley Mission providing, residential aged care and some specialised sub acute services. This facility includes Huntington's, psycho-geriatric, CADE and respite units Lottie Stewart is accredited by both ACHS and ACSA.

Major developments
Nil.

HEALTH SERVICES

Major Hospital Facilities

Central Cluster

The Central Cluster is comprised of three hospital facilities and three clinical networks.

Hospital Facilities:
- Blacktown Hospital
- Mt Druitt Hospital
- Hawkesbury Hospital (which is contracted to provide health care services to public patients).

Information about each of the facilities is provided below.

Blacktown Hospital

Blacktown Hospital is a teaching hospital of the University of Western Sydney and the University of Sydney, which provides medical, surgical, intensive care and other specialist services.

Major development
The On-line Simulation, Innovation and Skills (OASIS) Centre was completed and is now operating at Blacktown Hospital. It provides a contemporary learning environment for education, skills development and teaching for intensive care and emergency physicians, trainee nurses and medical students and other disciplines. The centre is an excellent example of how teamwork can result in better and more sustainable ways for clinical staff to learn in a safe and controlled environment.

Mt Druitt Hospital

Mt Druitt Hospital provides paediatric, elective surgery, geriatric medicine, rehabilitation, palliative care and cardiac services.

Major developments
Care navigation has been systematically implemented in Mt Druitt and Blacktown hospitals and respective community health services. Some preliminary results are now available, which demonstrate that care navigation has reduced length of stay, saved bed-days, reduced readmission through the emergency department and given patients and their carers a better experience when they need to use health services in the Central Cluster.

Hawkesbury Hospital (HDHS)

Hawkesbury Hospital is a 132-bed private hospital, which provides general medical and surgical services to private patients and also to public patients under a service agreement with SWAHS.

Major developments

By refurbishment of an area in HDHS, the hospital was able to increase its services to private patients.

Western Cluster

The Western Cluster is comprised of five hospital facilities, Governor Phillip Nursing Home and three clinical networks.

Hospital facilities:
- Nepean Hospital
- Blue Mountains District ANZAC Memorial Hospital
- Springwood Hospital
- Lithgow Hospital
- Portland Hospital
- Governor Phillip Nursing Home
- Tresillian (affiliated health organisation)

Information about each of the facilities is highlighted below:

Nepean Hospital

Nepean Hospital is a principal referral hospital providing Level 6 services in intensive care, maternity and operating theatres and Level 5 services in cardiology and emergency. It also provides Level 6 clinical support services in pathology, diagnostic and Level 5 pharmacy and nuclear medicine services.

Major developments
- Commissioning of 6-bed psychiatric emergency care centre.
- Refurbishment of 23-bed Ward N1G – aged care unit.
- Establishment of 4-bed stroke unit in Ward W4C.
- Establishment of four 23-hour Extended Day Only beds to improve the management of surgical care.
- Opening of additional cot in the Neonatal Intensive Care Unit.
- Construction of Pathways Home Allied Health Unit commenced for improved aged care, stroke and rehabilitation services.
- Construction commenced on the 18-bed Medical Assessment Unit.

HEALTH SERVICES

Major Hospital Facilities

Governor Phillip Nursing Home

Governor Phillip Nursing Home is an 80-bed high care facility providing quality care to frail aged, people with a disability, dementia and palliative care patients. Admission to the nursing home requires an ACAT assessment and referrals come from Nepean Hospital, Hawkesbury Hospital and the community. The staff liaise daily with Nepean Hospital about the needs of the aged client group who may benefit from respite or long-term stay. It is an ACSA accredited facility until April 2008. Governor Phillip Nursing Home is continuing to maintain the relevant standards and look at innovative practices to improve the care provided to residents.

Major developments
Relocation of 18-bed rehabilitation ward from Nepean, including substantial enabling works.

Blue Mountains and Springwood Hospitals

Both hospitals are now managed as one entity. Springwood is predominately Level 2, providing palliative care, acute and non-acute inpatient medical services, some same day surgery and allied health outpatient clinics.

The Blue Mountains facility provides services at Level 2, 3 or 4. It has inpatient medical, surgical, women and children's health, rehabilitation, emergency department, mental health, palliative care, same day and overnight surgery services, plus a wide range of clinics.

Major developments
Springwood Hospital medical equipment acquisitions:
- Refurbishment of patient lounge
- Pergola area built adjacent to patient lounge.

Blue Mountains District ANZAC Memorial Hospital:
- Improvement in service for cancer care patients, who are now able to receive blood transfusions, avoiding the trip to Nepean.
- Neonatal resuscitaire.
- Cardiotocograph (CTG) machine.

Lithgow Hospital

Lithgow is a 48-bed public hospital with a role delineation of Level 3 for the majority of services, offering emergency department, surgery using a day surgery 23-hour ward model, maternity and general medical admissions. Comprehensive inpatient and outpatient services in allied and primary care are provided.

Key issue in the past year has been the appointment of clinical privileges to all GP VMOs, and the continuation of the development of a clinical services plan in partnership with local clinicians and the networks.

Major developments
- Restoration of Lithgow Hospital roof.
- Upgrade to air conditioning in community health centre.
- Commenced upgrade of imaging services.

Portland Hospital

In December 2006, Portland Hospital relocated to a shared facility with Tabulam Cottages aged care. SWAHS now manages all services on the site, including a 22-bed residential low care aged facility, sub-acute hospital facility and primary care centre. Co-located on site is a GP surgery. SWAHS spends $1.18 million per annum on the service and the capital investment in its development was $6.9 million. The facility was officially opened in February 2007 by the Minister for Health.

Major developments
Nil.

HEALTH SERVICES

Other Health Services

Area Clinical Networks

SWAHS has established clinical networks that operate area-wide:

- Access and Patient Logistics Network (Emergency/Critical Care/Patient Flow/ Healthwest Transport)
- Acute Interventional Medicine Network
- Aged Care and Chronic and Complex Medicine Network
- Allied Health and Pharmacy Network
- Cancer Care Network
- Cardiovascular Network
- Oral Health Network
- Surgery and Anaesthetics Network
- Women and Children's Health Network
- Drug and Alcohol Service
- Mental Health Network
- Primary Care and Community Health Network.

These networks operate across all local government areas (LGAs) and ensure that patients have facilitated access to a range of emergency, acute, rehabilitation and outpatient services located in facilities across SWAHS.

Information on each of the networks and how they plan and deliver comprehensive clinical services is highlighted below.

Access and Patient Logistics (APL) Network

The network brings together the critical care specialties of intensive care and emergency within geographical clusters. The remaining services have the primary function of supporting access and patient flow into, within and across, facilities and specialist services.

Key Issues

- Provided relevant data and information to assist clinical and operational managers to operate services effectively.
- Engaged the SWAHS Clinical Governance Unit and the clinical directors of Emergency Department Services and reviewed how best to develop a sustainable strategic approach to overseeing quality and safety of care.
- Need to develop care navigation and model of care to identify processes to improve access and continuity of care for vulnerable patients and people who frequently present to ED.
-

Future Directions

- Reorientation to a local cluster-based operational platform for APL services, management and leadership.
- Strengthened area-wide approaches to governance, quality and safety of the ICU and ED services across SWAHS.
- Enhanced consumer engagement and feedback for APL services.
- Improved provision of service to patients with a disability and their families.
- Care navigation roll out in all SWAHS facilities and clusters.

Major achievements and outcomes

- Patient Care Navigation System developed and implemented. The network has assumed the lead role within SWAHS in the development and implementation of new "Care Navigation", designed to improve the patient experience, safety and outcomes for the most vulnerable aged, chronic and complex patients. Care navigation aims to improve options for care by actively navigating patients to the most appropriate point of care, in collaboration with their primary care providers.

  A system has been designed to identify the most at-risk patients within SWAHS and flag them within the patient electronic record systems. An automatic alert is triggered and a real time notification sent to a care navigator when a patient presents to an ED within the area health service. This early identification of those most at risk, their subsequent assessment and stratification of risks ensures that they are appropriately treated and linked into ongoing services on discharge into the community.

  Navigation focuses on hospital avoidance, hospital substitution, ED bypass, direct ward admissions, coordination and integration of care and services. It works to ensure that all care is coordinated and case managed as appropriate across the inpatient, outpatient and community continuum. Results to date indicate that care navigation impacts significantly on unplanned representation rates, admissions from ED presentations and length of stay.
- Sydney West Inpatient Transport Service (SWITS) model development . The SWITS model has been developed as a critical clinical support service, providing the majority of SWAHS inter-hospital and inpatient transports.
- Emergency Department (ED) paediatric model of care. The Women and Children's Network, in consultation and collaboration with SWAHS

emergency departments has developed and implemented a new approach to 'Emergency Care for Kids'. This model accepts the needs of children when presenting to the emergency department and aims to improve the journey and experience for parents, carers and the children, by ensuring a timely response for assessment, treatment and intervention.

Emergency services—Access, Patient Logistics
Major achievements and outcomes
- Improved performance area-wide, particularly for Triage 3 patients.
- HOPE ED , Westmead Hospital consistently achieved benchmark performance and demonstrated improved care and experience for frail aged and chronic illness sufferers.
- Roll out "ED Care for Kids" Model across SWAHS EDs.
- FirstNet continued roll out area-wide for patient data recording at ED presentations.

Intensive Care Services-Access, Patient Logistics
Major achievements and outcomes
- Additional ICU bed allocated to both Nepean and Westmead hospitals.
- New ventilators purchased for Blacktown ICU services.
- OASIS simulation centre Central Cluster, auspices and supported by clinical director and staff ICU.
- Organ and tissue donation services 'End of Life' seminars held across SWAHS, attracting large external and public interest and support.

Acute Interventional Medicine Network (AIM)

The Acute Interventional Medicine (AIM) network provides gastroenterology and hepatology, toxicology, respiratory, renal and urological and transplantation services through SWAHS facilities. Further details about renal, gastroenterology and hepatology and respiratory medicine services are provided below.

Renal services consists of high- and low-level acuity inpatient services, outpatients and ambulatory care services from which renal medicine, renal dialysis, urology and transplantation services are provided across SWAHS.

Gastroenterology and hepatology service consists of consultative, diagnostic and therapeutic activities for diseases of the digestive system.

Respiratory medicine involves treatment of adult patients with illness that affects their respiratory function and secondary prevention, once a patient has been diagnosed with respiratory disease. These diseases include chronic obstructive pulmonary disease (COPD), asthma, respiratory failure, pneumonia, obstructive sleep apnoea, lung cancer and other less common respiratory diseases, such as treatment for tuberculosis, cystic fibrosis and sleep disorders.

The AIM network has seen an increase in activity across the area of 1439 cases or 8.9 per cent compared to the previous year.

All network and clinical director positions have been appointed to support the AIM structure.

Major achievements and outcomes
- Implementation of the RACS Plus program at Blacktown in March 2008. Six month review indicates that the admission rate for respiratory patients who frequently present to hospital population has reduced by 50 per cent.
- Opening of Level A6 comprehensive care for all renal services in Westmead Hospital. All services are co-located, ensuring patients receive continuity of care in the one unit.
- Approval to build a satellite dialysis centre in the new Auburn Hospital. This will provide a further six dialysis stations for SWAHS to partly address the growth in patients requiring the service.
- All AIM network policies and procedures completed and are being published on the area's intranet. This will ensure that all SWAHS staff caring for patients from the AIM network have ready access of the correct policy and procedure to follow.
- The integrated rotating gastroenterology registrar service implemented in 2008 has worked very well, with both Blacktown consultants and the involved registrars giving extremely positive feedback.
- A new liver clinic outpatient service was opened at Blacktown Hospital. This has had very positive feedback.
- The First Annual Westmead Interventional Endoscopy Symposium was a resounding success, with more than 300 participants. Plans are underway for a second symposium in February 2009.
- Length of stay is at benchmark for most diagnostic categories. A system has been implemented across the service for the up-skilling of staff on diagnostic coding. All discharge summaries will now be overseen by the advanced trainee.

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- The integrated endoscopy service between Eastern and Central clusters is working extremely well.

Key Issues

- Increase in demand for dialysis service in SWAHS has resulted in the approval to establish a satellite dialysis centre in the new Auburn Hospital an increase of six dialysis stations.
- Management of increase of cystic fibrosis patients being transitioned to Westmead from the Children's Hospital at Westmead. Planning is progressing on how to manage this growth in demand. This will be included in the respiratory services plan for the area.

Future Directions

- Service planning for all specialty services in AIM network.
- Planning for in-centre dialysis at Nepean Hospital for the next phase of redevelopment of the facility.
- Planning for improvements to gastroenterology wards at Westmead Hospital to ensure optimal care for AIM network patients in respiratory medicine and gastroenterology.
- Plans to increase medical consultant workforce using revenue raising strategy for endoscopy.

Aged Care and Chronic Care Network

The Aged and Chronic Care Network comprises two directorates, Chronic and Complex Medicine and Aged Care, Stroke and Neurology. Chronic and complex medicine services provide care to people, from a variety of age groups who present with single and multi-system diseases. The services provided are diabetes and endocrinology, dermatology, genetic medicine, rheumatology, general medicine, clinical immunology and allergy and infectious diseases/sexual health.

The services that make up the Aged Care, Stroke, Neurology and Rehabilitation Directorate provide care to older patients/clients who present with multi-system diseases. Aged care patients are typically over 70 years.

Key Issues

- Major focus is on addressing workforce issues relating to growing demand for services.
- Recruitment and retention of skilled staff is critical.
- Establishing capacity to support children in their transition to adult services.

Major achievements and outcomes

- The Stroke and Care of the Older Person Evaluation (SCOPE) Unit at Blacktown Hospital started on 14 April 2008. It provides 48-hours assessment for this client group.
- Implemented the Acute to Aged Related Care Services (AARCS) model of care across SWAHS and extension of the Aged Care Service Emergency Team (ASET) initiative funded by the Council of Australian Governments (COAG) Long Stay Older Persons program.
- The Healthcare Older Persons Early (HOPE) Program/Medical Assessment Unit (MAU) started at Westmead Hospital on 24 April 2008. This includes four ED HOPE/OPERA beds and eight HOPE inpatient beds on Ward B4b.
- Ongoing participation in the implementation of the Nepean Pathways Home (North Block) redevelopment. Commissioning and occupation of refurbished N1G Ward by acute aged care service.
- Developed a revised model of care document for patients being transferred to the Temporary Stay Unit (TSU - previously TCU) Policy and Residential Placement Policy were also completed for Auburn Hospital.
- Appointment of a head of department for clinical sexual health.
- Appointment of a VMO in general medicine at Auburn Hospital.
- Appointment of staff specialist (1.0 FTE) within the SWAHS forensic sexual assault service.
- Appointment of infectious diseases staff specialist at Blacktown Hospital (0.6 FTE) as part of a strategy to establish full infectious diseases services at this facility.
- Completion of a strategic plan for dermatology services across SWAHS.
- A genetic metabolic clinic specifically for young adults transitioning from The Children's Hospital at Westmead started on 26 May 2008 within the University Clinic, Westmead Hospital.
- Commenced work on developing a framework for the care of young adults with chronic disease within SWAHS including those with genetic metabolic disease, cystic fibrosis, diabetes and neuromuscular disorders.
- Significant contribution to the development of 'Advanced Medical Directives Policy for Acute Care Facilities' and 'End of Life Care Planning and Decision Making Strategic Plan'.
- Facilitation of the development of a SWAHS infection control strategic plan including a 'Future Directions Infection Control Workshop' held in March 2008.

Other Health Services

Future Directions

- Develop strategies for dealing with increasing numbers of persons presenting to ED and subsequent admissions including:
  - Expansion of the Acute Aged Residential Care Service (AARCS) and Aged Care Emergency Teams (ASET) across the area health service.
  - Monitor and refine the HOPE/MAU models of care to support best practice and patient flow initiatives.
- Develop a dementia plan to better integrate and coordinate the care and support provided to persons with dementia and delirium and their carers.
- Introduction of a new model of care for the management of inpatient hyperglycaemia across SWAHS.

Allied Health and Pharmacy Network

Pharmacy services operate from a facility base and are coordinated at cluster and area network levels to deliver a standardised approach to best practice principles of pharmaceutical care. Services include clinical pharmacy and drug distribution to inpatients and outpatients, with formulation of highly specialised drug preparations and a high-level drug information service.

The Allied Health Network includes the professional disciplines of dietetics, occupational therapy, physiotherapy, podiatry, social work, speech pathology, audiology, urodynamics and medical physics. Allied health provides a variety of inpatient and outpatient services at all sites/facilities across SWAHS.

Major achievements and outcomes

- Adopted standardised set of codes to improve allied health staff recording of clinical diagnoses and interventions.
- The method of allied health staff's recording of clinical diagnoses and interventions has been improved by adoption of a standardised set of codes. This will save clinician time and provide improved reporting of allied health services.
- There has been rollout out of a preferred model for equipment loan service across large sites in the Central and Western clusters. It has created operational efficiencies, improved quality of service, increased revenue and reduced risks for patients and staff.
- Allied Health and Pharmacy Network has undertaken a review of the roles of its entire workforce to ensure they are covered by the new Health Professionals Award. This has been a major workforce strategy to ensure standard application of the award conditions to support retention of staff.
- Significant contribution and leadership role to a service redesign project at Blacktown Hospital that has demonstrated improvement to the timely provision of allied health services for patients.
- Significant development work in web based and E-consults (electronic consultations) for allied health, ensuring timely and appropriate referrals enhancing patient flow, quality and safety.
- Pharmacy provided leadership and expert input into medication safety initiatives such as standardisation of potassium chloride adult solutions, publishing of an insulin identification chart, medication administration and oral liquid dispenser policy.
- There has been proactive involvement of clinical pharmacists in medication intervention at point-of-care across SWAHS.
- 'Bring services to the patient' principle was used to improve patient flow and continuum of care, included active patient medication reconciliation, counselling and liaison with PACC (Post Acute Community Care) pharmacy services.
- Pharmacy provided leadership in completion of facility-based medication self-assessments.

Key Issues

- Realignment of Aboriginal Liaison Officer roles across clusters, with an increased focus on inpatient care. Required senior cross network collaboration with the Aboriginal Health Unit.
- Medication safety issues are addressed at a facility department level, at cluster SUMS (Safe Use of Medicines) committee and at SWAHS Area Drug Committee. These strategies are all adding to the provision of safe quality use of medications.

Future Directions

- Allied Health and Pharmacy Network to continue to provide leadership and build on progress in clinical governance for allied health and pharmacy clinicians across SWAHS.
- Implementation of allied health and pharmacy workforce action plans, with a view to capacity building, recruitment and retention of skilled clinicians, for example, review of pharmacy technician roles to enable extension of clinical pharmacist role at point-of-care and increase in intern/new graduate positions.
- Automation in pharmacy, such as robotics for

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dispensing and automated drug distribution systems.
- Raise research profile in hospital pharmacy practice, including redesign and extending roles.

Cancer Care Network

The Sydney West Cancer Network continues to provide comprehensive cancer services in accordance with the Clinical Service Framework for Optimising Cancer Care in NSW.

Major achievements and outcomes
- The Westmead Cancer Care Centre became fully operational in February 2008, with surgical, radiation, medical, haematology, palliative care and other nursing and allied health services available to more than 300 ambulatory patients each day.
- Establishment of the multi-skilled Clinical Operations Support Team (COST) to provide front-of-house and back-room support for patients, carers and clinicians. This is a support team for all departments in the network, integrated and upskilled to ensure a sustainable team approach to support services.
- Restructure Multi-disciplinary Team (MDT) support as core clinical business. Previously seen as stand-alone roles, now incorporated into the functions of the COST, allowing for multiple staff to be trained in supporting these teams.
- Opening of new brachytherapy suite Westmead. Ensuring that fewer people require hospital admissions for brachytherapy because it is an outpatient-based treatment in much more comfortable surroundings.
- Implementation of Intensity Modulated Radiation Therapy (IMRT) first at Nepean and then Westmead, by the radiation oncology medical physics and radiotherapy teams. This ensures more accurate dose delivery of radiotherapy with better prevention of toxicity to other organs.
- Implementation of electronic billing system at Westmead. Projected revenue gains of $2m per annum.

Key issues
- Clinical Records Westmead – start of integrated oncology services necessitated a move away from paper records. eMR for the Cancer Network is work in progress.
- Revenue Westmead– inaccuracies led to under-performance in revenue collection. Introduced electronic billing system “EZYMED”, with resultant increased revenue.
- Clinical report transcription backlog Westmead. Reviewed processes, reduced templates, increased staff. This remains as a challenge until the implementation of eMR for the Cancer Network.

Future Directions
- Nepean campus - extension of the Chemotherapy Day Care Ward to provide better functionality and safety to haematology and medical oncology services.
- Nepean and Westmead campuses – progress with the re-commission bunkers and replacement linear accelerators.
- Network attention to palliative care services – progress with the implementation of the NSW Palliative Care Strategic Framework, 2008-2012.

Cardiovascular Network

Cardiac services are integrated across three clusters within SWAHS. They are Eastern (Westmead and Auburn Hospitals); Central (Blacktown, Mt Druitt and Hawkesbury Hospitals) and Western (Nepean, Blue Mountains, Springwood, Lithgow and Portland Hospitals).

The network provides a range of functions/services to both inpatients and outpatients, comprising:
- Acute inpatient Services
- Cardiac catheter laboratories in the provision of interventional cardiology procedures
- Cardiothoracic surgery
- Echocardiography
- Cardiac rehabilitation
- Chronic and complex care
- Clinical Investigations, including ECGs, exercise stress testing, holter monitoring, defibrillator and pacemaker interrogation and testing.

Major achievements and outcomes
- Program for early triage of acute myocardial infarction (ETAMI) reducing mortality and morbidity for SWAHS residents.
- Inpatient access to cardiac catheterisation laboratory procedures within 24 hours from any facility in SWAHS.
- Reduction in length of stay across key diagnostic groups at each facility.
- Robust network-wide clinical incident review system.
- Continued improvement in timely access to services.

Key Issues

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- Changed models of care to provide more efficient use of resources.
- Management of high-cost prosthetics with clinical guidelines.
- High volume of inpatient requests for cardiac catheterisation laboratory procedures in the Eastern and Central clusters. Introduced new models of care that achieved better balance between inpatient and outpatient delivery of care.
- Extensive waiting times for booked elective procedures in the Eastern and Central clusters. Use of the booked elective system and the Interventional Unit has allowed for significant reductions to be achieved for patients awaiting elective procedures. This also reduces the number of ED presentations and inpatient stays.
- Improved patient safety in cardiothoracic surgery with introduction of intensivist cover.

Future Directions

- Diagnostic and interventional services at Blacktown Hospital.
- Cardiac CT scanning at Blacktown, Nepean and Westmead.
- Improved links with vascular interventional services.
- Improved management of chronic and complex cardiac conditions, including cardiac rehabilitation.
- 'Key-hole' cardiothoracic surgery.

Oral Health Network

Sydney West Oral Health Network provides services in periodontics, endodontics, prosthodontics, oral medicine, special care, oral pathology, emergency, general practice, paediatrics, oral surgery, oral sedation, orthodontics and dental laboratory. The network also provides research and clinical education to oral health staff.

Westmead Centre for Oral Health (WCOH) is the largest dental teaching facility in Australasia. It has a pre-eminent role in delivery of undergraduate and postgraduate clinical education to students of the Faculty of Dentistry of the University of Sydney.

2007/2008 YEARLY TARGETS	YTD Actuals	% Achieved
Adult – 180,732	151,888	84
Child Clinical - 74,304	59,918	81
SAP Assessments	4,791	
Specialist - Child and Adult – 18,684	19,426	104
Dentures – fulls - 888	882	99.3
Dentures - partials etc – 3,228	3,779	117
Other (Repairs/Relines) etc.	4,136	
TOTAL	244,820	

Major achievements and outcomes

- Establishment of single State Teaching Hospital waiting list for paediatric general anaesthetic cases, with waiting times meeting benchmark in June 2008.
- Establishment of the Centre for Resuscitation Emergency Simulation Training (CREST) through a funding arrangement with the Dental Board of NSW – will enable training of dental staff from across NSW in advanced life support.
- Development of a partnership arrangement with Mission Australia to provide dental services to homeless men under the Michael Project.
- Successfully completed the first year of the NSW International Dental Graduate program with a pass rate of 88 per cent at the Australian Dental Council examinations. The intake into the program for 2008 has increased.
- Participation in Commonwealth Government intervention in Northern Territory, providing paediatric dental services under general anaesthetic.
- Fluoridation of Lithgow water supply.

Key Issues

- Waiting lists and waiting times have been reduced significantly by:
  - increased focus on patient flow managing waiting times for different waiting lists and focusing on those with greatest number of patients outside NSW Health benchmarks for waiting times
  - coordination of assessment appointments to ensure minimisation of waiting time for patient to be assessed following referral
  - regular audits of waiting lists reviewing patient data to ensure currency.

Other Health Services

- Staffing recruitment and retention issues addressed:
  - input to State Award restructure, achieving a significant restructure of NSW Health Award for oral health staff
  - staff education for continuing education across all staff categories
  - development of dental assistant training program
  - development of international dental graduates NSW International Dental Graduate (N-IDG) program, a collaborative State Health Minister initiative to increase the workforce of dentists in NSW, with a particular focus on rural regions. Winner of silver award in NSW Premier's Public Sector Awards 2008.
- Enhanced clinical service provision enabling greater access to patient clinical data across the SWAHS Oral Health Network.
  - Implementation of digital imaging technologies to clinics with more efficient services at the chairside through access to dental imaging data for all clinicians in SWAHS Oral Health.

Future Directions

- Nepean Dental Clinic redevelopment increased clinical capacity nearer to where the patients live, as well as access to specialist outreach services in the Western Cluster.
- Additional chair capacity at Westmead Centre for Oral Health.
- Expansion of oral health promotion and oral health education services.
- Expansion of combined State paediatric general anaesthetic waiting list to include patients from nominated other area health services.

Surgery and Anaesthetics Network

SWAHS has continued its exemplary performance in achieving all waiting list benchmarks for 2007/08 financial year.

The Surgery and Anaesthetics Network has been working to consolidate services within the boundaries of SWAHS and has endeavoured to recognise new initiatives to improve the current services offered and develop new services in consultation with the community.

Major achievements and outcomes

- Implementation of the Acute Surgical Unit (ASU) model at Westmead and Nepean improved the care of patients presenting to ED with acute surgical conditions. Data reflects a reduction in the length of stay from five days to four for those surgeons involved in the ASU. This has resulted in a significant reduction in on-call costs to VMOs and a reduction in access block in EDs.
- Admission & Discharge Unit (ADU) Advanced Practice Nurse project completed at Nepean to assist with smooth process of patients presenting to emergency for surgical intervention. The advanced practice nurses were employed for 12 hour shifts, seven days per week, to facilitate uninterrupted care of patients throughout their hospital stay. Both advanced practice nurses achieved their Masters as surgical nurse practitioners and have applied to the Nurses' Registration Board to work in this role.
- Waiting list management to meet '0' targets for Urgency Category 1 (number of people waiting for surgery within 30 days) and for Urgency Category Target 3 (those patients who can wait for 365 days) were achieved, in line with NSW Health key performance indicators. The required performance was also achieved for Urgency Category 2.

Key Issues

The growth in demand and cost of both emergency and elective surgical activity are presenting challenges to the service. While some increase in funding will be provided in 2008/09, the network needs to undertake planning to review how and where services are provided, to maximise efficiency and meet its performance targets.

Future Directions

A surgical clinical council has been established in SWAHS. Its role is to provide strategic direction for surgical services across SWAHS, in line with the State and area health service policies.

Women and Children's Network (WCHN)

Women's and Children's Network provides obstetrics, gynaecology, gynae-oncology, uro-gynaecology, perinatal, neonatal, paediatric and adolescent services across all SWAHS facilities. There were 13,122 births in public facilities—13,975 when Hawkesbury Hospital (Catholic Healthcare) is included.

Major achievements and outcomes

WCYH Network-wide

- Early Pregnancy Assessment (EPAC/AGU) model developed in SWAHS adopted by NSW Health for implementation State-wide.
- Discharge of Well Neonate (DAWN) program training given to midwives by paediatric team to enable midwifery/nursing-led discharge of healthy babies in more efficient timeframe.

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- Training programs developed and rolled out across SWAHS to support clinical staff to have up-to-date skills in perinatal care.
- Networking of paediatric bed base between Nepean and Mt Druitt hospitals to ensure timely assessment and admission of children via ED in event of bed block at individual facility.
- Successful collaboration with Aboriginal Medical Service (AMS) to improve access to, and outcomes of, indigenous maternity care – an innovation involving Blacktown and Nepean Hospital obstetrics and gynaecology/midwifery teams.
- Enhanced GP education for regional and remote facilities in obstetric and paediatric management.
- GP shared programs – robust guidelines and strict criteria for access to GP Shared Care program – regular specialist involvement to ensure appropriate care.
- Development of 'user guides' for junior medical officers to facilitate accurate, appropriate medical record documentation.
- WCYH across SWAHS was close to Health Round Table (HRT) benchmark, with a relative stay index of 103 per cent.
- Culturally and Linguistically Diverse population (CALD) – audio CD developed in eight languages to educate women about the antenatal and birthing journey during pregnancy – has achieved significant reduction in interventions, improved clinical outcomes and greater patient satisfaction by enhancing the expectations of women for the maternity journey. The project was a finalist in the NSW Health Awards.

Auburn Hospital

- New maternity unit opened as part of Auburn redevelopment – beds consolidated to 20 multi purpose rooms in dedicated delivery/PN unit.
- Enhancement of Midwifery@Home service - >80 per cent uptake in Auburn, facilitating timelier discharge, improving patient outcome and enabling continued care outside of acute facility.
- Auburn's staff specialist in paediatrics to provide onsite leadership and implement change to new ambulatory care/short stay model - an alternative to traditional inpatient care for acutely unwell children – improved quality for children, less distressing than inpatient stay.

Westmead Hospital

- Successful commissioning and opening of new facilities for Women, Children & Youth Health.
- Consolidated bed base augmented by enhanced cooperation with Midwifery@Home services.
- Development of birthing education CD for CALD population – resulted in reduction in intervention and caesarean rates, huge improvements in patient understanding and engagement and greater patient satisfaction and experience.
- Gynae-oncology – successful in collaborative research grants, leaders in field in Australia and internationally.

Blacktown Hospital

- Enhancement of maternity and Early Pregnancy Assessment Clinic (EPAC) services staffing.
- Increased deliveries with static bed base – augmented by Midwifery@Home services.
- Establishment of Sydney West Advanced Pelvic Surgery Department to position Blacktown Hospital as centre of excellence in SWAHS for endoscopic surgery and training.
- Establishment of community-based outpatient department (OPD) clinics to engage with higher-risk populations and better manage patient journey through AN, delivery and PN – improved care planning equals improved outcome.
- Improved back transfer rate from Neonatal Intensive Care Unit (NICU) to Special Care Nursery, ensures babies managed appropriately but closer to home.
- Rollout of NICU's database to facilitate patient care, information management and timely discharge and planning.

Mt Druitt Hospital

- Establishment of nurse practitioner positions – improved patient flow through emergency department, enhanced care across the Blacktown & Mt Druitt Hospitals (BMDH) campus with timelier access to care and assessment.
- Increased patient flow through Mt Druitt Paediatric ward – use of swing and short-stay beds to facilitate access through ED without overall increase in bed base.
- Increase in paediatric community outreach services - another alternative to inpatient care for acutely unwell children – improved quality for children, less distressing than inpatient stay, better engagement with parents/primary carers in managing chronic illnesses such as respiratory disease.

Nepean Hospital

- Acute Gynaecology Unit – improving patient flow and access to treatment for women with early pregnancy complications or acute gynaecology problems. Resulted in enormous improvement in access to consultation and treatment, increase

in conservative management and reduction in admission rates.
- Establishment of gynaecology procedure room to improve access to care and reduce operating theatre demand.
- Four additional inpatient beds to assist patient access—also used for postoperative monitoring of women.
- Development of patient/parent education room to improve efficiency of patient education and information.
- NSW Health funding for 10th NICU cot at Nepean Hospital.
- Extension of NICU premises to accommodate growth in service and storage requirements.
- Expected commencement of caseload/group practice midwifery model to complement traditional maternity model – pilot at Nepean Hospital, with intention to roll out across SWAHS in collaboration with National Health & Medical Research Council (NH&MRC) funding.
- Paediatric diabetes service – multidisciplinary clinic led by paediatric endocrinologist and consultant paediatricians, alongside diabetes educators, nursing staff and psycho-social professionals.
- Paediatric/adolescent drug and alcohol staff specialist – cross network collaboration working with some of the most vulnerable members of community—providing inpatient, outpatient and interventional multidisciplinary care, consistent with NSW addiction medicine strategies.

Key Issues
- Provision of early pregnancy assessment services – implemented robust protocols and clear clinical referral and pathways to manage women presenting with early pregnancy complications. Care pathways developed in association with lead clinicians in obstetrics and gynaecology and emergency care.
- Collaboration between clinical specialities and across facilities, including between Children's Hospital and adult campuses, to ensure continuity of care and seamless transition.
- Growing demand for maternity care throughout SWAHS requires working with primary care providers, obstetricians and midwives to develop models of care that provide choice to women accessing services.
- Role delineation between tertiary and non-tertiary facilities allows women to access services closer to home, with appropriate backup for tertiary centres as required.
- Women wishing to return home sooner after birthing – enhanced support services available for postnatal care in the community by providing increased resources to Midwifery@Home program, ensuring appropriate follow up care that maintains and monitors optimal clinical outcomes.
- Cross-accreditation of obstetrics and gynaecology medical staff to facilitate continuity of care and enhance cover.
- Workforce shortages – clinical leadership to cement SWAHS WCYH services as an employer of choice for nursing/midwifery, medical and allied health professionals.

Future Directions
- Review and development of models of care for midwifery-led maternity management.
- Increased outreach services to provide care to vulnerable communities.

Integrated Health Care Cluster

The Integrated Health Care Cluster completed its strategic accommodation plan for services within its networks. This document provides a detailed inventory of all the accommodation venues from where services are delivered, an assessment of their functionality and other key related information. It also provides recommendations of accommodation needs, based on redesigned models of care. The document provides a good platform for further development and investment requirements for the future.

The cluster has established four critical priorities around the integration agenda. These include co-morbidity, youth health, integrated patient flow and child and family services. These priorities are being progressed. The cluster continues to provide leadership in the development of HealthOne NSW services at Mt Druitt, Rouse Hill and Auburn. The services within the cluster have been involved in the development and implementation of the Care Navigation Program and other redesign programs at SWAHS. The Mt Druitt HealthOne service started in February 2008 and the building was officially opened by Hon Reba Meagher, Minister for Health on 23 June 2008. The service recently won the inaugural award at the HealthOne conference in October 2008.

The cluster continues to provide leadership for SWAHS in the areas of child protection and domestic violence, implementation of NSW Families First, NGO programs coordination, implementation of transport for health policy and relationships with

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general practitioners across the five divisions in the area. For instance, across primary health care, there have been regular discussions with general practitioners about key shared interests and issues of service continuity for shared clients.

The cluster achieved a positive financial result in 2007/08.

Drug and Alcohol Service

The Drug and Alcohol Service (D&A) is established to provides care in the management of addiction and other drug and alcohol problems to individuals, families and community organisations in SWAHS. The network provides access to all levels of service across the continuum of care, from population-based strategies designed to prevent the establishment of substance abuse in individuals and groups, to inpatient and outpatient medical care for people with severe dependence.

The Drug and Alcohol Service provides the following:

- Centralised intake/assessment
- Medical and nursing consultation services
- Inpatient detoxification treatment
- Outpatient detoxification treatment
- Opioid treatment services
- Abstinence maintenance services
- Cannabis clinic
- Medical outpatient services
- Inpatient consultation and liaison services
- Psychology services
- Community counselling
- Magistrates Early Referral Into Treatment (MERIT) Program
- Adult drug court services
- Adolescent detoxification and treatment service
- General practitioner and pharmacy liaison
- Drug use in pregnancy services
- Child and family health services
- Population health services
- Dental referral for patients presenting to the opioid treatment services (Eastern & Central clusters)
- Outpatient group programs.

The Drug and Alcohol Service conducted a substantial review of its clinical service models in 2006/07, through the Strategic Initiatives Program, developing models of care in detoxification treatment, opioid treatment, psychology and counselling, youth and adolescent services, forensic services and services for co-morbid patients.

D&A has enhanced services for the treatment of cannabis dependence, reflecting high levels of cannabis abuse in the community, as well as concerns about the relationship between cannabis use and the onset of psychiatric problems. The network has also reviewed and strengthened centralised intake, improving access across all services.

D&A provided 302,173 occasions of service to 22,549 patients in 2007/08. The services offered are based on empirically supported cost-effective clinical practices.

Major achievements and outcomes

- Changes to the role and functions/ rationalisation of the Centre for Addiction Medicine (CAM) Cumberland, the transfer of medical, care coordination (case management) and psychology services for opioid maintenance patients from CAM to their dosing points at Parramatta and Blacktown:
  - integrated and defined specialist clinics
  - clear and consistent referral pathways to specialist clinics
  - establishing information management systems
  - specialist clinics report on agreed key performance indicators and monitor through monthly reporting
  - improved patient flow
  - 100 per cent of all opioid treatment patients are case managed at the specialist clinics.
- The re-establishment of cannabis treatment programs, targeting the following four key target groups:
  - young people (12-24 years old) with cannabis dependence/abuse
  - adult patients with cannabis-only dependence/abuse
  - adult patients with cannabis and other drug (e.g. alcohol, psycho-stimulant) dependence/ abuse
  - adult patients with cannabis and other drug (e.g. alcohol, psycho-stimulant) who suffer co-existing mental health problems including anxiety disorder, affective disorder, psychosis, etc.
- Implemented an improving Aboriginal participation in the MERIT program, in conjunction with the Aboriginal Health and Medical Research Council. This resulted in a significant increase in Aboriginal participation in MERIT.

- Integrated service provision:

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- training mental health staff to engage in integrated co-morbidity management
- establishing joint clinical programs with mental health, to treat co-morbid presentations
- implementing standardised psychosocial clinical assessment packages
- implementing empirically supported outcome measures to gauge the impact of services provided
- standardised monitoring of staff clinical activities
- standardised clinical supervision practices.

Key Issues

- Expansion of the Nepean Youth D&A Service to a SWAHS-wide YDAS to improve access for high-risk populations. Reallocation of resources to accommodate positions at CAM Cumberland and Mt Druitt CAM, when operational.
- Consolidation and redevelopment of CAM Cumberland. Engaged facility planning, started refurbishments to Building 83 to be completed December 2008. All clinical services to be fully operational in Building 83 February 2009.
- Establishment of comprehensive services in Blacktown/Mt Druitt:
  - recruited to medical position
  - established two FTE consultation and liaison registered nurse positions at Blacktown Hospital
  - engaged SWAHS facility planning to progress refurbishments to leased property at Mt Druitt and start clinical services early 2009.
- Implementation of opioid substitution models of care.
- Opiate treatment services will provide a community-based model of service delivery. This identifies clear roles played by public health services, clinics, GPs and community pharmacists. It also recognises that to meet the needs of the community of SWAHS, partnerships with other treatment providers need to be developed. The model will provide a service for new patients to be stabilised where unstable and supervise chronically unstable patients. The specialist clinics will provide services to complex and difficult patients who are unsuitable for community dosing, providing the management of those patients most likely to require comprehensive services.
- This process has been assisted by implementing the following procedures:
  - takeaway procedure for opioid treatment patients. The procedure significantly restricts access to takeaway methadone from clinics other than due to a permanent physical disability
  - transfer and management of patients to community pharmacy, where medication is prescribed by public prescribers.
- Electronic data collection (e.g. CHIME) – a series of meetings with the CHIME team has started to address the needs of some of the teams (e.g. forensic, staff from Western cluster, community drug and alcohol).

Future Directions

- Strengthen pharmacy liaison staff role in supporting new and existing pharmacies.
- Enhance medical workforce.
- Area-wide Integrated Health Care (IHC) co-morbidity programs.
- Consolidation of centralised intake.
- High-risk populations strategies (Aboriginal and CALD).
- CHIME implementation.
- Hepatitis C strategies.
- D&A Population Health – re-establish service profile/presence in Lithgow, Blacktown and Auburn regarding CALD issues.
- Establish collaborative programs addressing the needs of vulnerable families through IHC integrated child and family service.
- Expansion of community based drug and alcohol services.
- Routine objective monitoring of method and cost-effectiveness.

Mental Health Network

Sydney West Mental Health Network provides services for people with mental illness living in the area covered by SWAHS. The network offers services for people with mental disorders from birth to death and from the prevention of disorder through early detection, early intervention, triage and assessment and acute care 24 hours per day. People are treated in the community with a wide range of psychological and medication therapies and followed up in the community through assertive case management, with rehabilitation activities and home support. About 95 per cent of those receiving services from the Mental Health Network live in community settings.

The network services aim to support people to recover from mental illness and to support those with enduring mental health symptoms to live and function in the community.

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Strategic Issues for the network include:
- service responsiveness and access to early intervention
- building services to match increasing demand
- improved partnerships, availability of information and support for mental health consumers, their families and carers
- need for investment in information technology to support clinical care and capture organisation data.

The Mental Health Network is part of the Integrated Health Cluster, which provides community-based primary care and specialist services within multidisciplinary service frameworks. All integrated health networks are committed to the integration of health service delivery to ensure that increasing complex clinical presentations receive care from appropriately credentialed clinicians working in integrated, collaborative services.

The network also works in partnership with a range of organisations, including non-government organisations (NGOs), general practitioners (GPs) and other government departments to provide community-based programs for people with mental health problems. These include Housing Accommodation Support Initative (HASI), other community mental health residential programs, carer support and vocational, social and recreation programs.

Major achievements and outcomes
- Development and implementation of patient flow initiatives, which have streamlined the management of patient flow and discharge planning.
- Major improvement in Emergency Access Performance from 57 to over 80 per cent (NSW benchmark).
- Enhanced partnerships with other government agencies, including Departments of Community Services and Ageing, Disability and Home Care.
- Restructuring of the HASI program and development of an area-wide HASI reporting and data collection system.
- Completion of SWAHS Accommodation Strategic Plan.
- Completion of clinical redesign projects.
- Review of clinical performance systems and identification of priority issues.
- Improved recruitment of inpatient nursing staff with just 1-2 per cent vacancy rate.
- Developing Headspace Child and Youth Mental Health Service in Mt Druitt.
- Enhancement of youth mental health services, with additional resources of $1million.
- Development of T-Basis Unit with additional funding of $800,000.
- Further development of specialist mental health services for older people with additional allocation of $200,000.
- Restructure of the access acute community team to increase support for patients discharged from the Pialla Unit at Nepean.

Future Directions
- Clinical redesign projects focussing on recovery and rehabilitation services.
- Development of SWAHS mental health telephone access line.
- Planning of additional inpatient facilities under the Nepean Hospital redevelopment program.
- HASI for Aboriginal people.
- Establishment of Aboriginal mental health training positions.
- Development and implementation of integrated child & family mental health model of care.

Primary Care and Community Health Network (PC&CH)

The Primary Care and Community Health Network provides a range of community-based, multidisciplinary prevention, early intervention, treatment, clinical care co-ordination, maintenance and rehabilitative support services. The network provides these services through four key streams—Child and Family Health, Complex, Age and Chronic Care, Youth Health and Integrated Violence and Prevention Response (child protection and sexual assault services).

Child and family health services are provided through a CONNECTFirst model of care, which is particularly influenced by Families NSW, the whole-of-government approach to working with families with children aged from birth to eight years. CONNECTFirst services include child and family health nursing, paediatric therapies (speech pathology, occupational therapy and physiotherapy) and psychosocial counselling for children and families—providing multidisciplinary assessment and intervention services for children and their families to develop within their milestones and to achieve their school and social learning goals.

Complex, Aged and Chronic Care services are provided through a HOMEFirst model of care, which aims to better meet, in partnership with other

Other Health Services

identified key providers of care, the growing needs of identified individuals and population subgroups with chronic diseases such as heart failure, advanced cancer, COPD, dementia, musculoskeletal disorders, disability and frailty, through community-based care. HOMEFirst services include nursing services for palliative care and wound care, therapies (occupational therapy, physiotherapy, speech pathology and podiatry), psychosocial counselling for older people experiencing bereavement. It provides multidisciplinary services for older people and people with a chronic illness in need of support and monitoring to stay healthy and independent in their home environment.

Youth health services are provided to young people aged 12 to 24 years through the High Street and Western Area Adolescent Team (WAAT) Youth Health Centres, as well as the mainstream community health centres. The target group is young people who are marginalised, disadvantaged or at risk and particularly those who are homeless or at risk of homelessness. Youth health services provide information, support, consultation, counselling, drop in services, basic needs services, and medical and health promotion activities.

The Integrated Violence Prevention and Response Service incorporates child protection and sexual assault services and coordinates the area response to the key policy areas of domestic violence and victims of crime.

Major achievements and outcomes

- Three HealthOne NSW sites at Mt Druitt, Rouse Hill and Auburn were approved by NSW Health during 2007/08 to establish integrated service partnerships between community health services and GPs and build the capacity of the primary health care workforce to respond to health needs of vulnerable population groups. Extensive planning has occurred with GPs and community health staff to improve care pathways for patients whose health care needs can benefit from a coordinated service approach. More than 100 patients have been enrolled in HealthOne, with the aim of maintaining people's health and reducing their hospital admissions.
- A number of strategies have been successfully implemented to improve coordination of care between hospitals, GPs and community health services. Some have included the establishment of seven GP Liaison nurse positions, systematic participation in patient care navigation processes and introduction of community triage processes to prioritise and respond to high-need referrals.
- The PC&CH Network has introduced a community comprehensive assessment tool, which provides a holistic multi-disciplinary assessment of health and social status of older clients and clients with a chronic illness, to enable early identification of health problems and provide appropriate and timely services. All nursing and allied health staff are trained in the administration of the tool, which is a key quality and safety initiative of community health.
- The roll out of CHIME to around 800 clinical staff in the PC&CH Network has improved data reporting capacity to inform clinical service planning and improved management of client referral processes.
- Progressive implementation of a health and wellbeing program, targeting falls prevention throughout the PC&CH Network's 22 centre–based aged care services in conjunction with the area Population Health Unit. The program includes comprehensive risk screening and ongoing assessment of all clients, liaise with staff about identified falls risks and to obtain medical clearance for their patients to participate in the exercise program. More than 200 clients have completed the initial risk screening assessments and are ready to start the exercise program. A partnership has been established with the Exercise Physiology Course Coordinator at UNSW and final year students are assisting the nursing staff to conduct client risk screening, using the QUICKSCREEN, Timed Up and Go and falls efficacy scale screening tools. The students will also participate in implementing the exercise program at each service following medical clearance from GPs and with client consent.
- All child and family health nurses across community health have been trained in use of new screening tools (Parent Evaluation of Developmental Status and Ages and Stages questionnaire) as part of the implementation of the newly introduced personal health record issued to all new parents by NSW Health.
- The Triple A (Adolescent Asthma Action) project funded by the Commonwealth Government and implemented through the PC&CH Primary Health Care Education & Research Unit (PERU) Team, has resulted in the successful production of a resource package for schools, including three DVDs, with accompanying manuals. This program has been internationally recognised

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and has recently been the recipient of an Australian Learning and Teaching Council Citation Award 2008.

- An extensive review of the provision of youth health services was completed and a new structure implemented to improve the capacity of the High Street and WAAT Youth Health services to support at-risk young people across the area and forge improved links with mental health, drug and alcohol services and NGOs, to work more effectively together in responding to the health needs of young people.
  The PC&CH Network has implemented a range of strategies to improve service responses to the management of child protection issues, including:
  - standardised orientation for all new staff;
  - introduction of priority referral protocols for children in out of home care;
  - a review of the Area's Child Protection and Violence Prevention governance and planning structures
  - organisation of Child Protection Week agency forum and organisation of a family camp for children being assisted by the Physical Abuse and Neglect of Children (PANOC) services, conducted in partnership with Dept of Community Services (DoCS).

Key Issues

- The need for consistent and timely information about services to inform planning and clinical service management has been addressed. through the implementation of CHIME.
- The need to contribute to hospital avoidance priorities has been addressed through the implementation of HOMEFirst model of care and the improved GP partnerships through HealthOne and other joint care coordination strategies.

Future Directions

- Strengthened focus on prevention and early intervention in early years, through full implementation of CONNECTFirst to support families and improve access to child and family health nursing, therapy and counselling services, for children to ensure that milestones are achieved and children are ready for school.
- Full implementation of a centralised referral system.
- Full implementation of the HOMEFirst model of care to maximise capacity for community-based care for frail older people and people with chronic illnesses and to contribute to improved care coordination and navigation and reduce hospital admission.
- Expansion of youth health services into the Penrith and Blue Mountains area.

HEALTH SERVICES

Nursing and Midwifery Services

Eastern Cluster

Auburn Hospital

It is now 12 months since the inaugural Redevelopment Change Management Workshop. Significant work has been done during that period, involving engagement and collaboration with the clinical networks and corporate services to define the new models of care and service models for the new facility.

This process has involved regular meetings with the user groups, as well as one-on-one discussions with cluster, network and service directors to identify what the new model of care is to be in each of the relevant services (as defined within their project design brief and strategic plan) and how it is to be put into practice within the context of the planning and commissioning of the new hospital.

Major Goals and Achievements

- Meeting of all nursing resource KPIs is sustained. Ongoing diligent monitoring of sick leave and agency usage is reflected in overall performance. Business rules reviewed to maintain overall reduction of agency and overtime utilisation.
- Review of handover procedures - handover checklist is now fully operational in the general wards.
- Improvement in hand hygiene audit overall.
- Ward-based road-show presentations by DON and senior midwifery team started in June to inform staff of development and implementation of professional portfolios.
- Skill sets portfolios were developed in March 2008 for maternity staff and have been well received. Skill portfolios are at present being redesigned for surgical, medical and transitional care units for implementation December 2008. These have been developed in collaboration with Nurse Unit Managers (NUMs), Clinical Nurse Consultants (CNCs), Clinical Nurse Specialists (CNSs) and Clinical Midwifery Specialsts (CMSs).
- Development and trial of emergency nursing assessment and handover guidelines for patients presenting to emergency department, aimed at improving nursing standards and documentation of patient care.
- Development of a paediatric clinical skills development program to up-skill Auburn paediatric and surgical ward nursing staff, in preparation for the new model of care in liaison with Mt Druitt Paediatric Unit.
- Maternity and newborn care structure signed off by network and area Director of Nursing (DON). Proposed model provides robust clinical and education governance and support.
- New admission and transfer policy for Auburn High Dependency Unit (HDU) has been developed aimed at providing a clinical risk framework and operational safety clinical guidelines for management of patients admitted to Auburn requiring high-dependency care.
- Female Genital Mutilation (FGM)/Women's Health CNC has co-authored a publication in the Royal Australian and New Zealand College of Obstetricians and Gynaecologist journal on the treatment and care of women with FGM.

Key Issues and Events

- May 2008 – celebrations for the 100th anniversary of Auburn Hospital.
- 66.6 per cent Assistant in Nursing (AIN) (Certificate III) from transitional care unit completed AIN program conducted by St Joseph's in December 2007.
- Reformation of the Medical Emergency Team (MET) Committee to include designated representative from Medical Administration and Paediatric Staff Specialist.
- As part of the ongoing 'Workplace Culture Reform', regular ward staff meetings are held promoting the 'Essence of Care' philosophy and principles underpinning change management processes and implementation of the new models of care.
- Antenatal clinic has implemented processes for the screening of all women at maternity bookings for vitamin D status and supplementation where needed and referred accordingly. Outcome has resulted in improved management of babies on the Postnatal Ward.
- Participation in research projects in collaboration with the Nursing Research Unit in the review and redesign of the operational midwifery model of care for the Postnatal Ward and Birth Unit.
- Continued efforts in development of innovative strategies for recruitment into midwifery positions.

Future Directions

- Implement the WOMBAT Project - caseload midwifery model of care.
- Completion of HDU and paediatrics clinical development program in preparation for the implementation of the model of care in the Surgical Unit.
- Implementation of innovative strategies for recruitment of midwives.
- Approval and endorsement of the models of care

Nursing & Midwifery Services

for the Medical Unit and High Dependency Unit for implementation in the new hospital.
- Emergency Department HOPE aged care nurse practitioner endorsed and recruited.
- Continue working with Maternal and Child Health to develop an integrated maternity unit roster to be implemented prior to the commissioning of the new hospital.
- Implementation of standardised multidisciplinary neonatal and paediatric resuscitation skills and ongoing support for facilitation of competency assessment of midwives completing the DAWN program (discharge of the well neonate).

Lottie Stewart Hospital

Lottie Stewart Hospital (LSH) is a third Schedule hospital, a unit of SWAHS and an activity of Wesley Mission. There is a vast mix of residents (patients) within the facility, including the frail aged, younger disabled persons, individuals suffering from Huntington's Disease, confused and disturbed elderly and psychogeriatrics.

Nursing is at the centre of the service, with residents receiving a high level of care supported by a small group of dedicated general practitioners. There are 88 nursing staff, of which 24 are registered nurses, nine are endorsed enrolled nurses and the remainder assistants in nursing. There is a rotation of trainee enrolled nurses both from within Lottie Stewart Hospital and SWAHS, which has proved very beneficial for the students and the hospital.

Major Achievements and Outcomes
- There were two visits from the Aged Care Standards and Accreditation Agency and one spot check during the 12 months. Each time they found the hospital to be of a high standard, the residents happy and complimentary about the service and no complaints. The hospital maintains a three-year Accreditation.
- No agency nursing staff have been required during this financial year, consistent with years since October 2002. LSH maintains a casual pool of nurses.
- During the year, to coincide with the Olympics in China, LHS ran the 'Lottie Olympics' and residents, staff, families, and therapy dogs all joined in. There were events, medals, music, anthems and torch relays.

Key Issues
- LSH was unable to recruit a quality manager until June 2008. The department managers have maintained a quality focus and the residents and relatives have commended the hospital on the continual improvements that have been implemented.
- In March, 2008, there were changes to the Aged Care Funding Instrument (ACFI). Documentation and all record keeping had to be changed at that time. This required senior nurses, NUMs and RNs to attend education by the Commonwealth Department of Health and Ageing. This was held across Australia and was beneficial in the implementation of the new system.
- LSH has also gradually brought in Medicare on-line claims relating to ACFI, a requirement of the Commonwealth Department of Health and Ageing. Again, training for nurse managers was required.
- A new residential IT model of record keeping, assessment care plans also started in March 2008. This was in response to funding from the Commonwealth Government to upgrade all residential aged care facilities with IT. A lot of education was needed to support this technology.

Future Directions
- The hospital has progressed well, financially and with human resources, and is well set to continue into the next financial year. The challenges will be accreditation and numerical profile.
- For the residents of Lottie Stewart Hospital to continue to receive the level of care they expect from our experienced aged care staff. To create a comfortable place to live and to continue to build upon the great rapport that exists between residents, carers, families and staff, which sets Lottie Stewart Hospital apart.

St Joseph's Hospital

St Joseph's Hospital is an affiliated health organisation, a unit of SWAHS and a service of St Vincent's & Mater Health, Sydney. Clinical inpatient and outpatient services include medical and aged care assessment and rehabilitation, aged care psychiatry, neurosciences and palliative care.

Major achievements and outcomes
- St Joseph's Hospital hosted a program conducting an upskilling program by NSW TAFE for AINs. The program was a pilot of a newly accredited Certificate III. Attendees comprised of 14 AINs from SWAHS who had previously achieved Certificate II. TAFE teachers attended the hospital and conducted the program over

three days, in which the AINs were competency tested on four modules including vital signs, urinalysis, blood sugar and basic dressings. SWAHS provided salary replacement and TAFE funded the teachers and course costs. TAFE is finalising an evaluation report.
- The nursing team in aged care psychiatry and neurosciences conducted a bi-monthly area education program, focusing on mental health issues in the elderly population. This proved to be a popular event.

Key Issues
- To identify the level of comfort and competence nurses feel about their involvement in a medical emergency. In October 2007 a project was started to identify how nurses felt about their preparedness, competence and ability to perform during a medical emergency, whether they understood their role and whether there were sufficient educational opportunities to improve their skills.
- A pre-competency testing questionnaire was given to all nurses in October 2007 to identify issues relating to nurses' involvement in medical emergencies. A program then started to ensure 100 per cent compliance which the annual CPR competency test. This was achieved by increasing the number of CPR assessment times and CPR assessors conducting practice sessions on the nursing units.

Future Directions
Review the models of care in the nursing clinical specialties.
Conduct post competency assessment of nursing CPR competence in October 2008.

Westmead Hospital

Westmead Hospital is an 875 bed tertiary referral hospital, with a nursing workforce of approximately 2000.

Major achievements and outcomes
- Commissioned:
  - women and children's health new facilities, with an outcome of implementation of contemporary models of care
  - interventional Neuroradiology suite
  - new renal/urology facilities, resulting in integrated service delivery and contemporary models of care.
- Introduction of an emergency clinical model of care for elderly patients, HOPE. The outcome to date is a more timely and appropriate assessment and interventions for elderly patients.
- Participated in the area program to restructure the Nursing Unit Manager's role to support the CARE First principles and returning the NUM to a clinical ward focus. Outcomes include:
  - NUMs expressing greater role satisfaction;
  - improved clinical supervision of all staff
  - visibility and profile of the role has increased, as evidenced by positive feedback from staff, patients and medical staff.
- Participated in the area review of senior nursing and midwifery positions and restructure of the Clinical Nurse Managers' roles to facilitate patient access and promote CARE First principles within the clinical service. Outcomes include:
  - reduced access block
  - reduced patient long length of stay
  - increased individualised support and supervision of NUMs and CNCs
  - facilitated changed models of patient care.
- Enhanced clinical monitoring through the introduction of a system and auditing approach. Examples include hospital-wide pressure area audits, hand washing, documentation, handover and clinical patient assessment.
- Development and implementation of a clinical development and monitoring assessment program. It comprises orientation matrix, orientation sign off, performance improvement flow chart, systems based (head to toe) assessment and standardised RN and EN skill trees. Program rolled out to all wards and units.

Key Issues
- Management of the workforce, including a reduction of agency and overtime utilisation. This will be managed by ongoing review of rosters, timely recruitment to vacancy and deficiency positions. To be addressed by:
  - assessment of skill mix within all units
  - implementation of contemporary models of care
  - extended roles for both registered and endorsed enrolled nurses
  - introduction of other categories of staff
  - fiscal management of the nursing workforce.

- Patient clinical risk management to be addressed by:
  - ongoing clinical patient monitoring
  - regular review of all monitoring tools and

systems.

Future Directions

- Innovative workforce strategies to manage the X Y generations and the pending exodus of the baby boomers.
- New and different health service delivery models and equipping the workforce function appropriately.

Central Cluster

Blacktown-Mt Druitt Hospitals

Major achievements and outcomes

- Development of the Patient Discharge Unit (PDU) to include the continuum of care coordinators and start of the care navigation team. Implementation of an 8.30am hospital snapshot meeting regarding demand and capacity held seven days a week.
- New patient nurse escort policy developed.
- Development of shared folder for access and patient logistics, with all pertinent information available to staff.
- Development of detailed ED activity database for Blacktown and Mt Druitt.
- Length of stay meetings reduced to two 40-minute meetings a week, focusing on barriers/ actions and responsibilities – reduced from three two-hour meetings a week.
- Creation of the emergency action meeting with both ED NUMs focusing on challenges, actions and responsibilities.
- Through evaluation and restructuring of staffing, two RN positions for escorting patients and reassignment of roles for stores EN in ED.
- Blacktown and Mt Druitt operating suites improving in all indicators of the "correct patient, correct procedure, correct site" audit.
- Handover checklist implemented in all surgical wards with good outcomes, errors picked up when handing over. Staff proactively changing shifts to arrive earlier for a bigger handover gap, so delays in handover will not occur.
- Pain management CNC actively participating in area policies for acute pain management. Policies approved are:
  - Management in the recovery room
  - Patient controlled analgesia
  - Regional analgesia infusions for adult patients
  - Methoxyflurane via penthrox inhaler for adult patients
  - Ketamine infusions for adult patients
  - Policies drafted for using:
    - □ Nitrous oxide for adult patients
    - □ IV opioid administration by RNs in an acute pain service
  - Policy for epidural analgesia in current development.
- Medical 1 and Medical 2 participating in the clinical redesign FIT and PITCH program. Care navigation model is also in progress in medical wards.
- Respiratory CNC attended TSANZ conference in Melbourne where she presented the findings from current research project, " End of Life Issues" – generated a lot of interest among delegates.
- Palliative care crises team is preventing unnecessary hospital admissions and giving support at home. Introduction of after-hours home visits and services has also avoided approximately 300 hospital admissions between October 2006 and October 2007. Currently, staff provide around 20 visits per month.
- Improvements in the emergency management of patients in early pregnancy have been realised with the introduction of EPAC.
- Review of paediatric services completed and recommendation implemented to facilitate and improve service commenced.
- A comprehensive review of midwifery services resulted in key developments. Implementation of collaborative community based antenatal services and extension of clinic hours to include Saturday. Extension of Midwifery@Home and increases in clinical support positions to enhance care e.g., CMC midwifery and infant feeding and midwifery education positions.

Key Issues And Events

- Integrative model of patient flow unit, care navigation and Patient Flow Coordinators.
- Focus of patient flow unit bed management model at Blacktown and Mt Druitt hospitals with the introduction of the Operational Nurse Manager.
- Patient-centred approach on assessment, planning and discharge planning.
- Cardiology Mt Druitt was donated an exercise stress test machine by Rooty Hill RSL Club. Has benefited the organisation, as well as the community, as stress tests can now be performed on site, reducing transport cost and length of stay for patients.
- Respiratory ambulatory care received funding to employ two RNs to expand outreach services. The service was selected by Professor Boyages

to take part in a telemedicine trial. An opportunity like this enhances professional development and career pathway.
- Palliative care Mt Druitt was able to employ a full time bereavement counsellor. Successfully completed a federally funded bereavement project, which is credentialed. Online database available on intranet site, which is accessible to all staff. A full day presentation was held at Nepean Hospital.

Future Directions
- Electronic assessment for all patients, care planning and discharge planning process.
- Integration of Nurse Managers After Hours under Operational Nurse Manager.
- Continual development of business rules relating to patient journey, systems and processes through access and patient logistics.
- Increase patients' satisfaction through communication, giving handouts and information on post-operative expectations.
- Define workload and explore and adopt models of care that are cost effective in times of staff having sick leave.
- Employ an inpatient Respiratory and Gastroenterology CNC for BMDH.
- Reduce overtime usage and specials and be within benchmark limits.
- Fill in vacant positions to enhance professional development and growth, reduce casual and agency staff and build staff morale.
- Work closely and support NUM to help deal with difficult rostering and staff with complex needs.
- Work closely with nursing education and develop programs to have all CNEs on specific skill register like port a cath, central line and peg tube register.
- Develop and increase EEN acceptance on the wards—giving them more responsibilities.
- Engage ward staff in patient discharge planning and linking up with services.
- Retain existing staff and think of retention strategies. Network with other hospitals within cluster to share ideas and enhance team building.

Western Cluster

Lithgow Hospital

Lithgow is a 48-bed public hospital with a role delineation Level 3 for the majority of services, offering emergency department, surgery—using a day surgery 23 hour ward model, maternity and general medical admissions. Comprehensive inpatient and outpatient services in allied and primary care are provided.

Major achievements and outcomes
- Clinical review process established with individual case reviews by clinical leads from networks.
- Patient safety handover checklist implemented and shift handover process reviewed.
- Emergency eye manual project implemented providing for best practice models of care. Staff education provided from the Emergency Department.
- Lift the Lip Program started—targeting oral health checks and referral for children 0-5 years presenting to the Emergency Department.

Key Issues
- Patients with acute coronary syndrome – pathways for care have reduced the time for patient transfer. This has been achieved in collaboration with the cardiology network.
- Skill mix and nursing deficits – this issue has improved following the implementation of centralised rostering.

Future Directions
- Development of alternative models of care for ophthalmology and endoscopy procedures.
- Service agreement with Lithgow Community Private Hospital to be finalised.
- Clinical Nurse Educator position to be established.

Nepean Hospital

Major achievements and outcomes
- Nepean Nursing hosted three groups of Year 11 and 12 students undertaking the Nursing Initiatives in Schools program. Attendees came from TAFE, UWS and Catherine McCauley High School.
- Development of senior registered nursing personnel through a program of 'skills stretch', whereby work has been provided in a range of promotional positions – nurse manager, nurse

Nursing & Midwifery Services

educator, clinical nurse consultant and nurse unit manager, to develop skills and knowledge outside their original career course.
- Nurse practitioner position holders increased in emergency – now have two authorised practitioners and three registered nurses in transition. Surgery Nurse Practitioners successfully completed Masters of Nurse Practitioner and are preparing for submission of documents for authorisation.
- Midwifery post natal services granted an innovations scholarship from Nursing & Midwifer Office (NaMO) to enhance the new model of care proposed for group education of women in parenting skills in a specifically designed education room.
- Midwifery firsts – first Bachelor of Midwifery graduate started at Nepean Hospital and two undergraduate midwifery students employed under the Aboriginal Cadetship Program.
- Campus redevelopment for the Aged Care and Pathways Home Project has significantly affected nursing staff and the way they work. In each instance nurses have undertaken a lead role in planning and implementing strategies to accommodate the required service changes, such as relocation of rehabilitation services to the GPNH site, relocation of Day Surgery, planning for Medical Assessment Unit and commissioning of the refurbished Aged Care Ward.
- Standardisation across the hospital of the basic life support package to cover all aspects of the lifespan – from neonate to geriatric. Achieved through teamwork and clinical leadership from the nurse education, clinical nurse education and Clinical Nurse Consultant staff.
- Implementation of the 'Morning Clinical Liaison Nurse' role—responsible for discharge, admission, patient flow and case review at the unit level to complement the team-based model of care in the acute inpatient ward areas.
- Remodelling of the wardsperson service to a system where all requests for assistance are received and allocated centrally, communicated by 'walkie talkie' to employees, thus being able to provide an efficient, rapid respond to all patient based requests.

Springwood/Blue Mountains District Anzac Memorial Hospitals

- Springwood provides predominately Level 2 services, including palliative care, acute and non-acute inpatient services, aged care/ rehabilitation, same day surgery and allied health outpatient clinics.
- Blue Mountains provides services at Level 2, 3 or 4. It has inpatient medical, surgical, women and children's health, rehabilitation, emergency department, mental health, palliative care, same day and overnight surgery services, plus a wide range of clinics.

Both hospitals are managed as one entity and a single Director of Nursing is responsible for both campuses.

Major achievements and outcomes
- Six students for Nursing Initiative in Schools (NIIS) Program.
- Increased student nurse clinical placements.
- Increased clinical areas for 10 placements.
- NSW Health patient survey 2007 placed both Blue Mountains and Springwood Hospitals well above State average in patient satisfaction.
- Participation in development and filming of falls prevention trigger DVD in conjunction with the Clinical Excellence Commission to be used for educational purposes across NSW.
- Introduction of patient safety handover checklist.

Key Issues
- Introduction of transoesphageal echo service.
- Falls working party formed to reduce falls across both sites.
- Continue to implement new strategies to further reduce falls at both Springwood and Blue Mountains hospitals.
- Patient experience interviews held monthly to ensure continual improvement in service.

Future Directions
- Reviewing maternity model of care.
- Upgrade of Springwood Hospital bathrooms.
- Refurbishment of East Wing Medical/Surgical Ward.
- Continue with NIIS Program.
- Development of a chronic & complex area for Outpatient programs.

HEALTH SERVICES

Nursing & Midwifery Services

Drug and Alcohol Network

The Drug and Alcohol (D&A) Network provides care in the management of addiction and other drug and alcohol problems to individuals, families and the community organisations. It provides services across the continuum of care from population health and prevention, community-based assessment and support, medical, nursing and psychology outpatient services, to inpatient detoxification treatment.

These interventions provide patients with improved clinical outcomes, including reductions in drug use, reduction in criminal activity and imprisonment, reduced presentations to acute health care facilities, improved parenting capacity and psychological wellbeing.

Major achievements and outcomes
The D&A network progressed in the implementation of the strategic priorities identified in the Drug and Alcohol Clinical Services Plan 2007-2012.

The D&A network has enhanced the provision of services to vulnerable families in the development of a service level agreement with the Primary Care and Community Health Network to increase access to child and family health services for high-risk families engaged in opioid treatment services across SWAHS.

Future directions:
- Expansion of services provided to co morbid drug and alcohol and mental health patients.
- Commencement of the involuntary treatment unit at the Centre for Addiction Medicine, Nepean.
- Expanding capacity for prevention strategies.
- Expand provision of shared-care arrangements in conjunction with GPs and community pharmacists.
- Expand capacity for consultation/liaison services.

Mental Health Nursing Services

Mental Health Nursing Services provide inpatient and outpatient services to clients of SWAHS across the age range. The services include acute, intensive rehabilitation and extended care and forensic facilities, several of which operate at a tertiary referral level.

Major achievements and outcomes
- Nursing management structure revised.
- Safety and services architectural reviews completed.
- OHS & injury management survey completed.
- Vacancy levels maintained below 2 per cent.
- Reduction in overtime plan finalised.

Key Issues
Nursing overtime increased due to high acuity/ specialling. A review of assessment and staffing protocols has been conducted. Levels of nursing overtime reduced by 60 per cent.

Future Directions
Revision of aggression management training program and protocols is being conducted, aimed at reducing staff and patient accidents, complaints and disruptions to therapeutic processes.

Primary Care and Community Health Services

The Primary Care and Community Health Network (PC&CHN) provides a range of community-based multidisciplinary services. These are focused on prevention, early intervention, treatment and rehabilitative clinical services.

The network provides these services through five key service streams Child and Family Health (C&FH), Chronic Aged and Complex Care, Youth Health, Integrated Violence and Prevention Response and Equity Population Health.

Major achievements and outcomes
- Nursing management structure reviewed and reconfigured in line with HOME*First* and CONNECT*First* models of care and alignment of community nursing staff in Eastern and Central clusters consistent with the models of care.
- Increased referrals for clients with chronic illness and complex care needs demonstrated by weekly activity reports and all nursing referrals now being directed through Central Referral Service (CRS)
- Quality initiatives included wound infection survey and action plan to be implemented in 2009, established community wound infection baseline indicator, medication audit and establishment of Clinical Practice Groups (CPG) against clinical streams.
- Training for all staff in complex, aged and chronic care on community comprehensive assessment.
- Coordination of SWAHS Graduate Certificate in Speciality Nurse – Child and Family Health, by Community Health Nursing education Coordinator.

HEALTH SERVICES

Nursing & Midwifery Services

- Participation in SWAHS New Graduate Program leading to the appointment of two staff to community nursing positions.
- Increase in GP liaison positions established across the area.
- Involvement in research initiative related to dementia.
- Participation in SWAHS 'End of Life Project..'
- The implementation of the NSW Health StEPS (Statewide eyesight preschooler screening) program.
- Introduced the Ages and Stages questionnaire & Parent Evaluation Developmental Status, Early Childhood Oral Health screening.

Key Issues

- Development of a 'Reasonable Workload for Community Nurses' – tool being trialled at Parramatta and The Hills CHC. It will be evaluated by November 2008.
- Support the implementation of the HOMEFirst and CONNECTFirst models of care, with its development of clear inclusion/exclusion criteria for all nursing services.
- Care navigation – trial of position within patient flow unit at Blacktown Hospital to better coordinate care of clients and reduce readmission rates.
- Consolidation of nursing management structure by recruitment and appointment of key management positions.

Future Directions

- Nursing management structure finalised and influencing nursing direction within PC&CH Network.
- Completion of the implementation of the nursing components in the models of care.
- Support for CNCs to be clinical leaders in the relevant streams within the models of care.
- Explore opportunities to identify new ways to work more efficiently within SWAHS, with GPs and across community services.

HEALTH SERVICES

National/International Services

Diversity Health Institute

SWAHS's Diversity Health Institute (DHI) is a consortium of public health organisations that work together to improve the health and wellbeing of Australia's culturally and linguistically diverse (CALD) community. The DHI comprises units with a Statewide, national and international focus and is funded from a variety of sources, including NSW Health and the Commonwealth Department of Health and Ageing.

Summary of activity

The DHI organised the fourth international Diversity in Health Conference 2008: Strengths and Sustainable Solutions, at the Sydney Convention and Exhibition Centre in March 2008. The conference aims to bring together Australian and international leaders in diversity health practices and to provide an opportunity to engage in dialogue at all levels about priorities in health, including the physical, mental, social and emotional well being of individuals, communities and society.

Major achievements and outcomes

- 1020 registrations.
- Conference coordinated nine keynote speakers, 50 concurrent sessions, 216 papers presented, 20 poster presentations, 12 workshops, four symposia, 31 additional exhibition booths, nine launches.
- 544 news clippings, 88 interviews on DIH2008.
- Coordination with SBS Radio for outside broadcast van to be located at DIH2008, and 40 SBS radio interviews coordinated, with liaison between SBS and conference presenters and other delegates.
- Social program for DIH2008, including conference dinner at the Parliament of NSW, welcome reception, and entertainment.
- Sponsorship received from 40 organisations.
- Monthly and daily newsletters were produced and disseminated prior to, throughout and post conference.
- 'Diversit-E' online forums organised for conference proceedings and delegate feedback.
- A Memorandum of Understanding (MOU) was signed between the DHI and the World Federation for Mental Health, to share access to Multicultural Mental Health Australia (MMHA) and Transcultural Mental Health Centre (TMHC) (NSW) multilingual multimedia resources; providing links through respective websites; organisation of training programs, workshops, or conferences; actively seek opportunities for formal collaboration on projects of mutual interest and working jointly in promotion of the annual World Mental Health Day global awareness campaign.

Key Issues

- Due to the distance and cost associated with travelling to an international conference, potential delegates were unable to attend DIH2008. To address this, an online forum 'Diversit-E' was established to ensure that participants could access presentations and post comments throughout the conference, ensuring their participation, regardless of geographical location.
- Due to the high costs of printing conference proceedings, all presentations and papers were posted on the online forums for delegates to access following the conference.

Future Directions

The Diversity in Health Conference will be organised by the Centre for Culture, Ethnicity and Health Victoria in 2010, led by the DHI.

Global Health Institute

The Global Health Institute (GHI) identifies and facilitates opportunities for collaboration between SWAHS and major international health initiatives. It is advised by the GHI Council which is chaired by SWAHS CE Professor Steven Boyages and is composed of eminent health professionals in SWAHS, the Children's Hospital at Westmead and other health facilities/services. The GHI aims to address key issues to reduce the global burden of disease and enhance the health of nations by identifying innovative research and policy and by developing programs incorporating scientific information exchange, human capacity building and research.

Summary of activity

- *Pacific Project: Reducing the burden of disease in Pacific Island Countries*: Preparation of proposal to AusAID for funding for the initiative: Public-Private-Civic Partnership, to improve food and boost the health and productivity of nations. Find low-cost high-impact ways to improve food and dramatically improve health, educational achievement, productivity and wealth and reduce the burden of chronic diseases and disability in countries in Asia and the Pacific

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(shared project with FFI – see following).

- *Flour Fortification Initiative (FFI):*
  - Preparation of proposal to AusAID to improve food and boost health in Asia Pacific Region (shared project with Pacific Project, above).
  - The GHI has supported the global FFI and coordinated FFI meetings throughout Asia Pacific in 2007/08.
- *GHI Seminar Series*
  Organisation of a series of seminars and workshops to facilitate inter-sectoral communication and cooperation in addressing issues of co-morbidity, diabetes and cardiovascular disease.
- *Global Health Council*
  Organisation of bi-annual meetings and ongoing support of GHI council members including participation in review committee for Centre for the Advancement of Adolescent Health GP resource kit.

Major achievements and outcomes

- Coordination of eight meetings in the Asia Pacific region:
  - East Asian Leaders' Group Meeting, February 2008, Bangkok Thailand
  - International Seminar on Wheat and Wheat Products, February 2008, Bangalore India
  - Advocacy Event, February 2008, Bucharest Romania
  - Stakeholders' Meeting, February 2008, Istanbul Turkey
  - Second Technical Workshop on Wheat Flour Fortification, March 2008, Atlanta Georgia
  - ICC International Conference, April 2008, Istanbul Turkey
  - GAM Congress, Helsinki Finland
  - International Association for Cereal Science and Technology, June 2008, Madrid Spain.
- FFI international meetings successful in progressing the fortification of flour in numerous countries. FFI presented with award in the Congo in 2007 by International Spina Bifida and Hydrocephalus Association in recognition of global initiatives.
- GHI seminar series:
  - "Multiple co-morbidities in people with mental illness: international best practice in service planning and delivery", with keynote speaker Dr Thomas Bornemann, Director Mental Health Program, the Carter Center, Atlanta US, at Westmead Education Centre.
  - "Treating mental illness in the real world: co-morbidity in a multicultural society" with Professor Ian Webster as keynote speaker at Westmead Education Centre.
  - "Mental illness and co-morbidities" workshop at Darling Harbour in conjunction with DIH2008 Conference.
  - "Co-morbidities: Diabetes/CVD/Obesity and Mental Illness Workshop: an evening of cross-discipline discussion" in Parramatta.
  - "Preventing Diabetes and Cardiovascular Disease: Lifestyle and the Polypill", with keynote presentation by Professor Venkat Narayan from Emory University Atlanta, in Parramatta.

Key Issues

The impact of imported and processed foods on the health of Pacific nations is significant. The GHI identified that a dialogue between private and public sectors is vital to addressing the health needs of the Pacific nations. To address this, a meeting is being organised to engage in dialogue about this issue between the food industry and the health sector. Identifying and engaging relevant representatives from food industry, including food manufacturers, traders, distributors, retailers, etc. is difficult. Working in partnership with AusAID and the World Health Organisation (WHO) will ensure appropriate representatives are engaged in this discussion.

Future Directions

- *Westmead-Vanuatu Project*
  Liaison with Vanuatu Ministry of Health and AusAID Health Adviser in Vanuatu re twinning proposal and planning and organisation of Westmead delegation visit to Port Vila and Vila Central Hospital August 2008 to develop concept paper for submission to AusAID
- Coordinate and host a meeting in November 2008: *"Adding Value to Pacific Island Foods: A dialogue between the food industry and the health sector on imported and processed food"* and an associated WHO meeting. The meeting will be attended by representatives from the food industry, Ministries of Health and Food Standards from 22 Pacific Island countries, AusAID, FSANZ, Care US, WHO, UNICEF, FAO, SPC, and relevant members of academic communities.

Westmead Millennium Institute

The Westmead Millennium Institute is one of the largest medical research institutes in Australia, with approximately 500 staff conducting research into a wide range of important human disorders affecting both adults and children.

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It continues to grow as research income from competitive grants has quadrupled since 2001 to $20m per annum, reflecting the remarkable scientific growth of the key groups within the institute. The growth has created major problems with research space. Intensive discussions are now proceeding about the new research building. The Westmead Millennium Institute collaborates closely with its partners, the Children's Medical Research Institute and the Children's Hospital, Westmead, especially in the acquisition and operation of high technology equipment on campus. Together, the hub partners applied for grants to purchase and install a high performance electron microscope, which will markedly increase the research capacity of many groups on campus.

Summary of Activity

- The institute's research spans infectious and immune diseases, cancer and leukaemia, liver and metabolic diseases, eye and brain related disorders, heart and respiratory disorders.
- Closely affiliated with both Westmead Hospital and the University of Sydney, research extends from the laboratory to the patient, using the basic tools of molecular and cell biology, genetic epidemiology, imaging technology and clinical research.
- This 'Bench to Bedside' approach enables greater translation of research—from biomedical discovery to the development of new prevention strategies, diagnostics and more effective treatments.

Major achievements and outcomes

- **Cryptococcus:**
  Over the past few years, efforts have been focused on a project to find treatments for cryptococcus, a fungus that causes severe meningitis and other brain and lung infections. In collaboration with the University of Sydney, the centre has been testing chemicals that may inhibit phospholipase B (PLB), a key enzyme that supports the survival of the fungus.
  Researchers have discovered that the chemicals involved may hold additional benefits beyond destroying PLB. This breakthrough has led to the investigation of the role these additional antifungal mechanisms play in inhibiting cryptococcus as well as testing the chemicals for their suitability as treatments for fungal infections in general.
- **Leukaemia and cytomegalovirus:**
  Development of dendritic cell immunotherapy for cytomegalovirus infection in leukaemia patients. In the past 12 months, patients have been enrolled into a gene therapy study in which CMV specific T cells are generated, using an adenoviral vector containing the entire CMV pp65 gene. T cells are given to patients after allogeneic stem cell transplantation. Twelve patients have received T cell infusions from their donors. No adverse events have been noted and no foscarnet or ganciclovir treatment for CMV has been required in any patient receiving T cells. In-vitro analysis demonstrates a high degree of specificity for CMV antigens and generation of activity against adenovirus at lower levels. In-vivo reconstitution studies show rapid CMV specific immune reconstitution in a majority of patients treated.
- **Fatty Liver Disease (FLD):**
  Researchers have been examining the importance of bile acids to the origin and progression of FLD. FLD is the most common liver disease in Australia. It occurs through an accumulation of fat in the liver and is closely linked to overweight, obesity and diabetes. The molecule NF-kB has also been shown to trigger inflammation and damage in patients with FLD. Patients with FLD have increased levels of leptin, a hormone secreted by fat cells and attributed to play a major role in regulating the appetite and metabolism. WMI researchers have now identified how leptin acts on certain cells (Kupffer) found in the liver to release proteins, which then activate the cells responsible for fibrosis.
- **Vaccines for genital herpes in women (and neonatal herpes):**
  Vaccine - elucidation of the immunology of genital herpes leading to selection of an appropriate adjuvant development and trialling of the first ever successful genital herpes vaccine. Follow up trial by NIH/GSK is being conducted and will be completed in 2010. If results of initial trial are confirmed, deployment of vaccine expected thereafter.

Grant Success

This year the National Health and Medical Research Council (NHMRC), Australia's peak research granting body, awarded the institute 13 project grants.

With the NHMRC funding, WMI researchers will be investigating a range of diseases and disorders, including antibiotic resistance and virulence gene, the role of snoring vibration in hardening of the carotid artery - one of the main arteries in the neck, breast cancer and the chromosomal positioning of progesterone receptor in normal and malignant

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breast and how the chickenpox virus varicella zoster infects human ganglionic cells. Heart and vision researchers will start a major collaborative project, the Australian Heart Eye Study (AHES) early in 2009, while the kidney research group with continue to explore a DNA vaccination for chronic kidney disease.

Key Issues

- **Inability to expand/attract new staff due to inadequate capital and recurrent infrastructure funding for new facilities**
  Current WMI building houses 150 staff, with remainder located in overcrowded, sub standard facilities on Westmead Hospital campus. WMI/ research hub building in early stages of planning.
- **Genomics and proteomics**
  Internationally uncompetitive. Being developed through hub core technology facility plan.
- **Bioinformatics and information technology**
  Nationally and internationally uncompetitive. Bioinformatics unit linked to SUBIT (Sydney Uni) and scientific IT redevelopment plan in progress.
- **Animal facilities**
  Reliant on ageing hospital facilities. Hub plan to improve facilities.
- **Partnership with University of Sydney inadequate for optimal investment**
  Needs to be formalised.

Future Directions

- Planning and construction of the Westmead Millennium Institute/hub research building.
- Planning for the WMI/hub (shared services) building now being conducted in conjunction with the Health Infrastructure Branch.
- Develop plans for hub core high technology facilities, including genomics, proteomics, animal care, IT, bioinformatics.

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NETS (Newborn and Paediatric Emergency Transport Service – NSW)

NETS is the regional emergency transport service for children, based in Sydney. Its area of responsibility is the State of NSW and neonatal and paediatric patients in the Australian Capital Territory needing transport .

The region served by NETS includes 7.1 million people and 145 hospitals. NETS will also send teams internationally to retrieve critically ill patients where the level of care required is not available in that country or region.

NETS provides communication links between hospitals treating sick or injured babies and children, as well as critical care transport to appropriate higher-level facilities for these children.

The service provides telephone consultation about potential retrieval cases, using consultants in feto–maternal medicine, neonatal or paediatric intensivists, emergency physicians and others. As clinically appropriate, the service then dispatches emergency medical retrieval teams (either NETS teams or others) when and as required, using road, helicopter or fixed wing aircraft.

There are five or six nurse and doctor teams rostered for each 24-hour period. The risk of not having an available team is kept below 0.5 per cent (1:200 requests). Three to five mobile intensive care teams are potentially operational at any one time (depending on time of day).

In 2007 NETS received 2990 calls and undertook 1744 retrievals.

Major achievements and outcomes

- Initiation of a modified SNaP intensive care bed program starting in June 2008.
- Start of a fatigue risk management system in conjunction with the Centre for Sleep Research from University of South Australia.
- NSW Budget enhancement supported the appointment of a Clinical Midwifery Consultant.
- In May 2008 NETS ACT was started for neonatal retrievals.

Key Issues

- Introduction of SNaP. Met with nurses and consulted regarding the process. As a result of nursing input, the process for SNaP changed to include as part of the process an intensive care partnership program (ICPP) with Sydney Children's Hospital Randwick NICU, Royal Hospital for Women NICU and Westmead Hospital NICU.
- Recruit to a number of vacant positions. Currently vacant are nine Registered Nurse positions, Nurse Educator, CNC - neonates, CNC – paediatrics, Clinical Midwifery Consultant, Audit Officer.

New Street Adolescent Service (NSAS)

Clinical services for families in which a child or young person has sexually abused another. Multi-focal assessment, including assessment of risk and individual, group and family therapy to all family members. Services also focus on out-of-home care agencies as part of the holistic multi-agency approach. Training provided to partner agencies and other organisations in this sector.

Major Achievements and Outcomes

- Start of the specialist program for young people in out-of-home care who have been assessed by DoCS as having high and complex needs and who have been sexually abused.
- Providing orientation training and support to the staff of the newly created 'Rural New Street Adolescent Service' located in Tamworth (Hunter New England AHS (HNEAHS)).

Key Issues

- Maintaining clinical services and child safety included staff transitions, with one of 4.5 FTE staff moving to lead the out-of-home care service and three of the remaining 3.5 FTE staff taking maternity leave. This was managed by recruiting temporary staff, including from within SWAHS. Unfortunately the transitions were unable to be consecutive and the service was closed to new referrals for a period.
- Managing demand for services greater than capacity to deliver since program inception in 1998. Program capacity constantly reviewed. When program full, new referrals referred to other providers or suggest other strategies to referring agency or person.
- Orienting new staff improved with the delivery and implementation of an orientation program specifically developed for this service in partnership with the Education Centre Against Violence.

Future Directions

- Further development of specific responses for Aboriginal families and communities.
- Service restructure if relationship with 'Rural New Street' is formalised. The restructure proposed includes the program director in a

strategic role in relation to NSAS, Rural New Street and NSW Pre-Trial Diversion programs. At the service within SWAHS it is proposed the Clinical Coordinators become Program Managers and a clinical position in each team become a clinical lead position.

Pre-Trial Diversion of Offenders Program (Cedar Cottage)

Clinical services to families in which a parent or a parent's partner has been charged with sexual offences against one or more of the children. Multi-focal assessment, including assessment of risk and individual, group and family therapy (where indicated) to all family members. Extended services 'in recovery' for parents who have completed the court supervised period of the program. Training provided to partner agencies and other organisations in this sector.

Major Achievements and Outcomes

- Delivery of an evaluation of the program conducted by Associate Professor Jane Goodman-Delahunty, School of Psychology, University of NSW. It found that the program has substantial benefits for families and a strong association between parents in the program acknowledging responsibility for their sexually abusive behaviours and reduced recidivism. NSW Health provided a copy of the evaluation to the Special Commission of Inquiry into Child Protection Services in NSW being conducted by the Hon Justice James Wood QC. The report of that inquiry is due by 31 December 2008.
- Review of services delivered to mothers and children resulting in restart of mother and children's therapeutic workshops in school holiday breaks. A separate mothers' program through the school terms developed following this.

Key Issues

- Recruited to the position of Clinical Coordinator.
- Maintaining child safety and clinical standards in period of staff change and challenging financial conditions. Managed by delaying recruitment, revised focus on staff orientation, without closure or reduction of services.

Future Directions

- Review of the legislation which supports the program.
- Recruitment of clinical staff.
- Further development of specific responses for Aboriginal families and communities.
- Service restructure if relationship with 'Rural New Street' is formalised (see report for New Street Adolescent Service).

NSW Breast Cancer Institute

The NSW BCI offers comprehensive services and excellent resources through four key programs: clinical care, education, research and screening.

The clinical multidisciplinary, patient-focussed service delivery brings together all medical and allied health specialties that see more than 200 patients per week. The research program, which focuses on best-practice treatment and quality of life, has produced significant publications in Australia. We provide ongoing education to patients, their families and health professionals. The BCI's fourth program is the Sydney West (Auburn to Lithgow) branch of BreastScreen NSW, which provides free, life-saving mammograms to women aged between 50-69 years of age. A new hospital and retail-based screening strategy called the Sunflower Clinics has also been launched.

Summary of Activity

Clinical Care

- Successfully conducted four breast care nurse practicum programs– 18 nurses participated in the program over the report period, 16 of whom were from regional and rural NSW.
- Held two metastatic breast care nurse practicums as part of the ongoing Breast Care Nurse Mentoring program. This included a mentoring workshop linked to the NSW Breast Cancer Nurses Conference held in September 2007, as well as grief and loss and communication workshops.
- Continued collaboration with the College of Nursing in conducting breast cancer workshops for nursing and allied health professionals across rural and regional NSW.
- Continued leading role in seeking recognition of the role of breast physicians through submissions to SWAHS credentialing process and having peer-reviewed articles accepted for publication in the Medical Journal of Australia and the Australian and New Zealand Journal of Surgery on the role and skills of breast physicians.
- The number of surgical, radiation and medical oncology and imaging consultations provided to patients of the NSW BCI has remained constant, whereas there was a marked increase in the number of nursing consultations provided to patients, which corresponds with the additional staffing in clinical services.
- Received 12-month mammography/imaging

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fellowship from the Cancer Institute NSW.
- Completed upgrade of the breast cancer information system to facilitate web-based use of the clinical management database.
- Re-organised diagnostic clinics to incorporate BreastScreen clients and reduce client waiting time to attend clinics.
- Reduced waiting time to assessment for BreastScreen NSW Sydney West clients through introduction of step down clinics in November.
- Reduced delays in notifying results to BreastScreen NSW assessment clients by introducing a 'benign' letter that is given to clients at the conclusion of their clinic visit.
- Successfully tested digital mammogram image transfer from BreastScreen Sydney West's Parramatta site to Westmead Hospital and initiated a pilot for soft copy reading of mammograms.
- Implemented new procedure to ensure clients receive result letters within 14 calendar days of screening – clients now wait eight-nine calendar days to receive screening results.

Education
- Completed recruitment for the Breast Surgical Fellowship 2008 and the Breast Imaging Fellowship 2008.
- Hosted a training course for radiographers at Darling Harbour Convention Centre.
- Hosted delegation from Danish Health, Denmark.
- Hosted one-day facilitated grief and loss workshop for 16 participants.
- Hosted public forum 2007 'Life after breast cancer: the medical issues' a satellite broadcast around Australia to more than 60 sites reaching more than 600 women and their family members.
- Hosted visit by project planning team from Gold Coast Hospital for a new hospital attached to Griffith University, Southport campus, which will include a one-stop-shop breast centre.
- Launched a general practitioner strategy designed to increase participation in breast screening in Sydney West.
- Launched commuter education strategy on Breast Cancer Awareness Day at Parramatta Railway Station.
- Launched new BCI website.
- Launched Seemyrisk.com, a website that calculates the probability of a woman developing breast cancer.
- Presented 'A multidisciplinary risk management clinic for women at high genetic risk of breast and ovarian cancer—experience and evaluation' at the Australasian Society for Breast Diseases Conference.
- Hosted two radiographer workshops at Darling Harbour Exhibition and Convention Centre, attended by 100.

Fundraising
- Hosted the 2007 'Best Breast Ball', which was attended by more than 700 people and 2007 Pink Ribbon Campaign.
- Raised $521,713 for ongoing breast cancer research from combined fundraising activities, including sales of branded merchandise.

Governance
- Accepted (via SWAHS Tender Committee) an expression of Interest from Myer to host Sunflower Clinics – shopping centre-based model for offering breast screening and diagnostic services.
- Started phase two of the NSW BCI and BreastScreen Sydney West restructure – senior management positions appointed.
- Continued project control group and site-specific working group meetings to develop proposed breast screening sites.
- Established a Memorandum of Understanding (MOU) between the BCI and the Sydney Breast Clinic to assess some of the BreastScreen clients who have been recalled for further assessment to reduce the waiting time to assessment.
- Hosted a Sunflower Clinic focus group attended by representatives of the Breast Cancer Action Group NSW, patients with breast cancer and clients who have previously complained about the poor service they received within the BreastScreen program, to identify areas for service improvement.
- Participated in BreastScreen NSW data managers' forum to assess proposed new template for reporting on mammographic screening activity.
- Gained provisional accreditation status for the BreastScreen Sydney West service.

Learning and Development
- Eight staff participated in the 2007 'Staff Challenge' organised by SWAHS Population Health and registered four teams for the 2008 event.
- Participated in the annual Dragon's Abreast boat race at Darling Harbour and placed third in the first heat.
- Participated in the Diversity Health Institute's international conference.
- Held staff training days in October 2007 and May 2008, including mandatory training.

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- Attended the Mammography Education Inc. conference in Melbourne titled 'Covering the World of Breast Diagnosis' (four radiographers).
- Participated in the 2007 Cancer Nurses' Society of Australia winter congress and presented on the breast nurse practicum and also a poster presentation on the BCI B-Mail Quilt Project 'Online peer support for the breast cancer journey – the quilt story' as a networking exercise.
- Participated and presented on breast care nurse practicum and had an exhibitors stand at the National Breast Care Nurses Conference in Perth.
- Presented on Breast Care Nursing in Sydney West and had a exhibitors stand at the 2008 Cancer Nurses Society of Australia Winter Congress in June.
- Developed new position descriptions for VMO positions in consultation with current radiologists and surgeons
- Contributed to the development of the seroma management guidelines for breast care nurses by the Cancer Nurses Society of Australia.
- Held monthly research seminar – a discussion on new research proposal to assess the capability of radiographers and breast physicians to assess mammograms.
- Participated and presented on the breast care nurse practicum at the Australasian Society for Breast Diseases Conference in Queensland in September 2007.

Recruitment

- Advertised senior management positions under the new BCI structure within SWAHS. Staff appointed.
- Consultations with union-specific consultative committee completed for the merger of BreastScreen NSW Sydney West into the BCI.
- Received funding for two additional breast care nurses from the Workforce and Organisational Development Directorate.

Research

- Held monthly research seminar with presentations on proposed new projects.
- Activated the Sentinel node biopsy versus auxiliary clearance clinical trial (SNAC2) at Sydney Adventist Hospital.
- Started research project with the School of IT, Sydney University, to investigate capturing radiological reports electronically.
- Participated in NSW Cancer Trials Network nurse/data manager workshop.
- Presented abstract on risk management clinical evaluation at the KConFAB Conference in Couran Cove, Queensland – 'Evaluation of a risk management clinic for women at high genetic risk of breast and ovarian cancer'.
- Presented poster entitled 'The potential impact of reduced hormone therapy use on breast cancer incidence in the US Population', at the San Francisco Breast Cancer Symposium, USA.
- Published peer-reviewed article in The Breast Journal entitled 'Is survival from infiltrating lobular carcinoma of the breast different from that of infiltrating ductal carcinoma?'
- Published peer-reviewed article in the Journal of Psychology and Health (online) entitled 'Regret associated with the decision for breast reconstruction: The association of negative body image, distress and surgery characteristics with decision regret'.
- Submitted an application for research funding to the US National Institutes of Health – National Cancer Institute.
- Submitted research funding proposal entitled 'Evaluation of an online multimedia surgical decision aid for women with breast cancer considering breast reconstruction' to NHMRC, the Cancer Council NSW, Cancer Australia and the National Breast Cancer Foundation.

Screening

- BreastScreen Sydney West reached 85.8 per cent of its target age screening population and 81.7 per cent of the total target population.
- Developed a 'normal result' letter for BreastScreen clients who attend for further assessment. This letter will reduce the time clients wait to receive their normal result in writing.
- Increased overall BreastScreen Sydney West participation rate from 49 in 2006 to 52.63 per cent in September 2007.
- Introduced Step-Down Assessment Clinics to reduce waiting time to assessment for recalled BreastScreen clients.
- Reduced film hanging delay from 10 to three working days for BreastScreen clients' mammograms.
- Reduced the delay in BreastScreen clients receiving normal result letters from 25 days in September 2007 to six days after their screen.
- Reduced the number of clients waiting to attend assessment clinics from 326 in October to 148 in December 2007.

Consumer Support

- Hosted 2007 Best Breast Breakfast, with 195 attendees including 165 patients and launched the 2007 Hope Posters Project Gallery at the

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breakfast.
- Continued with Best Breast Friends peer support group for patients with a diagnosis of breast cancer, the MATES intensive for men whose partners have a diagnosis of breast cancer, continued with yoga and relaxation groups and lymphoedema information and support groups.

Major Achievements and Outcomes
- New integrated management structure developed, implemented and staff appointed to most positions.
- Major reduction in the number of clients waiting to attend assessment clinics.
- Provisional accreditation of BreastScreen Sydney West.
- Development of a world first BreastScreen and assessment program, incorporating the development and implementation of four new retail and four hospital-based breast screening network (Sunflower Clinics) linked digitally to a centralised reading and assessment unit at the NSW BCI.
- Development of a contract with Myer Australia to allow the construction of four new Sunflower Clinics within Myer stores at Parramatta, Castle Hill, Penrith and Blacktown.

Key Issues
Merged two diverse units within SWAHS – consultation, planning and implementation of new structure.

Future Directions
- Construction and commissioning of the four new BCI Sunflower Clinics in Myer stores.
- Construction and commissioning of the four new BCI Sunflower Clinics in hospital-based sites at Lithgow (operational), Auburn (in construction), Blacktown and Blue Mountains (in planning).
- Implementation of digital mammography across SWAHS, with the possibility of new digitally linked mobile van/s utilising the Telstra 3G network linkages to the NSW BCI.
- Increased international collaboration and research activity.
- Development of community partnerships with private and public sector organisations to increase market penetration and thereby increase the level of customer participation.
- Postcode and GP specific marketing initiatives to more effectively improve penetration into areas of low participation.
- Planning and construction of a $10m approx expansion to the Westmead Hospital Cancer Centre to allow the co-location of all BCI and BreastScreen activities.
- Vacating of Level 4 Jeffrey House, by relocation of current services to either Myer Parramatta and/or interim accommodation within refurbished spaces on the Westmead Hospital campus.
- Development of a web-based 'on line' 24/7 customer self booking service, incorporating email and text message confirmation systems.
- Development in collaboration with BreastScreen NSW of a centralised, after hours, multi-lingual call centre.
- Adoption of the patient call system, recently introduced to some clinics at Westmead and proposed to be introduced within the new Auburn Hospital.

Transcultural Mental Health Centre (TMHC)

TMHC is a Statewide service and a unit of the Diversity Health Institute, funded by NSW Health. TMHC was established to promote access to mental health service for people of CALD communities and at the same time to improve mental health outcomes for this population group.

Summary of Activity
The TMHC celebrated 15 years of service in 2008 and was recognised for this at the Diversity in Health 2008 Conference. Achievements and services were showcased in a transcultural mental health display at various locations and events throughout 2008.
- *Capacity Building Initiatives:*
  The centre provides leadership and excellence in the provision of a clinical supervision program, cross-cultural training and education, transcultural mental health promotion, prevention and early intervention initiatives, resource development, policy development, planning and academic/research partnerships. Population projects include consumer participation, carer support program, transcultural rural and remote outreach mental health project, multicultural child, adolescent and family clinical program, young people, older people, GP shared care project.
- *Clinical Service Delivery:*
  TMHC Clinical Consultation & Assessment Service (CCAS) provides a specialist complimentary and cost-effective service to CALD communities. The CCAS also provides contracted clinical services to the Multicultural Problem Gambling Service and Co-Exist NSW: Diversity Health Co-morbidity Service.
- The service provides both an over-the-phone

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clinical consultation (through a central team of senior multilingual clinicians) as well as face-to - face clinical consultation and assessment as required. The CCAS is able to re-activate the 24 hour crisis line if required, following a natural or man-made disaster.

- TMHC has enhanced the capacity of its pool of CCAS specialist clinicians and speciality areas (skill development in the areas of child, adolescent, and family and co-morbidity).

Major achievements and outcomes

- TMHC has been recognised internationally by the World Federation for Mental Health for being a world leader of best practice in the area of transcultural mental health. Two presentations and one keynote address at World Federation for Mental Health conferences on TMHC's model of service delivery.
- TMHC coordinated the Diversity Health Fair and the launch of Co-Exist NSW: Diversity Health Co-morbidity Service with 25 exhibitors and 300 attendees. The fair was organised to promote multicultural mental health information, resources and services to mainstream service providers.
- In 2007, the Mental Health Consumer and Carer National Register for Mental Health for the Future program (auspiced by The Mental Health Council of Australia) sponsored one of the TMHC consumer consultants to attend leadership exchange matched training at the International Initiatives in Mental Health Leadership Conference (Ottowa, Canada).
- Launch of the shared stories project during Mental Health Week 2007. The project collects stories from CALD consumers on mental health experiences with the aim of reducing stigma on mental health issues and, at the same time, opening dialogue across CALD communities on the subject of mental health.
- The NSW CALD carer support program facilitated 23 carer groups, recruiting 16 blood glucose levels (BGLs) in the 2007/08 period. A three-day retreat for 83 CALD carers and nine BGLs was funded by Commonwealth Respite and Carelink Centres.
- TMHC coordinated the Statewide biennial 2007 Young Writers Competition, TranSCRIBE, in partnership with Schizophrenia Fellowship NSW and the Black Dog Institute.
- The CCAS has received enhancement funding for 2007/08 from the Mental Health Drug Alcohol Office.
- The 24 hour Crisis Line was immediately re-activated following the natural disasters in Burma (Myanmar) and China (2008). The TMHC offers free counselling and emotional support for individuals, children and families affected by natural or man-made disasters. Counselling and support is available in 69 languages and operates seven days a week.
- In the July 2007 to June 2008 period, the TMHC CCAS responded to 2962 phone consultations and 2125 new referrals to the pool of CCAS specialist clinicians. The total number of occasions of service provided to clients in this period was 20,526. This data reflects all the clinical intervention provided to individuals, families and groups in the community.
- The overall clinical activity level for 2007/08 was 9.28 per cent greater than for 2006/07, while the average monthly referrals was 6.14 per cent greater than for 2006/07. Child, adolescent and family clients represent approximately 35 per cent and co-morbidity clients 10 per cent of all new referrals.

Key Issues

- The CCAS has increased its workforce capacity to accommodate the changing demographic of NSW. CCAS now employs 169 sessional workers covering 61 community languages to respond to face-to-face clinical intervention as required.
- In the 07/08 period, a targeted recruitment focused on high demand language groups, as well as new and emerging communities. This has resulted in 19 new sessional clinicians joining the TMHC clinical workforce. This new recruitment drive has also resulted in building capacity within clinical services for eight language groups (high demand languages e.g., Arabic and Cantonese, and new and emerging communities e.g., Swahili, Kurdish, Kimeru).
- Developing resources that meet the needs of a changing demographic. Re-establishing SBS/ TMHC radio campaigns, including the development and production of radio and print resources in a number of new and emerging languages. 'Healthy Kids - A Practical Guide' series (four languages), 'Health and Wellbeing of Older People in the Community' and 'A Good Night's Sleep' (11 languages).
- USB drives were developed for service providers as an innovative and cost-effective way of disseminating resources across NSW.

Future Directions

- The TMHC has planning processes in place to ensure that directions for the 2010/2015 continue to reflect, and are in line with, both the Multicultural Mental Health Plan 2008/2013

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(forthcoming) and the National Multicultural Mental Health Plan 2003/2008.

- Suicide research project - a collaborative venture between the Diversity Health Institute (under the auspices of the TMHC) and the Australian Institute for Suicide Research and Prevention, Griffith University. The project objectives are to co-ordinate, facilitate, and implement data gathering procedures for a two-year project on suicide in immigrant populations living in Australia.

Co-Exist NSW: Diversity Health Co-morbidity Service

Co-Exist NSW: Diversity Health Co-morbidity Service is an additional complimentary service of the Transcultural Mental Health Centre. Co-Exist NSW is a Statewide clinical and capacity building service for CALD individuals and their families who have substance use and concurrent mental health problems.

Funding is received from NSW Health - Mental Health and Drug and Alcohol Office.

Summary of Activity

- The Minister Assisting the Minister for Health (Mental Health), Hon. Paul Lynch officially launched Co-Exist NSW on 4 September 2007. The launch was the key activity in the 2008 Diversity Health Fair.
- Co-Exist NSW has the capacity to provide services in over 69 community languages, covering information, advice and both telephone and face-to-face counselling. The intake service uses the brokerage model of the Transcultural Mental Health Centre.

Major achievements and outcomes

- In its first year, Co-Exist NSW has provided services to more 180 clients.
- It has promoted the service to over 25 organisations and 450+ participants across NSW.
- NSW Health's MHDAO has allocated enhanced funding for Co-Exist NSW's second year of service operations.

Key Issues

- A high percentage of people with a mental illness have a co-morbid substance misuse problem. Co-Exist NSW was developed as a Statewide confidential service for CALD individuals and their families in that situation.
- The expansion of TMHC's CCAS to include people with dual disorders provides access to care to people from CALD communities who may not have otherwise received any kind of service for such difficulties (in particular accessing drug and alcohol services).
- Forty eight mental health clinicians have developed their extensive skills in working with clients with co-morbidity issues, e.g. gambling.

Future Directions

- Co-Exist, in its second year of operation, will continue to develop a wide range of innovative community development and education initiatives aimed at increasing awareness of social issues related to co-morbidity, including cultural differences, education and family and carer support, specifically targeting CALD communities, through an ethnic media campaign using 20 languages during the 2008/09 period. The service will provide leadership and participate in partnership projects to build capacity with CALD communities, as well as build capacity within related agencies and services.
- The service will continue to close the gaps (cultural and language) for CALD clients who have difficulty accessing mainstream mental health and drug and alcohol services. Co-Exist will also work closely with relevant services to improve the assessment and care planning at the different stages of a client's care. With the primary role and long experience of CCAS in transcultural mental health, the building of capacity to assess and manage substance misuse problems will add value to the care of affected people with diverse co-morbidity, including people with chronic mental illnesses.

HEALTH SERVICES

Area-Wide Services

SWAHS Counter Disaster Unit (CDU)

The Counter Disaster Unit continues to be actively involved in the prevention, preparation, response and recovery from disasters/major incidents, in accordance with NSW HealthPlan and State Disaster Plan (DISPLAN). The targets and requirements of the Disaster Preparedness Service Agreement between SWAHS and NSW Health have been met.

Major achievements and outcomes

- Geospatial Information Systems (GIS) – currently being implemented to plot disaster events and their potential impact on at-risk communities. This will result in faster and more accurate identification of clients at risk, for possible evacuation during disasters/major incidents.
- CDU developed a disaster awareness package for Learning and Development to pilot the new 'Moodle' program. On-line disaster training will be operational by mid-November 2008. This will replace the on-line training that has been available in SWAHS for the past three years.
- SWAHS Health Plan has been completed.
- SWAHS Counter Disaster Unit Strategic Plan 2008-2013 completed.
- SWAHS Disaster Management Risk Mitigation Strategic Plan completed. This has been adopted by NSW Health CDU as a template for other AHSs to use.
- Westmead, Nepean and Blacktown/Mt Druitt Hospitals have drafted surge capacity plans post-EmergoTrain exercises.
- SWAHS now has three senior EmergoTrain instructors, plus one at The Children's Hospital at Westmead.
- CDU has conducted a survey of all aged care facilities within SWAHS, which covers short- and long-term evacuation locations, disaster contingency plans, contact details and number of residents (ambulant, non-ambulant and those with dementia).
- In consultation with the renal dialysis team at Westmead, advising and assisting in the formulation of a Statewide disaster contingency plan for all renal dialysis treatment centres and at-home patients.
- Biopreparedness officer working with the CDU.
- SWAHS Pandemic Influenza Plan drafted. Updates in progress.
- Template for facility pandemic influenza plans developed and circulated.
- NSW Fire Brigades facilitated a short HAZMAT awareness course for SWAHS staff.
- Video highlighting SWAHS disaster response teams at numerous major incidents (including 2004 tsunami) now being utilised by emergency management as part of their regular training curriculum.

Key Issues

- CDU staff worked in the Police Operations Centre as a liaison officer for NSW Health during WYD08.
- City to Surf 2007 – SWAHS provided two resuscitation teams, plus a team from The Children's Hospital Westmead. Area Disaster Coordinator participated as a Deputy Medical Commander, at the request of NSW Health CDU.
- EmergoTrain exercises:
  - Exercise Moet was successfully run at Nepean Hospital December 07
  - Exercise Asclepius was successfully held at The Children's Hospital Westmead in December 07
  - Exercise Synergy was successfully held at Blacktown/Mt Druitt Health in March 2008.
- Exercise CRASHEX (March 08) – conducted at Richmond RAAF base. SWAHS responded as civilians, providing a health response team.

Future Directions

- Ongoing involvement in Statewide EmergoTrain exercises, mandated by NSW Health.
- Maintaining existing relationships and forging new links with external agencies.
- Review of key documentation, e.g., SWAHS Medical Services Supporting Plan to SWAHS Health Plan.
- Completion of area and facility pandemic influenza plans.
- Facility-based pandemic influenza exercises to be conducted to test plans.
- Decontamination shower exercises planned for all SWAHS facilities, in collaboration with NSW Fire Brigades.
- Restructure of the Area Disaster Committee and terms of reference.
- Allocate and train new disaster position holders to area positions.

Ventilator Dependent Quadriplegia Program (VDQ)

The NSW VDQ Program is a NSW Health-funded project that provides care and equipment to eligible clients dependant on mechanical ventilation to live in the community. This also incorporates eligible clients of the NSW Children's Home Ventilation Program (CHVP).

- VDQ had a client base of five people in 2007/08.
- CHVP had five clients transferred to SWAHS during 2007/08.

Area-Wide Services

- Funding submissions completed for VDQ and CHVP clients and forwarded to NSW Health.
- Partnerships with internal and external stakeholders.
- Tenders reviewed for care provision and services.
- Renewal of service agreements for equipment .

Major Goals and Outcomes

- Integration of the CHVP into the VDQ program for clients within SWAHS.
- Funding allocated from NSW Health (*Enable*NSW) for VDQ and CHVP clients.
- Regular review meetings with agencies providing care for clients.
- Change in staffing mix for VDQ clients (RN:PCA). Majority of care now provided by personal care attendants.
- Annual medical review of VDQ clients by Rehabilitation Medicine at Westmead Hospital.
- CHVP clients reviewed by Children's Hospital at Westmead.
- SWAHS tender for provision of care to VDQ clients extended to other Area Health Services and CHVP clients.

Key Issues

- Call for and review of tender documentation for services provision.
- Change in model of care for VDQ clients.
- Integration of CHVP into VDQ program for clients within SWAHS.

Future Directions

- Integration of the VDQ program into Primary Care and Community Health Network (PC&CH).
- NSW Health (*Enable*NSW) to standardise tenders for the provision of care for VDQ and CHVP clients.

Clinical Redesign

Care Navigation

Major Achievements

The Care Navigation model of care has been successfully implemented within Central Cluster. The model of care:

- is designed to improve patient experience and health outcomes for those most at risk with complex care needs
- provides improved integration and co-ordination of care across and between services, both in the hospital and in the community
- actively navigates patients through the system to their most appropriate point of care, avoiding and substituting emergency department (ED) and inpatient hospital care if appropriate and establishing ongoing coordinated community care
- provides a single point of access via the care navigation hub in patient flow units

Patients presenting to acute facilities are actively navigated across four phases:

- Inbound
- Inpatient care (inflight)
- Ongoing care (outbound)
- Community care.

Care navigation is supported by a system which:

- identifies those patients most at risk - vulnerable frail aged and people with chronic and complex illness
- notifies key staff automatically and in real time of patient presentations to the hospital
- allows coordination of care by maximising the use of technology to enhance timeliness and appropriateness of services.

Key Issues

The key lessons learnt from the Central Cluster experience are:

- manage service capacity and consumer expectation
- engage stakeholders and ensure clinician buy-in
- support staff to adopt change
- acknowledge local variations in resource availability
- manage waiting times for ongoing care
- identify IT issues and plan accordingly
- refinement of tools
- identify and manage workforce issues.

Future Direction

Care Navigation 'Go Live' implementation is to start for Auburn Hospital in October 2008 followed by Westmead and Nepean hospitals.

Flexible Innovative Teams (FIT)

Improving the journey for patients within the Medical and Rehabilitation Units at Blacktown Hospital.

Project Objectives

- Establish the coordination of care by the ward team for a planned and managed discharge.
- Improve the timeliness of patient access to clinician assessment and effective intervention, with a particular focus on allied health.
- Improve the responsiveness within wards' teams to peaks in activity and demand.

Major achievements

Diagnostic phase included:

- Involved >70 staff
- Twenty staff interviews
- Four process mapping sessions

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- One focus group
- Ten patient and carer interviews
- Twenty five patient file audits
- Data analysis – Health Information Exchange (HIE), patient information system IPIMS, SWAHS CAREFirst Dashboard, Health Round Table (HRT), Root Cause Analysis (RCA).
- Presentation to staff - Elizabeth's story
- Summary of key issues.

Future Directions

To improve the patient and carer experience within the medical and rehabilitation units at Blacktown Hospital. Key priority areas have been identified.

Statewide Aboriginal Health Chronic Care – Walgan Tilly Project

Project Objectives

To increase access for Aboriginal people to chronic care services and initiatives throughout NSW.

Statewide project aims to:

- Develop practical steps and real solutions to improving access to chronic disease services for Aboriginal families and communities
- Build working relationships between Aboriginal and chronic disease services
- Identify and share best practice in meeting the needs of Aboriginal people with chronic disease.

Major Achievements

Completion of Phase 1 of the project.

- Identification of the three sites that will take part in the State redesign project::
  1. Mt Druitt (Sydney West Area Health Service)
  2. Casino (North Coast Area Health Service)
  3. Condobolin (Greater Western Area Health Service).

Future Direction

Progress to phase 2 of the project that will involve:

- interviewing patients and carers to better understand their experiences
- interviewing key health professionals to better understand the access issues for Aboriginal People and their communities.

Multicultural Health

Multicultural Health Network (MHN) aims to ensure the provision of safe and high quality healthcare for culturally and linguistically diverse (CALD) clients. The network works with communities and health professionals promoting access to health services, enhancing the quality of services and health outcomes to minimise health risks for CALD communities. The Multicultural Health Network coordinates and oversees the area's Ethnic Affairs Priority Statement (EAPS) planning and reporting.

Summary of Activity

- The MHN has expanded the number of maternity liaison officer (MLO) positions to cover Blacktown Hospital. Two part time MLOs have been recruited to provide services within the wards to improve experiences for women of CALD background during pregnancy, delivery and post natal care.
- Multicultural health workers within Primary and Community Health Network have moved to ConnectFirst and HomeFirst teams, resulting in improved utilisation of Multicultural Health Week resources.
- The NSW education program on Female Genital Mutilation (FGM) developed clinical pathways with a specialist uro-gynaecologist at Westmead Hospital, for women who have experienced adverse health outcomes following female genital mutilation and who require consultation and/or urogenital surgery.
- SWAHS Women's Health Nurse Consultant, in collaboration with the program, developed a referral flow chart to be included in the SWAHS Women's Health Network clinical protocols.

Major achievements and outcomes

- More than 100 women from Liberian and Ethiopian communities participated in education sessions and events organised by the project.
- The research phase of the new project 'Issues of personal safety for CALD women in small retail workplaces' has started.
- Media campaign targeting families returning to FGM-practising countries during Christmas school holidays. Two scenarios were developed and translated into six community languages. Sudanese and Sierra Leone language versions were recorded and broadcast over two community radio stations during December and January 2007/08.
- During 2007/08 132 women have participated in the community education program 'Women's Health and Traditions in a New Society' program.
- The second men's seminar on women's health was held in June 2008, with more than 50 men from six communities in attendance. Six speakers, including doctors, clerics and the Egyptian Vice-Consul presented on topics related to FGM.
- Professional education officer presented 16 workshops with 480 participants.

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Key Issues

The establishment of referral pathways by the NSW Education Program on FGM - for SWAHS sexual health counselling for women experiencing poor sexual health/relationship outcomes following FGM during childhood or adolescence.

Future Directions

- Women's Health at Work to implement 2008/09 regional outreach strategy targeting African women working in meat processing industry and aged care facilities in Wagga Wagga in November 2008.
- Work started with African communities to address issues arising from migration that impact on gender roles and family life.

SECTION 4

HEALTH SUPPORT SERVICES

HEALTH SUPPORT SERVICES

Overview of Health Support Services

Corporate Services

Most of the restructure of Corporate Services has been completed in the past 12 months to ensure that cost-effective, customer-focused, high quality services are delivered to support the provision of clinical care.

Due to the success of the Workplace English Learning and Literacy (WELL) Program conducted at Auburn, Blacktown and Mt Druitt hospitals, Sydney West applied for, and was successful in, obtaining a grant for a second WELL program, currently underway at Nepean Hospital. Up to 150 staff are now working towards a Certificate II in Health Support in either cleaning or food services.

General Services staff (cleaning) at Westmead and Cumberland hospitals are undertaking traineeships. At completion, staff will have attained a Certificate III in Asset Maintenance (Cleaning). The first groups of trainees have just completed their certificates and will be graduating in 2008/09.

Both the WELL programs and the traineeships have enabled the staff to obtain a nationally recognised vocational qualification in their chosen field of work. They have been able to undertake this during work hours, at no monetary cost to them and they have had support from their line managers and the Area Health Service.

Corporate Service's 'Service First' program continues to make a very significant and positive impact on the culture and attitude of its staff, rolling out with the director's vision of providing indispensable service and value. Twenty programs have been conducted, with 440 Corporate Services staff completing the program during 2007/08.

Corporate Services continues to proactively identify risks to its business, ensuring that appropriate controls and contingencies are in place to minimise the risks to the patients, staff and visitors.

The Corporate Services Quality Council continues to meet monthly. The network's progress against 37 separate KPI targets is reported and monitored quarterly. The committee hosts monthly presentations from staff and managers on the individual quality projects that are occurring within Corporate Services. This arrangement serves both as a means of fostering participation, as well as demonstrating the leadership's commitment to quality improvement.

Corporate Services budget performance was again in accordance with the target set. Tight control of expenditure, promotion of salary packaging, a business focus on revenue generation, management of leave rostering and the implementation of a range of efficiencies assisted in achieving this result. The network is delighted, despite the significant increase in clinical activity and the cost impacts associated with utilities and the drought, that it has been able to meet budget. The favourability generated from the network's excellent staff management/rostering and revenue initiatives were, however, largely offset by increasing costs in the goods and services area and the increasing expenditure related to our ageing infrastructure. Every effort will continue in 2007/08 to review all corporate requests for expenditure and to analyse our results to effect improvements wherever possible.

Business Development & Shared Corporate Services

In conjunction with the office of the Chief Executive and the Executive Director of Finance and Corporate Services, Shared Services continues to participate in the establishment and ongoing review processes to ensure that appropriate management structures are in place to manage SWAHS in an integrated and consistent fashion. Reviews and consultations based on earlier organisation reform taskforces have continued to refine the models of clinical care and corporate support to promote structures and work practices that are generating efficiencies for reinvestment in clinical care.

Shared Services continue to demonstrate leadership across the State in working with NSW Health and Health Support Services to ensure that ongoing efficiencies in clinical support and corporate areas are achieved. Significant progress continues to be made in the areas of finance (processing), payroll, supply and linen. This will extend further to elements of Human Resources functions and Food Services shortly.

The unit also continues to effectively and efficiently manage Bio-medical Engineering Services, Nursing Informatics, Private Practice Accounting, Salary Packaging and Clinical Product Management, as well as to pursue further business initiatives throughout the area. A key responsibility for the unit continues to maintain close liaison with the shared services functions of NSW Health through ongoing development and monitoring of the required Heads of Agreement and Service Level Agreements.

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Information Technology Services

Our mission is to ensure that information systems and technology are implemented and maintained in a cohesive approach to support clinicians and staff in the delivery of high quality health care. Our goal is to lead and invest in high-level information and communication technology systems to increase capacity in the knowledge-based transformation of service delivery, decision making and review.

ITS portfolio responsibilities include application management for the core clinical solutions for SWAHS (iPM and Cerner Millennium), telecommunications covering data, video conferencing and voice, desktop support, first level help desk support, procurement of IT assets, relationship management ensuring the provision of appropriate back-end infrastructure by HealthTechnology. principal driver for IM&T initiatives.

Major Achievements and Outcomes

- New microwave links to DAL, Merrylands CHC, Hawkesbury Hospital, Springwood Hospital, Springwood CHC, Blacktown Hospital.
- New VOIP (voice over internet protocol) implemented for Portland Tabulam Health Centre, Lithgow Hospital, Blue Mountains Hospital, Katoomba CHC, Lawson CHC, Springwood CHC, Springwood Hospital, Penrith CHC, Cranebrook CHC, St Clair CHC, St Mary's CHC, Governor Phillip Nursing Home.
- Continued with upgrade of technology across all health facilities, with the introduction of new technologies e.g., COWs (Computers on Wheels), multifunction devices, increase in the number of video conferencing units across the AHS.
- Provision of wireless technology with completed installations at Blacktown, Mt Druitt, Springwood, Blue Mountains, St Joseph's, Auburn ED and Lithgow.
- Enrichment of Cerner Millennium electronic medical records (eMR) continues, with the addition of discharge summaries and clinical documentation of events from applications covering community health, maternity service, operating theatres, cancer services, geriatrics falls clinic.
- FirstNet has been implemented into six EDs, including electronic ordering for pathology and radiology.
- Allied health information system has been replaced by building the requirements within Cerner Millennium.
- Continued rolling out of Cerner Millennium across the AHS and Institute of Clinical Pathology & Medical Research (ICPMR) laboratories (covering SWAHS, Greater Southern AHS, Greater Western AHS).
- Introduction of new aged care information system application at Portland Tabulam Health Centre, Governor Phillip Nursing Home and Lottie Stewart Hospital.
- Implemented document imaging (known as CPDI) for peri natal ultrasound clinics at Westmead and Nepean. These documents are published in Cerner Millennium.
- Started tender for provision of patient bedside technology/monitors as part of strategy to improve infrastructure that supports access to information at the point of need i.e., patient bedside.
- Started unified business communications platform implementation across the AHS to facilitate single point of access for community to get health services information/support/ bookings etc.
- Developed a model to articulate KPI and OPI targets and to enable ITS to move to a dashboard reporting tool – published on CE Dashboard.
- Developed and implemented Cerner Millennium training calendar for the provision of FirstNet and PowerChart training across various SWAHS facilities.
- Lithgow Hospital implementation of iPharmacy.
- ITS Level 1 helpdesk has moved to Health Support Services.
- Establishment of single operating system and image for all SWAHS PCs and laptops.
- Services catalogue established.
- Review and establishment of video conferencing across SWAHS.

Key Issues

- Completed hardware assessment in preparation for eMR Picture Archive & Communication System (PACS)/Radiology Information System (RIS), with new PCs ordered and rolled out to clinical areas. This includes delivery of COWs. Thin client terminals have the latest software patches and minimum 17-inch screen.
- Improved SPAM filtering, seeing 90 per cent reduction in SPAM volume delivered to users.
- FirstNet rollout to Nepean suspended to allow for infrastructure upgrade (completed) and scheduled to restart in March 09.
- Trial of new technology such as MCA (mobile clinical assistant) trial has been undertaken.
- Implementation of upgraded iPM servers – initial performance improvements noted.

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Future Directions

- The wider roll out of the eMR project will see the introduction of electronic ordering across all facilities in the AHS, utilising clinical ordersets which reflect decision support protocols and providing functionality for results endorsement; upgrade of FirstNet functionality to existing sites and introduction of FirstNet at Nepean ED.
- Further design to incorporate a greater breadth of clinical forms and documentation to reduce the current degree of fragmentation of the health record. This includes a project to implement scanning of the current paper health record so that it is available as part of the electronic medical record.
- Implementation of care navigation alerts into the electronic medical record to enable prompt response and implementation of care planning by the relevant health team.
- Implement bedside multi-function devices following successful tender.
- Ongoing upgrade of network communications infrastructure, including microwaves, wireless implementation, PABX replacements.
- Expansion of contact centres/unified business communications platform implementations across the AHS, facilitating single point of access for the community to get health services information/support/bookings etc. In the future linked to the appropriate clinical information systems i.e., community health services, drug and alcohol services, surgical bookings, interpreter services (in progress).
- Continue to assist roll out of PathNet Millennium to laboratories across NSW.

Medical Imaging

The Medical Imaging Network is responsible for provision of diagnostic, interventional and therapeutic radiology, ultrasound and nuclear medicine services to SWAHS.

Major Achievements and Outcomes

During 2007/08, the Medical Imaging Network embarked on the implementation of a network-wide PACS (picture archive and communication system) and RIS (radiology information system) as well as VR (voice recognition) system. The design of this system required a systematic review of the business practices and workflows of the department. It will result in a significantly enhanced capacity to process and share information, resulting in improved clinical performance as well as improved overall operational efficiency.

Key Issues

The key challenge facing the Medical Imaging Network is managing the increasing demand for services (in terms of complexity and number), while maintaining clinically appropriate turn-around times for examinations conducted within a finite financial resource. 2007/08 saw an increase in weighted activity within the network of 11.6 per cent.

Addressing this demand is being achieved by constantly reviewing the scheduling process, rostering practices and engagement of on-line VMO staffing, to assist with reporting which cannot be accommodated within the existing staffing establishment.

Future Directions

The Medical Imaging Network will continue the roll-out of the PACS RIS system to all sites. The network will also continue to enhance service provision by responding to changes in demand for various modalities at various sites and will contribute to clinical safety priorities in terms of appropriate order sets associated with the electronic ordering system.

Laboratory Service (ICPMR) / Western Pathology Cluster (WPC)

The ICPMR Laboratory Network is responsible for the supervision and management of 28 public hospital laboratories across SWAHS, GWAHS and GSAHS. It is probably best known as Australia's most comprehensive provider of pathology services. As well as serving hospitals and laboratories in Western Sydney, it also provides tertiary services throughout NSW and, where appropriate, throughout Australia and even to some overseas centres.

The network has a commitment to fostering excellence in clinical care, public health, teaching, training and medical research.

Major Achievements and Outcomes

Haematology

- Standardised policy, procedure and training in haematology, leading to improvements in the quality and safety of services available to patients.
- Retraining (where necessary) and competency assessments of staff.
- Instigation of supervision by haematology registrars under supervision of consultant haematologist, leading to availability 24/7 of clinical consultative service in haematology, with advice provided on haematological conditions.
- Replacement of haematology analysers in Bega,

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Moruya and Goulburn, with improved performance and turn around times.
- Improved supervision of laboratories with improved access to senior scientific and pathologist staff, with some laboratories either regaining accreditation previously lost, or retaining accreditation when previously threatened with loss by National Association of Testing Authorities (NATA).
- Improved supervision of laboratories with supervision of quality assurance program participation by discipline expert and pathologist, which has resulted in improved training, methodology, quality and patient safety.
- Participation in AHS transfusion committees by hematologist, extending expertise and advice, including the provision of lectures and ongoing education to AHSs without a haematologist.
- Provision of a diagnostic bone marrow service to Central West Pathology Service.
- Creation of a learning culture in AHS laboratories

Sydney Area & Far West Service Unit - Bourke
- The laboratory at Mudgee was successful in its accreditation with NATA in April 2008.
- Mudgee's position was particularly difficult since the laboratory had its accreditation cancelled when under the jurisdiction of the Orana Pathology Service and NATA was very exacting in its approach this year, ensuring that the laboratory's standard was very high.
- The laboratories at Blacktown, Mt Druitt and Auburn were successful in their accreditation with NATA during March 2008, with very few comments made.

Central West Pathology Service
- Commissioning of the pathology laboratory in the new Bathurst Base Hospital.
- Ongoing accreditation of laboratories located at Orange, Bathurst, Forbes, Cowra and Lithgow.
- Introduction of extended courier services seven days per week to cover late evening referrals from GWAHS facilities located in the Eastern and Southern sectors. This has resulted in a reduction in callbacks to the peripheral laboratories.
- Introduction of a seven-day evening courier service to the metropolitan area incorporating collections and deliveries to Blue Mountains, Nepean, Westmead and Australian Red Cross Transfusion Service. This has replaced a commercial courier service and has been cost effective.
- The existing courier service was extended to include Young laboratory on a seven-day basis.
- Further review of testing to improve turn-around times and reduction in operating costs, particularly in the peripheral laboratories.
- We are actively involved in the design and planning of the new Orange Base Hospital pathology and mortuary units.
- Involvement by Orange laboratory in the annual Rotary Clubs' Bowel Scan program.
- Significant allocation of resources to the PathNet Millennium Project by Orange laboratory staff.

Key Issues

Chemical Pathology

To be able to manage such a vast area (~65 per cent the land mass of NSW), point-of-care testing (POCT) will be rolled out in the future. Modern POCT devices have reliable performance and are linkable. A POCT coordinator based at Westmead can provide real-time supervision of their performance, provide clinical input and technical support.

Enterprise Risk Management

SWAHS undertakes an enterprise approach to risk management. It has embedded risk management within the SWAHS governance framework and has a program to extend and embed a systematic approach to the identification, analysis and treatment of risks throughout the organisation.

Support for the risk management function across SWAHS is provided by an Operational Risk Management Unit, a Clinical Governance Unit and specific enterprise risk management officer roles. The Operational Risk Management Unit is a part of the Workforce Directorate and involves administration of the insurable risks and liaison with the Treasury Managed Fund (TMF), the government's self-insurance scheme. The Clinical Governance Unit assists with review and management of clinical risk. The enterprise risk management role is undertaken by the Corporate Governance Officer attached to the Chief Executive's office. The Enterprise Risk Management Officer from within the Clinical Governance Directorate provides secretariat assistance and expertise to support the Risk Management Steering Committee, which in turn supports the area's peak advisory committees.

This enterprise risk management approach is described in the framework document 'Risk First' which details the structure and processes by which the area ensures corporate and clinical governance of risk. An Implementation plan has been developed associated with 'Risk First'. The direction for the risk management function and the progress

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of the plan is provided through the Risk Management Steering Committee.

Summary of Activity

- The Corporate Governance and Risk Management Officer position is now supported in part by the Chief Executive's office and Clinical Governance.
- The Risk Management Steering Committee continues to drive the implementation process across the area.
- Education and training continues to be delivered via front line management courses and other information and education sessions.

Major achievements and outcomes

- The Risk Management Steering Committee has undertaken a critical review of the high to critical rated corporate risks and advised each risk category owner of recommended changes. This has resulted in a number of changes in risk ratings and improved the consultation process around the risk management process.
- Additional education and assessment resources have been developed in collaboration with Learning and Development Services, targeting management positions with responsibility for risk management. The resources are included in the 'New Managers' Toolkit' which is available on-line.
- The implementation plan has been substantially achieved and a business plan for the 2008/2009 year has been developed.
- Development of the Risk First intranet site—providing all tools, templates and relevant documents.
- Role of the governance committees aligned to risk management and is reflected in the terms of reference and agendas, which contain risk management as a standing item.

Key Issues

- Development of a centralised enterprise risk register has been problematic, given the lack of determination of a standard by NSW Health. The direction taken by SWAHS has been to first embed the reporting and escalation processes via the governance committees and look to the NSW Health Clinical Governance and Risk Management Branch, which is taking a lead on this issue. In the interim, enterprise level risks are controlled via a locally developed database and local risks are managed via TRIM.

Future Directions

- Embedding risk management philosophy into the culture of SWAHS.
- Risk Management awareness will be included in the Area Orientation and Mandatory Training Program.
- Aligning the SWAHS Risk Management Framework to the NSW Health Risk Management Framework.
- Integrating risk management into Planning and Performance via COMPASS (Balanced Scorecard) and Internal Audit.
- Facilitating further strategic and operational risk assessments on an ongoing basis.
- Continued provision of education and training for risk management.
- Developing and implementing a SWAHS risk register.
- Review and update the risk management policy.
- Further monitoring, evaluating and reviewing the strategic and operational progress of the Risk First program.

Public Relations and Multimedia Services

The Public Relations and Multimedia Teams (collectively know as the SWIMS Team) support SWAHS to professionally present and effectively communicate information to support a range of organisational goals in the areas of public health, population health, clinical care, education, research, innovation and corporate communication.

The public relations team operates as a single, area-wide service that works in close collaboration with the office of the Chief Executive and the executive directors.

The team provides services in marketing and promotion, media relations, issues management, internal and external communication strategies, events and functions management, print and web-based publication content management, donations and non-recruitment advertising.

To achieve this the SWIMS team:

- Develops and implements communications and marketing strategies in line with plans for the area health service and policy direction of the NSW Government and NSW Health
- Determines and manages policy settings and directions for corporate communications (including corporate image), publications, website content and issues
- Manages the corporate image of SWAHS through the use of the organisation's logo, other identifying corporate "look and feel" and relevant and related policies and procedures
- Implements and maintains media issues management strategies in line with plans for the

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area health service and policy direction of the NSW Government and NSW Health
- Supports SWAHS staff to plan, manage and implement events across the area health service
- Prepares media releases in relation to positive stories and strategic communications events and activities as well as response to media enquiries and filming requests
- Coordinates and manages proactive health promotion and public education messages
- Organises publication production, from photography through content development and editing, to graphic design and desktop publishing, film, audio recording and edit for internet video news, live streaming and the production of CDs and DVDs.

Major achievements

- Public Relations, together with the Multi-Media Team successfully coordinated 114 events across SWAHS. These included:
  - Westmead Hospital Women and New Born Care Centre opening
  - Westmead Comprehensive Cancer Care Centre opening
  - Development of a comprehensive communication strategy for SWAHS.
- Video news stories are now being developed and placed on the SWAHS intranet for all major SWAHS service announcements.
- 2006/07 annual report completed.
- 23 Sydney West Weekly newsletters.
- 162 media statements and 153 media releases issued.
- 474 media enquiries were responded to.
- 613 positive stories printed in local and metropolitan papers.
- The area-wide years of service award system has been developed as part of the SWAHS Professional Recognition and Service Excellence (PRAISE).

Future initiatives

- Continue to refine use of video streaming across SWAHS to enhance area-wide communication and staff participation in campaign and discussions.
- Maintain high-level media and issues management support for the area executive and staff.
- Support SWAHS health education, marketing, public health alerts and health promotion campaigns.
- Continue to increase the level of positive media coverage.

Internal Audit

The Internal Audit Unit provides independent assurance and advice to the Chief Executive, senior management and the Audit and Risk Management Committee. The unit's objective and systematic approach ensures the accurate evaluation of corporate governance processes, internal controls, risk assessment and management practices.

In 2007/08, Audit resources were used on activities that presented the greatest risk to the organisation and where the work of Internal Audit provided valuable feedback to management. The unit completed 10 audit projects, 14 special investigations, as well as over 60 value-added activities. These were reported to the Audit and Risk Management Committee quarterly.

It is envisaged that one of the key roles for Internal Audit in is in the field of risk management, including education of staff and development and roll-out of the risk management framework, risk register and control self-assessments.

SECTION 5

OUR PEOPLE

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Strategic Profile of the Workforce

Overview of State Health Plan Strategic Direction: *No. 6—Build a sustainable health workforce*

Major Achievements and Outcomes

The SWAHS Workforce Development Plan 2007 – 2010 provides direction to the organisation how it can better meet current and future workforce requirements. Lead responsibility for most of the strategies and actions in the plan is held by the Directorate of Workforce and Organisational Development. The plan informs the annual business plans of the services comprising this directorate. Annual monitoring is conducted.

Goals and some of the outcomes of implementation of the Workforce Development Plan for 2007/08 were as follows:

Contribute to the achievement of self-sufficiency in workforce supply

- Transfer of the administration of Westmeadow Child Care Centre (WCCC) to SWAHS. Total number of prioritised places for staff is now 356 child care places per day - an additional 55 places (15.5 per cent) to meet the needs of health staff.
- SWAHS vacation care services were consolidated and standardised under a single operational model, enabling improved access for SWAHS staff, achieved by service venue relocation, program quality improvement and streamlined bookings processes.
- A graduate certificate in collaboration with another AHS was developed for staff acquired to be able to deliver a new Intervention Neurological Radiology (INR) Service at Westmead.
- SWAHS received Registered Training Organisation (RTO) status to deliver the Diploma in speciality Nursing (EN/DIV2) - Mental Health.
- Two hundred staff went through TAFE and Benchmark College to obtain a statement of attainment of training and assessment competency assessment module.
- SWAHS started an operational review of libraries with a view to provide more effective and efficient services.

Ensure workforce distribution matches community need

- Ethnic Affairs Priority Statement (EAPS) comprises a standard on program and service delivery.
- Content for children's services and staff support website was drafted.

Through valuing staff, effective leadership and governance, become the industry and employer of choice

- Over 6,512 staff successfully completed mandatory education on-line.
- Eight Australian College of Health Service Executives (ACHSE) management trainees were employed in SWAHS in 2008, the single largest employer of trainees in NSW, with four first and four second year trainees.
- Secondary employment approval processes initially focussing on medical staff were developed, to address the following aspects of safe working hours: total hours worked, hours worked continually and rest time between shifts. These management tools have been shared across the State.

Develop innovative approaches to health education and training

- The Nursing & Health professionals in school (VET in schools) program was extended to include the nursing studies stream, vocational education streams for Yr 11 & 12 high school students wishing to access allied health assistant or health service assistant (HSA) cert III vocational qualifications (leading to employment) as part of their HSC with 118 students recruited in Feb 2008.
- SWAHS is able to offer 11 nationally recognised qualifications/statements of attainments to relevant workforce groups in 2007/08, two more than the previous year.
- Leadership and management programs were revised based on the leadership development framework.
- All Learning & Development staff have been trained to undertake recognition of prior learning strategies with staff seeking recognition.

Develop flexible approaches to the way in which care is delivered to the community

Revised corporate orientation ready for implementation for 08/09 includes information on cultural awareness, EAPS and Health Care Interpreter Service.

Employ best practice in workforce assessment and planning

Profile of managers was developed to inform the leadership development framework.

Work collaboratively at the State, national and international level

- During 2007/08 SWAHS and SSWAHS worked together to develop common medical locum

Strategic Profile of the Workforce

management processes and to move the engagement and management of casual medical employment to a web-based platform. At a Statewide level, directors of workforce agreed to adopt a common Statewide policy on the management of casual medical employment, including the engagement of agency medical locums.
- Development of online orientation for doctors in conjunction with NSW Health and other Area Health Services.

Future Directions

- Advanced Diploma in Speciality Nursing (EN/ DIV2) will be offered in 08/09.
- New model of care (the hospitalist) will start in 2009 at Auburn Hospital.
- The Multicultural Health Network is currently reviewing and updating a resource booklet for all area staff providing a culturally sensitive service—including information on demographics, EAPS policies and cross-cultural issues. The booklet, once reviewed, will be distributed to all new area staff during orientation programs.
- A new service delivery model for library services will be implemented.
- A skills-based checklist has been established that focuses on the most common skills required for positions for which casuals/locums are currently engaged. The doctors' checklist has been completed and the aim is to complete one for administrative staff and allied health staff.
- Retraining health staff to start the smoking cessation campaign again. Will restart in November 2008.
- Metropolitan careers initiative funding received from NSW Health will be used to assist with recruitment and retention of staff within SWAHS.

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Chief Executive

Prof Steven Boyages
MB, BS, PhD, DDU, FRACP, FAFPHM

Key Responsibilities
Under the requirements specified in the *Health Services Act 1997*, the Chief Executive is responsible for overseeing performance on all aspects of operation of the area health service.

The Chief Executive provides superior leadership to all staff and is accountable for ensuring area health service responsibilities are fulfilled with respect to:

- setting strategic direction
- ensuring compliance with statutory requirements
- monitoring performance of the area health service
- monitoring financial performance of the area health service
- monitoring the quality of health services
- industrial relations/workforce development
- monitoring clinical, consumer and community participation
- ensuring ethical practice
- establishing and maintaining a clinical governance framework which provides staff with the support they need to deliver safer, better quality care.

Significant Achievements

Improving patient experience

- Opened the Healthcare for Older Persons Earlier (HOPE) Unit at Westmead Hospital's emergency department (ED). Patients over 75 years are fast-tracked through their assessment and treatment phases and receive more appropriate and timely care. Since the introduction, average waiting times from triage to treatment for these patients reduced from 70 to 21 minutes.
- Opened the first NSW HealthOne site at Mt Druitt. These services establish integrated partnerships between community health services and GPs. Two more HealthOne sites have been approved for Rouse Hill and Auburn.
- Piloted the CareFirst CNS (Care Navigation Strategy) at Blacktown Hospital and will soon roll out to other facilities. CNS is an innovative model of care that aims to identify and support older people and/or those with multiple conditions requiring a coordinated care plan from a range of hospital and community services. This approach offers better support for people to maintain their health in the community and to reduce the likelihood of them needing hospital admission. When such patients do require acute treatment, it aims to avoid or minimise time spent in emergency departments and to connect each patient quickly with the right service in the most appropriate setting.

Making prevention everybody's business

- More than 2500 staff participated in two Healthy Lifestyle Staff Challenges. Staff increased physical activity and chose healthier food, including more fruit and vegetables.
- Walking paths for staff and visitors developed at Westmead, Cumberland, Nepean and Blacktown hospitals.
- 74 local primary schools recruited to deliver the Crunch & Sip® Program, encouraging fruit and water breaks.
- Blacktown LGA community-based quit smoking services saw a 14 per cent cessation rate after six months.
- 720 staff accessed the Staff Smoking Intervention Service, with a 25 per cent quit rate after six months.

Clinical Performance

- ED access targets were met in most hospitals and overall performance improved when compared to previous years, despite an increase in the complexity and seriousness of a patient's condition in SWAHS EDs.
- Targets have been met for triage categories 1, 4 and 5. Results in other categories improved substantially in the latter part of the year.
- With an increase in ambulance presentations "off-stretcher time" performance remained above the State average and improved on prior years.
- All patients on category 2 and 3 surgery waiting list received their surgery within NSW Health targets.
- Since January 2008, 81 per cent of people with a mental illness who presented to EDs in need of inpatient mental health care, were admitted to hospital within eight hours.

Patient Safety

- Hand washing compliance, before and after patient contact, increased from 37 per cent in March 2006 to 65 per cent in June 2008. This result was achieved following concerted effort and focus on patient safety within SWAHS.
- SWAHS falls prevention program resulted in a reduction in reported falls and the number of serious injuries reduced from 2.7 to 1.4 per 10,000.

NSW Health Awards

- The Health Care Interpreting Service (HCIS) Call

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Centre Project was recognised for improving timely access to language support services through the implementation of a 24-hour telephone service. This resulted in an increased percentage (60 per cent) of incoming calls answered within 60 seconds.
- Auburn Hospital won the Best Performance Award for a major metropolitan hospital. The hospital excelled in reducing waiting times for ambulance transfers into ED, and both booked and urgent surgery.
- Lithgow Hospital won the Most Improved Performance Award in the smaller district hospital category.
- The SWAHS Promoting Health through Strategic Partnerships in Local Government won the NSW Health Award in the category of "Build regional and other partnerships for health."
- Established Surgical Acute Rapid Assessment (SARA) Unit at Westmead Hospital resulting in a reduction of access block of up to 43 per cent in surgical patients. It received the Director-General's Encouragement Award.
- Youth and Road Trauma Forum, aimed at reducing the injury and death of our youth via interactive road safety education and information that helps them to make safer choices, was commended at the NSW Premier's Awards.

Building sustainable health workforce
- In 2007, SWAHS recruited 259.2 FTE of nurses and midwives into the New Graduate Programs. Just under 80 per cent of these recruits chose to continue their employment within SWAHS. The vacancy rate for nurses across the area health service remains at 10 per cent.
- Commenced 'e-Learning Centre' in January 2008 to improve staff access to training and education. The access to and compliance with annual mandatory training has improved significantly, due to the introduction of this online service.
- Developed a web-based, locum medical employment and rostering management booking service, known as "e-gateway", a collaborative project between SWAHS and SSWAHS.

Infrastructure
- Completion of the WIN stage 1 program of works at Westmead Hospital included the opening of:
  - $17 million 'one stop shop' comprehensive cancer centre
  - $31.7 million Women's Health and Newborn Care centre, including a birthing unit and neonatal intensive care unit
  - $6.48 million renal, urology and transplant comprehensive clinical centre, including facilities for dialysis
  - Psychiatric emergency care (PECC) units at Nepean ($2.39M) and Blacktown ($1.95M)
- Construction started on the $144.5m hospital at Auburn.
- Started construction of Nepean Hospital's allied health, rehabilitation and aged care block at Nepean Hospital.
- Planning started for the new $83m extension to Nepean Hospital.

Environmental
- Replaced two inefficient 15-year-old chillers at Nepean Hospital in November 2007. The recurrent energy savings are projected to be $105,000 p.a.
- Water conservation projects completed at Mt Druitt Hospital over the past four years have resulted in water consumption dropping by 66 per cent from 2003/4. Overall the water consumption of all major sites dropped by an average of 12 per cent.

Making smart choices about costs and benefits of health and health support services
- Implemented a new allied health patient information system.
- Expanded the electronic medical record (eMR) system by adding clinical service and discharge summaries covering community health, operating theatres, maternity service and cancer services.
- Increased availability of technology, including COWs (computers on wheels), multifunction devices. Increase in the number of video conferencing units.
- Introduced new age care information system at Portland Tabulam Health Centre, Governor Phillip Nursing Home and Lottie Stewart Hospital.
- Installed new microwave links at a number of community health centres, hospitals and Division of Analytical Laboratories (DAL).
- Implemented Voice-Over Internet Protocol (VOIP) system at a number of community health centres.
- Commenced installation of picture archiving computer system (known as PACS) and radiology information system to enable electronic capture and reporting of x-ray and other radiology procedures.
- On the financial front, Blacktown Hospital increased revenue through close liaison with clinical and clinical support staff.
- Service performance agreements established between SWAHS and Health Support, which has resulted in more efficient work practices and processes.
- Started planning for the SWAHS Retail Strategy.

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Executive Director Workforce and Organisational Development

Associate Prof Abd Malak, AM
BSW, MSW, MAASW, AFCHSE

Key responsibilities
The Executive Director is responsible for the following services that comprise the Directorate of Workforce and Organisational Development:.

- Human Resources services and policy – development and review of human resource policy, management of recruitment, staff counselling, workplace relations, operational risk management, OHS, workers compensation, liability and provision of information and consultancy services.
- Medical Administration – management of recruitment and appointment processes for medical staff and payroll, provision of training and medical workforce planning.
- Education and Training Network – provision of corporate work-based education and training, professional development for nurses and midwives and library services.
- Workforce Planning and Performance Monitoring – development of workforce-related plans, analysis of workforce data, and facilitation and monitoring of implementation of workforce strategies, plans and key performance indicators.
- Children's, Aged Care and Staff Support Services – provision of employer-sponsored child care services and development of other support services.
- Centre for Health Service and Workforce Research.
- Service Performance and Organisational Review Team (SPORT) – support for organisational change through conduct of business model reviews.
- Sydney West Information and Multi-Media Services (SWIMS) – provision of corporate communications, multi-media and web services.
- Area Multicultural Health Network/Diversity Health Institute – provision of culturally appropriate services in community languages and support for mainstream services to better meet health needs of culturally and linguistically diverse (CALD) communities.
- NSW Breast Cancer Institute – provision of services in breast cancer assessment, diagnosis, treatment, research, information and education.

Significant achievements

The 'e-Learning Centre'
The 'e-Learning Centre' is a new key learning and development strategy that offers tailored e-learning and assessment programs by using Moodle (a virtual learning environment – VLE) as a one-stop shop for e-learning opportunities in SWAHS. The e-Learning Centre started operation in January 2008 and includes annual mandatory training Online. It has been well received by staff and managers, and has significantly improved access to and compliance with mandatory training. 2,436 staff have successfully completed mandatory education on line since January 1, with a total saving of 9,700 work hours.

Increased participation of managers in management and leadership development courses or programs
- During 2007/08 there was continued emphasis on the development of our managers and staff.
- Senior nurses and midwives (65) participated in an executive coaching strategy that included a 360 degree profile analysis and feedback. The consultancy deployed is now preparing an evaluation report to determine how outcomes were met and return on investment.
- Thirteen candidates completed the NSW Health Clinical Leadership Program in February 2008, and a further 18 are now undertaking the program due to finish in early 2009. Plans to measure organisational return on investment for those clinical leadership projects already completed have begun.
- 2007/08 saw the graduation of 30 staff who obtained a nationally recognised qualification in business (front -line management - FLM) including:
  Eight staff - Certificate III in Business (FLM)
  Ten staff - Certificate IV in Business (FLM)
  12 staff - Diploma of Business (FLM)
  This is an increase of three graduates from the previous year's figures. Redesign of the program delivery and assessment strategies have provided greater flexibility for candidates and maximised students' access to recognition of prior learning processes that reduce time from the workplace and recognise learning achieved in other settings.

Extension of the Nursing and Health in Schools Program
The Nursing Initiatives in Schools Program, which started in 2007, was extended to include with the nursing studies stream, vocational education streams for Years 11 and 12 high school students

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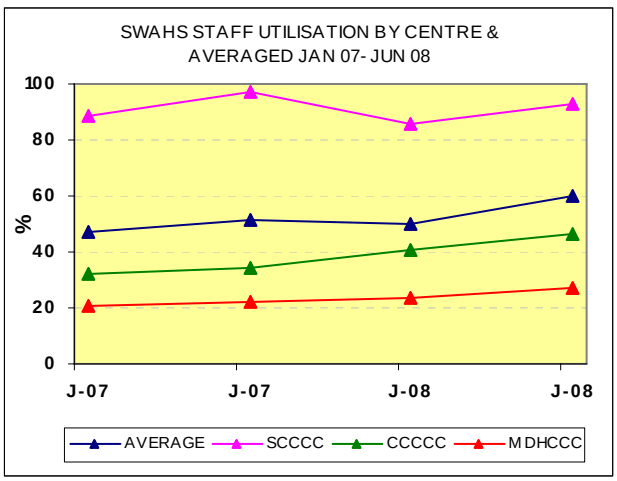
wishing to access allied heath assistant or health service assistant vocational qualifications as part of their Higher School Certificate. The program is an example of a successful partnership between SWAHS, TAFE NSW, Department of Education and Training, University of Western Sydney, Australian Catholic University and local government and non-government schools in the region. 71 students, of a total of 108 starters, are now completing the program in Year 12 (the rest having completed year 12 in 2007 and left school) and a further 109 have been enrolled in 2008, giving a total of 283 students who have participated in the program since its inception. A five-year study is now underway to track students from Year 11 through to graduate entry to nursing to measure return on investment of this strategy.

Consolidation and expansion of Children's Services and Elder Care Support

- During 2007/08 there was further consolidation of the three long day care and five vacation care services under a single operational model, through ongoing service monitoring, policy standardisation and Children's Services Licencing with the NSW Department of Community Services.
- One of the key measures of performance of the Children's Services portfolio is the extent to which SWAHS staff are given priority of access (POA) to child care places. For example, prior to transfer to SWAHS of Coolamon Cottage Child Care Centre (CCCCC) in November 2006, SWAHS staff did not benefit form POA and competed for places with the general public (non-SWAHS families). Consequently in January 2007 SWAHS staff utilisation of available places was 32.5 per cent. At June 2008, as a result of the POA implementation there was an increase of 14 to 46.5 per cent utilisation by SWAHS staff. Figure 1, below indicates staff utilisation for the three child care centres (Coolamon Cottage, Somerset Cottage, Mt Druitt) and the SWAHS average for the period Jan 2007 to June 2008.
- Research was conducted to identify and develop staff benefit (elder care) models utilised in other large organisations. Progress was made to provide information and referral to SWAHS staff with elder care responsibilities, using intranet and other communication options. An action plan was developed to identify demand for elder care support, to inform medium and long-term planning options to provide support for SWAHS workforce.



Development of a medical locum service

Further work was done in 2007/08 to develop a medical locum service, known as "e-gateway", a collaborative project between SWAHS and SSWAHS. Common medical locum management processes have been developed and the engagement and management of casual medical employment has been moved to a web-based platform. The proposed approach to casual medical employment uses a common approach to secondary employment approval for medical officers and a Statewide draft policy on secondary employment. Implementation will involve an extensive communication strategy, a marketing strategy, extensive training of staff and development of audit and evaluation indicators.

Improved access to library services

- During 2007/08 a single area-wide catalogue was implemented, with all libraries in the Area having their holdings on the one system. This means that there is now seamless access to the collections of all SWAHS libraries. SWAHS is the first area health service in NSW to have a one-stop shop area-wide catalogue. Training and the formulation of policies and procedures is ongoing, with workshops on key matters such as in cataloguing taking place during the year.
- Library services continued to improve support for clinical practice in SWAHS. Examples include:

- Area libraries continued to present regular Clinical Information Access Project (CIAP) training sessions
- Westmead library revised the Westmead reader services librarians' training presentation for advanced nursing students, which is on the e-learning site
- The library manager and librarian at Blacktown attended weekly rounds in the Intensive Care Unit (ICU) to supply information to support patient care and education for the ICU staff.

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Executive Reports

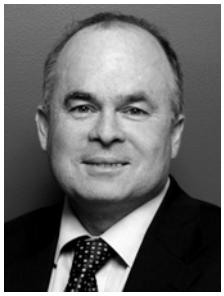
Executive Director Clinical Operations

Bernard Deady
BCom(NSW), BHA, CPA, CHE, AFCHSE

Key responsibilities
The Director of Clinical Operations is responsible for the effective and efficient management of the area's clinical services across a spectrum of health service delivery settings. The director ensures that the clinical operational management structures are implemented on a unified basis throughout the health service through the development and support of clinical networks. The director is also responsible for the achievement of key performance indicators relating to quality, access and resource management, in accordance with health service policies.

Significant Achievements
- Contributed to development of various SWAHS plans and strategic initiatives consistent with State priorities e.g., CareFirst, CommunityFirst, SafetyFirst, Risk First, TeamFirst.
- Implemented relevant plans.
- Achieved improvement in sustainable access plan KPIs over three years.
- All controlled hospitals surgical long wait targets achieved.
- Improvement in hospital efficiency benchmarks (measured by Health Round Table comparatives)
- Major capital projects delivered on time and within budget.
- Completion of hospital care related inaugural Patient experience Surveys.

Executive Director Population Health and Strategic Direction



Dr Glenn Close
MBBS, MPH

Key responsibilities
This directorate encompasses a range of critical responsibilities, including strategic and service planning, population health services, Aboriginal health, information management (including facility-based health information and records services) and performance monitoring. In addition the Centre for Oral Health Strategy, with responsibility for oral health strategy and workforce issues at a State level, is hosted by SWAHS within the directorate.

Significant achievements

Information Management Unit
- Establishment of Strategic Enterprise Information Systems Management Committee.
- Improvement in timeliness of processing of Freedom of Information Act applications.
- Continued provision of privacy information and support to staff by the establishment of a privacy intranet website, provision of privacy awareness at staff orientation, provision of regular refresher training sessions and availability of key privacy resource material.
- Improvement in timeliness of completion of privacy internal reviews.
- Standardisation of medico-legal release of information processes.
- Development of records management program
- Completed review of corporate records secondary storage arrangements.
- Completion of Clinical Coder Workforce Strategy.
- Continued improvement in clinical coding turnaround time.
- Education of clinicians in clinical coding and diagnosis-related grouping processes and data.
- Completion of patient survey to verify accuracy of collection of patient identification data.
- Implementation of standardised patient search and registration training material for patient information systems.

Aboriginal Health
- Developed the SWAHS Aboriginal Health Action Plan.
- Conducted Aboriginal community engagement gatherings.
- Developed a proposal for an Aboriginal chronic care outreach screening program.

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- Reviewed the role Of Aboriginal hospital liaison officers in hospitals.
- Established working relationship with the divisions of general practice across the area.

Population Health

Environmental Health

- Developed Geospatial Information Systems (GIS)-based tool to assist with investigation of Legionnaires disease outbreaks in SWAHS.
- Implementation of Legionella management Program with nine local councils in SWAHS.
- Development of a walkability index for local government in SWAHS.
- Guest editorial of NSW Public Health Bulletin on regulation and public health.
- Risk assessment of nickel contamination in Lithgow water supply.

Public Health Investigations

- Investigation of an apparent cluster of cases of breast cancer at Sydney Olympic Park Authority.
- Investigation of mercury intake in Asian infants consuming fish congee as a weaning food.

Chronic disease prevention

- Co-sponsorship of a paper to Australian health ministers on salt reduction in the Australian diet.
- Participation in national effort to introduce mandatory folate fortification to prevent neural tube defects.

Health Promotion

- Crunch & Sip Program (74 schools registered, 10 certified, 63 start-up incentives, 24 attended teaching and learning forums).
- Munch & Move State roll out project in pre-schools. 108 services registered to commence. Research underway in 12 Dept of Education & Training (DET) pre-schools.
- SWAHS pre-Christmas and 2008 Healthy Lifestyle Challenges for staff implemented (2,500 participants). Results showed statistical increase in physical activity levels and fruit and vegetable intake, with less consumption of foods in "sometimes" category.
- Received Baxter Award for regional partnership model with local government.
- Live Life Well in Lithgow - Active Young Bowenfels and Lithgow Active Community Projects completed - process & outcomes included walkability assessment, park audit & usage, facilities/parks upgraded, school holiday activity programs, installation of linking paths, parks promotion for opportunities for physical activity.
- Establishment of community-based smoking services Blacktown, Doonside and Mt Druitt (to-date six month quit rate of clients is 14 per cent).

Strategy and Planning

- Social and health atlas available on intranet and updated with 2006 Census information.

Nepean Hospital

- Pathways Home and Allied Health Project shifted from planning to construction (three north block wards - aged care, rehabilitation.
- Planning for Nepean Hospital stage 3 development ($83m) continues.
- Penrith Clinical Services Plan, service procurement plan (SPP), beginning procurement development plan (PDP) - focus on surgery, intensive care, medical beds, infrastructure.

Blacktown

- Blacktown Hospital campus master plan.
- Clinical school, Blacktown Hospital campus planning continues.

Auburn Hospital

- Redevelopment well underway with completion scheduled for 2009.

Performance Monitoring and Reporting Unit

- Implementation of stage 1 of ward and nursing display tool (WAND).
- Implemented the SWAHS operational data repository (ODS).
- Starting operating as the Business Intelligence Competency Centre for NSW (BICC).
- Initiated and completed the initial stage of the balanced score card project (Compass).
- Staff from the unit presented at five conferences during the year.
- Successfully amalgamated with the web development team.

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Executive Director Corporate and Financial Services

Bill Morfis

Key Responsibilities

The responsibilities of the Directorate of Corporate and Financial Services remain the planning, establishment, management, development, monitoring and reporting on all aspects of the corporate support service provision for SWAHS and still includes the key clinical support services of pathology and medical imaging. The directorate of Corporate and Financial Services consists of the following components:

- Financial Services
- Corporate Facility Services
- Clinical Support and Technological Services (information technology, medical imaging and the Western Pathology Cluster)
- Asset Management Services
- Business Development and Shared Services
- Liaison with Enterprise Risk Management Services.

Consistent with the structural reform process in recent times, the organisational structures within the directorate have continued to be further refined over the year, with substantial efficiencies being achieved by all units and more effective and innovative business practices implemented. The directorate continues to pursue ongoing and appropriate strategic direction priorities in line with the State Health Plan and the Area Health Services Strategic Plan, which will ensure SWAHS remains at the forefront in both efficiency and effectiveness in corporate and clinical support services provision.

During the year the local services of Supply, Finance (financial Accounting and processing, excluding revenue), Linen and Payroll Services, which had transferred from the Corporate and Financial Services Directorate into the HealthSupport Service of NSW Health, relocated from SWAHS. This area continues to be a significant customer of HealthSupport's Transaction Centre 1, which provides these key support services to the area. The directorate continues to monitor service provision from HealthSupport, which also includes a number of ITS functions transferred to HealthSupport (Technology) previously, via suitable local heads of agreement and specific service level agreements provisions.

The directorate actively pursues innovation and sustainability as key strategic priorities to ensure that cost-effective and efficient service delivery of the highest order is provided each day to support clinical care.

Significant Achievements

- Achieved the key financial, service and quality business plan priorities set for the year for each of the services in the directorate.
- Finalised the "Heads of Agreement" with HealthSupport Services.
- Increased the levels of revenue generated over the year.
- Formation of the Western Pathology Cluster (WPC) comprising SWAHS, GWAHS and GSAHS.
- Continued to provide ongoing leadership and expertise with the SWAHS electronic medical record (eMR) project.
- Successfully progressed all of the preparatory requirements for the corporate EQuIP survey scheduled for October 2009 as well as met all of NATA accreditation requirements across the WPC.
- Progressed DAL service provision requirements with NSW Police.
- Commissioned a number of key imaging modality additions and replacements throughout the year.
- Finalised the Westmead Hospital redevelopment (WIN) partner agreement contract and progressed a number of other significant project redevelopments across the area.
- Progressed the area retail strategy, including the arrival at Westmead Hospital of a replacement financial institution.
- Continued to progress improvements in telecommunications links, technological protocols and wireless technology across the area.
- Progressed the PACS/RIS Project implementation across the area.
- Progressed the enterprise risk management plan.
- Progressed service initiatives in cleaning, food and transport, as well as further educational initiatives for staff.
- Progressed the area's firm commitment to and ongoing significant investment in sustainability via energy and water saving initiatives.

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Executive Reports

Executive Director Nursing and Midwifery

Susan Whitby
RN, CT Cert, MCP
October 2007-June 2008

Key responsibilities
Providing a quality professional nursing workforce and practice across SWAHS, by ensuring educational and clinical systems are in place to support, facilitate and drive best practice nursing and midwifery models across a multidisciplinary environment.

The directorate is also responsible for SWAHS Counter Disaster Unit and Statewide services including:

- Education Centre Against Violence (ECAV)
- NSW newborn & paediatric Emergency Transport Services (NETS)
- New Street Adolescent Program
- NSW Pre-Trial Diversion of Offenders Program
- SWAHS Ventilator Dependent Quadriplegic Program.

Significant Achievements

- A review of the senior nursing and midwifery structure for the Directorate, Acute Care Services and Community Services has been completed, and resulting recommendations implemented to improve clinical supervision, coaching and mentoring for nurses and midwives and to improve patient experience.
- The implementation of successful recruitment and retention strategies to ensure an appropriate workforce is available to meet demand, including:
  - Training enrolled nurse program intake for 2007/08 was 190, with a retention rate of 90 per cent
  - New graduate registered nurse program completed, with 400 applicants interviewed to fill 251 positions available, indicating SWAHS to be an employer of choice
  - Undergraduate and post-graduate midwifery program
  - Structured training and employment project (STEP) has two participants in order to improve employment opportunities for indigenous Australians
  - Vacancies reduced to less than 1 per cent of the nursing and midwifery workforce.
- Quality and safety checks of clinical services have been enhanced by the development of the patient safety handover checklist. Nurses and midwives use the checklist, in collaboration with bedside handover, to improve communication between staff and patients and their carers.
- Lottie Stewart Hospital received a certificate of acknowledgement from Baxter Quality Improvements Awards 2007. The submission 'An Innovative and Relevant Aggression Management Program' was in response to perceived needs of managing difficult and challenging behaviours in a residential facility.
- SWAHS has been invited to become a third partner for the University of Notre Dame Australia for its Bachelor of Nursing Program. This has been developed to enable students to have increased clinical placements and work within the defined area health service to gain increased knowledge of roles and responsibilities of providing nursing care. The first group of students have started at Blacktown-Mt Druitt Health.
- Disaster preparedness has been tested at all major facilities across SWAHS, including testing the response to a critical incident that would result in a surge of injured patients presenting to the facility and existing local, area and State communications systems.
- Nepean Hospital received an innovation grant from NSW Health for postnatal relationships & midwifery services (PRAMS) project, which provides extended midwifery services for up to six weeks postnatal for vulnerable families.
- The Clinical Excellence Commission-sponsored Clinical Leadership Program successfully graduated the 2007 cohort and will graduate another cohort in December 2008. This program has provided leadership and team building support and skills to the clinical services leaders of the future.
- Area-wide consultation forums were coordinated to support the Statewide nursing unit managers project initiated by NSW Health. The project aims to strengthen the skill set, knowledge and capability of the NUM role, recognising the pivotal part of the NUM in coordinating patient care. The role of the NUM has been defined to promote emphasis on clinical care and coordination. A position description to reflect this has been finalised.
- Nurse strategy reserve initiative (NSRI) funding supported a program of management and leadership coaching for all Nurse Managers across SWAHS to build skills and future capacity in nursing and midwifery leadership staff. Fifty six

Executive Reports

nurse and midwifery managers completed the program.

- An external evaluation of the NSW Pre-trial Diversion of Offenders (Child Sexual Assault) Program by Associate Professor Jane Goodman-Delahunty and Jessica Prately has been concluded. The evaluation found the program to have substantial benefits for families and a strong association between parents in the program acknowledging responsibility for their sexually abusive behaviours and reduced recidivism. NSW Health provided a copy of the evaluation to the Special Commission of Inquiry into Child Protection Services in NSW, being conducted by the Hon Justice James Wood AO. The report of that inquiry is due by December 31, 2008.
- New Street Adolescent Service, providing orientation training and support to staff of the newly created Rural New Street Adolescent located in Tamworth (HNEAHS).
- Clinical redesign of services across the area health service has resulted in improved patient access and care. A key strategy has been to develop 'Care Navigation' to enhance services to patients with chronic illness and streamline the interactions across acute facilities and the community, including GPs.
- Provision of clinical (nursing and midwifery) education in coordination with Learning and Development Directorate has included:
  - External review of graduate certificate in specialty nursing
  - Developmed e-learning strategies, including delivering core study and cancer specialty subjects via Moodle e-learning platform
  - Improved educational and financial governance mechanisms developed for management of clinical education programs funded under nurse strategy reserve initiative. Programs and funding redesigned to better articulate with clinical and workforce development strategic outcomes.

Executive Director Clinical Governance

Dr Charles Pain

LRCP (Lond), MRCS (Eng), MSc, FPHM, FAFPHM, AFCHSE

Key Responsibilities

- Advise the Chief Executive on the risk management of clinical services to ensure that patients receive care of the highest possible quality and safety within available resources. This is achieved by maintaining an incident information management system that enables SWAHS to identify and manage adverse events.
- Conducting investigations of adverse events and reviews of service provision to identify system problems.
- Implementing key safety improvement initiatives to address system problems.

Significant Achievements:

- SafetyFirst was launched in December 2007 and rolled out across the area. It has a focus on improving patient safety and quality of care through teamwork, openness about errors, ensuring that learning occurs when mistakes are made, establishing a just culture for dealing with staff who make mistakes, making sure there is action taken to fix system problems that give rise to errors, being accountable as an organisation and individuals, dealing with the most important system problems first and working in partnership with staff, consumers and carers to improve the care we provide.
- Key SafetyFirst achievements include:
  - Hand hygiene compliance, before and after patient contact, increased from 37 in March 2006 to 65 per cent in June 2008.
  - The SWAHS Falls Prevention Program resulted in a reduction in the number of reported falls and the number of serious injuries reduced from 2.7 to 1.4 per 10,000 people for serious (SAC level 2) clinical incidents.
- This year there has been a major focus on improving the experience patients have when receiving our services, and participation in the State-wide Patient Survey has provided a number of important insights into where services can be improved. An action plan has been developed and is being implemented.
- Individual patient and/or carer interviews provide a valuable opportunity to gain detailed insights into patient experiences. Clinical Governance has developed a process for patient/carer interviews.

Executive Reports

SWAHS currently conducts between 15 and 20 interviews/narratives each month, which are reviewed and correlated into positive and negative experiences. Clinical Governance has provided ongoing support and education to staff who are conducting the interviews. The information collected is viewed in conjunction with the information from the patient survey.

- SWAHS has maintained its record of achievement in completing all root cause analysis investigations within NSW Health's benchmark of 70 days. This is important so we can inform patients and their families as soon as possible about what went wrong when there has been a major adverse event.
- During this year, we have implemented the NSW Health's Open Disclosure Policy. Patients and their families are given an opportunity to meet with senior clinicians and administrators to discuss the outcomes of root cause analysis investigations. Experience with the implementation of this policy has been very positive.
- More than 10,000 incidents were reported by staff through the Incident Information Management System (IIMS). This demonstrates a very positive and improving reporting culture in the organisation. International experience demonstrates that a positive reporting culture is a pre-requisite to improving patient safety and quality systems.
- SWAHS produces a number of reports summarising key patient safety issues which have been identified. It was the first area health service to publicly release its reports summarising the lessons learned from its root cause analysis investigations. All area health services are now required to publish these reports.
- SWAHS was visited in October by surveyors from the Australian Council on Healthcare Standards and received an outstanding summation report. The formal report is keenly awaited, following its approval by the council.
- In response to the increasing need to demonstrate accountability for standards of care among the clinical staff, SWAHS has formalised its approach to the management of complaints or concerns about clinicians, resulting in improved oversight and reporting of these issues.
- Clinical Governance has facilitated or participated in substantial service reviews, including neonatal services at Westmead, maternity services at Blue Mountains, and emergency services at Blacktown-Mount Druitt.

Director Mental Health

Dr Roger Gurr

Key Responsibilities

Lead, direct and manage the delivery of child and adolescent, adult and older persons mental health services, including strategic, operational, planning and governance requirements, to enable safe, effective and appropriate mental health services to be delivered by SWAHS.

Significant Achievements

- Develop and recruit to the management structure for Sydney West Area Mental Health Service.
- Work closely with the clinical redesign unit to develop o) create a 'work order' for the purpose of mental health clinical services redesign program.
- Establish mental health patient flow unit to co-ordinate admission to all mental health facilities within SWAHS, thus enhancing access to mental health beds in a timely manner. This should consequently reduce the emergency departments' access block.
- Develop a clinical services plan for child, adolescent, adult and older persons mental health to be incorporated into SWAHS' clinical services plan.
- Develop and implement a performance management framework.
- Develop, manage and monitor the budget for the delivery of mental health services, ensuring services are delivered to the local population on an efficient and equitable basis.
- Implement the mental health clinical care and prevention model (MH-CCP).
- Develop, implement and manage effective clinical governance arrangements that focus on quality, clinical audit, risk and evidence-based practice.
- Develop, deliver and monitor evidence-based clinical interventions that demonstrate better clinical outcomes for patients across the lifespan.
- Implement and monitor the mental health outcome and assessment tool (MH-OAT), mental health information and development program (MH-IDP) and quality through outcomes (QTO).
- Develop and foster relationships with the community and other human service agencies to improve access for people with a mental illness to mainstream health and social care services as close as possible to where they live.

Executive Reports

- Assess and develop the skills and competencies of the workforce.
- Develop and maintain a therapeutic physical environment for patient care.
- Work collaboratively with other executive staff to develop effective workforce planning mechanisms to support clinical and other staff in delivering identified health service delivery needs.
- Contribute to the delivery of health services across NSW by developing and maintaining linkages with other health services, NSW Health, the Clinical Excellence Commission, health priority taskforces and the Health Care Advisory Council.

Significant Achievements

- Successfully recruited to the management structure.
- Mental Health Clinical Redesign Projects have been completed and the recommendations implemented.
- Demonstrated evidence in patient flow improvement – emergency access performance is above the State benchmark of 80 per cent on a monthly basis.
- Effective management of the Mental Health budget.
- Developed robust structures and processes to manage both clinical and financial risks.

Director Public Relations

Kim Lyle (acting)

Key Responsibilities

The director of Sydney West Innovative Multimedia Services (SWIMS) is responsible for :

- *Corporate Communication and Public Affairs Teams* are responsible for co-ordinating event management, including Ministerial visits and associated briefing material, briefings, media liaison, issues management, public relations, print and web-based publication content management, donations, corporate communication and non-recruitment advertising.
- *Multi-Media Team* supports SWAHS in professionally presenting and effectively communicating information to support a range of organisational goals in the areas of clinical care, education, research and corporate communication.

Significant Achievements

- Expanded use of the web, moving into 'live streaming' for key SWAHS events.
- Marketing of knowledge assets, education models and event production.
- Established and implemented a system for routinely issuing NSW Health Calendar-related Health Promotion and Health Education copy.
- Developed and implemented database for registering and tracking media enquiries.
- Worked in partnership to develop the new SWAHS intranet.
- Streamlined and improved governance and approval for patient and corporate publications and corporate branding related requests.
- Developed standard correspondence and agreement templates for fundraising-related activities to improve compliance with NSW Gaming and Racing legislation and guidelines, and the draft NSW Health Fundraising Policy.
- The team has designed, published and produced more than 120 patient information, staff education and research print publications.

OUR PEOPLE

Staff Profile at 30 June 2008

Number of Full Time Equivalent Staff (FTE) Employed in Sydney West Area Health Service at June 2008

	June -04	June -05	June-06	June-07	June-08
Medical	1,098	1,076	1,146	1,222	1,303
Nursing	4,427	4,984	5,206	5,499	5,572
Allied health	989	1,071	1,127	1,156	1,145
Other professional and para-professionals	727	616	617	634	626
Oral health practitioners and therapists	209	215	219	235	274
Ambulance staff	1	1	1	1	1
Corporate services	589	556	481	432	349
Scientific and technical clinical support staff	937	1,087	1,170	1,217	1,200
Hotel services	1,257	1,277	1,283	1,050	1,020
Maintenance and trades	154	152	157	143	139
Hospital support workers	1,623	1,675	1,624	1,680	1,693
Other	43	53	60	77	75
Total	12,055	12,763	13,090	13,346	13,396
Medical, nursing, allied health, other health professionals and oral health practitioners as a proportion of all staff	61.8%	62.4%	63.5%	65.5%	66.6%

Source: DOH Health Information Exchange & Health Service local data

Notes:

1. FTE calculated as the average for the month of June, paid productive and paid unproductive hours.
2. In March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third schedule facilities have not transferred to the Crown and as such are not reported in the Department of Health's Annual Report as employees.
3. Includes salaried (FTE) staff employed with 'Health Services, Ambulance Service of NSW and the NSW Department of Health'. All non-salaried staff, such as contracted Visiting Medical Officers (VMOs), are excluded.
4. 'Medical' is inclusive of staff specialists and junior medical officers. 'Nursing' is inclusive of registered nurses, enrolled nurses and midwives. 'Allied health' includes audiologist, pharmacist, social workers, radiographer and podiatrist. 'Oral health practitioners and therapists' includes dental assistants/ officers/therapists/hygienists. 'Other professionals and para-professionals' includes health education officers, interpreters, etc. 'Ambulance clinicians' includes ambulance on road and support staff. 'Corporate services' includes hospital executive, IT, human resources and finance staff, etc. 'Scientific and technical support workers' includes hospital scientists and cardiac technicians. 'Hotel services' are inclusive of food services, cleaning and security, etc. 'Maintenance and trades' is inclusive of trade workers, gardeners and grounds management, etc. 'Hospital support workers' includes ward clerks, public health officers, patient enquiries and other clinical support staff, etc. 'Other' is employees not grouped elsewhere.

OUR PEOPLE

Equal Employment Opportunities

Aboriginal and Torres Strait Islander People

SWAHS has a number of strategies in place to increase its Aboriginal and Torres Strait Islander workforce.

One of these involves career marketing to secondary school students. In partnership with NSW Department of Education and Training and NSW Health Nursing and Midwifery Office, SWAHS was involved in the delivery of Koori Action Towards Careers in Health (KATCH) residential health careers workshop for indigenous students across the Sydney West region. 27 students participated in the workshops in 2007/08.

In 2007/08, three Aboriginal and Torres Strait Islander trainee enrolled nurses (TEN) participated in the Structured Training and Employment Project (STEP). The program supports the TEN with appropriate mentor support and a career pathway. Ongoing employment is a condition of STEP.

Two Aboriginal nursing cadetships at Blacktown and Nepean Hospitals were offered to graduates of the HSC Nursing Studies Program. Students are enrolled in UWS Bachelor of Nursing degree.

People with disabilities

SWAHS completed its Disability Action Plan in 2007/08. Goal 4 of the plan is 'To improve equity and equal opportunity for people with disabilities in the SWAHS workforce'. To help raise awareness of the Plan, establish baseline performance and identify areas for improvement, a self-assessment checklist was developed and completed by most services within SWAHS.

EEO data for employment of people with disabilities indicates that there are opportunities to increase the number of such people in the SWAHS workforce. The number of those requiring a work-related adjustment (proportion in the workforce in 2007/08 was 3 and 0.5 per cent respectively). As the Disability Action Plan is implemented it is expected that performance in this area will improve.

People whose first language was not English

SWAHS was above the benchmark for employment of people whose first language was not English in 2007/08. This is due to a number of reasons, including the diversity of local communities from which our employees are recruited (The Australian Bureau of Statistics Census 2006 indicated that 29 per cent of the population speak a first language other than English), recruitment of professionals from overseas and the existence of targeted positions in SWAHS for people of non-English speaking background to improve access to health services (for example, bilingual community educators).

Women

SWAHS was above the benchmark for employment of women in 2007/08. This is typical of the health care sector in general, where the single largest occupational group is nurses, most of whom are female.

OUR PEOPLE

Equal Employment Opportunities

EEO Target Group	% of Total Staff[1]					
	Benchmark	2004	2005	2006	2007	2008
Women	50	74	75	76	76	75
Aboriginal and Torres Strait Islander people	2	1.2	1.3	1.2	1.2	1.2
People whose first language was not English	19	33	29	30	30	32
People with a disability	12	4	4	4	4	3
People with a disability requiring work-related adjustment	7	0.7	0.6	0.6	0.6	0.5

1. Excludes casual staff.
2. A Distribution Index of 100 indicates that the centre of the distribution of the EEO groups across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels.

		Subgroup as Per cent of Total Staff at each Level			Subgroup as Estimated Per cent of Total Staff at each Level				
Level	Total staff (number)	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 adjust-ment %
<$35,266	286	26	20	80		16	31	4	
$35,267-$46,319	5,199	70	24	76	1.90	21	36	3	0.50
$46,320-$51,783	1,307	68	22	78	1.10	22	32	3	0.60
$51,784-$65,526	4,277	69	16	84	1.00	26	36	3	0.60
$65,527-$84,737	2,740	69	24	76	0.50	23	24	4	0.40
$84,738-$105,923	1,261	50	44	56	1.90	24	23	3	0.60
>$105,923 (non SES)	696	45	65	35	0.30	29	23	4	0.30
>$105,923 (SES)									
TOTAL	15,766	66	25	75	1.20	23	32	3	0.50
Estimate range (95% confidence level)					1.1 to 1.4	22.8 to 23.8	31.4 to 32.5	3.1 to 3.5	0.5 to 0.6

OUR PEOPLE

Operational Risk Management

SWAHS is self-insured as a member entity of the NSW Treasury Managed Fund (TMF). This includes a 'Contract of Coverage' with the TMF, workers compensation, motor vehicle, and property, liability, VMOs (visiting medical officers) liability and miscellaneous and overseas travel.

Workers Compensation

In 2007/08 SWAHS' workers compensation renewal premium was $14,636,952 with the area receiving a surplus of $3,914,017. The 2003/04 workers compensation hindsight premium adjustment resulted in a surplus of $5,600,951 for SWAHS.

The continuation of the workers compensation and work-based occupational rehabilitation risk management strategies and programs resulted in an overall surplus of $9,514,968 being paid to SWAHS.

Rehabilitation

Rehabilitation (work-place injury management) continues to be an area of major focus for the Risk Management Unit and in 2007/08 a return to work rate of 97.4 per cent, of all cases closed, was achieved.

Motor Vehicle

The 2007/08 motor vehicle premium was $1,389,150, with a deficit of $583,533. The hindsight adjustment for 2005/06 motor vehicle was a deficit of $150,877.

SWAHS continues to implement driver-training programs for all employees required to drive area vehicles.

Liability

The TMF/VMO scheme indemnifies all VMOs and honorary medical officers (HMOs) for all work they perform on public patients in public hospitals in NSW.

The Risk Management Unit (RMU) liability, in conjunction with the Clinical Governance Unit (CGU), has improved communication regarding these incidents by developing a policy and procedure and by making improvements to the VMO incident form.

Prior to these improvements, the average number of days the AHS was taking to notify the DoH was 199, with 0 per cent meeting timeframes. In 2007/08 this has improved significantly. The average number of days for notification has reduced to 15, with 75 per cent meeting the 14-day timeframe.

Minimising SWAHS's risk of penalties for non-compliance remains a high priority for the RMU Liability Unit. Liability is developing a best practice framework transferable tool, which can be used by other NSW AHS's. SWAHS Liability Unit was nominated for the 2008 NSW Premier's Award for results achieved with VMO notifications.

Occupational Health & Safety

In 2007/08 SWAHS recorded 2,270 reported OH&S incidents, with 769 workers compensation claims costing $4,700,000 as at 30 June 2008.

Manual handling was involved in 562 incidents, with 286 progressing to workers compensation claims. These claims represent 38.5 per cent of all workers compensation claims submitted. The cost to SWAHS was $1,843,594, being 38 per cent of all total expenditure paid for claims in 2007/08.

Manual handling incidents continue to be a significant contributor to workers compensation claims costs for SWAHS. The executive has endorsed the employment of a manual handling coordinator, with responsibility for developing, implementing and assessing manual handling strategies. A program has been developed in consultation with managers and employees and is currently being implemented.

Although risk management is an area-wide, centralized, service the responsibility and accountability remains with management at a network/facility level.

Continuing educational sessions on workers compensation, rehabilitation and occupational health and safety ensure that managers and workers are aware of their obligations and responsibilities under the *Workers Compensation Act*, the *Occupational Health & Safety Act* and the *Workplace Injury Management Act* which promote the area philosophy of supporting injured workers in an early return to work program.

Occupational health & safety and rehabilitation were a major focus for SWAHS in 2007/08, with strategies being developed and implemented targeting identified high-risk factors, including manual handling and patient handling.

In 2007/08 there were no injuries that resulted in prosecutions under Occupational Health & Safety Act 2000 and there were no prosecutions of SWAHS by WorkCover.

Occupational Health and Safety

Number of claims by accident type and by facility—Sydney West Area Health Service

Western Cluster T10003	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	12	13			
Biological factors	2	2	1		
Body stressing	70	57	1		
Chemicals & other substances	5	3			
Falls trips & slips of a person	32	39	1		
Heat radiation & electricity	1	7			
Hitting objects with a part of the body	9	5			
Mental stress	6	6	1		
Not found	0				
Other & unspecified mechanisms of injury	0	2			
Sound & pressure	0				
Vehicle	11	18			
TOTAL	148	152	4		

Integrated Care T10006	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	1	1			
Biological factors	1	1			
Body Stressing	18	21			
Chemicals & other substances	1	1			
Falls trips & slips of a person	10	15			
Heat radiation & electricity	0	1			
Hitting objects with a part of the body	6				
Mental stress	4	3			
Not found	0				
Other & unspecified mechanisms of injury	0				
Sound & pressure	0				
Vehicle	7	7			
TOTAL	48	50			

Central Cluster T10004	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	9	7			
Biological factors	1	2			
Body stressing	38	38	1		
Chemicals & other substances	3	1			
Falls trips & slips of a person	13	8			
Heat radiation & electricity	0	1			
Hitting objects with a part of the body	4	3			
Mental stress	5				
Not found	0				
Other & unspecified mechanisms of injury	0	1			
Sound & pressure	0				
Vehicle	9	13			
TOTAL	82	74	1		

Facility Corporate Services T10007	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	37	14			
Biological factors	2				
Body stressing	72	74			
Chemicals & other substances	4	4			
Falls trips & slips of a person	34	30			
Heat radiation & electricity	4	1			
Hitting objects with a part of the body	10	8			
Mental stress	10	4			
Not found	0				
Other & unspecified mechanisms of injury	1	1			
Sound & pressure	0				
Vehicle	6	6			
TOTAL	180	142			

Eastern Cluster T10005	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	15	9			
Biological factors	2	1			
Body stressing	30	35			
Chemicals & other substances	2	3			
Falls trips & slips of a person	15	17	1		
Heat radiation & electricity	3				
Hitting objects with a part of the body	3	3			
Mental stress	8	2			
Not found	0				
Other & unspecified mechanisms of injury	0	1			
Sound & pressure	0				
Vehicle	10	9			
TOTAL	88	80	1		

Area Corporate Services T10008	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	6	14			
Biological factors	1	1			
Body stressing	24	23			
Chemicals & other substances	0	1			
Falls trips & slips of a person	15	13			
Heat radiation & electricity	2				
Hitting objects with a part of the body	4	6			
Mental stress	3	3			
Not found	0				
Other & unspecified mechanisms of injury	1				
Sound & pressure	0				
Vehicle	6	5			
TOTAL	62	66			

Occupational Health and Safety

Number of claims by accident type and by facility—Sydney West Area Health Service (Continued)

Area Mental Health T10009	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	11	8			
Biological factors	2				
Body stressing	4	4			
Chemicals & other substances	0				
Falls trips & slips of a person	7	6			
Heat radiation & electricity	0				
Hitting objects with a part of the body	1				
Mental stress	7	1			
Not found	0				
Other & unspecified mechanisms of injury	0				
Sound & pressure	0				
Vehicle	5	3			
TOTAL	37	22			

Area Pathology T10012	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	1	1			
Biological factors	1				
Body stressing	5	10			
Chemicals & other substances	0				
Falls trips & slips of a person	4	7			
Heat radiation & electricity	0				
Hitting objects with a part of the body	1	1			
Mental stress	1	4			
Not found	0				
Other & unspecified mechanisms of injury	0				
Sound & pressure	0				
Vehicle	5	7			
TOTAL	18	30			

Mental Health Cumberland T10010	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	22	14	1		
Biological factors	0				
Body stressing	5	8			
Chemicals & other substances	0				
Falls trips & slips of a person	8	12	1		
Heat radiation & electricity	1				
Hitting objects with a part of the body	0				
Mental stress	0	4			
Not found	0				
Other & unspecified mechanisms of injury	0	1			
Sound & pressure	0				
Vehicle	4	1			
TOTAL	40	40			

Divisional of Analytical Lab T10013	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being Hit by Moving Objects	1				
Biological Factors	0				
Body Stressing	6	3			
Chemicals & Other Substances	1	1			
Falls trips & slips of a person	0	1			
Heat radiation & electricity	0				
Hitting objects with a part of the body	1				
Mental Stress	0	2			
Not Found	0				
Other & unspecified mechanisms of injury	0				
Sound & Pressure	0				
Vehicle	0				
TOTAL	9	7			

Imaging T10011	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
Being hit by moving objects	1	2			
Biological factors	1				
Body stressing	8	4			
Chemicals & other substances	0				
Falls trips & slips of a person	3	3			
Heat radiation & electricity	0				
Hitting objects with a part of the body	0				
Mental stress	0				
Not found	0				
Other & unspecified mechanisms of injury	0				
Sound & pressure	0				
Vehicle	1				
TOTAL	14	9			

	2007/ 2008	2006/ 2007	2005/ 2006	2004/ 2005	2003/ 2004
SWAHS Area Total	**726**	**727**	**865**	**900**	**863**

OUR PEOPLE

Teaching and Training Initiatives

Teaching and training initiatives

- SWAHS inaugural leadership program with 50 participants undertaking a program that includes 360-degree leadership analysis, performance coaching and completion of a personal work project. A small group of graduates will then be selected to undertake an advanced leadership program in 2009.
- Commencement of SWAHS e-Learning Centre. Since January 2008 more than 6800 staff have completed mandatory training online, saving more than 23,800 work hours and $476,000.
- Certificate III in Sterilisation Services now available in SWAHS as a nationally recognised qualification - first in State to deliver this qualification to sterilisation services staff.
- ACHSE management training program expanded to include eight trainees and an expanded range of placements in 2008. Past trainees now gaining permanent management positions in SWAHS.
- First executive coaching initiative for senior nurses completed January-June 08 and program report providing useful diagnostic data re leadership and management performance for SWAHS clinical management workforce.

Generic education and training

- Combined 2008 clinical and corporate education calendar issued for the first time.
- 98.6 per cent of staff completed mandatory training requirements in accordance with EQuIP standards.
- Westmead Education & Conference Centre (WECC) refurbishments completed to improve learning environment for clients.

Clinical (allied health, medical [undergraduate, JMO, staff specialist], nursing and midwifery)

- Health in Schools program expanded to include allied health assistance and health service assistance streams in 2008. 35 schools and 120 students enrolled, with 90 per cent program retention.
- External review of Graduate Certificate in Specialty Nursing completed and report recommendations under consideration.
- Improved educational and financial governance mechanisms developed for management of clinical education programs funded under nurse strategy reserve initiative. Programs and funding redesigned to better synchronisation with clinical and workforce development strategic outcomes.
- SWAHS medical administration staff involved with the development of Statewide e-Orientation for medical staff, through chairing the Statewide steering group and contributing to the running of the project. Westmead and the casual medical pool (metropolitan-wide, run out of SWAHS) are pilot sites for the next phase.

Accreditation

NSW Health RTO re-registration compliance audit undertaken, with SWAHS selected as an audit site. RTO re-registered for five years.

OUR PEOPLE

Research

Human Ethics applications July 07 to June 08 - Nepean committee

Investigator	Project title
Dr John Taper	CML9 STUDY. A phase II study in patients with newly diagnosed chronic phase CML of initial intensified imatinib therapy and sequential dose escalation followed by treatment with nilotinib in suboptimal responders to determine the rate and duration of response
Karena Hewson	Data Quality Project. Exploring data quality issues in NSW ICUs
Karena Hewson	SAQ Project. Safety attitudes of staff in a tertiary ICU
Prof Michael Peek, Prof Caroline Crowther, Dr Jodie Dodd, Prof Jeffery Robinson, A/Prof Ross Haslam	Twins: Timing of Birth at Term Trial
Dr Dhaval Ghelani, Dr Kalpesh Gandhi	VALID Study. Venticute (rSP-C Surfactant with Pneumonia or Aspiration of Gastric Contents leading to Intubation, Mechanical Ventilation and Severe Oxygenation Impairment
Dr John Taper	The R-ITP Study. A multicentre, single arm, open-label study to evaluate the efficacy and safety of 1000mg fixed dose of rituximab (Mab Thera) on day one and fifteen among patients with refractory, relapsing or chronic idiopathic thrombocytopenic purpura.
Dr Catherine Crombie, Dr Amanda Stevanovic	Apomab Study-PROTOCOL APM4074g: A randomized, double-blind, phase II trial of Paclitaxel + Carboplatin + Bevacizumab with or without Apomab in patients with previously untreated, advanced stage non-small cell lung cancer.
A/Prof Peter Dietz	AR Audit. An audit of Anterior Colporrphaphy
Maya Drum, Firas Al-Timimi, Richard Tewson and Anne Axam	Consumer Engagement for Maternity Services Review at Nepean Hospital
Dr Suyin Tan, Dr Tillman Boesel, Dr Ting-Ting Liu, Dr Arvind Raju, Vanessa Zammit	The incidence of chronic pain following thoracic, obstetric and major abdominal surgery
Dr Deborah Cheung, Dr Ken Tiver, Dr Navin Rudolph	Role of titanium clips in planning of booster radiation for early breast cancer
Dr Arun Kumar, Dr VidyaSagar Casikar, Dr Kevin Seex, Dr Suresh Nair, Sharryn Byers	The effectiveness of various spinal procedures in terms of satisfaction and functional outcome as perceived by the patients
A/Prof Vladan Starcevic, David Berle, Dr Vlasios Brakoulias, Ms Pauline Fenech	Preliminary Validation of the Nepean Dysphoria Scale
Dr Donald Stewart, Dr Marek Nalos, Dr Rahul Pandit	Detection of microcirculatory abnormalities by OPS imaging as an early sign of sepsis
Dr Dhaval Ghelani, Dr Kalpesh Gandhi, CNS Treena Sara	A randomised, double-blind, placebo-controlled, phase 2-b study to assess the safety and efficacy effects of ART-123 on subjects with sepsis and disseminated intravascular coagulation
Prof Martin Weltman	STRONG. Protocol No. EFC10143. A double-blind, randomized, placebo-controlled, parallel group study of Rimonabant 20mg daily for the treatment of non-diabetic patients with non-alcoholic steato-hepatitis (NASH)

OUR PEOPLE

Research

Human Ethics applications July 07 to June 08 - Nepean committee (cont'd)

Investigator	Project title
Prof Martin Weltman	STRONG-2. Protocol EFC10144. A double-blind, randomized, placebo-controlled, parallel group study of Rimonabant 20mg daily for the treatment of type-2 diabetic patients with non-alcoholic steato-hepatitis (NASH)
Prof Phyllis Butow, A/Prof David Goldstein, Prof Afaf Girgis, Prof Maurice Eisenbruch, Dr Penelope Schofield, Prof Patsy Yates, Dr Michael Jefford, Dr Priya Duggal-Beri	Psychological morbidity and unmet needs in culturally and linguistically diverse (CALD) cancer patients: Reviewing interpreter practices-interpreters' perspectives
Leonie Weisbrodt, Hailey Carpen	SAFEPLOT Survey
Dr David Coulshed, A/Prof Drew Fitzpatrick	Protocol CV185048. Apixaban versus Acetylsalicylic Acid (ASA) to prevent stroke in atrial fibrillation patients who failed or are unsuitable for vitamin K antagonist treatment: A randomised double-blind trial
Debra Jackson, Prof Lesley Wilkes, Judy Mannix, Sarah Gabrielle	Health of older clinical nurses in New South Wales: Implications for the clinical workforce
Dr Karen Greenlees, Karen Braid, Nicola Drayton	Abdominal pain versus limb injury in the emergency dept. Who receives better analgesia?
Dr Ruhaida Daud, A/Prof Martin Weltman, Dr Nghi Phung	Over-the-counter NSAID codeine medication imposed a significant medical and social cost on individuals and the community
Dr Ingrid Kieran	Review of incidence of blindness following/caused by orbital fractures
Dr Vijay Manivel, Dr Jason Hort, Dr Rod Bishop	The clinical utility of procalcitonin measurement in paediatric patients attending a mixed tertiary hospital emergency department.
Paola Campos	"Cool Kids Program" effectiveness: A comparison between community and anxiety clinic participants
Leonie Weisbrodt, Dr Ian Seppelt, Treena Sara	ASAP. Study audit of severe acute pancreatitis feeding practices. A prospective, observational multicentre study of nutritional therapy in severe acute pancreatitis patients in Australasia
Prof Vladan Starcevic, Dr Vlasios Brakoulias, Pauline Fenech.	Protocol 11984A. A randomised, double-blind, parallel-group, placebo-controlled, duloxetine-referenced, fixed-dose study evaluating the efficacy and safety of three dosages of LuAA21004, in acute treatment of major depressive disorder
Prof Vladan Starcevic, Dr Vlasios Brakoulias, Pauline Fenech.	Protocol 11984B. A randomised, double-blind, parallel-group, placebo-controlled, duloxetine-referenced, fixed-dose study evaluating the efficacy and safety of three dosages of LuAA21004, in acute treatment of major depressive disorder
Dr Jane Cioffi, Prof Lesley Wilkes, Bronwyn Warne, Kath Harrison	Care of clients with chronic and complex conditions: Role of the community nurse in the multidisciplinary team
Christine Newman, Angela Power	Early childhood education/care services in Bidwill and Whalan
Prof Michael Peek, Brandon Baraty	Pregnancy related maternal morbidity
Dr John Tapper, Dr Stephen Fuller	A worldwide, observational registry collecting longitudinal data on the management of chronic myelogenous leukemia (CML) patients (the WORLD CML registry) in routine practice (Protocol no. CST1571A2402)
Prof Jack Wall, Dr Hooshang Lahooti	Significance of new antibodies associated with thyroid eye disease

Research

Human Ethics applications July 07 to June 08 - Nepean committee (cont'd)

Investigator	Project title
Dr Jane Cioffi, Richard Conway, John Senior, Janet Scott, Leanne Everist	Rescuing patients-at-risk: Identification of valid cues for criterion, concerned about patient
A/Prof Louise Ada, Dr Catherine Dean, Dr Coralie English, Ilka Kolodziej, Alison Peruch, Eliza Orchiston, Elizabeth Taylor, Louise Tolmie	Observation of rehabilitation after stroke
Gareth Dawes, A/Prof Kate Conigrave, A/Prof Thiagarajan Sitharthan, A/Prof Martin Weltman, Dr Nghi Phung	Establishing validity and reliability of the Nepean Cannabis Withdrawal Scale - revised (THCw-R)
Gareth Dawes, A/Prof Kate Conigrave, A/Prof Thiagarajan Sitharthan, A/Prof Martin Weltman, Dr Nghi Phung,	Examining the cannabis withdrawal syndrome and refining a tool for its assessment and monitoring as a part of routine care+E7
Dr Lisa Shim, Prof Nicholas Talley, Dr Jamshid Kalantar, Prof Martin Weltman, Dr Milan Bassan, Maryam Shahbake, Dr Nghi Phung	Non-ulcer dypepsia and duodenal eosinophillia
A/Prof Max Mongelli	Normal values of cord blood lactate and PH, and their relationship to mode of delivery and neonatal outcome
A/Prof Martin Krause, Dr Vladan Starcevic, Dr Bill Brakouilias, Helen Lo	Impulse control disorders and quality of life in Parkinson's Disease.
Dr Bernard Champion, Kiran Manya, Prof Jack Wall, Prof Trisha Dunning, Dr Anna Lih, Dr Roger Chen	Use of complementary and alternative medicine (CAM) among people with diabetes in Western Sydney, a cross-sectional survey.
Natalie Berg, Dr Leanne Togher, A/Prof Susan Balandin	What's it like to live in a nursing home? Exploring the experiences and residential preferences of people under 65, their families and nursing home staff
Dr Rabia Shaikh, Prof Michael Peek	Group B streptococcus screening in pregnancy: Difference in pick-up rate of GBS in swabs collected by medical staff vs patients
Nathan Hayward, Dr Vidyasagar Casikar	Neurosurgical management of glioblastoma multiform: a case study based analysis of clinical course and therapy
Dr Jamshid Kalantar, Prof Nicholas Talley, Dr Natasha Koloski, Dr Guy Eslick	A ten year follow-up study on common health problems
Dr Nahed Mohamed, Prof Ralph Nanan, Prof Michael Peek, Ann Quinton	Ultrasound measurement of the fetal thymus in pregnant women with pre-eclampsia
Dr Dianne Whyte, Dr Paul Wynn, Dr SR Sundaraj	Constructively organising the pain experience

Research

Human Ethics applications July 07 to June 08 - Nepean committee (cont'd)

Investigator	Project title
Leonie Weisbrodt, Vanessa Richardson	International nutrition survey
Christopher Scanlon	Inter- and intra-relater reliability of photoplethysmography (PPG) unit in measuring toe pressures in patients with diabetes mellitus
Dr Vijay Shingde, Dr Jan Klimek	Quality assurance audit of GTN patch use in the NICU
Dr Grace Kwok, Dr Michael Cox, Dr Shanthan Ganesh	Retrospective review of open vs laparoscopic appendicetomy at Nepean Hospital
Dr Nicola Walsh, Michael Walsh	Surgical repair of the abductor mechanism of the hip
Dr Lisa Shim, A/Prof Martin Weltman, Dr Henry Murray	Birth outcomes with Azathioprine/6-mercaptopurine use in IBD patients
Narelle Kennedy, Prof Ron Benzie, Dr Quoc Bui, Dr P Phadke, Suzanne Foley	Three-dimensional ultrasound and MRI assessment for the detection of placenta accreta.
Dr Jennifer Riemke, A/Prof George Condous	Development and validation of an objective score to predict first trimester outcomes after the first visit to the early pregnancy assessment unit including first trimester ultrasound
Dr Ishwari Casikar, A/Prof George Condous	Expectant management of spontaneous first trimester miscarriage: Prospective observational trial
Christopher Scanlon, Dr Joshua Burns, Dr Kris Park, David Mapletoft, Lindy Begg	Reliability of measuring toe blood pressure in diabetes
Dr Sharnie Wu, Dr K C Tang	Pilot study: Anterior sub-tenon anaesthesia (PASTA), a case series of 60 patients of this novel regional anaesthesia technique for cataract surgery
Dr James Salinas, Prof Michael Cox	Assessment of the management of acute appendicitis using the acute surgical unit
Dr Sulman Ahmed, Prof Michael Cox	Comparison of ERCP when performed for common bile duct stones following laparoscopic cholecystectomy when a transcystic stent in place vs when no transcystic stent is placed
Nicole Riley, A/Prof Elizabeth Sullivan, Prof Basil Donovan, A/ Prof Margaret Hellard	08/051: Chlamydia in young pregnant women: A prevalence study
Nicole Riley, A/Prof Elizabeth Sullivan, Prof Basil Donovan, A/ Prof Margaret Hellard	Deep brain stimulation for cerebral palsy
Michelle Oude Alink, Dr KD Liem, Dr Jan Klimek, Prof Michael Peek	Failure of extubation, in the first two weeks of life, in extremely low birth weight infants in the NICU
Prof James Wiley	The P2X7 receptor and microparticles in cancer- associated thromboembolism
Josephine Norman	Evaluation of the involuntary drug and alcohol treatment trial (the trial) in Sydney West Area Health Service.

OUR PEOPLE

Research

Human Ethics applications July 07 to June 08 - Westmead committee

Investigator	Study Title
A/Prof P O'Connell	A phase 2 randomised, multicentre, active comparator-controlled trial to evaluate the safety and efficacy of co-administration of CP-690, 500 and abeledlaris mofetil/ abeledlaris sodium in de novo kidney allograft recipients (Study A3921030)
A/Prof Peter Middleton	Measurement of saliva and exhaled breath condensate in adults with cystic fibrosis and normal volunteers
A/Prof Trish Davidson	Improving care for people undergoing percutaneous coronary interventions: elements of effective interventions – APRICA2 – phases two and three
Prof Louise Baur	A pilot study to measure gene expression in abdominal fat tissue – obesity and inflammation in children study
Dr Lavier Gomes	Images of interpreting: a pilot functional magnetic resonance imaging study of brain activity during simultaneous interpreting
Prof Sunil Lakhani, A/Prof Michael Bilous	Contributing to the study of brain metastasis from primary breast cancer
A/Prof James Bell	Monitoring the implementation of combination buprenorphine-naloxone (Suboxone®) in Australia
Prof Jacob George	A randomised, double-blind, active-control, 96 week, phase III trial of the efficacy and safety of Clevudine compared with Adefovir at weeks 48 and 96 in nucleoside treatment-I patients with HbeAg positive chronic hepatitis due to hepatitis B virus – Protocol No CI-PSI-5268-06-305 (Clevudine vs Adefovir in treatment I HbeAg +ve CHB patients study)
Prof Philip Boyce	A six-week, double blind, multicentre, placebo-controlled study evaluating the efficacy and safety of flexible doses of oral Ziprasidone as add-on, adjunctive therapy with Lithium, Valproate or Lamotrigine in bipolar 1 depression
Dr Tracey Robinson	A randomised, double-blind, parallel study of a once-daily dosing of EPI-12323 versus placebo in symptomatic moderate to severe asthmatics on low-dose inhaled corticosteroids and long-acting beta-agonists (Protocol No: EPI-12323/201)
Prof David Gottlieb	A phase I multicentre open label dose-escalation study of unrelated, MHC-unmatched mesenchymal stem cells for the treatment of steroid-refractory acute graft-versus-host disease in recipients of allogeneic haematopoietic stem cell transplants
Dr Pramesh Kovoor	Prospective investigation of incidence and mechanism of abciximab-induced thrombocytopenia
A/Prof John Wheatley	Heavy snoring as a risk factor for carotid artery atherosclerosis. Part 1: Regression of carotid atherosclerosis in heavy snorers with CPAP therapy
A/Prof John Wheatley	The pathophysiological mechanisms by which snoring leads to carotid artery endothelial injury. Part 2: The mechanical effects of simulated snoring on the human carotid artery
A/Prof Peter Middleton	Determining the cellular mechanisms involved in the airway response to topical citrate
A/Prof Stephen Corbett	Development of a suburban walkability index for local government in western Sydney
Dr Manish Arora	Comparison of a photographic and clinical dental examination – a pilot study
Dr Kathryn Carmo	Neonatal ultrasound in transport
Dr Lisa Heitz, A/Prof Chris Daly	Antibiotic prophylaxis for endosseous implant treatment. A randomised controlled trial
Dr Lisa Heitz, A/Prof Chris Daly	Early wound healing following a mechanical cleansing post-surgical protocol. A randomised controlled trial
A/Prof Rob Heard	A phase 3 randomised rater blinded study comparing two annual cycles of intravenous Alemtuzumab to three times weekly subcutaneous Interferon Beta-1a (Rebif®) in treatment-Na^ve patients with relapsing remitting multiple sclerosis – CARE MS1 – Protocol CAMMS323

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Research

Human Ethics applications July 07 to June 08 - Westmead committee (cont'd)

Investigator	Study Title
Dr Howard Smith	A phase II, multicentre, randomised, assessor-blinded, active-comparator, parallel-group dose finding trial to evaluate AS900672-Enriched versus follitropin alfa (GONAL-f®) in oligo-anovulatory infertile women undergoing ovulation induction (OI) – AS900672-enriched phase II in OI – Protocol No 27818
Dr Leon Heron	An open, phase IV, non-randomised, single centre study with two groups to assess the immunogenicity and reactogenicity of a booster dose of GlaxoSmithKline (GSK) Biologicals' combined reduced antigen content diphtheria-tetanus toxoids and acellular pertussis vaccine (Boostrix ™), when administered in adults, 10 years after previous booster vaccination in study 263855/002 (dTpa-002)
Dr Linda Bendall	Mechanisms by which NO-aspirin promotes cell death in acute lymphoblastic leukaemia (ALL) cells
Dr Maher Gandhi, A/Prof David Gottlieb,	Immune and viral biomarkers as tools to assist clinical outcome in patients with EBV-positive lymphomas (EBV Lymphoma Biomarkers)
Dr Steven Fleming	Distinguishing between isoforms of hCG in athletes
Prof Jacob George	A phase II, randomised, double-blinded, multicentre, dose finding study evaluating the efficacy and safety of the HCV polymerase inhibitor prodrug (RO4588161) when given in combination with Pegasys® and Copegus® in treatment – naïve patients with chronic hepatitis C genotype 1 virus infection (Protocol NV19865)
Prof Paul Mitchell	A six-month, single masked, multicentre, randomised, controlled study to assess the safety and efficacy of 700ug dexamthasone posterior segment drug delivery system applicator system as adjunctive therapy to Lucentis, compared with Lucentis alone in the treatment of patients with choroidal abeledlarisation secondary to age-related macular degeneration. Protocol number: 206207-016-00
Dr Victor Fung	A phase II, 36-week, open label, uncontrolled safety follow up study assessing SCH 420814 5 MG BID
Prof Philip Boyce	Cognition of mothers with schizophrenia: the CoMS Study
Dr Nicholas Chronis	A retrospective chromosome in-situ hybridisation study in oral leukoplakia
Prof Graeme Stewart	The diagnostic and prognostic value of using 123I labeled serum amyloid P(SAP) scintigraphy in the assessment of amyloidosis
Prof Jacob George	Prospective study of patients with liver disease undergoing screening for hepatocellular carcinoma: outcomes and natural history
A/Prof Virginia Schmied	Professional collaboration to enhance care for children and families
Dr Victor Fung	Open-label, 6-12 months safety and efficacy study of Levodopa-Carbidopa intestinal gel in Levodopa-responsive subjects with advanced Parkinson's disease and severe motor-fluctuations
Dr David Gronow,	A randomised, double-blind, multicentre dose-ranging study of the efficacy and safety of pregabalin compared to placebo in the adjunctive treatment of post-surgical pain after primary inguinal hernia repair
Natalie D Crino	Metacognitions and eating disorders
A/Prof Sitharthan Thiagarajan	Investigating the effectiveness of delivering a brief intervention for cannabis users by mail and by internet
Dr Alwin Chuan	The analgesic efficacy of ultrasound guided transversus abdominis plane block after radical prostate surgery: a prospective randomised controlled trial
Dr Victor Fung	Comparison of two tests of gross and fine motor control in pyramidal and extrapyramidal disease.
Chaya Rao	Parents and drugs: reducing drug use through confident parenting
Prof Phillipa Hay, Dr Frances Wilson	How do the services provided in two inpatient units accord with current RANZCP guidelines? (Short title: Clinical Practice Guidelines Anorexia Nervosa)

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Research

Human Ethics applications July 07 to June 08 - Westmead committee (cont'd)

Investigator	Study Title
Dr Jennifer Arnold, Prof Paul Mitchell	A randomised, double-masked, active-controlled, phase 3 study of the efficacy, safety, and tolerability of repeated doses of intravitreal VEGF Trap-Eye in subjects with neovascular age-related macular degeneration (AMD)
Dr Sharon Chen	A prospective, randomised trial comparing the efficacy of anidulafungin and voriconazole in combination to that of voriconazole alone when used for primary therapy of proven or probable invasive aspergillosis – Protocol No A8851009
Dr Elizabeth McCusker	Coenzyme Q10 (CoQ) in Huntington's Disease (2CARE)
Dr Andrew Bleasel	Safety and effectiveness of open-label Clobazam in subjects with Lennox-Gastaut Syndrome (Study: OV-1004 Version 3)
Dr Andrew Bleasel	Double-blind placebo-controlled, efficacy and safety study of Clobazam (0.25.0.5 and 1mg/kg/day) in patients with Lennox-Gastaut Syndrome (Study: OV-1012 Version 1)
A/Prof Peter Middleton	A randomised, open-label, multicentre, phase III trial to assess the safety of Tobramycin inhalation powder compared to TOBI® in cystic fibrosis subjects (Study: TIP 003)
Dr Ostoja (Steve) Vucic	Ulnar neuropathy at the elbow: radiological and neurophysiological findings
A/Prof Louise O'Brien	What are the conditions for successful collaboration between nurses and consumers of mental health rehabilitation services? An exploration of beliefs, attitudes and values
A/Prof John Wheatley	Influence of lung volume changes on upper airway geometry
Shelley Simpson	A comprehensive neuropsychological evaluation of individuals aged 65 years and over who present with chronic schizophrenia, very late onset schizophrenia-like psychosis and late onset psychotic depression
Kaye Farrell	A prospective randomised controlled study to determine the influence of age at time of transition on outcomes related to diabetes care
Brian O'Grady	Inhibition and facilitation abnormalities in obsessive-compulsive disorder and generalised anxiety disorder
Dr Leanne Togher, Ms Anna Jones	Improving the communication of people with severe traumatic brain injury: a clinical trial
Dr Jennifer Arnold	C-06-30: The natural history of geographic atrophy progression (GAP) secondary to age-related macular degeneration (AMD)
Dr Jane Cioffi	Teamwork practices in evolving models of care: a qualitative study
Dr Hilary Whyte, Dr Tom Norris, Dr Andrew Berry	An evidence-based model for neonatal retrievals: does the doctor make a difference?
Prof George Rubin	Evaluation of Sydney West Acute Surgical Unit Project
Dr Alan Garner, Dr David Murphy	Pilot study of respiratory function in normal subjects using the US Coastguard rescue basket
Dr Victor Fung	The Van Gogh Study: A multicentre, randomised, double-blind, parallel-group, placebo and pramipexole controlled study to assess efficacy and safety of SLV as adjunct therapy to L-dopa in patients with Parkinson's Disease experiencing motor fluctuations
Dr Victor Fung	An extension of the Van Gogh Study: an open label SLV308 safety extension to study S308.3.004 in patients with Parkinson's Disease experiencing motor fluctuations
Dr Grahame Elder	A randomised placebo-controlled trial to assess the effects of therapy with cholecalciferol on biochemical, bone and patient-level outcomes in patients undergoing haemodialysis (chronic kidney disease stage 5D; CKD 5D)
Dr Mark McLean	A multicentre, randomised, blinded study to assess safety and efficacy of pasireotide LAR vs octreotide LAR in patients with active acromegaly

Research

Human Ethics applications July 07 to June 08 - Westmead committee (cont'd)

Investigator	Study Title
Dr Jennifer Arnold	A double-masked, randomised, parallel-group study to investigate the pharmacodynamics, safety, and systemic pharmacokinetics of pazopanib eye drops, administered for 28 days to adult subjects with neovascular age-related macular degeneration
Dr Andrew Kemp	International study to predict optimised treatment in depression (iSPOT-D)
Anna Williams	Pilot study II of the 'Moving On' program: a self-management program for people with a chronic illness
Prof R A Bryant	Biomarkers of anxiety disorders and treatment response
Dr Ian Baguley	Long-term mortality trends following traumatic brain injury
Dr Nitin Saksena	Whole human genome expression analysis in CD4+CD8+T cells and monocytes at various stages of HIV disease
Dr Dushan Jayaweera	A comparison of blood alcohol level using two types of skin antiseptics swabs in motor vehicle collision patients presenting to the emergency department
Karen Wallace	Increasing equity of neuropsychological services for Chinese Australians
Dr Gopala Rangan	A phase III, multicentre, double-blind, placebo-controlled, parallel-arm trial to determine long-term safety
Dr Kaaren Watts, Dr Manish Patel	Development and evaluation of a decision aid for men with a family history of prostate cancer
Prof John Daly	An investigation of successful nursing graduates in the early stages of their career
Dr Sheila Cheng	Quality of life in the elderly following cochlear implantation
Dr Catherine Groenlund	Dentists' and dental hygienists' knowledge and views about smoking cessation guidelines recommended for the dental team
A/Prof Louise O'Brien	A survey of psychotherapeutic interventions and psychological therapies used by mental health clinicians in Sydney West Area Health Service
Mr Andrew Hirschhorn	Stationary cycling versus walking: a comparison of exercise modalities following coronary artery bypass graft surgery
Prof Maree Johnson	Improving patient safety through risk management behaviour assessment and education for registered nurses
Dr Thuy Huong Nguyen	Oral health of preschool children in a Vietnamese community in NSW
Dr Dominic Dwyer	Genotypic sensitivity to raltegravir (MK-0518) in a HIV-1 clinic environment
A/Prof Virginia Schmied	The Baby Friendly Initiative: exploring the implementation and dissemination of a global policy
Dr Sharon Chen	Prevalence, clinical risk factors and disease syndromes associated with scedosporium and other filamentous fungi in cystic fibrosis: a pilot observational study
Peter Micalos, Dr Lavier Gomes	Effects of exercise rehabilitation for persons with fibromyalgia and in healthy participants
Prof Richard Kefford	Determinants of response to dacarbazine chemotherapy in melanoma
Dr Katrusha Hull	Oral complications of allogeneic (HSCT) bone marrow transplant
Dr Meredith Wilson	Development of Huntington Disease predictive testing guidelines (for intermediate allele results)
Dr Nirmala Pathmanathan	Papillary lesions of the breast

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Research

Human Ethics applications July 07 to June 08 - Westmead committee (cont'd)

Investigator	Study Title
Prof Anthony Blinkhorn	Assessing the effectiveness of water fluoridation to improve dental health and reduce inequalities
Prof Tania Sorrell	A multicentre, double-blind, randomised, placebo-controlled, dose-ranging trial evaluating the safety and efficacy of R1-001 in medically immunosuppressed respiratory syncytial virus (RSV) infected patients at risk of lower tract RSV illness (ADMA-001)
Dr Ben Karim	An epidemiological study of bisphosphonate use in patients attending a dental hospital
Prof Jacob George	The effect of exercise on insulin resistance and the adipokine profile in obese versus non-obese patients with chronic hepatitis C
A/Prof Pramesh Kovoor	Outcomes in patients following ablation procedures for ventricular arrhythmias
Dr Catherine Liu	Factors influencing women's choice of antenatal care: a qualitative study
Dr Richard Hillman	The epidemiology of urogenital microorganisms detected by a multiplex PCR assay in endocervical, low vaginal and urine specimens in female sexual health clinic attendees
A/Prof Robert Heard, Dr Steve Vucic	MSBase—an international registry dedicated to evaluating outcomes data in multiple sclerosis (MS)
A/Prof John Boyages	The natural history of HER2-positive early breast cancer: a cohort study of women who did not receive systemic adjuvant therapy
Prof Richard Kefford	A phase II study of PI-88 with Dacarbazine in patients with metastatic melanoma
Prof Dominic Dwyer	AVX-301 A– a phase IIb/III, randomised, double-blind, dose confirming study of the safety, efficacy and tolerability of apricitabine versus lamivudine in treatment-experienced HIV-1 infected patients with the M184V mutation in reverse transcriptase
Dr Ostoja (Steve) Vucic	Transcranial magnetic stimulation (TMS) in motor neurone disease (MND)
Dr Jennifer Arnold, Prof Paul Mitchell	A phase I, ascending dose and parallel group trial to establish the safety, tolerability and pharmacokinetic profile of intravitreous injections of E10030 (anti-PDGF pegylated aptamer) given in combination with Lucentis® 0.5 MG/EYE in subjects with neovascular age-related macular degeneration
Dr Hong Foo	QuantiFERON-TB Gold assay for the detection and monitoring the response to treatment, of latent tuberculosis infection
Dr Anthony Korner	Analogical fit: measuring dynamic relatedness in the psychotherapeutic setting using language, automatic response and change in self-state
Jennifer Petto	Reducing consumer absconding in an in-patient psychiatric rehabilitation setting
A/Prof Stephen Jan	The economic impact of chronic disease on households (SCIPPS sub-study)
Dr Cameron Webb	An investigation of the extracts from Australian native plants as mosquito repellents
Prof Paul Mitchell	Retinal microvascular signs in angina & coronary artery disease: the Australian heart eye study (AHES)
Dr Sarah Zaman	Cutaneous graft - versus - host disease following allogenic haematopoietic stem cell transplantation
Diana Milosevic	Development of a culturally sensitive educational intervention regarding diagnosis and treatment of tuberculosis amongst selected newly arrived refugee communities
Paul Stoodley	An investigation of echocardiographic strain imaging for improved complication screening and evaluation of left ventricular systolic function in patients receiving anthracycline chemotherapy
A/Prof Christine Clarke	Identification of nuclear receptor networks as new targets for breast cancer treatment

Research

Human Ethics applications July 07 to June 08 - Westmead committee (cont'd)

Investigator	Study Title
Dr Prashanth Mayur	A comparison of clinical and cognitive outcomes in major depression treated with ultrabrief pulse or brief pulse unilateral electroconvulsive therapy. A double-blind randomised controlled trial
Dr Steve Vucic	A phase III, randomized, rater - and dose - blinded study comparing two annual cycles of intravenous low- and high-dose Alemtuzamab to three times weekly subcutaneous Interferon Beta-1a (Rebif) in patients with relapsing-remitting multiple sclerosis who have relapsed on therapy (CARE-MS^{SM} II)
Prof Ken Bradstock	An open label randomized controlled dose escalating phase II study of AS1411 combined with Cytarabine in the treatment of patients with primary refractory or relapsed acute myeloid leukaemia (AS1411-C-201)
A/Prof Christine Clarke	Progesterone regulation of epithelial cell lineages in the breast
Dr Rosemary Balleine	Differential diagnosis of fibroepithelial tumours of the breast by gene expression profiling
Dr John Wheatley	The effect of interface (oronasal versus nasal) on the continuous positive airway pressure (CPAP) required to prevent upper airway obstruction in patients diagnosed with obstructive sleep apnoea (OSA)
Dr Bin Wang, Dr Nitin Saksena	Characterisation and purification of a novel anti-HIV factor

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Research

Animal Ethics applications July 07 to June 08 - Westmead committee

Animal Ethics Protocol Name	Department	Location	Investigator
Creation of arterio-venous fistulae in the developing chick embryo by using substances that inhibit vascular endothelial proliferation	Department of Neurosurgery	Nepean Hospital	Dr Vidyasagar Casikar
Study of the effect of bone morphogenic protein and bone marrow stem cells in degenerated disc space - an attempt to produce in-situ bony fusion in an animal model	Neurosurgery Department	Nepean Hospital	Dr Prakashrao Gollapudi, Dr Vidyasagar Casikar
Expression and function of P2 receptors on canine blood cells	Department of Medicine, Nepean Clinical School	Nepean Hospital	Dr Ronald Sluyter
Synthesis and evaluation of anti-microbial porphyrin adducts for the targeted inhibition of porphyromonas gingivalis	Institute of Dental Research	Westmead Centre for Oral Health	Professor Neil Hunter
Hydrostatic pressure distributions in peri-pharyngeal tissues: impact on upper airway patency	Respiratory Medicine Department	Westmead Hospital	Dr Terence Amis
Zinc supplementation and prenatal lead exposure	Population Oral Health, College of Dental Therapy	Westmead Hospital	Dr Manish Arora
Antagonists of p38 MAPK as therapeutics for acute lymphoblastic leukemia	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Breeding of F1 C57BL/6 and BoyJ congenic mice	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Development of JL-1 immunotoxin for the treatment of acute lymphoblastic leukemia	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Enhancement of the effects of cytotoxic agents by mTOR inhibitors in acute lymphoblastic leukemia	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Inhibitors of mTOR as therapeutic agents for the treatment of acute lymphoblastic leukemia	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Magnetic-field enhanced radiotherapy - a new concept in cancer treatment	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Mechanisms of B cell progenitor death during hematopoietic stem cell mobilisation	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Mechanisms of normal and malignant hematopoietic progenitor trafficking through the body	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
Mechanisms underlying synergy between SDF-1 and IL-7 in ALL	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
S1P mediates the egress of HSC/HPC out of the BM during mobilisation	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall
CXCR4 antagonists in acute lymphoblastic leukemias in NOD/SCID mice	Westmead Institute for Cancer Research (WICR)	Westmead Hospital	Dr Linda Bendall, A/ Prof Kenneth Bradstock
Ovarian epithelial cell-specific gene expression	Gynaecological Oncology	Westmead Hospital	Dr Anna deFazio

Research

Animal Ethics applications July 07 to June 08 - Westmead committee (cont'd)

Animal Ethics Protocol Name	Department	Location	Investigator
Identification of genes involved in adhesion to/ update of pathogenic fungi by macrophages	Centre for Infectious Diseases & Microbiology	Westmead Hospital	Dr Julianne Djordjevic
Regulation of secretion of the fungal virulence determinant, phospholipase B1 (PLB1)	Centre for Infectious Diseases & Microbiology	Westmead Hospital	Dr Julianne Djordjevic, Prof Tania Sorrell
NSW arbovirus monitoring program - chicken surveillance	Virology Department, CIDMLS	Westmead Hospital	Dr Dominic Dwyer
Inflammatory recruitment in murine metabolic steatohepatitis	Storr Liver Unit, WMI	Westmead Hospital	Prof Jacob George
Breeding protocol for a project on cancer development in the liver	Storr Liver Unit, WMI	Westmead Hospital	Prof Jacob George, Dr Lionel Hebbard
The role of Adiponectin and its receptors AdipoR1 and AdipoR2 in the regulation of liver fibrogenesis	Storr Liver Unit, WMI	Westmead Hospital	Prof Jacob George, Dr Jianhua Wang
The role of Leptin in the pathogenesis of portal hypertension and cardiomyopathy in rat models of liver cirrhosis	Storr Liver Unit, WMI	Westmead Hospital	Prof Jacob George, Dr Jianhua Wang
In-vitro mechanisms of hepatic fibrogenesis	Storr Liver Unit, WMI	Westmead Hospital	Prof Jacob George, et al
Nuclear receptors and bile acids: their role in the pathogenesis of non-alcoholic steatohepatitis (NASH)	Storr Liver Unit, WMI	Westmead Hospital	Prof Jacob George, et al
Generation of a green monocyte atherosclerotic mouse	Surgery Department	Westmead Hospital	Dr Ann Guiffre, Dr Heather Medbury
Redefining the role of monocytes in atherosclerosis	Vascular Biology Research Centre, Surgery Department	Westmead Hospital	Dr Ann Guiffre, Dr Heather Medbury
Breeding of eNOS knockout mice for research on diabetic nephropathy	Renal Medicine Department	Westmead Hospital	Prof David Harris
E-Cadherin as a key molecule in the pathogenesis of renal epithelial-mesenchymal transition and fibrosis	Renal Medicine Department	Westmead Hospital	Prof David Harris
E-cadherin conditional knockout in tubular epitheral cells	Renal Medicine Department	Westmead Hospital	Prof David Harris
Kidney injury as a determinant of macrophage phenotype and efficacy for treating chronic kidney disease	Renal Medicine Department	Westmead Hospital	Prof David Harris
Modified DNA vaccination using chemokine and costimulatory pathways as a treatment of chronic kidney disease	Centre for Transplant & Renal Research	Westmead Hospital	Prof David Harris
Recapitulation of foetal (scarless) wound healing by targeting matrix metalloproteinases in chronic kidney diseases	Renal Medicine Department	Westmead Hospital	Prof David Harris
Treatment of diverse renal diseases with regulatory cells	Renal Medicine Department	Westmead Hospital	Prof David Harris

Research

Animal Ethics applications July 07 to June 08 - Westmead committee (cont'd)

Animal Ethics Protocol Name	Department	Location	Investigator
A novel approach to allograft tolerance: MCP-1 blockade via DNA vaccination	Renal Medicine Department	Westmead Hospital	Prof David Harris, Dr Stephen Alexander
Assessment of function in pancreatic islet tissue transplantation	Surgery Department	Westmead Hospital	Dr Wayne Hawthorne
Early management of severe trauma (EMST) course of the Royal Australasian College of Surgeons	Surgery Department	Westmead Hospital	Dr Wayne Hawthorne
Laparoscopic ventral and incisional hernia repair workshop	Surgery Department	Westmead Hospital	Dr Wayne Hawthorne
Prevention and cure of type 1 diabetes	Centre for Transplant & Renal Research	Westmead Hospital	Dr Wayne Hawthorne
Reversal of diabetes in pigs using liver-directed gene therapy	Department of Surgery	Westmead Hospital	Dr Wayne Hawthorne
The relative roles of cardiac connexins in electrical conduction in myocyte monolayers	Cardiology Department	Westmead Hospital	Dr Eddy Kizana
The role of connexin40 in the pathogenesis of atrial fibrillation probed by targeted in-vivo gene transfer	Cardiology Department	Westmead Hospital	Dr Eddy Kizana
Development of a chronic ovine model of interventricular septal tachycardia and evaluation of non-contact mapping, CARTO mapping and intramural radio frequency ablation	Cardiology Department	Westmead Hospital	A/Prof Pramesh Kovoor
Evaluation of a novel metal coated electrophysiological catheter	Cardiology Department	Westmead Hospital	A/Prof Pramesh Kovoor
Mapping and radio frequency ablation of ventricular arrhythmias in the ischaemic and early post-infarct period	Department of Cardiology	Westmead Hospital	A/Prof Pramesh Kovoor
Maintenance of parasitic worms, strongyloides rattii and angiostrongylus cantonesis in rats	Parasitology Department, CIDMS	Westmead Hospital	Dr Rogan Lee
Generation of transgenic mice	Clinical Pharmacology, WMI	Westmead Hospital	Prof Christopher Liddle
Evaluation of specificity, mechanism of action and therapeutic use of peptides that disrupt T-cell antigen receptor	Rheumatology Department	Westmead Hospital	A/Prof Nicholas Manolios
Gene therapy for arthritis	Rheumatology Department	Westmead Hospital	A/Prof Nicholas Manolios
Novel gene therapy for the treatment and prevention of type 1 diabetes	Rheumatology Department	Westmead Hospital	A/Prof Nicholas Manolios
Environmental sampling and development of a MLST/MLMT typing scheme for the cryptococcus species complex	Centre for Infectious Diseases & Microbiology	Westmead Hospital	A/Prof Wieland Meyer

OUR PEOPLE

Research

Animal Ethics applications July 07 to June 08 - Westmead committee

Animal Ethics Protocol Name	Department	Location	Investigator
Scedosporium spp. as emerging fungal pathogens - a study of pathogenicity in a murine Model	Molecular Mycology Laboratory, Centre for Infectious Diseases & Microbiology	Westmead Hospital	A/Prof Wieland Meyer
Transport and egress of herpes simplex virus in neurones	Centre for Virus Research, WMI	Westmead Hospital	Dr Monica Miranda Saksena
A trial of the safety and efficacy of colonic submucosal injection of succinylated gelatin (Gelofusine) for endoscopic mucosal resection	Gastroenterology Endoscopy Unit	Westmead Hospital	Dr Alan Moss, et al
Breeding of SHPS-1 (SIRP-alfa) mutant mice for research on developing tolerance of xenogenic transplants	Renal Medicine Department	Westmead Hospital	A/Prof Philip O'Connell
Developing tolerance strategies for islet xenotransplantation	Renal Medicine Department	Westmead Hospital	A/Prof Philip O'Connell
T cell and macrophage interaction in islet xenograft rejection and tolerance	Renal Medicine Department	Westmead Hospital	A/Prof Philip O'Connell
Mitral stenosis due to undersized annuloplasty rings	Department of Cardiothoracic Surgery	Westmead Hospital	Dr Hugh Paterson
Native valve preservation techniques in mitral valve replacement	Department of Cardiothoracic Surgery	Westmead Hospital	Dr Hugh Paterson
Breeding of cyclin dependant kinase 2(Cdk2) knockout mice for research on polycystic kidney	Department of Renal Medicine	Westmead Hospital	Dr Gopi Rangan
Breeding of juvenile cystic kidney (JCK) mice for research on polycystic kidney disease	Renal Medicine Department	Westmead Hospital	Dr Gopi Rangan
Breeding of lewis polycystic kidney (LPK) rats for research on polycystic kidney disease	Renal Medicine Department	Westmead Hospital	Dr Gopi Rangan
Cyclin dependent kinases as drug-targets to reduce renal cyst formation and scarring in polycystic kidney disease	Renal Medicine Department	Westmead Hospital	Dr Gopi Rangan
Efficacy of sirolimus in experimental crescentic glomerulonephritis	Renal Medicine Department	Westmead Hospital	Dr Gopi Rangan
Colonisation & maintenance of bedbug stock colonies	Medical Entomology	Westmead Hospital	A/Prof Richard Russell
Colonisation & maintenance of mosquito stock colonies	Medical Entomology	Westmead Hospital	A/Prof Richard Russell
Breeding of wild type, knock-out and transgenic mice	Centre for Immunology, WMI	Westmead Hospital	Dr Lisa Sedger
Investigating the role of TRAIL in multiple sclerosis	Centre for Immunology, WMI	Westmead Hospital	Dr Lisa Sedger
Molecular mechanisms of lymphocyte development, homeostasis and autoimmunity	Centre for Immunology, WMI	Westmead Hospital	Dr Lisa Sedger

OUR PEOPLE

Research

Animal Ethics applications July 07 to June 08 - Westmead committee

Animal Ethics Protocol Name	Department	Location	Investigator
Fungal phospholipases: a novel drug discovery platform	Centre for Infectious Diseases & Microbiology	Westmead Hospital	Prof Tania Sorrell
Utility of direct endocardial visualisation to characterise ablation lesion formation	Cardiology Department	Westmead Hospital	Dr Aravinda Thiagalingam
Development of a percutaneous microwave ablation catheter for in-vivo use in an ovine atrial flutter model	Cardiology Department	Westmead Hospital	Dr Stuart Thomas
Electrophysiological mapping of ventricular fibrillation	Department of Cardiology	Westmead Hospital	Dr Stuart Thomas
Organisation of atrial fibrillation in an ovine heart failure model	Cardiology Department	Westmead Hospital	Dr Stuart Thomas
Are fibrocytes in a mouse wounded skin model monocyte derived?	Vascular Biology Research Centre, Surgery Department	Westmead Hospital	Dr Mauro Vicaretti, Dr Ann Guiffre
Redefining the role of monocytes in intimal hyperplasia and atherosclerosis	Vascular Biology Research Centre, Surgery Department	Westmead Hospital	Dr Mauro Vicaretti, Ms Sarah Tarran
Mechanism of carotid artery endothelial damage during snoring	Ludwig Engel Centre for Respiratory Research	Westmead Hospital	A/Prof John Wheatley
How useful is 99mTc-ECDG (99mTc-labelled deoxyglucose) in detecting arthritis, myocarditis and bacterial infection?	Nuclear Medicine Department	Westmead Hospital & Children's	A/Prof Vijay Kumar
Study of biodistribution of radiopharmaceuticals in rats and mice	Nuclear Medicine Department	Westmead Hospital & Children's	A/Prof Vijay Kumar
Case study on the animal reservoir of Barmah Forest virus - serum survey of local fauna	Virology, CIDMLS NSW Public Health Officer	Westmead Hospital	Dr Linda Hueston, Adam Capon
Assessing DST tolerance and the role of NK cells	Renal Medicine Department	Children's Hospital at Westmead (CHW)	Dr Stephen Alexander
Breeding of Bm1/C57Bl/6 F1 mice	Nephrology Department	CHW	Dr Stephen Alexander
Central and peripheral tolerance in the urogenital system	Nephrology Department	CHW	Dr Stephen Alexander
CKR breeding protocol	Nephrology Department	CHW	Dr Stephen Alexander
Gamma-chain -/- rag deficient mouse breeding protocol	Nephrology Department	CHW	Dr Stephen Alexander
Human T cell reconstitution: role of thymus	Centre for Kidney Research	CHW	Dr Stephen Alexander
Kidney transplantation: improving outcomes	Centre for Kidney Research	CHW	Dr Stephen Alexander
Neprilysin CD10 knockout breeding protocol	Nephrology Department	CHW	Dr Stephen Alexander

OUR PEOPLE

Research

Animal Ethics applications July 07 to June 08 - Westmead committee

Animal Ethics Protocol Name	Department	Location	Investigator
Protection against toxic shock syndrome in a mouse model of human disease using TCR restricted strategies	Nephrology Department	CHW	Dr Stephen Alexander
Regulatory T cells in transplantation and dendritic cells	Nephrology Department	CHW	Dr Stephen Alexander
Role of Th17 T cells and tregs in the treatment of chronic renal disease	Nephrology Department	CHW	Dr Stephen Alexander
Tolerance and regulation in renal disease	Nephrology Department	CHW	Dr Stephen Alexander
Role of regulatory T cells on plasmacytoid DCs	Nephrology Department	CHW	Dr Stephen Alexander
Effect of chemotherapeutic drugs on the rat heart	Kids Heart Research	CHW	Dr Tanya Butler
Creating an animal training model for common paediatric surgical operations & organisation of minimally invasive animal workshops to train paediatric surgeons of NSW	Surgery Department	CHW	A/Prof Ralph Cohen, et al
Breeding of MGMT(P140K)wt/tg transgenics for muscle stem cell therapy project	Oncology Research Unit	CHW	Prof Peter W. Gunning
Muscle stem cell therapy	Oncology Research Unit	CHW	Prof Peter W. Gunning
Breeding protocol to support studies investigating the newborn immune response to herpes simplex virus	Centre for Perinatal Infection Research	CHW	A/Prof Cheryl Jones
Investigating the newborn immune response to herpes simplex virus	Centre for Perinatal Infection Research	CHW	A/Prof Cheryl Jones
The effect of age on regulatory T cell control of innate and adaptive antiviral immune responses	Centre for Perinatal Infection Research	CHW	A/Prof Cheryl Jones
Bolus Zoledronic Acid dosing and fracture repair in mature and ovariectomised rats	Orthopaedic Research & Biotechnology	CHW	A/Prof David G Little
Incisor Absent (ia) osteopetrotic rat breeding colony	Orthopaedic Research & Biotechnology	CHW	A/Prof David G Little
The role of the osteoclast in endochondral ossification	Orthopaedic Research & Biotechnology	CHW	A/Prof David G Little
Development of 99mTc– bisphosphonates as bone scanning agents	Orthopaedic Research & Biotechnology & Nuclear Medicine & Ultrasound Dept	CHW	Dr David Little, Dr Vijay Kumar
BHQ880 in closed fracture repair	Orthopaedic Research & Biotechnology	CHW	A/Prof David G Little

OUR PEOPLE

Research

Animal Ethics applications July 07 to June 08 - Westmead committee

Animal Ethics Protocol Name	Department	Location	Investigator
Inhibition of fracture healing with pamidronate	Orthopaedic Research & Biotechnology	CHW	A/Prof David Little, Craig Munns
Bone tissue engineering using muscle	Orthopaedic Research & Biotechnology	CHW	A/Prof David G. Little, Dr Aaron Schindeler
Angiotensin II receptor blockers (ARBs) and combinations for bone repair	Orthopaedic Research & Biotechnology	CHW	A/Prof David G. Little, et al
Fracture repair in sclerostin deficient mice	Orthopaedic Research & Biotechnology Unit	CHW	A/Prof David G. Little, et al
Comparing the effects of cool running water to Burnaid and Waterjel in cooling a porcine burn wound model	Burns Unit	CHW	Dr Vasant Rajan
A selective bone marrow transplantation strategy for genetic bone disease	Orthopaedic Research & Biotechnology	CHW	Dr Aaron Schindeler, A/Prof David G Little
Bone healing in a mouse model of type 1 neurofibromatosis (Nf1)	Orthopaedic Research & Biotechnology	CHW	Dr Aaron Schindeler, A/Prof David G Little
Breeding of mouse models of genetic bone disease	Orthopaedic Research & Biotechnology Unit	CHW	Dr Aaron Schindeler, A/Prof David G Little
Orthopaedic mouse breeding protocol	Orthopaedic & Research Biotechnology	CHW	Dr Aaron Schindeler, A/Prof David G Little
Prevention of tumour formation and progression in neurofibromatosis type 1	Orthopaedic Research & Biotechnology Unit	CHW	Dr Aaron Schindeler, A/Prof David G Little
Satellite cell contribution to bone repair	Orthopaedic Research & Biotechnology	CHW	Dr Aaron Schindeler, A/Prof David G Little
Biodistribution of zoledronic acid in rats	Nuclear Medicine Department	CHW	A/Professor Vijay Kumar
Prediction and prevention of root resorption	Department of Orthodontics, University of Sydney	Sydney Dental Hospital	Prof M. Ali Darendeliler
The biological mechanism of factor PCNA in regulating the phenotypic conversion of chondrocytes during condylar adaptive remodelling	Orthodontics, Faculty of Dentistry, University of Sydney	Sydney Dental Hospital, Surry Hills	A/Prof Gang Shen
Combined enzyme infusion in canine fucosidosis	Faculty of Veterinary Science	University of Sydney	A/Prof Rosanne Taylor
Springer spaniel breeding supply unit	Faculty of Veterinary Science	University of Sydney	A/Prof Rosanne Taylor

OUR PEOPLE

Official Overseas Travel by Health Services Staff

Name and Title of employee (s)	Countries (Include cities)	Officer's Unit	Name of conference etc)	Purpose of Travel/	$ Total Cost	Source of Funds
Boyages, Steven, Prof	Indonesia (Jakarta)	HealthCare	5 May 08 - 9 May 08 Conference	Conference	5,551.28	General Fund
Boyd, Anita Christine	USA (Honolulu)	Research	28-1-08 to 1-2-08 Echo Hawaii 2008	Conference	1,079.60	SP & T Fund
Chelvarajah, Radhini Kalyani	Malaysia (Kuala Lumpur)	Medical	10-11-07 to 11-11-07 10th Annual Asia LSD Symposium	Symposium	1,482.04	SP & T Fund
Chen, Feng Gin	Belgium (Brussels)	Radiology	9-12-07 to 13-12-07 Image Guided Radiotherapy in Clinic Practice	Training	3,197.60	SP & T Fund
Devine, Kerry Therese	Malaysia (Kuala Lumpur)	Research	10-11-07 to 11-11-07 2 days 10th Annual Asia LSD Symposium	Symposium	1,349.24	Research Sponsorship
Grant, Laura	USA (Boston)	Clinical	2/5/08 to 7/5/08, Conference.	Conference	3,233.88	SP & T Fund
Greenwood, Malindi	New Zealand (Christchurch)	Research	5-9-07 to 7-9-07 3 days Combined Annual Scientific Meeting	Annual Meeting	481.77	Research Sponsorship
Griffith, Jane	Singapore	Research	20-10-07-22-10-07 2 days 1st Asian and Oceania Parkinson Disease and Movement Disorder Congress	Congress	1,514.50	Research Sponsorship
Griffith, Jane	USA (Los Angeles)	Research	28-11-07 to 1-12-07 4 days Huntington Study Group Education & Training Program & 15th Annual Meeting	Annual Meeting	2,960.75	Research Sponsorship
Griffith, Jane	USA (Los Angeles)	Research	10/11/08 to 18/11/08 Conference	Conference	3,010.88	Research Sponsorship
Hankin, Skye	USA (San Francisco)	Clinical	19/5/08 to 23/5/08, Conference	Conference	2,912.33	SP & T Fund
Jir, K	USA (San Francisco)	Clinical	19/5/08 to 23/5/08, Conference	Conference	2,741.28	SP & T Fund
Malak, Abd	Philippines (Manila)	Population Health	3-12-07 to 6-12-07 The WHO meeting on food standards to promote fair trade in the Pacific	Conference	3,089.60	SP & T Fund
McCartan, Veronica	New Zealand (Auckland)	Intensive Care	25-10-7 to 28-10-07 4 days Australia/New Zealand Intensive Care Society Conference	Conference	1023.90	General Fund
Obermaier, Susan	Singapore	Research	20-10-07-22-10-07 2 days 1st Asian and Oceania Parkinson Disease and Movement Disorder Congress	Congress	1,514.50	Research Sponsorship
Oftadeh, Shahin	UK (London)	Research	6-6-08 to 15-6-08. 6th International Symposium on Pneumococci Diseases	Symposium	3,010.58	Research Sponsorship
Papeto, Robyn M	USA (Honolulu)	Research	28-1-08 to 1-2-08 Echo Hawaii 2008	Conference	2,201.00	SP & T Fund
Radford, Kylie	USA (Los Angeles)	Research	10/11/08 to 18/11/08 Conference	Conference	3,010.88	Research Sponsorship
Ratnamohan, Mala	Hong Kong	Research	30/03/08 - 05/04/08 Hong Kong	Conference	1,477.85	Research Sponsorship
Richardson, Kylie	USA (Los Angeles)	Research	28-11-07 to 1-12-07 4 days Huntington Study Group Education & Training Program & 15th Annual Meeting	Annual Meeting	2,960.75	Research Sponsorship
Saksena, Nitin	Mumbai, India,	Research	19/03/08 to 27/03/08 for HIV Congress 2008	Congress	1,765.30	Research Sponsorship
Stephens, Lorraine	New Zealand (Auckland)	Intensive Care	25-10-7 to 28-10-07 4 days Australia/New Zealand Intensive Care Society Conference	Conference	992.80	General Fund
Zhu, Ping	Germany (Frankfurt)	Research	5-11-07 to 12-11-07 7 days 11th International Conference on Culture Collections	Conference	2,466.10	Research Sponsorship
Total					$53,028.41	

SECTION 6

OUR COMMUNITY

OUR COMMUNITY

Working with Clinicians and the Community

Area Health Advisory Council (AHAC)

The Sydney West Area Health Advisory Council was appointed by the then Minister, Hon John Hatzistergos in November, 2005. Since then, the council has enhanced its standing in the Sydney West Area Health Service and within the community it serves. The council holds monthly meetings and has developed its Work Plan to align with the State Plan and State Health Plan.

In the 2007/2008 period, there were 12 members: Michael Fearnside as chair, members: Helen Walker, Rhonda Loftus, Terezija Petric, Julie Rich, John Pardey, Ted Quan, Stanley Williams, Nahid Khalil, Tim Usherwood, Choong-Siew Yong and Belinda Cashman. The members of differing backgrounds bring a range of interests and skills and several have strong community connections in place. These connections will support the council's work to effectively engage with external stakeholders, clinicians, community, carers and consumers of the health services.

The council has taken an active role in consumer and community engagement during 2007/2008 by holding a series of community consultations in Western Sydney suburbs themed *How do we build healthy communities?* The localities consulted were: Lithgow, Mt Druitt, Baulkham Hills and Auburn. The community forums have provided excellent opportunity for the council to meet and liaise directly with community members to hear first-hand about health service needs and problems in their localities. The information from the community forums is received as advice from the council and is progressed by the relevant executive and networks across the area health service.

The council will continue to focus on further community engagement opportunities in 2009 under the direction of a new chairperson and with some new members. With a full complement of membership, the council will continue to grow its Work Plan and connections in 2009 with the staff of SWAHS and the community it serves.

I look forward to the year ahead and working closely with the council and to know of the views and ideas the community will bring to us.

Prof Steven Boyages
MB BS PhD DDU FRACP FAFPHM
Chief Executive
Sydney West Area Health Service

OUR COMMUNITY

Working with Clinicians and the Community

About council members:

Michael Fearnside, chairman since December 2006

Michael Fearnside graduated from Sydney University and specialised in neurosurgery, training in Sydney and England. In 1978 he was appointed to Westmead Hospital as a neurosurgeon, a position he held until his retirement from clinical neurosurgery in 2006. In 2001 he was appointed the Area Director of Surgery and remains Clinical Director of Surgery in Sydney West Area Health Service (Eastern and Central clusters). Professor Fearnside is a past president of the Neurosurgical Society of Australasia, and former member of Council and senior examiner in the Royal Australasian College of Surgeons. He holds a Graduate Certificate in Bioethics from UTS. He has been a member of the New South Wales Medical Board since 1997 and the deputy president of the Board since 2005. Michael is married and is the father of four adult children, two boys and two girls.

Rhonda Loftus, member since 2005

Rhonda Loftus has worked in the area health service for a number of years. She previously held a range of roles in the community health sector and works in Clinical Operations as the Assistant Director of Clinical Operations with Sydney West Area Health Service. Rhonda has a background in social work and quality.

Helen Walker, member since 2005

Helen Walker is a long-term Blue Mountains resident. Helen has a disability and is a mother of three boys, two with disabilities, and has a banking and community work background. She manages the Great Community Transport servicing the Penrith and Blue Mountains LGAs. Community recognition - Order of Australia and the Centenary medal. She has local, regional and State experience on boards and management committees.

Julie Rich, member 2005-2008

Julie Rich was the Director of Nursing at Sydney West Area Health Service. She worked for over 10 years in a number of senior positions at Westmead, in the area health service and most recently as the Director of Nursing and Midwifery at Blacktown-Mt Druitt Hospitals. She had extensive acute care, midwifery, aged care and management experience. She held qualifications in nursing, midwifery and management and studied for her Bachelor of Law at Macquarie University. Julie is remembered for her passion of working with groups of people to improve culture and through phases of organisational change. Her contribution on the council will be missed. Sadly, Julie Rich passed away in April 2008.

Ted Quan, member since 2005

Ted Quan is a psychologist who has worked in the public hospital system, in community health centres, and in private clinics. He is an accredited supervisor with the NSW Psychologists Registration Board. Ted is a visiting lecturer at Macquarie University, an accredited member of the Commission for Children and Young People, and serves on the Ethnic Communities' Council of NSW in the role of vice-chair. He has been actively involved in community consultation and health promotion activities targeting our diverse community and has been involved in the parliamentary review of mental health services.

Terezija (Teresa) Petric, member since 2005

Teresa Petric completed a Degree in Social Work at the University of New South Wales, graduating in 1985. Since then she has worked at the Blacktown Community Health Centre, in child protection services in Blacktown and Campbelltown, at Liverpool Hospital and at the NSW Transcultural Mental Health Centre from January 1996, where she is the Clinical Consultation and Assessment Service manager.

OUR COMMUNITY

Working with Clinicians and the Community

Stanley Williams, member since 2005

Stanley Williams is a retired businessman. He is a dedicated community member and has served on numerous committees: Greater Lithgow Health Council (14 years), caretaker Lithgow Catholic Parish, life member of Lithgow Workers Club, welfare officer for Lithgow Optimist Club and a member of many Lithgow community organisations.

Nahid Khalil, member since 2005

Nahid Khalil (JP) is Host Family Coordinator employed by Anglicare (seven years). She has a Diploma in Social Sciences and is currently studying for a Masters degree in Social Sciences at the University of Western Sydney. Previously Nahid worked as Community Settlement Worker with refugees and new arrivals. She is an advocate for consumer needs and strongly believes in family values and tolerance for others with different backgrounds and religions. Nahid is married with two children.

John Pardey, member 2005 - 2007

John Pardey is an obstetrician/ gynaecologist and visiting medical officer at the Women's and Children's Unit at Nepean Hospital. John regretfully resigned from the council in August 2007.

Choong-Siew Yong, member since 2008

Choong-Siew Yong is a specialist child and adolescent psychiatrist. He works as a staff specialist at Sydney West Area Health Service Mental Health Service (Central) based at Blacktown. He also serves on the NSW Medical Board and has previously been president of AMA (NSW) and federal vice-president of the AMA. Choong-Siew is an Honorary Fellow of the Centre for International Mental Health, University of Melbourne and a member of the Council of the Global Health Institute, Sydney West Area Health Service.

Tim Usherwood, member since 2008

Tim Usherwood is Professor of General Practice at the University of Sydney and is based at Westmead Hospital. His clinical practice is at Aboriginal Medical Service Western Sydney located in Mt Druitt. He is chairperson of WentWest Ltd, the regional general practice training provider for western Sydney and divisional services provider for practices in Auburn, Blacktown, Holroyd and Parramatta Local Government Areas. Professor Usherwood has a long-standing commitment to equity in healthcare.

Peter Zelas

Peter has a long association with Blacktown Hospital as a surgeon, having received his specialist training in Australia, United States and United Kingdom.
Peter was awarded the OAM in 2006 for services to Medicine in western Sydney and in particular in his roles at Blacktown Hospital and in the field of colorectal surgery.
As a surgeon, Peter has worked for Medicins Sans Frontieres in Africa, Indonesia and Nepal.

Belinda Cashman

Belinda Cashman is a Wiradjuri woman from southern NSW. She has been involved in Aboriginal affairs for the past 18 years and has a sound knowledge of Aboriginal society and culture. Belinda started her working career with non-government organisations then moved to western Sydney where she has been actively involved in all facets of Aboriginal affairs over the last 16 years. During this time she has worked in various government departments—within the human services sector of Employment, Health, DoCS, Housing and Department of Environment and Climate Change. She was also chairperson for the PATSI program for five years within the Penrith Area. As of 27 May 2008 she has taken up a new role as Aboriginal Programs Manager with the Department of Juvenile Justice in western Sydney.

OUR COMMUNITY

Working with Clinicians and the Community

Summary of council activities:

Area Health Advisory Council activities	
17/07/2007	AHAC Monthly meeting
21/08/2007	AHAC Monthly meeting
18/09/2007	AHAC Monthly meeting
16/10/2007	AHAC Monthly meeting
20/11/2007	AHAC Monthly meeting
18/12/2007	AHAC Monthly meeting
20/02/2008	AHAC Monthly meeting
19/03/2008	AHAC Monthly meeting
21/05/2008	AHAC Monthly meeting
18/06/2008	AHAC Monthly meeting
Sydney West Area Health Services and plans reviewed by AHAC	
21/08/2007	Patient Safety
18/09/2007	Adolescent Mental Health
16/10/2007	Positive Parenting Program
20/11/2007	Obesity Prevention & Services, Diabetes
20/02/2008	Oral Health Services
21/05/2008	Cancer Services
18/06/2008	Adolescent Medicine

The council reviewed, considered and endorsed the following policies, initiatives and plans for health services in SWAHS:	
2007-2008	◆ State Plan ◆ Mental health services ◆ Aged care services ◆ Falls prevention ◆ Drug & alcohol services ◆ SWAHS relationships with LGAs ◆ Patient safety, hand hygiene ◆ Adolescent mental health ◆ Positive Parenting program ◆ Obesity prevention and services ◆ Diabetes ◆ Oral health services ◆ Cancer services ◆ Adolescent medicine ◆ Aboriginal health ◆ A New Direction for NSW: State Plan ◆ SWAHS Healthcare Services Plan 2005-2010 ◆ A New Direction for Sydney West: Health Service Strategic Plan Towards 2010 ◆ SafetyFirst ◆ CAREFirst ◆ Consumer, Carer and Community Engagement Policy ◆ Consumer Rights and Responsibility Policy ◆ Rights and responsibility brochure
Chairs meeting with LGA	
07/08/2007	Baulkham Hills Shire Council
05/09/2007	Holroyd City Council
Community engagement and participation activities	
26/06/2007	Mt Druitt Community Consultation
31/08/2007	Baulkham Hills Community Consultation
12/11/2007	Auburn Community Consultation
19/03/2008	Mt Druitt Hospital Volunteers and Representatives
16/04/2008	Lithgow Community Consultation
AHAC chairs meeting with HCAC	
19/2/2008	HCAC meeting for AHAC chairs
15/4/2008	HCAC meeting for AHAC chairs
AHAC chairs and chief executive meetings	
29/5/2008	Meeting for AHAC chairs and chief executives

OUR COMMUNITY

Community Activity

Patient Feedback

Patient and carer experience is an ongoing project within Sydney West Area Health Service (SWAHS).

Patient Survey

SWAHS has received the first report of the NSW Patient Survey. This has been conducted throughout NSW Health. SWAHS has received responses from 10,649 patients. These were spread across 10 categories using validated questionnaires . The questionaries seek information that relates to the eight core dimensions of patient-centred care as identified by NRC Picker. These are:

- Access to care
- Patients' preferences
- Coordination of care
- Information and education
- Continuity and transition
- Physical comfort
- Emotional support
- Family and friends.

The results from 2007 have been accessed by each area health service. Clinical Governance has taken the lead in accessing the area-wide report and the coordination of an action plan that has been developed through each facility. The action plan has looked at areas to maintain within each facility as well as those that could be improved. We are currently updating the area's progress in relation to the implementation of the actions identified in the plans.

Patient/Carer Interviews

Clinical Governance has developed a process for patient/carer Interviews. They provide a snapshot of the patient journey. Each patient experience is unique and we can learn from listening to our patients. SWAHS currently provides between 15 and 20 interviews/narratives each month, which are reviewed and correlated into positive and negative experiences within the core dimensions of care. Clinical Governance has provided timeframes and methodology for undertaking patient/carer interviews as well as providing ongoing support and education to staff who are conducting the interviews. The information collected is viewed in conjunction with the information from the NSW patient survey results.

IIMS Complaint Data

Clinical Governance also monitors data that has been collected from complaints. The issues raised can also be utilised to help staff understand the patient journey. The number of complaints received in the area health service for the past year has increased, but benchmarks have been maintained just below 80% of all complaints resolved within 35 days.

2007-2008

By reviewing information received by any of the above strategies, we are in a position to better understand issues that impact on our patients. We are currently looking at ways to feedback this information to the community.

Fundraising, Donations, Bequests and Sponsorship

During 2007/08, SWAHS started a review of fundraising, donation and bequest processes. The focus is to standardise these processes across the facilities.

Donations and bequests totalled $4,057,000. Refer to Note 12, p.188 for further details.

The United Hospital Auxiliary branches, local businesses, community groups and service organisations continued to offer financial support to local health facilities and hospitals in 2007/08.

SWAHS recognises the generosity of all donations, bequests and fundraising activities. These additional funds and donated items allowed enhanced service provision to the community.

SWAHS acknowledges the philanthropy of our donors through several means. These include personalised letters of thanks and sometimes presentation ceremonies.

SWAHS does not engage in significant sponsorship activity.

Ethnic Affairs Priority Program

The Ethnic Affairs Priority Statement (EAPS) is a working and planning document, which all government departments are required to complete. During 2007/2008, SWAHS complied fully with the EAPS, in accordance with the direction of the Community Relations Commission and the *Principles of Multiculturalism Act 2000.*

Summary of Activity

- The area successfully engaged in a number of strategies to raise awareness and understanding of EAPS across SWAHS, to improve services provided for the growing number of CALD communities.
- An area-wide EAPS working group established in 2006 reviews the planning process annually, to ensure greater outcomes for the current

Community Activity

reporting cycle.
- The SWAHS EAPS Participation Report 2006/2007 provided feedback on the performance of the area health service and strategies to improve the overall performance for the 2007/2008 reporting cycle.
- At the beginning of 2008, a review of the planned initiatives from the EAPS report 2006/2007 was conducted to ascertain the progress of the initiatives.
- EAPS information sessions were held across the area in May and June 2008. Up to 43 participants attended each information session held at Penrith, Katoomba, Cumberland, Blacktown, Westmead and Auburn.
- The three multicultural teams presented information on the EAPS reporting process at network, team and departmental meetings upon request.

Major achievements and outcomes
- EAPS has gained a higher profile within SWAHS, with a considerable increase in the number of directorates and networks participating in the annual planning and reporting. There was an increase in the number of planned initiatives, health services achievements, multimedia multilingual health resource reports submitted and significant developments to the EAPS Standards Framework.

Key Issues
- Changes to the EAPS reporting requirements have resulted in the roll out of information sessions about making SWAHS programs relevant for the diverse populations it serves.
- EAPS Participation Reports for 2005/2007 and 2006/2007 have been loaded on the SWAHS intranet site to ensure easy access by all SWAHS staff.

Future Directions
- Continue compliance with the EAPS report and continue to raise awareness and understanding of the significance of EAPS within SWAHS across directorates and networks.
- To continually improve benchmarks at all levels of the organisation and work towards 100 per cent compliance and improve service provision for CALD communities within SWAHS.

Links with Non-Government Organisations (NGOs)

NSW Health provides funding under the NSW Health Non-Government Organisation Grant Program to NGOs for a broad range of health and health-related services. These grants are, in the main, administered by area health services and fund the provision of direct health care services, social research, community development and advocacy for health consumers. SWAHS NGOs receive funding through a number of health programs, including Primary and Community Health, Health Promotion, Aboriginal Health, Aged Care and Disability, Child and Family Health, Youth and Adolescent Health, Mental Health, Women's Health, Drug and Alcohol and HIV/AIDS. The aims of the NGO Grant Program are to:
- support models of health service delivery developed by local communities, which maximise access and support community participation
- build self-reliance and responsibility for health at a personal and community level by the development of networks and self-help initiatives
- ensure a range of complementary health services, which provide ease of continuity of care and efficiency in the use of local resources
- assist NGOs to provide a range of priority health services.

In the 2007/2008 financial year, the SWAHS NGO Grants Program administered grants to 37 NGOs for 44 separate projects, with total annual funding of over $7.4 million. Funding for individual NGOs ranges from $6,000 to over $900,000. Twelve of the NGOs funded through SWAHS provide Statewide services, e.g., specialist treatment services such as Charmian Clift Cottages (a residential treatment program for women who have a mental illness and who have dependent children and are homeless or at risk of homelessness) accepts clients from any part of NSW.

SWAHS has an annual plan of work that includes ongoing liaison by the NGO coordinator and relevant clinical representatives to ensure the delivery of outcomes and management of any relevant service issues.

In addition to the clinical partnerships formed between SWAHS and its funded NGOs, there has been strong collaboration with other locally based NGOs (often funded through other State and federal departments) to work together on a range of planning and service delivery partnerships to maximise service access, build community capacity and improve health outcomes. SWAHS has also formed strong partnerships with the NGO sector around the implementation of government policy

Community Activity

directions, such as Families First and Community Solutions.

Some organisations receive grants in more than one service category, e.g. Family Planning NSW—The Warehouse (Youth Health). The NGOs funded through SWAHS are:

HIV/AIDS
- Barnados
- Family Planning NSW – The Warehouse
- The Western Suburbs Haven

Health Promotion
- Workers Health Centre

Drug and Alcohol
- Barnados Adapt
- Blacktown Alcohol & Other Drugs Family Service
- Salvation Army Blue Mountains Recovery
- Ted Noffs Foundation
- Wayback Committee
- We Help Ourselves (WHO)
- WESDARC Adolescent DA

National Women's Health-PHOFA
- Cumberland Women's Health Centre
- Western Sydney (Daruk) AMS ante natal program
- SIDS for Kids

Community Services, Women's Health and Health Transport
- Australian Breast Feeding Association
- Blacktown Women's Health Centre
- Blue Mountains Women's Health Centre
- Blue Mountains Palliative Care Support Service
- Brain Injury Association
- Centacare Services - Parramatta
- Charmian Clift Cottages
- Cumberland Women's Health Centre
- Doonside/Mt Druitt Pregnancy Help
- Family Planning NSW – The Warehouse
- GREAT Community Transport
- Hawkesbury Community Transport
- Lifeline Western Sydney
- Maronite Natural Family Planning Service
- Penrith Women's Health Centre
- SIDS for Kids (SIDA)

Aged and Disabled/Carers
- Arthritis Foundation NSW
- Australian Huntingtons Disease Assoc
- Continence Foundation
- Epilepsy Association
- Lithgow Family and Community MH Support Group
- Psychiatric Rehabilitation Association
- Westworks
- Karelle Life Enrichment
- Portland and District Aged Persons Welfare
- Wareemba

Mental Health Service Agencies

SWAHS Mental Health Network values its many partnerships with the Non-Government sector. Our partners work with us to develop and implement shared strategies to better meet the needs of clients and their families and communities, to devise more effective solutions to problems we all face and to use innovative, effective, efficient ways to provide services and use available resources.

The following services receive funding under the NSW NGO grant:
- Aftercare NSW
- Embark Enterprises Inc
- Katoomba Neighbourhood Centre
- Lithgow Family and Community Mental Health Support Group
- Psychiatric Rehabilitation Association
- Richmond Fellowship of NSW
- Uniting Care Mental Health (Parramatta Mission)
- GROW –Western Metropolitan Project

In addition to grants under the NGO Grants Program, SWAHS Mental Health Network provides additional funding (sourced from MH area funds) to NGOs to provide vocational, social and recreational and support services to mental health consumers. These NGOs are:
- Aftercare
- Embark Enterprises Inc
- Katoomba Neighbourhood Centre
- PRA
- Uniting Care Mental Health (Parramatta Mission)

Two examples of significant initiatives involving NGOs working in partnership with SWAHS Mental Health Network are

Mt Druitt *Headspace*

In 2007-08 a consortium of community, NGO and government agencies, including SWAHS Mental Health Network, Primary Care and Community Health and Drug and Alcohol, received almost $1m funding over two years, from Headspace, the National Youth Mental Health Initiative, to establish Mt Druitt Headspace, an integrated youth health and mental health service for young people 12 to 24 years.

The consortium, led by Uniting Care Mental Health, also includes:
- Blacktown Youth Services Association

OUR COMMUNITY

Community Activity

- Blacktown Council
- Western Sydney Institute of TAFE
- WentWest Division of General Practice

Part of the funding for the development of Mt Druitt Headspace has been used to refurbish premises in Mt Druitt to provide integrated health services to young people from Blacktown LGA. It provides accommodation for Blacktown Child and Youth Mental Health Services, space for co-location of services provided by NGOs, accommodation for headspace staff and capacity to offer private practice services.

Housing and Accommodation Support Initiative (HASI)
SWAHS has eight very-high-support, 51 high-support and 85 low-support HASI packages for people with mental health problems living in the community. An additional 10 medium-support and 20 low-support HASI in the Home packages will be rolled out in the Western Cluster of SWAHS in 2008-2009. HASI programs are provided by Aftercare, Richmond Fellowship of NSW and Uniting Care Mental Health (Parramatta Mission). Staff of these agencies work in close collaboration with mental health network staff to deliver community support services.

Our Volunteers

Sydney West Area Health Service has many volunteers who provide a broad range of services across all facilities. Some of our voluntary groups are formally organised, with their own constitutions and committee structures, some are organised under the United Hospitals Auxiliary, others are linked directly to departments to undertake specific functions for that department. The number of voluntary groups is too large to detail individually in this annual report, but that does not diminish the esteem in which they are held.

Our volunteers give their time freely to our organisation and, in doing so, provide services for our patients and staff that we could simply not provide out of organisational funds.

These services extend from talking and reading to patients, to providing mobile library runs to the wards, flower arranging, washing of patients' essentials, acting as patient guides and staffing volunteer shops at numerous facilities. These examples only touch the surface of the very many duties that our selfless 'vollies' provide every day.

Their collective cheerful and caring manner benefits everyone who comes into contact with them and adds positively to the environment within our facilities—an environment which is often, by the very nature of the function of hospitals, full of patients who really benefit from a hug, a kind word, an attentive ear or a small task completed on their behalf.

In addition to the hours of free service that we receive from our volunteers many of our voluntary groups are also avid fundraisers, undertaking a range of individual activities. The monies raised through these fundraising activities result in the purchase of items of equipment and or the purchase of services that enhance the patient journey.

To each and every one of our wonderful 'vollies' a heartfelt 'thank you' for your generosity of spirit.

Chaplaincy

Pastoral care is integral to the delivery of clinical services. Irrespective of religious belief, patients and their relatives and friends benefit significantly from the support that the pastoral care team can provide.

Depending on the individual circumstances, this support may be spiritual support, or simply a friendly and empathetic chat.

Good health is about the wellbeing of the whole person. Recovery from ill health, or the ability to cope with chronic illness, is enhanced when the individual's spiritual needs are fulfilled.

Pastoral care is offered in many ways across SWAHS, varying from the presence of a team of chaplains (working both full and part time on behalf of their respective churches, but funded by the health system), to the employment of a pastoral care manager who trains volunteers to undertake pastoral care visits.

SECTION 7

FREEDOM OF INFORMATION (FOI) REPORT

FREEDOM OF INFORMATION REPORT

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

During the 2007/2008 financial year, Sydney West Area Health Service (SWAHS) received 24 new requests for information under the FOI Act, compared to nine new requests in the previous financial year, an increase of 62 per cent.

Four applications were carried over from the 2006/2007 reporting period. Of the 28 to be processed, 17 were completed and seven discontinued. Of those discontinued, four were withdrawn by the applicant, two related to the non-payment of advance deposits and one to the failure of the applicant to amend the scope of the request that would have been an unreasonable diversion of resources to complete.

Of the 17 applications completed, eight were granted full access, five partial access, one was refused access and in three cases no documents were held by SWAHS. Four applications were carried forward to the next reporting period.

During the past financial year, most FOI applications received by SWAHS related to service delivery and financial activities, forensic pathology services and Department of Analytical Laboratories sample testing. Requests received continued to be of increasing complexity. Considerable assistance and advice was provided to applicants, including clarification and re-scoping of applications.

SWAHS received 20 non-personal applications, 13 more than the previous financial year, representing 83 per cent of all applications received. Personal applications doubled from the previous year – increasing from two to four.

Nine applications were from Members of Parliament and eight from the media. Combined, applications from MPs and the media represented 85 per cent of all new non-personal applications received.

Six applications required consultations with parties outside SWAHS, compared to four third party consultations in 2006/2007. One application required significant consultation, involving a total of 16 third parties consulted.

In addition, SWAHS dealt with 12 third party consultations from other agencies during 2007/2008. This represents a 42 per cent increase in the number of third party consultations, compared to the seven received in 2006/2007, as well as the variety and complexity of the consultations received.

No applications were received for amendment or notation of records, nor were any Ministerial certificates issued.

During 2007/08, SWAHS estimated its FOI processing charges to be $6,172, which was partly offset by $3,347 received in fees. The annual operating costs were far in excess of the above amounts, comprising wages and general administration costs for FOI application processing within the Information Management Unit.

13 applications (76 per cent) were determined within the time limits prescribed by the FOI Act. Four were determined outside the time limit, due to the complexity of the applications.

Three applications for an internal review were received and completed within the 2007/2008 reporting period, the same number received in the 2006/2007 financial year. In one case the original determination was varied. In addition, SWAHS dealt with one Administrative Decisions Tribunal appeal, which upheld the original decision made by the area health service.

The FOI statistics are detailed below. Note that in some cases, 2006/07 data to enable a comparison with 2007/08 figures is not available. This is due to a change in reporting requirements, as directed by the NSW Department of Premier and Cabinet and the NSW Ombudsman in August 2007.

Section A: New FOI Applications

How many FOI applications were received, discontinued or completed?	Number of FOI Applications					
	Personal		Other		Total	
	2006/07	**2007/08**	2006/07	**2007/08**	2006/07	**2007/08**
A1 New	2	**4**	7	**20**	9	**24**
A2 Brought forward	0	**1**	4	**3**	4	**4**
A3 Total to be processed	2	**5**	11	**23**	13	**28**
A4 Completed	1	**3**	7	**14**	8	**17**
A5 Discontinued	0	**1**	1	**6**	1	**7**
A6 Total processed	1	**4**	8	**20**	9	**24**
A7 Unfinished (carried forward)	1	**1**	3	**3**	4	**4**

FREEDOM OF INFORMATION REPORT

Section B: Discontinued Applications

	Number of discontinued FOI Applications					
	Personal		Other		Total	
Why were FOI applications discontinued?	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
B1 Request transferred out to another agency (s.20)	0	0	0	0	0	0
B2 Applicant withdrew request	0	1	1	3	1	4
B3 Applicant failed to pay advance deposit (s.22)	0	0	0	2	0	2
B4 Applicant failed to amend a request that would have been an unreasonable diversion of resources to complete (s.25(1)(a1))	0	0	0	1	0	1
B5 Total discontinued	0	1	1	6	1	7

Section C: Completed Applications

	Number of completed FOI Applications					
What happened to completed FOI applications?	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
C1 Granted or otherwise available in full	1	0	3	8	4	8
C2 Granted or otherwise available in part	0	3	2	2	2	5
C3 Refused	0	0	1	1	1	1
C4 No documents held	0	0	1	3	1	3
C5 Total completed	1	3	7	14	8	17

Section D: Applications Granted or Otherwise Available in Full

	Number of FOI Applications (Granted or otherwise available in full)					
How where the documents made available to the applicant?	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
All documents requested were:						
D1 Provided to the applicant	N/A	0	N/A	8	N/A	8
D2 Provided to the applicant's medical practitioner	0	0	0	0	0	0
D3 Available for inspection	N/A	0	N/A	0	N/A	0
D4 Available for purchase	N/A	0	N/A	0	N/A	0
D5 Library material	N/A	0	N/A	0	N/A	0
D6 Subject to deferred access	N/A	0	N/A	0	N/A	0
D7 Available by a combination of any of the reasons listed in D1- D6 above	N/A	0	N/A	0	N/A	0
D8 Total granted or otherwise available in full	N/A	0	N/A	8	N/A	8

Section E: Applications Granted or Otherwise Available in Part

	Number of FOI Applications (Granted or otherwise available in part)					
How where the documents made available to the applicant?	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
Documents made available were:						
E1 Provided to the applicant	N/A	3	N/A	2	N/A	5
E2 Provided to the applicant's medical Practitioner	0	0	0	0	0	0
E3 Available for inspection	N/A	0	N/A	0	N/A	0
E4 Available for purchase	N/A	0	N/A	0	N/A	0
E5 Library material	N/A	0	N/A	0	N/A	0
E6 Subject to deferred access	N/A	0	N/A	0	N/A	0
E7 Available by a combination of any of the reasons listed in E1-E6 above	N/A	0	N/A	0	N/A	0
E8 Total granted or otherwise available in part	N/A	3	N/A	2	N/A	5

FREEDOM OF INFORMATION REPORT

Section F: Refused FOI Applications

Why was access to the documents refused?	Number of Refused FOI Applications					
	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
F1 Exempt	0	0	1	1	1	1
F2 Deemed refused	0	0	1	0	1	0
F3 Total refused	0	0	2	1	2	1

Section G: Exempt Documents

Why were the documents classified as exempt? (identify one reason only)	Number of FOI Applications (refused or access granted or otherwise available only in part)					
	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
Restricted documents:						
G1 Cabinet documents (Clause 1)	N/A	0	N/A	0	N/A	0
G2 Executive Council documents (Clause 2)	N/A	0	N/A	0	N/A	0
G3 Documents affecting law enforcement and public safety (Clause 4)	N/A	0	N/A	0	N/A	0
G4 Documents affecting counter terrorism measures (Clause 4A)	N/A	0	N/A	0	N/A	0
Documents requiring consultation:						
G5 Documents affecting intergovernmental relations (Clause 5)	N/A	0	N/A	0	N/A	0
G6 Documents affecting personal affairs (Clause 6)	N/A	3	N/A	2	N/A	5
G7 Documents affecting business affairs (Clause 7)	N/A	0	N/A	0	N/A	0
G8 Documents affecting the conduct of research (Clause 8)	N/A	0	N/A	0	N/A	0
Documents otherwise exempt:						
G9 Schedule 2 exempt agency	N/A	0	N/A	1	N/A	1
G10 Documents containing information confidential to Olympic Committees (Clause 22)	N/A	0	N/A	0	N/A	0
G11 Documents relating to threatened species, Aboriginal objects or Aboriginal places (Clause 23)	N/A	0	N/A	0	N/A	0
G12 Documents relating to threatened species conservation (Clause 24)	N/A	0	N/A	0	N/A	0
G13 Plans of management containing information of Aboriginal significance (Clause 25)	N/A	0	N/A	0	N/A	0
G14 Private documents in public library collections (Clause 19)	N/A	0	N/A	0	N/A	0
G15 Documents relating to judicial functions (Clause 11)	N/A	0	N/A	0	N/A	0
G16 Documents subject to contempt (Clause 17)	N/A	0	N/A	0	N/A	0
G17 Documents arising out of companies and securities legislation (Clause 18)	N/A	0	N/A	0	N/A	0
G18 Exempt documents under interstate FOI legislation (Clause 21)	N/A	0	N/A	0	N/A	0
G19 Documents subject to legal professional privilege (Clause 10)	N/A	0	N/A	0	N/A	0

FREEDOM OF INFORMATION REPORT

Section G: Exempt Documents (continued)

Why were the documents classified as exempt? (identify one reason only)	Number of FOI Applications (refused or access granted or otherwise available only in part) Personal 2006/07	Personal 2007/08	Other 2006/07	Other 2007/08	Total 2006/07	Total 2007/08
G20 Documents containing confidential material (Clause 13)	N/A	0	N/A	0	N/A	0
G21 Documents subject to secrecy provisions (Clause 12)	N/A	0	N/A	0	N/A	0
G22 Documents affecting the economy of the State (Clause 14)	N/A	0	N/A	0	N/A	0
G23 Documents affecting financial or property interests of the State or an agency (Clause 15)	N/A	0	N/A	0	N/A	0
G24 Documents concerning operations of agencies (Clause 16)	N/A	0	N/A	0	N/A	0
G25 Internal working documents (Clause 9)	N/A	0	N/A	0	N/A	0
G26 Other exemptions (eg. Clauses 20, 22A and 26)	N/A	0	N/A	0	N/A	0
G27 Total applications including exempt documents	N/A	3	N/A	3	N/A	6

Section H: Ministerial Certificates (S.59)

How many Ministerial Certificates were issued?	Number of Ministerial Certificates 2006/07	2007/08
H1 Ministerial Certificates issued	0	0

Section I: Formal Consultations

How many formal consultations were conducted?	Number 2006/07	2007/08
I1 Number of applications requiring formal consultation	4	6
I2 Number of persons formally consulted	18	16

Section J: Amendment of Personal Records

How many applications for amendment of personal records were agreed or refused?	Number of applications for amendment of personal records 2006/07	2007/08
J1 Agreed in full	0	0
J2 Agreed in part	0	0
J3 Refused	0	0
J4 Total	0	0

Section K: Notation of Personal Records

How many applications for notation of personal records were made (s.46)?	Number of Ministerial Certificates 2006/07	2007/08
K1 Application for notation	0	0

Section L: Fees and Costs

What fees were assessed and received for FOI applications processed (excluding applications transferred out)?	Assessed Costs 2006/07	Assessed Costs 2007/08	Fees Received 2006/07	Fees Received 2007/08
L1 All completed applications	$4,223.00	$6,172.50	$2,468.00	$3,347.50

FREEDOM OF INFORMATION REPORT

Section M—Fee Discounts

How many fee waivers or discounts were allowed and why?	Number of FOI Applications (Where fees were waived or discounted)					
	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
M1 Processing fees waived in full	N/A	1	N/A	2	N/A	3
M2 Public interest discount	0	0	0	0	0	0
M3 Financial hardship discount – pensioner or child	0	0	0	0	0	0
M4 Financial hardship discount – non-profit organisation	0	0	0	0	0	0
M5 Total	0	1	0	2	0	3

Section N—Fee Refunds

How many fee refunds were granted as a result of significant correction of personal records?	Number of Refunds	
	2006/07	2007/08
N1 Number of fee refunds granted as a result of significant correction of	0	0

Section O—Days Taken to Complete Request

How long did it take to process completed applications? (Note: calendar days)	Number of Completed FOI Applications					
	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
O1 0-21 days – statutory determination period	1	0	2	11	3	11
O2 22-35 days – extended statutory determination period for consultation or retrieval of archived records (S.59B)	0	1	0	1	0	2
O3 Over 21 days – deemed refusal where no extended determination period applies	0	0	3	1	3	1
O4 Over 35 days – deemed refusal where extended determination period applies	0	2	2	1	2	3
O5 Total	1	3	7	14	8	17

Section P—Processing Time: Hours

How long did it take to process completed applications?	Number of Completed FOI Applications					
	Personal		Other		Total	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
P1 0-10 hours	1	2	4	10	5	12
P2 11-20 hours	0	0	2	3	2	3
P3 21-40 hours	0	0	1	1	1	1
P4 Over 40 hours	0	1	0	0	0	1
P5 Total	1	3	7	14	8	17

Section Q—Number of Reviews

How many reviews were finalised?	Number of Completed Reviews	
	2006/07	2007/08
Q1 Internal reviews	3	3
Q2 Ombudsman reviews	0	0
Q3 ADT reviews	0	1

FREEDOM OF INFORMATION REPORT

Section R—Results of Internal Reviews

Grounds on which the internal review was requested?	Number of Internal Reviews: Personal — Original Agency Decision Upheld	Personal — Original Agency Decision Varied	Other — Original Agency Decision Upheld	Other — Original Agency Decision Varied	Total — Original Agency Decision Upheld	Total — Original Agency Decision Varied
R1 Access refused	0	0	2	1	2	1
R2 Access deferred	0	0	0	0	0	0
R3 Exempt matter deleted from documents	0	0	0	0	0	0
R4 Unreasonable charges	0	0	0	0	0	0
R5 Failure to consult with third parties	0	0	0	0	0	0
R6 Third parties' views disregarded	0	0	0	0	0	0
R7 Amendment of personal records refused	0	0	0	0	0	0
R8 Total	0	0	2	1	2	1

SECTION 8

PRIVACY MANAGEMENT PLAN

PRIVACY MANAGEMENT PLAN

Sydney West Area Health Service (SWAHS) continues to meet its privacy obligations through appropriate governance and the provision of privacy information and support to staff. In 2007/08 a key corporate governance committee for strategic enterprise-wide information management was formed, and provides oversight for monitoring compliance with privacy legislation. The Privacy Implementation Working Party also continued to progress the SWAHS Privacy Implementation Plan.

SWAHS provides ongoing privacy information and support to its staff through:

- A privacy intranet website
- Provision of privacy awareness at new staff orientation
- Provision of refresher training, which is available to staff on a monthly basis
- Availability of key privacy resources, including the NSW Health Privacy Manual (Version 2), NSW Health Privacy Internal Review Guidelines, and the Privacy Information posters and leaflets. These continue to be distributed to staff for reference and dissemination.

The Privacy Information for Patients leaflets are made available to patients.

Key representatives attended external information privacy training and privacy information and networking sessions. In addition, the SWAHS privacy contact officer participated in the NSW Health Privacy Contact Officers Network Group, which met twice in 2007/08.

The area privacy contact officer has continued to provide advice to health service staff in relation to managing personal health information in accordance with privacy laws, particularly in relation to electronic health records and access to and disclosure of information.

Operational privacy issues and privacy complaints are addressed as required. Actions have been undertaken by SWAHS resultant from the complaints, including review of policies and practices and staff training, even where a breach of privacy had not been found to have occurred.

Internal Review

The *Privacy and Personal Information Protection Act 1998* provides a formalised structure for managing privacy complaints through internal reviews.

During 2007/2008, SWAHS received four new requests for internal review. Six internal reviews were completed during this reporting period, (including two received in 2006/07), five under the *Health Records and Information Privacy Act 2002* and one under the *Privacy and Personal Information Protection Act 1998*. Of the reviews conducted, a breach of privacy was found in three cases. Financial compensation was awarded in two cases and in all cases SWAHS undertook to review local policies and practices and implement further staff training to prevent a similar breach occurring in the future.

Of the six internal reviews completed, the nature of the complaints and outcomes are as follows:

1. Alleged breach of privacy by disclosure of personal details from hospital files. Investigation revealed insufficient evidence to establish that a breach of privacy occurred.
2. Complaint related to the disclosure of particularly sensitive personal health information to external service providers. Following investigation it was found that the terms of the *Health Records and Information Privacy Act* were contravened and administrative measures have been implemented to ensure the conduct will not re-occur.
3. Complaint regarding failure to provide access to a deceased relative's medical records. As a result of the investigation, access to the relevant records was provided on compassionate grounds in accordance with Health Privacy Principle (1) (g). Applicant was dissatisfied with this outcome and sought further review from the Administrative Decisions Tribunal. The application was subsequently dismissed pursuant to Section 73 (5) (h) of the ADT Act.
4. Complaint related to release of information to court under subpoena outside the scope of that required by law. It was found on investigation that a breach of privacy had occurred. In addition, there was a failure to comply with NSW Health policy in relation to subpoena processing. The applicant was dissatisfied with the remedies offered and sought further review from the Administrative Decisions Tribunal. This matter remained before the Tribunal at the close of the 2007/08 reporting period.
5. Complaint related to release of personal information unrelated to patient care to the applicant's general practitioner. The investigation found that a breach of privacy had occurred and practices for release of information have been reviewed.
6. Complaint related to alleged covert mail interception and surveillance of correspondence outgoing from the area health service. The investigation concluded that the mail interception in the circumstances of this case was for a lawful purpose, therefore a privacy breach had not occurred. Applicants were dissatisfied with this outcome and have sought further review from the Administrative Decisions Tribunal. This matter remains before the tribunal.

SECTION 9

FINANCIAL REPORT

FINANCIAL REPORT

Financial Overview

Executive Summary

For the period 1 July 2007 to 30 June 2008 the Net Cost of Services budget was $1,510 million, against which the audited actuals of $1,522 million represents a variation of $12 million or 0.78%.

The reported variation can be attributed to a higher level of operating expenditure which was offset by a corresponding increase in Revenue which reflects the ongoing focus assigned to maximizing the level of revenue generated each year.

In achieving the above result the *Sydney West* Area Health Service is satisfied that it has operated within the reasonable level of government cash payments and restricted operating costs to within 1% of the budget available. The general creditors result reflected ever increasing levels of activity within the Area Health Service. The AHS has also met all loan repayments within the time frames agreed.

The following table shows the comparative figures for 2007/2008 and 2006/2007.

The variations in the two years reported stem from budget adjustments and other movements with the major budget increases received throughout 2007/08 as follows:

	2007/08 Actuals $000	2007/08 Budget $000	2006/07 Actuals $000
Employee Related Expenses	1,116,948	1,100,668	1,052,686
Visiting Medical Officers	47,577	46,410	40,705
Other Operating Expenses	573,033	566,233	574,559
Depreciation & Amortization	54,220	55,458	61,146
Grants & Subsidies	13,985	13,337	13,310
Finance Costs	2,653	2,653	2,631
Payments to Affiliated Health Organizations	24,028	24,590	23,085
Total Expenses excluding losses	**1,832,444**	**1,809,349**	**1,768,122**
Sale of Goods & Services	247,652	244,536	230,536
Investment Income	11,684	11,475	10,988
Grants & Contributions	28,887	25,630	47,286
Other Revenue	25,718	19,472	20,745
Total Retained Revenue	**313,941**	**301,113**	**309,555**
Gain/(Loss) on Disposal	(3,025)	(500)	2,690
Other Gains/(Losses)	(697)	(1,644)	(232)
Net Cost of Services	**1,522,225**	**1,510,380**	**1,456,109**

FINANCIAL REPORT

Financial Overview

Program Reporting

Description	$'000
July 2007 Initial Budget Allocation	**1,232,921**
Award Increases including 9% Superannuation	**38,041**
2007/08 Nursing Strategies Allocation	**3,295**
Commonwealth Elective Surgery Waiting List Reduction	**2,284**
NSW Ventilator Dependent Quadriplegic (VDQ) and	
NSW Children's Home Ventilation (CHV) Programs	**1,918**
Special Projects Funding Rolled Over from 2006/07	**1,870**
Hawkesbury District Health Service	**4,139**
180 Additional Acute Hospital Beds from 1/1/2008	**2,981**
National Specialty Centre Funding - Pancreas Transplants	**2,919**
Inter Area Patient Flows	**106,091**
Highly Specialised Drugs Program Supplementation	**1,460**
Magistrates Early Referral into Treatment (MERIT) Funding	**1,361**
2007/08 Additional Superannuation Supplementation	**1,310**
Miscellaneous NCOS Funding	**2,316**
	1,402,906

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

Program	2007/08			2006/07		
	Exp $M	Rev $M	NCOS $M	Exp $M	Rev $M	NCOS $M
Primary & Community	164,993	8,063	156,930	159,864	9,282	150,582
Aboriginal Health	2,053	43	2,010	1,710	43	1,667
Outpatient Services	149,827	8,696	141,131	149,732	12,069	137,663
Emergency Care Services	123,403	10,275	113,128	122,387	8,076	114,311
Overnight Acute	808,411	177,345	631,066	767,001	157,991	609,010
Same Day Acute	134,682	13,449	121,233	129,606	15,786	113,820
Mental Health Services	132,546	6,711	125,835	130,068	7,964	122,104
Rehab & Extended Care	145,210	17,504	127,706	139,520	20,316	119,204
Population Health	70,287	5,777	64,510	68,576	5,661	62,915
Teaching & Research	101,032	62,356	38,676	99,658	74,825	24,833
Total	1,832,444	310,219	1,522,225	1,768,122	312,013	1,456,109

Program increases of more than 10% together with all program reductions are explained as follows:

Aboriginal Health - NCOS increased by 21% due to increase in the budget allocation to meet with increase program costs associated with grant and subsidy expenditure.

Teaching & Research - NCOS decreased by 34% due to a 12% decrease in grant income.

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Directions in Funding

Significant additional funding was directed by the Government to a range of health priorities as part of the 2007/08 State budget. In particular, increased funding has been directed towards:

- $54 million to grow available bed capacity to operate the equivalent of an additional 456 beds and bed equivalents on top of the 1,226 beds announced in the last two financial years, 2005-06 and 2006-07.
- $6 million for 8 new intensive care beds and cots.
- $8 million over 4 years towards establishing 12 new after hours GP clinics, bringing the number of clinics to 30.
- $46.5 million in 2007/08 for ongoing Nurse Initiatives, with a further $6 million over 4 years for 30 new nurse practitioner positions and $8 million over 4 years for 1,600 scholarships for registered and enrolled nurses.
- $2.5 million over 4 years for 125 rural midwives to undergo additional education and for a further 125 scholarships to attract midwives to rural communities.
- $14 million over 4 years for a further 80 Clinical Nurse Educator positions, bringing the total number to 420.
- An additional $18.5 million for more elective surgery.
- $14.2 million over 4 years to establish the NSW Statewide Preschooler Screening (StEPS) program.
- $6.4 million to boost Aboriginal health initiatives bringing funding in 2007/08 to $60 million.
- $4.1 million over 4 years to support people with eating disorders.
- $6.5 million over 4 years as part of the Live Life Well initiative.
- $83.7 million over 4 years to continue the Australian Better Health Initiative by promoting prevention, early intervention and self management of chronic diseases such as diabetes, stroke and vascular.
- $5.4 million over 4 years to recruit and support the emergency workforce.
- An additional $8 million for Oral Health which includes $4 million to reduce waiting lists for children and $4 million to increase the number of dental therapists & hygienists and expand Rural Oral health centers.
- $1.6 million over 4 years for the Healthy School canteens program.
- $2.3 million in 2007/08 ($12.2 million over 4 years to establish HealthOne NSW services.
- $25.6 million over 4 years from 2006/07 for the National Health Call Centre Network.
- A further $105 million for Mental Health which includes funding for HASI, Child & Adolescent and Eating Disorders.

The 2008/2009 Budget - About the Forthcoming Year

The Sydney West Area Health Service received its 2008/09 allocation on 27 June 2008. The allocation is earmarked by the provision of additional funding to address:

- Eight new acute care beds at Nepean Hospital
- One adult Intensive Care bed at Westmead Hospital
- One adult Intensive Care bed at Nepean Hospital
- One neonatal Intensive Care cot at Nepean Hospital
- An additional 10 beds at Blacktown Hospital as part of a statewide investment to expand the Medical Assessment Unit program across NSW
- $2.8 million for an additional 23 community-based care places as part of a statewide program to support people in their home and avoid the need for hospital admission
- $250,000 for genetic services at Westmead Hospital

FINANCIAL REPORT

Financial Overview

- Four additional Clinical Nurse Educator positions to increase nursing workforce skills and enhance patient safety
- Seven additional Midwife positions and an additional Obstetrician, as part of a statewide investment for expanded maternity services to care for mothers and babies, with an emphasis on co-locating intensive and neonatal intensive care services
- $212,000 for a new full-time Nephrologist position at Blacktown Hospital
- $1.2 million for the introduction of 10-hour night shifts for nurses at Mount Druitt and Blacktown hospitals
- $1.1 million for equipment upgrades at Westmead Hospital.

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

- $50.6 million to progress the construction of a new hospital on the existing Auburn Hospital site
- $5.6 million to continue redevelopment of Nepean Hospital's North Block and provide a new building for Aged Care Rehabilitation
- $2.5 million to continue planning for the Nepean Hospital Stage 3 development

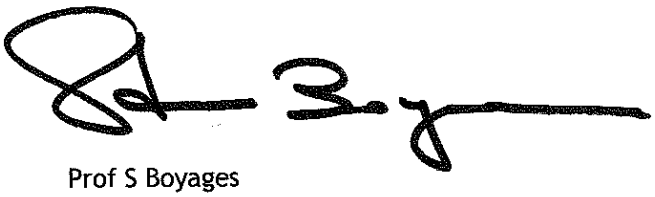
In addition, the 2008/09 capital program also provides for the continuation of 2007/08 projects including:

- $0.3 million for continuation development of Rouse Hill Health One project.
- $0.299 million towards the continual implementation of Electronic Medical Records project.
- $1 million towards the procurement of new equipment in Westmead Hospital.

2007/08 FINANCIAL STATEMENTS

Pursuant to Section 45F of the *Public Finance and Audit Act 1983*, I state that to the best of my knowledge and belief:

1) the financial report has been prepared in accordance with:
   - Australian Accounting Standards
   - *Public Finance and Audit Act 1983*
   - *Public Finance and Audit Regulations 2005*
   - *Health Services Act 1997 and its Regulations*
   - the Accounts and Audit Determination
2) the financial report exhibits a true and fair view of the financial position and financial performance of the Sydney West Area Health Service.
3) there are no circumstances which would render any particulars included in the financial report to be misleading or inaccurate.



Prof S Boyages

Chief Executive

Date 30 October 2008

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Sydney West Area Health Service and Controlled entity

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Sydney West Area Health Service (the Service), which comprises the balance sheet as at 30 June 2008, the operating statement, statement of recognised income and expense, cash flow statement and program statement - expenses and revenues for the year then ended, a summary of significant accounting policies and other explanatory notes for both the Service and the consolidated entity. The consolidated entity comprises the Service and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Service and the consolidated entity as at 30 June 2008, and of their financial performance and their cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005

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

Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Service's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Service's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

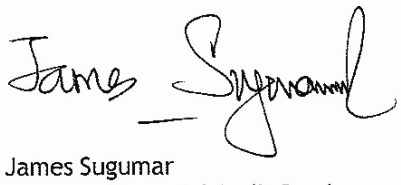
My opinion does *not* provide assurance:

- about the future viability of the Service or consolidated entity,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

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



James Sugumar
Director, Financial Audit Services

1 December 2008
SYDNEY

FINANCIAL REPORT

Financial Statements

Operating Statement

PARENT					CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			Expenses excluding losses				
			Operating Expenses				
-	-	-	Employee Related	3	1,116,948	1,100,668	1,052,686
1,116,948	1,100,668	1,052,686	Personnel Services	4	-	-	-
47,577	46,410	40,705	Visiting Medical Officers		47,577	46,410	40,705
573,033	566,233	574,559	Other Operating Expenses	5	573,033	566,233	574,559
54,220	55,458	61,146	Depreciation and Amortisation	2(i), 6	54,220	55,458	61,146
13,985	13,337	13,310	Grants and Subsidies	7	13,985	13,337	13,310
2,653	2,653	2,631	Finance Costs	8	2,653	2,653	2,631
24,028	24,590	23,085	Payments to Affiliated Health Organisations	9	24,028	24,590	23,085
1,832,444	**1,809,349**	**1,768,122**	**Total Expenses excluding losses**		**1,832,444**	**1,809,349**	**1,768,122**
			Revenue				
247,652	244,536	230,536	Sale of Goods and Services	10	247,652	244,536	230,536
11,684	11,475	10,988	Investment Revenue	11	11,684	11,475	10,988
51,564	49,200	66,909	Grants and Contributions	12	28,887	25,630	47,286
25,718	19,472	20,745	Other Revenue	13	25,718	19,472	20,745
336,618	**324,683**	**329,178**	**Total Revenue**		**313,941**	**301,113**	**309,555**
(3,025)	(500)	2,690	Gain/(Loss) on Disposal	14	(3,025)	(500)	2,690
(697)	(1,644)	(232)	Other Gains/(Losses)	15	(697)	(1,644)	(232)
1,499,548	**1,486,810**	**1,436,486**	**Net Cost of Services**	35	**1,522,225**	**1,510,380**	**1,456,109**
			Government Contributions				
			NSW Department of Health				
1,402,906	1,402,906	1,324,194	Recurrent Allocations	2(d)	1,402,906	1,402,906	1,324,194
			NSW Department of Health				
83,011	90,879	73,387	Capital Allocations	2(d)	83,011	90,879	73,387
			Acceptance by the Crown Entity of				
-	-	-	Employee Benefits	2(a)(ii)	22,677	23,570	19,623
1,485,917	**1,493,785**	**1,397,581**	**Total Government Contributions**		**1,508,594**	**1,517,355**	**1,417,204**
(13,631)	**6,975**	**(38,905)**	**RESULT FOR THE YEAR**		**(13,631)**	**6,975**	**(38,905)**

The accompanying notes form part of these Financial Statements

Statement of Recognised Income and Expense

PARENT				CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000	Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			Net Increase/(Decrease) in Property, Plant and Equipment			
15,090	-	-	Asset Revaluation Reserve	15,090	-	-
(1,089)	-	(23,984)	Other Movements - Administrative Restructure	(1,089)	-	(23,984)
			TOTAL INCOME AND EXPENSE RECOGNISED			
14,001	**-**	**(23,984)**	**DIRECTLY IN EQUITY**	**14,001**	**-**	**(23,984)**
(13,631)	6,975	(38,905)	Result for the Year	(13,631)	6,975	(38,905)
			TOTAL INCOME AND EXPENSE			
370	**6,975**	**(62,889)**	**RECOGNISED FOR THE YEAR**	**370**	**6,975**	**(62,889)**

The accompanying notes form part of these Financial Statements

FINANCIAL REPORT

Financial Statements

Balance Sheet

PARENT					CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			ASSETS				
			Current Assets				
111,575	96,523	125,966	Cash and Cash Equivalents	18	111,575	96,523	125,966
88,164	73,707	75,250	Receivables	19	88,164	73,707	75,250
13,274	13,957	11,739	Inventories	20	13,274	13,957	11,739
-	277	277	Financial Assets at Fair Value	21	-	277	277
-	750	582	Non Current Assets Held for Sale	25	-	750	582
213,013	**185,214**	**213,814**	**Total Current Assets**		**213,013**	**185,214**	**213,814**
			Non-Current Assets				
8,730	8,730	-	Receivables	19	8,730	8,730	-
8.730	8.730	-			8.730	8.730	-
-			Property, Plant and Equipment				
1,328,180	1,290,207	1,267,414	- Land and Buildings	22, 23	1,328,180	1,290,207	1,267,414
108,593	131,286	128,711	- Plant and Equipment	22, 23	108,593	131,286	128,711
27,251	1,488	1,710	- Infrastructure Systems	22, 23	27,251	1,488	1,710
1,464,024	1,422,981	1,397,835	Total Property, Plant and Equipment		1,464,024	1,422,981	1,397,835
1,472,754	**1,431,711**	**1,397,835**	**Total Non-Current Assets**		**1,472,754**	**1,431,711**	**1,397,835**
1,685,767	**1,616,925**	**1,611,649**	**Total Assets**		**1,685,767**	**1,616,925**	**1,611,649**
			LIABILITIES				
			Current Liabilities				
147,338	103,270	89,719	Payables	27	147,338	103,270	89,719
7,435	4,314	6,658	Borrowings	28	7,435	4,314	6,658
297,995	302,815	283,147	Provisions	29	297,995	302,815	283,147
3,525	2,429	409	Other	30	3,525	2,429	409
456,293	**412,828**	**379,933**	**Total Current Liabilities**		**456,293**	**412,828**	**379,933**
			Non-Current Liabilities				
29,069	28,290	35,445	Borrowings	28	29,069	28,290	35,445
23,636	23,622	19,872	Provisions	29	23,636	23,622	19,872
52,705	**51,912**	**55,317**	**Total Non-Current Liabilities**		**52,705**	**51,912**	**55,317**
508,998	**464,740**	**435,250**	**Total Liabilities**		**508,998**	**464,740**	**435,250**
1,176,769	**1,152,185**	**1,176,399**	**Net Assets**		**1,176,769**	**1,152,185**	**1,176,399**
			EQUITY				
232,834	217,743	217,744	Reserves	31	232,834	217,743	217,744
943,935	934,442	958,655	Accumulated Funds	31	943,935	934,442	958,655
1,176,769	**1,152,185**	**1,176,399**	**Total Equity**		**1,176,769**	**1,152,185**	**1,176,399**

The accompanying notes form part of these Financial Statements

FINANCIAL REPORT

Financial Statements

Cash Flow Statement

PARENT					CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
(1,051,244)	(1,036,076)	(1,005,574)	Employee Related		(1,051,244)	(1,036,076)	(1,005,574)
(15,384)	(13,337)	(13,576)	Grants and Subsidies		(15,384)	(13,337)	(13,576)
(2,918)	(2,653)	(2,631)	Finance Costs		(2,918)	(2,653)	(2,631)
(662,522)	(637,910)	(652,105)	Other		(662,522)	(637,910)	(652,105)
(1,732,068)	**(1,689,976)**	**(1,673,886)**	**Total Payments**		**(1,732,068)**	**(1,689,976)**	**(1,673,886)**
			Receipts				
233,308	224,570	233,781	Sale of Goods and Services		233,308	224,570	233,781
12,007	8,485	8,038	Interest Received		12,007	8,485	8,038
103,264	14,634	115,150	Other		103,264	14,634	115,150
348,579	**247,689**	**356,969**	**Total Receipts**		**348,579**	**247,689**	**356,969**
			Cash Flows From Government				
1,402,906	1,402,906	1,324,194	NSW Department of Health Recurrent Allocations		1,402,906	1,402,906	1,324,194
83,011	90,879	73,387	NSW Department of Health Capital Allocations		83,011	90,879	73,387
1,485,917	**1,493,785**	**1,397,581**	**Net Cash Flows from Government**		**1,485,917**	**1,493,785**	**1,397,581**
102,428	**51,498**	**80,664**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	35	**102,428**	**51,498**	**80,664**
			CASH FLOWS FROM INVESTING ACTIVITIES				
			Proceeds from Sale of Land and Buildings, Plant and Equipment				
247	-	3,805	and Infrastructure Systems		247	-	3,805
302	-	35,117	Proceeds from Sale of Investments		302	-	35,117
			Purchases of Land and Buildings, Plant and Equipment				
(115,333)	(80,958)	(94,020)	and Infrastructure Systems		(115,333)	(80,958)	(94,020)
1,355	3,428	(14,736)	Other		1,355	3,428	(14,736)
(113,429)	**(77,530)**	**(69,834)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(113,429)**	**(77,530)**	**(69,834)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
-	-	11,254	Proceeds from Borrowings and Advances		-	-	11,254
(3,390)	(3,411)	(2,200)	Repayment of Borrowings and Advances		(3,390)	(3,411)	(2,200)
(3,390)	**(3,411)**	**9,054**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**(3,390)**	**(3,411)**	**9,054**
(14,391)	**(29,443)**	**19,884**	**NET INCREASE / (DECREASE) IN CASH**		**(14,391)**	**(29,443)**	**19,884**
125,966	**125,966**	**106,082**	Opening Cash and Cash Equivalents		**125,966**	**125,966**	**106,082**
111,575	**96,523**	**125,966**	**CLOSING CASH AND CASH EQUIVALENTS**	18	**111,575**	**96,523**	**125,966**

The accompanying notes form part of these Financial Statements

FINANCIAL REPORT

Financial Statements

Program Statement of Expenses and Revenue

SERVICE'S EXPENSES AND REVENUES	Program 1.1 *		Program 1.2 *		Program 1.3 *		Program 2.1 *		Program 2.2 *		Program 2.3 *		Program 3.1 *		Program 4.1 *		Program 5.1 *		Program 6.1 *		Non Attributable		Total	
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses																								
Operating Expenses																								
Employee Related	111,094	100,839	1,124	1,062	98,978	92,883	81,719	76,204	418,072	401,239	65,885	61,831	105,295	101,659	102,034	95,657	53,602	48,654	79,145	72,658	-	-	1,116,948	1,052,686
Visiting Medical Officers	544	457	8	4	4,776	3,994	1,990	1,181	29,514	26,191	4,557	3,860	2,181	1,784	1,948	1,624	1,003	715	1,056	895	-	-	47,577	40,705
Other Operating Expenses	24,567	30,408	330	390	39,872	45,713	36,040	40,767	336,028	310,084	60,814	58,152	17,018	21,425	28,102	29,380	13,236	16,390	17,026	21,850	-	-	573,033	574,559
Depreciation and Amortisation	5,640	6,390	21	22	6,029	6,848	3,600	4,139	22,321	25,397	3,227	3,795	3,629	3,912	4,427	5,054	2,114	2,202	3,212	3,387	-	-	54,220	61,146
Grants and Subsidies	7,655	5,865	570	232	90	151	40	70	365	2,381	55	1,713	3,639	492	672	960	322	599	577	847	-	-	13,985	13,310
Finance Costs	224	375	-	-	82	143	14	26	2,111	1,709	144	255	25	41	27	45	10	16	16	21	-	-	2,653	2,631
Payments to Affiliated Health Organisations	15,269	15,530	-	-	-	-	-	-	-	-	-	-	759	755	8,000	6,800	-	-	-	-	-	-	24,028	23,085
Total Expenses excluding losses	164,993	159,864	2,053	1,710	149,827	149,732	123,403	122,387	808,411	767,001	134,682	129,606	132,546	130,068	145,210	139,520	70,287	68,576	101,032	99,658	-	-	1,832,444	1,768,122
Revenue																								
Sale of Goods and Services	2,785	4,185	9	11	4,770	8,155	8,485	6,708	170,528	147,324	11,664	14,173	2,622	3,760	14,331	17,328	1,248	1,320	31,410	27,592	-	-	247,652	230,536
Investment Revenue	1,190	882	2	2	1,192	787	599	442	2,605	4,521	779	551	1,211	878	1,099	787	295	218	2,712	1,920	-	-	11,684	10,988
Grants and Contributions	1,437	1,951	6	7	1,340	1,645	26	27	863	1,101	295	339	1,734	2,260	564	748	961	1,283	21,661	37,925	-	-	28,887	47,286
Other Revenue	3,103	2,207	31	21	1,631	1,189	1,363	888	3,919	4,523	950	676	1,456	958	1,767	1,282	3,831	2,755	7,667	6,246	-	-	25,718	20,745
Total Revenue	8,515	9,205	48	41	8,933	11,776	10,473	8,065	177,915	157,469	13,588	15,739	6,923	7,856	17,761	20,145	6,335	5,576	63,450	73,683	-	-	313,941	309,555
Gain / (Loss) on Disposal	(368)	91	(4)	2	(193)	310	(161)	24	(464)	660	(113)	68	(173)	116	(209)	182	(454)	90	(886)	1,147	-	-	(3,025)	2,690
Other Gains / (Losses)	(84)	(14)	(1)	-	(44)	(17)	(37)	(13)	(106)	(138)	(26)	(21)	(39)	(8)	(48)	(11)	(104)	(5)	(208)	(5)	-	-	(697)	(232)
Net Cost of Services	156,930	150,582	2,010	1,667	141,131	137,663	113,128	114,311	631,066	609,010	121,233	113,820	125,835	122,104	127,706	119,204	64,510	62,915	38,676	24,833	-	-	1,522,225	1,456,109
Government Contributions																							1,508,594	1,417,204
RESULT FOR THE YEAR																							(13,631)	(38,905)

* The name and purpose of each program is summarised in Note 17.

The program statement uses statistical data to 31 December 2007 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2008 and 30 June 2008 which would materially impact this allocation.

Financial Statement Notes

1 The Health Service Reporting Entity

The Sydney West Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005.

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service. The Health Service is a not for profit entity.

With effect from 17 March 2006 fundamental changes to the employment arrangements of Health Services were made through the amendment of the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997.

The status of previous employees of Health Services changed from that date. They are now employees of the Government of New South Wales in the service of the Crown rather than employees of the Health Service. Employees of the Government are employed in Divisions of the Government Service.

In accordance with Accounting Standards these Divisions are regarded as special purpose entities that must be consolidated with the financial report of the related Health Service. This is because the Divisions were established to provide personnel services to enable a Health Service to exercise its functions.

As a consequence the values in the annual financial statements presented herein consist of the Health Service (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report of the economic entity. Notes capture both the parent and consolidated values with notes 3, 4, 12, 27, 29 and 36 being especially relevant.

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

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

These financial statements have been authorised for issue by the Chief Executive on **30 October 2008**

2 Summary of Significant Accounting Policies

The Health Service's financial report is a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS)), the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Property, plant and equipment, investment property and assets held for trading and available for sale are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention.

The consolidated entity has a deficiency of the working capital of $243.280M (2007 $166.119M). Notwithstanding this deficiency the financial report has been prepared on a going concern basis because the entity has the support of the New South Wales Department of Health.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial report.

Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of the Sydney West Area Health Service.

Financial Statement Notes

Standards/Interpretations	Operative Date	Comment
AASB3, AASB127 & AASB2008-3, Business Combinations	1 July 2009	The changes address business combinations and the Australian Accounting Standards Board has indicated that it is yet to consider its suitability for combinations among not-for-profit entities.
AASB8 & AASB2007-3, Operating Segments	1 July 2009	The changes do not apply to not-for-profit entities and have no application within NSW Health.
AASB101 & AASB2007-8, Presentation of Financial Statements	1 July 2009	Health agencies are currently required to present a statement of recognised income and expense and no variation is expected.
AASB123 & AASB2007-6, Borrowing Costs	1 July 2009	Borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset form part of the cost of that asset. As Health Service borrowings are restricted to the Sustainable Energy Development Authority negligible impact is expected.
AASB1004, Contributions	1 July 2008	The requirements on contributions from AASB27, 29 and 31 have been relocated, substantially unamended in AASB4.
AASB1049, Whole of Government and General Government Sector Financial Reporting	1 July 2008	The standard aims to provide the harmonisation of Government Finance Statistics and Generally Accepted Accounting Principles (GAAP) reporting. The impact of changes will be considered in conjunction with the reporting requirements of the Financial Reporting Code for Budget Dependent General Government Sector Agencies.
AASB1050 regarding administered items	1 July 2008	The requirements of AAS29 have been relocated, substantially unamended and are not expected to have material effect on Health entities.
AASB1051 regarding land under roads	1 July 2008	The standard will require the disclosure of "accounting policy for land under roads". It is expected that all such assets will need to be recognised "at fair value". The standard will have negligible impact on Health entities.
AASB1052 regarding disaggregated disclosures	1 July 2008	The standard requires disclosure of financial information about Service costs and achievements. Like other standards not yet effective the requirements have been relocated from AAS29 largely unamended.
AASB2007-9 regarding amendments arising from the review of AAS27, AAS29 and AAS31	1 July 2008	The changes made are aimed at removing the uncertainties that previously existed over cross references to other Australian Accounting Standards and the override provisions in AAS29.
AAS2008-1, Share Based Payments	1 July 2009	The standard will not have application to health entities under the control of the NSW Department of Health.

AASB2008-2 regarding puttable financial instruments	1 July 2009	The standard introduces an exception to the definition of financial liability to classify as equity instruments certain puttable financial instruments and certain instruments that impose on an entity an obligation to deliver to another party a pro-rata share of the net assets of the entity only on liquidation. Nil impact is anticipated.

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

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Annual Leave, Sick Leave and On Costs

At the consolidated level of reporting liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 17% are applied to the value of leave payable at 30 June 2008, such on costs being consistent with actuarial assessment (Comparable on costs for 30 June 2007 were 21.7% which in addition to the 17% increase also included the impact of awards immediately payable at 30 June 2007).

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

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

ii) Long Service Leave and Superannuation

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% (also 8.1% at 30 June 2007) for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The Health Service's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 27, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified by the NSW Department of Health. The expense for certain superannuation schemes (ie 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.

iii) Other Provisions

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

These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

b) Insurance

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

c) Finance Costs

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

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

Patient Fees

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

Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 "Revenue" when the Health Service's right to receive payment is established.

Debt Forgiveness

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

Use of Hospital Facilities

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

* a monthly charge raised by the Health Service based on a percentage of receipts generated

* the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Health Service use in the advancement of the Health Service or individuals within it.

Use of Outside Facilities

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

Grants and Contributions

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

NSW Department of Health Allocations

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

General operating expenses/revenues of St Joseph's Hospital, Lottie Stewart Hospital and Tresillian Family Care Centre have only been included in the Operating Statement to the extent of the cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Accounting for the Goods & Services Tax (GST)

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

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

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

Health Services recognise patient flows for patients they have treated that live outside the Service's regional area. The flows recognised are for acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient. The flow information is based on activity for the last completed calender year. The NSW Department of Health accepts that category identification for various surgical and medical procedures is impacted by the complexities of the coding process and the interpretation of the coding staff when coding a patient's medical records. The Department reviews the flow information extracted from Health Service records and once it has accepted it, requires each Health Service and the Children's Hospital at Westmead to bring to account the value of patient flows in accordance with the Department's assessment.

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

Financial Statement Notes

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients that are treated by other States and Territories within Australia who normally reside in the Service's residential area. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2006/07 activity data using standard cost weighted separation values to reflect estimated costs in 2007/08 for acute weighted inpatient separations. Where treatment is obtained outside the home health service, the State/Territory providing the service is reimbursed by the benefiting Area.

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

The composition of patient flow expense/revenue is disclosed in Notes 5 and 10.

g) Acquisition of Assets

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

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure. (Note 2(z) refers)

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

Where settlement of any part of cash consideration is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

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

h) Plant & Equipment and Infrastructure Systems

Individual items of property, plant & equipment are capitalised where their cost is $10,000 or above.

“Infrastructure Systems” means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

i) Depreciation

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

Details of depreciation rates initially applied 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%
Infrastructure Systems	2.8% to 50%

Motor Vehicle Sedans	12.5%
Motor Vehicles, Trucks & Vans	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Furnishings	5.0%

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Department of Health's "Valuation of Physical Non-Current Assets at Fair Value" policy. This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property". Investment property is separately discussed at Note 2(o).

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Health Service revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by the Area as at 1 January 2005 was completed on 30 June 2008 and was based on an independent assessment.

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

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

For other assets, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

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

Revaluation decrements are recognised immediately as expenses in the Result for the Year, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

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

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

Financial Statement Notes

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempt from AASB 136" Impairment of Assets" and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

l) Assets Not Able to be Reliably Measured

The Health Service may at times hold certain assets that are not recognised in the Balance Sheet because the Health Service is unable to measure reliably the value for the assets. The Health Service does not currently hold any such assets.

m) Restoration Costs

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

n) Non Current Assets (or disposal groups) Held for Sale

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

o) Investment Properties

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

p) Intangible Assets

The Health Service recognises intangible assets only if it is probable that future economic benefits will flow to the Health Service and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Health Service's intangible assets, the assets are carried at cost less any accumulated amortisation. The Health Service's intangible assets are amortised using the straight line method based on the useful life of the asset for both internally developed assets and direct acquisitions. In general, intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity the Health Service is effectively exempted from impairment testing (see Note 2[k]).

q) Maintenance

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

r) Leased Assets

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

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

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

s) Inventories

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

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

t) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

u) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs. The Sydney West Area Health Service determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

* *Fair value through profit or loss* - The Sydney West Area Health Service subsequently measures investments classified as "held for trading" or designated upon initial recognition "at fair value through profit or loss" at fair value. Financial assets are classified as "held for trading" if they are acquired for the purpose of selling in the near term.

Purchases or sales of investments under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date; i.e. the date the Health Service commits to purchase or sell the asset.

The fair value of investments that are traded at fair value in an active market is determined by reference to quoted current bid prices at the close of business on the balance sheet date.

v) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the operating statement.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the operating statement, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the operating statement.

Any reversals of impairment losses are reversed through the operating statement, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

w) De-recognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the agency transfers the financial asset:

* where substantially all the risks and rewards have been transferred; or
* where the Health Service has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Health Service's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

x) Payables

These amounts represent liabilities for goods and services provided to the Health Service and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

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

y) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the operating statement on derecognition.

The finance lease liability is determined in accordance with AASB 117 Leases.

z) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds".

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

The Statement of Recognised Income and Expense does not reflect the Net Assets or change in equity in accordance with AASB 101 Clause 97.

aa) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 33. 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.

Financial Statement Notes

ab) Budgeted Amounts

The budgeted amounts are drawn from the budgets agreed with the NSW Health Department at the beginning of the financial reporting period and with any adjustments for the effects of additional supplementation provided.

ac) Summary of Capital Management

With effect from 1 July 2008 project management for all capital projects over $10M will be provided by Health Infrastructure, a division of the Health Administration Corporation created with the purpose of managing and coordinating approved capital works projects within time, budget and quality standards specified by the Department. Capital charging will also be introduced (see note 40, Post Balance Date Events) and will guide Health Services in the management of capital and subsequent budget impact when planning facility redevelopments and assessing the ongoing importance of under utilised land and buildings.

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		3. Employee Related		
		Employee related expenses comprise the following:		
-	-	Salaries and Wages	828,781	779,823
-	-	Awards	37,141	40,715
-	-	Superannuation - defined benefit plans	22,677	19,623
-	-	Superannuation - defined contributions	68,620	65,436
-	-	Long Service Leave	29,563	25,806
-	-	Annual Leave	86,445	85,306
-	-	Sick Leave and Other Leave	29,713	20,999
-	-	Redundancies	128	814
-	-	Workers Compensation Insurance	13,922	13,700
-	-	Fringe Benefits Tax	(42)	464
-	**-**		**1,116,948**	**1,052,686**
		4. Personnel Services		
		Personnel Services comprise the purchase of the following:		
828,781	779,823	Salaries and Wages	-	-
37,141	40,715	Awards	-	-
22,677	19,623	Superannuation - defined benefit plans	-	-
68,620	65,436	Superannuation - defined contributions	-	-
29,563	25,806	Long Service Leave	-	-
86,445	85,306	Annual Leave	-	-
29,713	20,999	Sick Leave and Other Leave	-	-
128	814	Redundancies	-	-
13,922	13,700	Workers Compensation Insurance	-	-
(42)	464	Fringe Benefits Tax	-	-
1,116,948	**1,052,686**		**-**	**-**
		5. Other Operating Expenses		
6,724	6,399	Blood and Blood Products	6,724	6,399
18,525	19,189	Domestic Supplies and Services	18,525	19,189
69,438	65,308	Drug Supplies	69,438	65,308
11,759	10,779	Food Supplies	11,759	10,779
8,197	8,259	Fuel, Light and Power	8,197	8,259
35,526	37,575	General Expenses (See (b) below)	35,526	37,575
4,787	3,958	Hospital Ambulance Transport Costs	4,787	3,958
12,248	10,423	Information Management Expenses	12,248	10,423
1,639	1,305	Insurance	1,639	1,305
184,430	173,517	Allocation for Inter Area Patient Outflows, NSW (see note (d) below)	184,430	173,517
2,785	2,729	Interstate Patient Outflows (see (e) below)	2,785	2,729
		Maintenance (See (c) below)		
12,073	10,574	Maintenance Contracts	12,073	10,574
8,448	43,077	New/Replacement Equipment under $10,000	8,448	43,077
15,153	15,903	Repairs	15,153	15,903
5,307	-	Maintenance/Non Contract	5,307	-
71,036	64,537	Medical and Surgical Supplies	71,036	64,537
5,025	5,392	Postal and Telephone Costs	5,025	5,392
5,970	5,610	Printing and Stationery	5,970	5,610
1,901	3,062	Rates and Charges	1,901	3,062
1,597	1,817	Rental	1,597	1,817
37,471	32,645	Special Service Departments	37,471	32,645
5,622	4,947	Staff Related Costs	5,622	4,947
37,956	39,355	Sundry Operating Expenses (See (a) below)	37,956	39,355
9,416	8,199	Travel Related Costs	9,416	8,199
573,033	**574,559**		**573,033**	**574,559**

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		(a) Sundry Operating Expenses comprise:		
37,952	39,355	Contract for Patient Services	37,952	39,355
4	-	Isolated Patient Travel and Accomodation Assistance Scheme	4	-
37,956	**39,355**		**37,956**	**39,355**
		(b) General Expenses include:-		
747	738	Advertising	747	738
1,300	1,382	Books, Magazines and Journals	1,300	1,382
		Consultancies		
1,308	1,318	- Operating Activities	1,308	1,318
3,246	264	- Capital Works	3,246	264
1,551	1,466	Courier and Freight	1,551	1,466
379	216	Auditor's Remuneration - Audit of financial reports	379	216
5	2	Auditor's Remuneration - Other Services	5	2
873	701	Data Recording and Storage	873	701
253	1,067	Legal Services	253	1,067
1,750	324	Membership/Professional Fees	1,750	324
5,302	5,342	Motor Vehicle Operating Lease Expense - minimum lease payments	5,302	5,342
8,783	8,860	Other Operating Lease Expense - minimum lease payments	8,783	8,860
23	93	Payroll Services	23	93
98	45	Quality Assurance/Accreditation	98	45
406	148	Translator Services	406	148
		(c) Reconciliation Total Maintenance		
		Maintenance expense, Contract Labour and Other (Non employee related) included		
32,533	26,477	Note 5	32,533	26,477
6,819	9,462	Employee related/Personnel Services maintenance expense included in Notes 3 and	6,819	9,462
39,352	**35,939**	Total maintenance expenses included in Notes 3, 4 and 5	**39,352**	**35,939**
		(d) Details of the allocations applied to Inter Area Patient Outflows, NSW on an Area basis as accepted by the NSW Department of Health are as follows:		
58,537	54,841	Sydney South West Area Health Service	58,537	54,841
62,526	54,728	Children's Hospital Westmead	62,526	54,728
36,207	37,184	Northern Sydney Central Coast Area Health Service	36,207	37,184
21,493	21,430	South East Sydney Illawarra Area Health Service	21,493	21,430
3,112	2,607	Greater Western Area Health Service	3,112	2,607
2,555	2,727	Other Area Health Services	2,555	2,727
184,430	**173,517**		**184,430**	**173,517**
		(e) Expenses for Interstate Patient Flows are as follows:-		
393	556	Australian Capital Territory	393	556
958	1,254	Queensland	958	1,254
281	162	South Australia	281	162
900	487	Victoria	900	487
93	94	Tasmania	93	94
57	62	Northern Territory	57	62
103	114	Western Australia	103	114
2,785	**2,729**		**2,785**	**2,729**

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		6. Depreciation and Amortisation		
48,791	43,611	Depreciation - Buildings	48,791	43,611
(1,851)	1,647	Amortisation - Leased Buildings	(1,851)	1,647
7,058	14,972	Depreciation - Plant and Equipment	7,058	14,972
222	222	Depreciation - Infrastructure Systems	222	222
-	694	Amortisation - Intangible Assets	-	694
54,220	**61,146**		**54,220**	**61,146**
		7. Grants and Subsidies		
7,268	7,598	Non Government Voluntary Organisations	7,268	7,598
216	-	Research Organisations	216	-
6,501	5,712	Other	6,501	5,712
13,985	**13,310**		**13,985**	**13,310**
		8. Finance Costs		
1,678	2,061	Finance Lease Interest Charges	1,678	2,061
975	570	Other Interest Charges	975	570
2,653	**2,631**	Total Finance Costs	**2,653**	**2,631**
		9. Payments to Affiliated Health Organisations		
		(a) Recurrent Sourced		
4,244	4,835	Lottie Stewart Hospital	4,244	4,835
16,914	15,257	St Joseph's Hospital	16,914	15,257
2,870	2,993	Tresillian Family Care Centre	2,870	2,993
24,028	**23,085**		**24,028**	**23,085**

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		10. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
5,205	5,033	Sale of Prosthesis	5,205	5,033
7,964	8,222	Other	7,964	8,222
1,000	634	Pharmacy Sales	1,000	634
		(b) Rendering of Services comprise the following:-		
57,887	56,586	Patient Fees [see note 2(d)]	57,887	56,586
319	684	Staff-Meals and Accommodation	319	684
31,207	28,247	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	31,207	28,247
9,315	6,908	- Annual Charge	9,315	6,908
5,195	4,879	Cafeteria/Kiosk	5,195	4,879
2,819	2,705	Car Parking	2,819	2,705
1,616	742	Child Care Fees	1,616	742
6,786	1,257	Clinical Services (excluding Clinical Drug Trials)	6,786	1,257
18,064	15,760	Commercial Activities	18,064	15,760
30	27	Enteral Nutrition Income	30	27
314	281	Fees for Medical Records	314	281
27	22	Information Retrieval	27	22
94,280	91,561	Allocation from Inter Area Patient Inflows, NSW (see note (c) below).	94,280	91,561
14	5	Linen Service Revenues - Non Health Services	14	5
638	603	Salary Packaging Fee	638	603
1,176	730	Services Provided to Non NSW Health Organisations	1,176	730
52	19	PADP Patient Copayments	52	19
2,929	5,631	Patient Inflows from Interstate	2,929	5,631
815	-	Use of Ambulance Facilities	815	-
247,652	**230,536**		**247,652**	**230,536**
		(c) Details of the allocations received for Inter Area Patient Flows, NSW on an Area basis as accepted by the NSW Department of Health are as follows:		
42,898	43,467	Sydney South West Area Health Service	42,898	43,467
15,459	15,728	Northern Sydney/Central Coast Area Health Service	15,459	15,728
7,442	6,610	South East Sydney/Illawarra Area Health Service	7,442	6,610
14,128	12,408	Greater Western Area Health Service	14,128	12,408
8,279	7,048	Hunter New England Area Health Service	8,279	7,048
6,074	6,300	Other Area Health Services	6,074	6,300
94,280	**91,561**		**94,280**	**91,561**
		(d) Revenues from Patient Inflows from Interstate are as follows:-		
660	1,595	Australian Capital Territory	660	1,595
156	223	Northern Territory	156	223
1,014	1,986	Queensland	1,014	1,986
149	370	South Australia	149	370
120	186	Tasmania	120	186
471	679	Victoria	471	679
359	592	Western Australia	359	592
2,929	**5,631**		**2,929**	**5,631**
		11. Investment Revenue		
8,446	8,039	Interest	8,446	8,039
3,238	2,949	Lease and Rental Income	3,238	2,949
11,684	**10,988**		**11,684**	**10,988**

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		12. Grants and Contributions		
3,832	2,662	Clinical Drug Trials	3,832	2,662
2,288	24,739	Commonwealth Government grants	2,288	24,739
-	(19)	Commonwealth Teaching Hospital grants	-	(19)
4,057	3,413	Industry Contributions/Donations	4,057	3,413
4,849	-	Cancer Institute grants	4,849	-
1,558	5,255	NSW Government grants	1,558	5,255
22,677	19,623	Personnel Services - Superannuation Defined Benefits	-	-
10,077	9,211	Research grants	10,077	9,211
2,226	2,025	Other grants	2,226	2,025
51,564	**66,909**		**28,887**	**47,286**
		13. Other Revenue		
		Other Revenue comprises the following:-		
11	82	Bad Debts recovered	11	82
500	500	Commissions	500	500
1,425	696	Conference and Training Fees	1,425	696
15	64	Discounts	15	64
10	36	Sale of Merchandise, Old Wares and Books	10	36
8	35	Sponsorship Income	8	35
8,512	3,992	Treasury Managed Fund Hindsight Adjustment	8,512	3,992
2	-	Unclaimed Deposits	2	-
817	817	Kings Parking Annual Fee	817	817
14,418	14,523	Other	14,418	14,523
25,718	**20,745**		**25,718**	**20,745**
		14. Gain/(Loss) on Disposal		
93,194	3,603	Property Plant and Equipment	93,194	3,603
89,897	1,340	Less Accumulated Depreciation	89,897	1,340
3,297	**2,263**	**Written Down Value**	**3,297**	**2,263**
247	4,953	Less Proceeds from Disposal	247	4,953
(3,050)	**2,690**	**Gain/(Loss) on Disposal of Property Plant and Equipment**	**(3,050)**	**2,690**
277	35,117	Financial Assets at Fair Value	277	35,117
302	35,117	Less Proceeds from Disposal	302	35,117
25	**-**	**Gain/(Loss) on Disposal of Financial Assets at Fair Value**	**25**	**-**
		15. Other Gains/(Losses)		
(697)	(232)	Impairment of Receivables	(697)	(232)
(697)	**(232)**		**(697)**	**(232)**

PARENT AND CONSOLIDATION

16. Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Total
	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	1,286	5,144	6,430
Contributions recognised in amalgamated balance as at 30 June 2007 which were not expended in the current reporting period	23,576	94,304	117,880
Total amount of unexpended contributions as at balance date	24,862	99,448	124,310

Comment on restricted assets appears in Note 26

Financial Statement Notes

17 Programs/Activities of the Health Service

Program 1.1 - Primary and Community Based Services

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

Program 1.2 - Aboriginal Health Services

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

Program 1.3 - Outpatient Services

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

Program 2.1 - Emergency Services

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

Program 2.2 - Overnight Acute Inpatient Services

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

Program 2.3 - Same Day Acute Inpatient Services

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

Program 3.1 - Mental Health Services

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

Program 4.1 - Rehabilitation and Extended Care Services

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

Program 5.1 - Population Health Services

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

Program 6.1 - Teaching and Research

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

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000	18. Cash and Cash Equivalents	CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
13,475	38,100	Cash at bank and on hand	13,475	38,100
98,100	87,866	Short Term Deposits	98,100	87,866
111,575	**125,966**		**111,575**	**125,966**
		Cash & cash equivalent assets recognised in the Balance Sheet are reconciled at the end of the financial year to the Cash Flow Statement as follows:		
111,575	125,996	Cash and cash equivalents (per Balance Sheet)	111,575	125,966
111,575	**125,996**	Closing Cash and Cash Equivalents (per Cash Flow Statement)	**111,575**	**125,966**

PARENT 2008 $000	PARENT 2007 $000	19. Receivables	CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		Current		
60,575	55,052	(a) Sale of Goods and Services	60,575	55,052
10,338	6,615	NSW Health Department	10,338	6,615
12,580	8,692	Other Debtors	12,580	8,692
5,755	6,528	GST	5,755	6,528
89,248	76,887	**Sub Total**	89,248	76,887
(3,069)	(2,933)	Less Allowance for impairment	(3,069)	(2,933)
86,179	73,954	**Sub Total**	86,179	73,954
1,985	1,296	Prepayments	1,985	1,296
88,164	**75,250**		**88,164**	**75,250**
		(b) Movement in the allowance for impairment Sale of Goods & Services		
(1,503)	(1,971)	Balance at 1 July	(1,503)	(1,971)
550	473	Amounts written off during the year	550	473
(690)	(5)	Increase/(decrease) in allowance recognised in profit or loss	(690)	(5)
(1,643)	**(1,503)**	Balance at 30 June	**(1,643)**	**(1,503)**
		(c) Movement in the allowance for impairment Other Debtors		
(1,430)	(1,214)	Balance at 1 July	(1,430)	(1,214)
11	11	Amounts written off during the year	11	11
(7)	(227)	Increase/(decrease) in allowance recognised in profit or loss	(7)	(227)
(1,426)	**(1,430)**	Balance at 30 June	**(1,426)**	**(1,430)**
(3,069)	**(2,933)**		**(3,069)**	**(2,933)**
		Non Current		
8,730	-	(a) Prepayments	8,730	-
8,730	**-**		**8,730**	**-**
		(d) Sale of Goods and Services Receivables (Current and Non Current) include:		
2,282	3,456	Patient Fees - Compensable	2,282	3,456
1,750	1,703	Patient Fees - Ineligible	1,750	1,703
6,912	6,040	Patient Fees - Other	6,912	6,040
10,944	**11,199**		**10,944**	**11,199**

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		20. Inventories		
		Current - at cost		
7,180	6,820	Drugs	7,180	6,820
5,353	4,356	Medical and Surgical Supplies	5,353	4,356
512	346	Food and Hotel Supplies	512	346
-	44	Engineering Supplies	-	44
229	173	Other including Goods in Transit	229	173
13,274	**11,739**		**13,274**	**11,739**

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		21. Financial Assets at Fair Value		
		Current		
		Financial Assets Available for Sale		
-	277	Shares	-	277
-	**277**		**-**	**277**

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		22. Property, Plant and Equipment		
		Land and Buildings		
2,499,857	2,335,443	At Fair Value	2,499,857	2,335,443
1,171,677	1,066,036	Less Accumulated depreciation and impairment	1,171,677	1,066,036
1,328,180	**1,269,407**	Net Carrying Amount	**1,328,180**	**1,269,407**
		Plant and Equipment		
217,379	301,317	At Fair Value	217,379	301,317
108,786	174,599	Less Accumulated depreciation and impairment	108,786	174,599
108,593	**126,718**	Net Carrying Amount	**108,593**	**126,718**
		Infrastructure Systems		
64,030	4,510	At Fair Value	64,030	4,510
36,779	2,800	Less Accumulated depreciation and impairment	36,779	2,800
27,251	**1,710**	Net Carrying Amount	**27,251**	**1,710**
		Total Property, Plant and Equipment		
1,464,024	**1,397,835**	**At Net Carrying Amount**	**1,464,024**	**1,397,835**

Financial Statement Notes

PARENT AND CONSOLIDATION

23. Property, Plant and Equipment - Reconciliations

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000	$000
2008							
Carrying amount at start of year	**302,816**	**815,520**	**103,452**	**47,619**	**126,718**	**1,710**	**1,397,835**
Additions	405	-	96,437	-	12,281	-	**109,123**
Recognition of Assets Held for Sale	582	-	-	-	-	-	**582**
Disposals	-	(2,967)	-	-	(330)	-	**(3,297)**
Administrative restructures - transfers in/(out)	-	(1,089)	-	-	-	-	**(1,089)**
Net revaluation increment less revaluation decrements recognised in reserves	17,275	(29,885)	-	1,937	-	25,763	**15,090**
Depreciation expense	-	(48,791)	-	1,851	(7,058)	(222)	**(54,220)**
Reclassifications	427	142,443	(119,852)	-	(23,018)	-	**-**
Carrying amount at end of year	**321,505**	**875,231**	**80,037**	**51,407**	**108,593**	**27,251**	**1,464,024**

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000	$000
2007							
Carrying amount at start of year	**308,400**	**790,240**	**131,991**	**49,266**	**138,241**	**1,932**	**1,420,070**
Additions	651	-	68,740	-	20,743	-	**90,134**
Disposals	(1,435)	-	-	-	(660)	-	**(2,095)**
Assets Written - Off	-	-	(25,052)	-	-	-	**(25,052)**
Administrative restructures - transfers in/(out)	(4,800)	(2,119)	(1,217)	-	(16,634)	-	**(24,770)**
Depreciation expense		(43,611)	-	(1,647)	(14,972)	(222)	**(60,452)**
Reclassifications		71,010	(71,010)	-	-	-	**-**
Carrying amount at end of year	**302,816**	**815,520**	**103,452**	**47,619**	**126,718**	**1,710**	**1,397,835**

(i) Land and Buildings include land owned by the Health Administration Corporation and administered by the Health Service [see note 2(g)].

(iii) The Land & Buildings were valued by the AON Valuation Services on 30 June 2008 [see note 2(j)]. AON Valuation Services is not an employee of the Health Service.

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24. Intangibles - Reconciliation

	Software	Other	Total
	$000	$000	$000
2008			
Net Carrying amount at start of year	-	-	-
Additions (from internal development or acquired separately)	-	-	-
Reclassification from Plant & Equipment			
Assets held for sale	-	-	-
Impairment losses			
Amortisation (recognised in depreciation and amortisation)	-	-	-
Other movements	-	-	-
Net Carrying amount at end of year	**-**	**-**	**-**

	Software	Other	Total
	$000	$000	$000
2007			
Net Carrying amount at start of year	694	-	**694**
Additions (from internal development or acquired separately)	-	-	-
Reclassification from Plant & Equipment	-	-	-
Assets held for sale	-	-	-
Impairment losses	-	-	-
Amortisation (recognised in depreciation and amortisation)	(694)	-	**(694)**
Other movements	-	-	-
Net Carrying amount at end of year	**-**	**-**	**-**

PARENT			CONSOLIDATION	
2008 $000	2007 $000		2008 $000	2007 $000
		25. Non Current Assets held for sale		
		Assets held for sale		
-	582	Land and Buildings	-	582
-	**582**		**-**	**582**

The Area had protected negotiations with Moran's Group but the negotiations for sale fell through as it was not economically viable for the Area to proceed with the sale. In the absence of other interested buyers the Area decided to cease classification of the asset held for sale.

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		26. Restricted Assets		
		The Health Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.		
		Category — **Brief Details of Externally Imposed Conditions including Asset Category affected**		
96,025	102,858	Specific Purposes — Health Promotion	96,025	102,858
12	11	Research Grants	12	11
28,273	12	Private Practice Fund	28,273	12
124,310	**102,881**		**124,310**	**102,881**

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		27. Payables		
		Current		
-	-	Accrued Salaries and Wages	36,896	21,803
-	-	Payroll Deductions	14,894	6,419
51,790	28,222	Accrued Liability - Purchase of Personnel Services	-	-
59,375	35,282	Creditors	59,375	35,282
		Other Creditors		
15,873	6,549	- Capital Works	15,873	6,549
1,540	182	- Intra Health Liability	1,540	182
18,760	19,484	- Other	18,760	19,484
147,338	**89,719**		**147,338**	**89,719**
		28. Borrowings		
		Current		
4,382	4,110	Other Loans and Deposits	4,382	4,110
3,053	2,548	Finance Leases [see note 2(r)]	3,053	2,548
7,435	**6,658**		**7,435**	**6,658**
		Non Current		
10,224	13,547	Other Loans and Deposits	10,224	13,547
18,845	21,898	Finance Leases [see note 2(r)]	18,845	21,898
29,069	**35,445**		**29,069**	**35,445**

Other loans still to be extinguished represent monies to be repaid to the NSW Health Department/ Sustainable Energy Development Authority.
A Final Repayment schedule has yet to be provided by the NSW Health Department

		Repayment of Borrowings (excluding Finance Leases)		
4,382	4,110	Not later than one year	4,382	4,110
10,200	13,019	Between one and five years	10,200	13,019
24	528	Later than five years	24	528
14,606	**17,657**	Total Borrowings at face value (excluding Finance Leases)	**14,606**	**17,657**

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		29. Provisions		
		Current Employee benefits and related on-costs		
-	-	Annual Leave - Short Term Benefit	85,256	73,495
-	-	Annual Leave - Long Term Benefit	49,988	55,433
-	-	Long Service Leave - Short Term Benefit	9,219	13,041
-	-	Long Service Leave - Long Term Benefit	153,532	141,178
297,995	283,147	Provision for Personnel Services Liability	-	-
297,995	**283,147**	**Total Current Provisions**	**297,995**	**283,147**
		Non Current Employee benefits and related on-costs		
		Long Service Leave - Conditional	23,636	19,872
23,636	19,872	Provision for Personnel Services Liability	-	-
23,636	**19,872**	**Total Non Current Provisions**	**23,636**	**19,872**
		Aggregate Employee Benefits and Related On-costs		
297,995	283,147	Provisions - current	297,995	283,147
23,636	19,872	Provisions - non-current	23,636	19,872
-	-	Accrued Salaries and Wages and on costs (Note 27)	36,896	21,803
36,896	21,803	Accrued Liability - Purchase of Personnel Services (Note 27)	-	-
358,527	**324,822**		**358,527**	**324,822**

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		30. Other Liabilities		
		Current		
3,479	409	Income in Advance	3,479	409
46	-	Other	46	-
3,525	**409**		**3,525**	**409**

In June 2008 $683,303 was received in advance from S & K Car Park Management Ltd in relation to the licence fee under the terms of a contact to provide and operate the carkpark facility at the Nepean Campus of Sydney Area Health Service. Patient Fees represents $2,795,396 of the total sum.

PARENT AND CONSOLIDATION

31. Equity	Accumulated Funds 2008 $000	Accumulated Funds 2007 $000	Asset Revaluation Reserve 2008 $000	Asset Revaluation Reserve 2007 $000	Total Equity 2008 $000	Total Equity 2007 $000
Balance at the beginning of the financial year	958,655	1,021,544	217,744	217,744	1,176,399	1,239,288
Changes in equity - transactions with owners as owners						
Increase/(Decrease) in Net Assets from Administrative Restructure	(1,089)	(23,984)	-	-	(1,089)	(23,984)
Total	957,566	997,560	217,744	217,744	1,175,310	1,215,304
Changes in equity - other than transactions with owners as owners						
Result for the year	(13,631)	(38,905)	-	-	(13,631)	(38,905)
Increment/(Decrement) on Revaluation of:						
Land and Buildings	-	-	(10,673)	-	(10,673)	-
Infrastructure Systems			25,763		25,763	-
Total	(13,631)	(38,905)	15,090	-	1,459	(38,905)
Balance at the end of the financial year	943,935	958,655	232,834	217,744	1,176,769	1,176,399

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

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000	32. Commitments for Expenditure	CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		(a) Capital Commitments		
		Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:		
75,327	93,162	Not later than one year	75,327	93,162
32,873	59,854	Later than one year and not later than five years	32,873	59,854
-	41,988	Later than five years	-	41,988
108,200	**195,004**	**Total Capital Expenditure Commitments (including GST)**	**108,200**	**195,004**
		Of the commitments reported at 30 June 2008 it is expected that $6.321M will be met from locally generated moneys.		
		(b) Other Expenditure Commitments		
		Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
57,749	25,007	Not later than one year	57,749	25,007
57,749	**25,007**	**Total Other Expenditure Commitments (including GST)**	**57,749**	**25,007**
		(c) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
11,585	12,558	Not later than one year	11,585	12,558
31,171	33,747	Later than one year and not later than five years	31,171	33,747
23,781	24,395	Later than five years	23,781	24,395
66,537	**70,700**	**Total Operating Lease Commitments (including GST)**	**66,537**	**70,700**

The operating lease commitments above are for motor vehicles, information technology, equipment including personal computers, medical equipment and other equipment

PARENT 2008 $000	PARENT 2007 $000	32. Commitments for Expenditure (Continued)	CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		(d) Finance Lease Commitments		
		Minimum lease payment commitments in relation to finance leases are payable as follows:		
4,745	4,649	Not later than one year	4,745	4,649
16,110	17,919	Later than one year and not later than five years	16,110	17,919
9,435	12,371	Later than five years	9,435	12,371
30,290	**34,939**	**Minimum Lease Payments (including GST)**	**30,290**	**34,939**
5,638	7,316	Less: Future Finance Charges	5,638	7,316
2,754	3,177	Less: GST	2,754	3,177
21,898	**24,446**	**Present value of minimum lease payments**	**21,898**	**24,446**
3,053	2,548	Not later than one year	3,053	2,548
14,033	13,347	Later than one year and not later than five years	14,033	13,347
4,812	8,551	Later than five years	4,812	8,551
21,898	**24,446**	**Present value of minimum lease payments**	**21,898**	**24,446**
		Classified as:		
3,053	2,548	(a) Current (Note 28)	3,053	2,548
18,845	21,898	(b) Non-Current (Note 28)	18,845	21,898
21,898	**24,446**		**21,898**	**24,446**
		Finance Lease commitment is in respect of Hawkesbury Private Hospital. The term of the lease is twenty years at which time the ownership of the buildings transfers to the NSW State Government.		
		(e) Contingent Asset related to Commitments for Expenditure		
		The total of "Commitments for Expenditure" above, $262.776 million as at 30 June 2008 includes input tax credits of $23.888 million that are expected to be recoverable from		
23,888	**29,582**	the Australian Taxation Office.	**23,888**	**29,582**

Financial Statement Notes

PARENT AND CONSOLIDATION

33 Trust Funds

The Health Service holds trust fund moneys of $13.525 million which are used for the safe keeping of patients' monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives. The following is a summary of the transactions in the trust account:

	Patient Trust		Refundable Deposits		Private Practice Trust Funds	
	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000
Cash Balance at the beginning of the financial reporting period	**259**	**242**	**715**	**623**	**10,017**	**9,826**
Receipts	149	151	544	348	32,785	18,404
Expenditure	(89)	(134)	(208)	(256)	(21,590)	(27,270)
Cash Transfer	-	-	-	-	(9,057)	9,057
Cash Balance at the end of the financial reporting period	**319**	**259**	**1,051**	**715**	**12,155**	**10,017**

34 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 no contingent liabilities exist in respect of liability claims against the Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Health Service.

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. However, in regard to workers compensation the final hindsight adjustment for the 2001/02 fund year and an interim adjustment for the 2003/04 fund year were not calculated until 2007/08. As a result, the 2002/03 final and 2004/05 interim hindsight calculations will be paid in 2008/09.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, 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 c any contractual relationship which may exist or be formulated between the administering bodies of the organisation and the Department.

Financial Statement Notes

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		35. Reconciliation Of Net Cash Flows from Operating Activities To Net Cost Of Services		
(102,428)	(80,664)	Net Cash Flows from Operating Activities	(102,428)	(80,664)
54,220	61,146	Depreciation	54,220	61,146
697	232	Provision for Doubtful Debts	695	232
-	-	Acceptance by the Crown Entity of Employee Superannuation Benefits	22,677	19,623
33,702	27,864	(Increase)/ Decrease in Provisions	33,704	27,864
(31,567)	(3,060)	Increase / (Decrease) in Prepayments and Other Assets	(31,567)	(3,060)
55,982	11,025	(Increase)/ Decrease in Creditors	55,982	11,025
3,025	(2,690)	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	3,025	(2,690)
1,402,906	1,324,194	(NSW Health Department Recurrent Allocations)	1,402,906	1,324,194
83,011	73,387	(NSW Health Department Capital Allocations)	83,011	73,387
-	25,052	Asset Written - Off	-	25,052
1,499,548	**1,436,486**	**Net Cost of Services**	**1,522,225**	**1,456,109**

36. 2007/08 Voluntary Services

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

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

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37 Unclaimed Moneys

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

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

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

38 Budget Review - Parent and Consolidated

Net Cost of Services

The actual Net Cost of Services result was higher than budget by approximately 0.8% and this is not considered material.

Results for the Year from Ordinary Activities

The result for the year was impacted by the Net Cost of Services (NCOS) as well as the Total Government Contributions results. The NCOS year-end result revealed an unfavourable position with expenditure remaining unfavourable to budget and this was almost totally offset by the level of revenue favourability to budget. The expenditure result was impacted upon by the ongoing high levels of activity throughout the year and the successful implementation of the elective surgery program. The revenue result reflects the significant and ongoing priority assigned to ensuring the maximum generation of revenue throughout all local units of the Area Health Service.

Assets and Liabilities

The variation to budget for Net Assets is 2.1% which is not considered material. The Current Assets variance is, however, 15.0% which is primarily a result of a better than anticipated cash position and an increase in the level of receivables not only in comparison with the budegted expectation but also with the corresponding prior year position (see notes notes 18 & 19). The Current liabilities variance is 10.5% which is largely due to a significant increase in Trade Creditors (see note 27).

Cash Flows

The Net Cash decrease for the year was 51.1% less than the budgeted expectation. This has resulted from increased operating receipts (40.7 higher than budget) which have, in part, been offset by increased operating payments (2.5% higher than budget) and increased capital payments (42.5% higher than budget).

The movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 31 July 2007 are as follows:

Description	2007/08 $'000
July 2007 Initial Budget Allocation	1,232,921
Award Increases including 9% Superannuation	38,041
2007/08 Nursing Strategies Allocation	3,295
NSW Ventilator Dependent Quadriplegic (VDQ) and	2,284
NSW Children's Home Ventilation (CHV) Programs	1,918
Special Projects Funding Rolled Over from 2006/07	1,870
Hawkesbury District Health Service	4,139
180 Additional Acute Hospital Beds from 1/1/2008	2,981
National Specialty Centre Funding - Pancreas Transplants	2,919
Inter Area Patient Flows	90,150
Highly Specialised Drugs Program Supplementation	1,460
Magistrates Early Referral into Treatment (MERIT) Funding	1,361
2007/08 Additional Superannuation Supplementation	1,310
Miscellaneous NCOS Funding	18,257
Balance as Per Operating Statement	**1,402,906**

Note 39 Financial Instruments

The Health Service's principal financial instruments are outlined below. These financial instruments arise directly from the Health Service's operations or are required to finance its operations. The Health Service does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Health Service's main risks arising from financial instruments are outlined below, together with the Health Service's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Health Service, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors on a continous basis.

a) **Financial Instrument Categories**

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	Floating interest rate		Fixed interest rate maturing in: 1 year or less		Over 1 to 5 years		More than 5 years		Non-interest bearing		Total carrying amounts as per the Balance Sheet		Weighted average effective interest rate	
	2008 $'000	2007 $'000	2008 $'000	2007 $'000	2008 $'000	2007 $'000	2008 $'000	2007 $'000	2008 $'000	2007 $'000	2008 $'000	2007 $000	2008 $'000	2007 $000
Financial Assets														
Class:														
Cash and Cash Equivalents (note 18)	13,366	37,971	98100	87,866	-	-	-	-	109	129	111,575	125,966	7.36%	6.22%
Receivables at Amortised Cost (note 19) 1		-	-	-	-	-	-	-	80,424	67,426	80,424	67,426		N/A
Financial Assets at Fair Value designated as such per initial recognition (note 21)	-	277	-	-	-	-	-	-	-	-	-	277		N/A
												-		N/A
Total Financial Assets	13,366	38,248	98,100	87,866	-	-	-	-	80,533	67,555	191,999	193,669		N/A
Financial Liabilities														
Borrowings (Note 28)	-	-	7435	6,658	24233	26,365	4836	9,080	-	-	36,504	42,103		N/A
Payables (Note 27)2	-	-	-	-	-	-	-		147338	89,719	147,338	89,719		N/A
Total Financial Liabilities	-	-	7,435	6,658	24,233	26,365	4,836	9,080	147,338	89,719	183,842	131,822		

Notes

1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7)

2 Excludes unearned revenue (ie not within scope of AASB 7)

b) **Credit Risk**

Credit risk arises when there is the possibility of the Entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity i.e receivables. No collateral is held by the Entity nor has it granted any financial guarantees.

Credit risk associated with the Health Services's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW Tcorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates of approximately 7.36% in 2007/08 compared to 6.22% in the previous year.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Health Service is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2008:$20.963(M); 2007: $19.105(M)) and not more than 3 months past due (2008: $14.293(M); 2007:$35.548(M)) are not considered impaired and together these represent 42% of the total trade debtors. In addition Patient Fees Compensables are frequently not settled with 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the Health Services' debtors are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. There are no debtors which are currently not past due or impaired whose terms have not been renegotiated.

The only financial assets that are past due or impaired are 'sales of goods and services' in the 'receivables' category of the balance sheet. Patient Fees Ineligibles represent the majority of financial assets that are past due or impaired.

2008	Total	Past due but not impaired	Considered impaired
	$'000	$'000	$'000
<3 months overdue	14,293	14,293	-
3 months - 6 months overdue	31,227	31,227	-
> 6 months overdue	17,010	13,941	3,069
2007			
<3 months overdue	35,548	35,548	-
3 months - 6 months overdue	6,201	6,201	-
> 6 months overdue	6,572	3,639	2,933

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7.

Financial Statement Notes

c) **Liquidity risk**

Liquidity risk is the risk that the Health Service will be unable to meet its payment obligations when they fall due. The Health Service continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Health Service has negotiated no loan outside of arrangements with the NSW Department of Health or the Sustainable Energy Development Authority.

During the current and prior year, there were no defaults or breaches on any loans payable. No assets have been pledged as collateral. The Health Service's exposure to liquidity risk is significant but is mitigated by financial support from the Department. Noting that the NSW Department of Health has indicated its ongoing financial support for the Sydney West Area Health Service which is deemed to be a going concern.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are generally settled in accordance with the policy set by the NSW Department of Health. If trade terms are not specified, payment is also generally made no later than the end of the month following the month in which an invoice or a statement is received.

In those instances where settlement cannot be effected in accordance with the above , eg due to short term liquidity constraints, contact is made with creditors and terms of payment are renegotiated.

Maturity Analysis and interest rate exposure of financial liabilities

			$'000						
	Interest Rate Exposure					Maturity Dates			
2008	Fixed Interest Rate	Variable Interest Rate	Nominal Amount 1	Variable Interest Rate	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr	Weighted Average Effective int rate
	%	%	$	$000	$000	$000	$000	$000	%
Payables:									
Accrued salaries	N/A	N/A	36,896	0	36,896	0	0	0	N/A
Wages and payroll deductions	N/A	N/A	14,894	0	14,894	0	0	0	N/A
Creditors	N/A	N/A	95,548	0	95,548	0	0	0	N/A
Borrowings	N/A	5.9-6.4	14,606	12,580	2,026	4,382	10,200	24	6.2
Finance leases	N/A	6.6-7.1	21,898	21,898	0	3,052	14,033	4,813	6.9
			183,842	34,478	149,364	7,434	24,233	4,837	
2007									
Payables:									
Accrues salaries	N/A	N/A	21,803	0	21,803	0	0	0	N/A
Wages and payroll deductions	N/A	N/A	6,419	0	6,419	0	0	0	N/A
Creditors	N/A	N/A	61,497	0	61,497	0	0	0	N/A
Borrowings	N/A	5.7-6.6	17,657	14,939	2,718	4,110	13,019	528	6.2
Finance leases	N/A	6.3-6.7	24,446	24,446	0	2,548	13,347	8,551	6.5
			131,822	39,385	92,437	6,658	26,366	9,079	

Notes:
1The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the balance sheet in respect of non interest bearing loans negotiated with the NSW Department of Health.

Financial Statement Notes

d) **Market risk**

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The Health Service's exposures to market risk are primarily through interest rate risk on the Health Service's borrowings. The Health Service has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Health Service operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the balance sheet date. The analysis is performed on the same basis for 2007. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the Health Service's interest bearing liabilities.

However, Health Services are not permitted to borrow external to the NSW Department of Health (Sustainable Energy Development Authority loans which are negotiated through Treasury excepted). Both SEDA and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. For financial instruments a reasonably possible change of +/-1% is consistent with trends in interest. The Health Service's exposure to interest rate risk is set out below.

$'000

		-1%		+1%	
	Carrying Amount	**Profit**	**Equity**	**Profit**	**Equity**
2008					
Financial assets					
Cash and cash equivalents	111,575	-	-	-	-
Receivables	96,894	-	-	-	-
Financial liabilities					
Payables	147,338	-	-	-	-
Finance Lease	21,898	-	-	-	-
Borrowings	14,606	126	126	-126	-126
2007					
Financial assets					
Cash and cash equivalents	125,966	-	-	-	-
Receivables	75,250	-	-	-	-
Financial Assets at Fair Value	277	-	-	-	-
Financial liabilities					
Payables	89,719	-	-	-	-
Finance Lease	24,446	-	-	-	-
Borrowings	17,657	149	149	(149)	(149)

e) **Fair Value**

Financial instruments are generally recognised at cost. The amortised cost of financial instruments recognised in the balance sheet approximates the fair value because of the short term nature of many of the financial instruments.

Note 40 Post Balance Date Events

The Sydney West Area Health Service is not aware of any after balance date events that may impact on the Financial Statements.

END OF AUDITED FINANCIAL STATEMENTS

Certification of Special Purpose Entity Financial Statements

Pursuant to Section 45F of the *Public Finance and Audit Act 1983*, I state that to the best of my knowledge and belief:

1) the financial report has been prepared in accordance with:
   - Australian Accounting Standards
   - *Public Finance and Audit Act 1983*
   - *Public Finance and Audit Regulations 2005*
   - *Health Services Act 1997 and its Regulations*
   - the Accounts and Audit Determination
2) the financial report exhibits a true and fair view of the financial position and financial performance of the Sydney West Area Health Service Special Purpose Service Entity.
3) there are no circumstances which would render any particulars included in the financial report to be misleading or inaccurate.

Professor Steven Boyages
MB BS PhD DDU FRACP FAFPHM
Chief Executive

Date 5.11.08

Special Purpose Service Entity Independent Auditor's Report

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Sydney West Area Health Service Special Purpose Service Entity

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Sydney West Area Health Service Special Purpose Service Entity, which comprises the balance sheet as at 30 June 2008, the income statement, statement of recognised income and expense and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Sydney West Area Health Service Special Purpose Service Entity as at 30 June 2008, and its financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005.

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

The Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

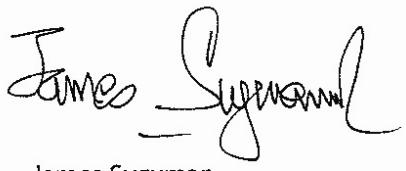
My opinion does *not* provide assurance:

- about the future viability of the Entity,
- that it has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

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



James Sugumar
Director, Financial Audit Services

1 December 2008
SYDNEY

Income Statement of Sydney West Area Health Service
Special Purpose Service Entity for the Year Ended 30 June 2008

	2008 $000	2007 $000
Income		
Personnel Services	1,116,948	1,052,686
Acceptance by the Crown Entity of Employee Benefits	22,677	19,623
Total Income	**1,139,625**	**1,072,309**
Expenses		
Salaries and Wages	828,781	779,823
Awards	37,141	40,715
Defined Benefit Superannuation	22,677	19,623
Defined Contribution Superannuation	68,620	65,436
Long Service Leave	29,563	25,806
Annual Leave	86,445	85,306
Sick Leave and Other Leave	29,713	20,999
Redundancies	128	814
Workers Compensation Insurance	13,922	13,700
Fringe Benefits Tax	(42)	464
Grants & Subsidies	22,677	19,623
Total Expenses	**1,139,625**	**1,072,309**
Result For The Year	**-**	**-**

The accompanying notes form part of these Financial Statements.

Balance Sheet of Sydney West Area Health Service
Special Purpose Service Entity as at 30 June 2008

	Notes	2008 $000	2007 $000
ASSETS			
Current Assets			
Receivables	2	349,785	311,369
Total Current Assets		**349,785**	**311,369**
Non-Current Assets			
Receivables	2	23,636	19,872
Total Non-Current Assets		**23,636**	**19,872**
Total Assets		**373,421**	**331,241**
LIABILITIES			
Current Liabilities			
Payables	3	51,790	28,222
Provisions	4	297,995	283,147
Total Current Liabilities		**349,785**	**311,369**
Non-Current Liabilities			
Provisions	4	23,636	19,872
Total Non-Current Liabilities		**23,636**	**19,872**
Total Liabilities		**373,421**	**331,241**
Net Assets		**-**	**-**
EQUITY			
Accumulated funds		-	-
Total Equity		**-**	**-**

The accompanying notes form part of these Financial Statements

Financial Statements

Statement of Recognised Income and Expense of Sydney West Area Health Service Special Purpose Service Entity for the Year Ended 30 June 2008

	2008 $000	2007 $000
Total Income and Expense Recognised Directly in Equity	-	-
Result for the Year	-	-
Total Income and Expense Recognised for the year	-	-

The accompanying notes form part of these Financial Statements

Cash Flow Statement of Sydney West Area Health Service Special Purpose Service Entity for the Year Ended 30 June 2008

	2008 $000	2007 $000
Net Cash Flows from Operating Activities	-	-
Net Cash Flows from Investing Activities	-	-
Net Cash Flows from Financing Activities	-	-
Net Increase/(Decrease) in Cash	-	-
Closing Cash and Cash Equivalents	-	-

The Sydney West Area Special Purpose Service Entity does not hold any cash or cash equivalent assets and therefore there are nil cash flows.

The accompanying notes form part of these Financial Statements.

Sydney West Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Sydney West Area Health Special Purpose Service Entity

The Sydney West Area Health Special Purpose Service Entity *"the Entity"*, is a Division of the Government Service, established pursuant to Part 2 of Schedule 1 to the Public Sector Employment and Management Act 2002 and amendment of the Health Services Act 1997. It is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at Penrith, New South Wales.

The Entity's objective is to provide personnel services to the Sydney West Area Health Service.

The Entity commenced operations on 17 March 2006 when it assumed responsibility for the employees and employee-related liabilities of the Sydney West Area Health Service. The assumed liabilities were recognised on 17 March 2006 with an offsetting receivable representing the related funding due from the former employer.

The financial report was authorised for issue by the Chief Executive Officer on **5 November 2008**.

b) Basis of Preparation

This is a general purpose financial report prepared in accordance with the requirements of Australian Accounting Standards, the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

Generally, the historical cost basis of accounting has been adopted and the financial report does not take into account changing money values or current valuations. However, certain provisions are measured at fair See note (j).

The accrual basis of accounting has been adopted in the preparation of the financial report, except for cash flow information.

Management's judgements, key assumptions and estimates are disclosed in the relevant notes to the financial report.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

c) Comparative Information

The financial statements and notes comply with Australian Accounting Standards which include AEIFRS. Comparative figures are, where appropriate, reclassified to give meaningful comparison with the current year.

d) New Australian Accounting Standards Issued But Not Effective

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. It is considered that adoption of standards and interpretations in future period will have no material financial impact on the Financial statement of the Special Purpose Service Entity.

e) Income

Income is measured at the fair value of the consideration received or receivable. Revenue from the rendering of personnel services is recognised when the service is provided and only to the extent that the associated recoverable expenses are recognised.

Sydney West Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

f) Receivables

A receivable is recognised when it is probable that the future cash inflows associated with it will be realised and it has a value that can be measured reliably. It is derecognised when the contractual or other rights to future cash flows from it expire or are transferred.

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

If there is objective evidence at year end that a receivable may not be collectable, its carrying amount is reduced by means of an allowance for impairment and the resulting loss is recognised in the income statement. Receivables are monitored during the year and bad debts are written off against the allowance when they are determined to be irrecoverable. Any other loss or gain arising when a receivable is derecognised is also recognised in the income statement.

g) Impairment of Financial Assets

As both receivables and payables are measured at fair value through profit and loss there is no need for annual reviews for impairment.

h) De-recognition of Financial Assets and Financial Liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire or if the agency transfers the financial asset:

* where substantially all the risks and rewards have been transferred; or
* where the Entity has not transferred substantially all the risks and rewards, if the Entity has not retained control.

Where the Entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Entity's continuing involvement in the asset

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

i) Payables

Payables include accrued wages, salaries and related on costs (such as payroll deduction liability, payroll tax, fringe benefits tax and workers' compensation insurance) where there is certainty as to the amount and timing of settlement.

A payable is recognised when a present obligation arises under a contract or otherwise. It is derecognised when the obligation expires or is discharged, cancelled or submitted.

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Entity.

j) Employee Benefit Provisions and Expenses

i) *Salaries and Wages, Annual Leave, Sick Leave and On-Costs*

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

Sydney West Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

All Annual Leave employee benefits are reported as "*Current*" as there is an unconditional right to payment. Current liabilities are then classified as "*Short Term*" and "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next 12 months are reported as "*Short Term*". On costs of 17% are applied to the value of leave payable at 30 June 2008, such on costs being consistent with actuarial assessment. (comparable costs for 30 June 2007 were 21.7% which, in addition to the 17% increase, also included the impact of awards immediately payable at 30 June 2007).

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

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

ii) Long Service Leave and Superannuation

Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non-Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% above the salary rates immediately payable at 30 June 2008 (also 8.1% at 30 June 2007) for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The Entity's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 3, "Payables".

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

Sydney West Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

		2008 $000	2007 $000
2.	**RECEIVABLES**		
	Current		
	Accrued Income - Personnel Services Provided	349,785	311,369
	Non-Current		
	Accrued Income - Personnel Services Provided	23,636	19,872
	Total Receivables	**373,421**	**331,241**
	Details regarding credit risks, liquidity risk and market risks are disclosed in Note 5		
3.	**PAYABLES**		
	Current		
	Accrued Salaries and Wages and On Costs	51,790	28,222
	Total Payables	**51,790**	**28,222**
	Details regarding credit risks, liquidity risk and market risk are disclosed in Note 5		
4.	**PROVISIONS**		
	Current Benefits and Related On Costs		
	Annual Leave - Short Term Benefit	85,256	73,495
	Annual Leave - Long Term Benefit	49,988	55,433
	Long Service Leave - Short Term Benefit	9,219	13,041
	Long Service Leave - Long Term Benefit	153,532	141,178
	Total Current Provisions	**297,995**	**283,147**
	Non-Current Employee Benefits and Related On Costs		
	Long Service Leave - Conditional	23,636	19,872
	Total Non-Current Provisions	**23,636**	**19,872**
	Aggregate Benefits and Related On Costs		
	Provision - Current	297,995	283,147
	Provision - Non-Current	23,636	19,872
	Accrued Salaries and Wages and On Costs	51,790	28,222
	Total	**373,421**	**331,241**

Sydney West Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

Note 5 Financial Instruments

The Entity's financial instruments are outlined below. These financial instruments arise directly from the Entity's operations or are required to finance its operations. The Entity does not enter into or trade financial instruments, including derivative financial instruments for speculative purposes.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. The Entity carries minimal risks within its operation as it carries only the value of employee provisions and accrued salaries and wages offset in full by accounts receivable from the Parent Entity. Risk management policies are established by the Parent Entity to identify and analyse the risk faced by the Entity, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors of the Parent Entity on a continuous basis.

a) **Financial Instruments Categories**

	Total carrying amounts as per the Balance Sheet	
	2008 $000	2007 $000
Financial Assets		
Receivables at Amortised Cost[1] (note 2)	373,421	331,241
Total Financial Assets	**373,421**	**331,241**
Financial Liabilities		
Payables (Note 3)	51,790	28,222
Total Financial Liabilities	**51,790**	**28,222**

1Excludes statutory receivables and prepayments, i.e. not within the scope of AASB 7.

b) **Credit Risk**

Credit risk arises when there is the possibility of the Entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity i.e receivables. No collateral is held by the Entity nor has it granted any financial guarantees.

Receivables - trade debtors

Receivables are restricted to accrued income for personnel services provided and employee leave provisions and are recognised as amounts receivable at balance date. The parent entity of the Sydney West Area Health Service Special Purpose Service Entity is the sole debtor of the Entity and it is assessed that there is no risk of default. No accounts receivables are classified as "Past Due but not Impaired" or "Considered Impaired".

c) **Liquidity Risk**

Liquidity risk is the risk that the Entity will be unable to meet its payment obligations when they fall due. No such risk exists with the Entity not having any cash flows. All movements that occur in Payables are fully offset by an increase in Receivables from the Sydney West Area Health Service parent entity.

Sydney West Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

d) **Market Risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Entity's exposures to market risk are considered to be minimal and the Entity has no exposure to foreign currency risk and does not enter into commodity contracts.

Interest rate risk

Exposure to interest rate risk arises primarily through interest bearing liabilities.

However the Entity has no such liabilities and the interest rate is assessed as Nil. Similarly it is considered that the Entity is not exposed to other price risks.

e) **Fair Value**

Financial instruments are generally recognised at cost.

The amortised cost of financial instruments recognised in the balance sheet approximates fair value because of the short term nature of the financial instruments.

Note 6 Related Parties

The Sydney West Area Health Service is deemed to control the Sydney West Area Health Service Special Purpose Service Entity in accordance with Australian Accounting Standards. The controlling entity is incorporated under the Health Services Act 1997.
Transactions and balances in this financial report relate only to the Entity's function as provider of personnel services to the controlling entity. The Entity's total income is sourced from the Sydney West Area Health Service. Cash receipts and payments are effected by the Sydney West Area Health Service on the Entity's behalf.

Note 7 Post Balance Date Events

No post balance date events have occurred which warrant inclusion in this report.

END OF AUDITED FINANCIAL STATEMENTS

GLOSSARY

AARCS	Acute to Aged Related Care Services
ACAT	Aged Care Assessment Team
Access Block	The period of time a patient stays in the emergency department after the emergency department staff have completed their assessment and treatment prior to being admitted to a ward.
Accredited	Officially recognised as meeting approved standards and committed to continuing improvement.
ACEM	Australian College of Emergency Medicine
ACFI	Aged Care Funding Instrument
ACHS EquIP	The Australian Council on Healthcare Standards Evaluation and Quality Improvement Program.
Acute Care	Care where the intent is one or more of the following: manage labour (obstetric), treat illness or injury or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function, and/or perform diagnostic or therapeutic procedures.
Acute/Post Acute Care (APAC)	Care by a team including nurses, physiotherapists, occupational therapists and aides who visit people in their homes to provide care that would otherwise have been provided in hospital.
ADF	Australian Defence Forces
ADU	Admission and Discharge Unit
AGU	Acute Gynaecology Unit
AHS	Area Health Service
AIM	Acute Interventional Medicine
AIN	Assistant in Nursing
Allied Health	Health professionals other than doctors and nurses (eg. physiotherapists, social workers)
Ambulatory Care	Any form of care other than as a hospital inpatient. For example, chemotherapy can be administered to cancer patients during a short daytime stay in an Ambulatory Care Ward. An inpatient stay is not required.
AMS	Aboriginal Medical Service
APL	Access and Patient Logistics
ASET	Aged Care Service Emergency Team
AusAID	The Australian Government's overseas aid program
Average Length of Stay (ALOS)	The average number of days each admitted patient stays in a health service facility for each episode of care. It is calculated by dividing the total number of Occupied Bed Days for the period by the number of Actual Separations in the period.
Bed Days	The total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approx.) each day. Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.
Best Practice	Identifying and matching the best performance of others.
BGLs	Blood glucose levels
BICC	Business Intelligence Competency Centre for NSW
BMDH	Blacktown and Mt Druitt Hospitals
Bookings HUB	Centralised booking
C&FH	Children and Family Health
C&FH	Children and Family Health
CADE	Confused and Disturbed Elderly Unit
CALD	Culturally and Linguistically Diverse
CAPAC	Community Acute & Post Acute Care

GLOSSARY

Care Navigation	The process for supporting patients through the steps in their treatment.
Care Plan	A management plan devised by a clinician for a patient at the start of their treatment and revised as required.
Casemix	Casemix is aimed at improving health service delivery (in terms of cost, equity and quality) through classification and data development, as well as research, analysis and information dissemination (see Diagnosis Related Groups – DRGs).
CCAS	Clinical Consultation and Assessment Service
CDU	Counter Disaster Unit
CGU	Clinical Governance Unit
Chargeable Patients	Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.
CHIME	Community Health Information Management Enterprise
CHVP	Children's Home Ventilation Program
CHW	Children's Hospital at Westmead
CIAP	Clinical Information Access Project
Clinical Indicator	A measure of the clinical management and outcome of care. It is an objective measure of either the process or outcome of patient care in quantitative terms.
Clinical nurse consultant (CNC)	A registered nurse who has achieved higher level qualifications, skills, and competencies in a community nursing speciality field such as gerontology, palliative care or diabetes management.
Clinical Pathways	Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of case.
CMC	Clinical Midwifery Consultant
CMS	Clinical Midwifery Specialist
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
COAG	Council of Australian Governments
Communicable diseases	A disease which may be passed or carried from one person to another directly or indirectly.
Co-morbidity	A term used when a person has two, or more, medical conditions at one time.
CONNECTFirst	The care model for the SWAHS Primary Care and Community Health Service focusing on the promotion of health and well-being of children and their families.
COPD	Chronic obstructive pulmonary disease
COST	Clinical Operations Support Team
CREST	Centre for Resuscitation Emergency Simulation Training
Critical care	The part of an acute care hospital staffed and equipped to care for patients who are seriously ill.
CRS	Central Referral Service
CT	Computed Tomography
D&A	Drug and alcohol
DAL	Diagnostic and Analytical Laboratories
DAWN	Discharge of well neonatal

GLOSSARY

DET	Department of Education and Training
DHI	Diversity Health Institute
Diagnosis Related Groups (DRGs)	The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 500 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.
DoCS	The Department of Community Services
DON	Director of Nursing
EAP	Emergency Access Performance
EAPS	Ethnic Affairs Priority Statement
ECGs	Electrocardiographs
E-consults	Electronic Consults
ED	Emergency Department
EDIS	Emergency Department Information System
EEN	Endorsed Enrolled Nurse
EmergoTrain	Exercise for Testing Emergency Response in Hospitals
EMR	Electronic Medial Records
EN	Enrolled Nurse
EPAC	Early Pregnancy Assessment Clinic
ERCP	Endoscopic Retrograde Cholangio Pancreatograph
ETAMI	Early triage of acute myocardial infarction
Fastrack	A process that helps staff to identify patients and supports them to be transferred to the appropriate service more quickly.
FFI	Flour Fortification Initiative
FGM	Female Genital Mutilation
FIRST	Facility for Innovation, Research, Simulation and Skills Training
FIT	Flexible Innovative Teams
FOI	Freedom of information
FSANZ	Food Standards Australia and New Zealand
FTE	Full Time Equivalent.
GHI	Global Health Institute
GIS	Geospatial Information Systems
GPNH	Governor Phillip Nursing Home
GPs	General Practitioners
GSAHS	Greater Southern Area Health Service
GWAHS	Greater Western Area Health Service
HACC	Home and Community Care
HASI	Housing and Accommodation Support Initiative
HDHS	Hawkesbury District Health Service
HDU	High Dependency Unit
HMO	Honorary Medical Officer

GLOSSARY

HNEAHS	Hunter New England Area Health Service
HOMEFirst	Community based home nursing services for patients with chronic and complex health care needs.
HOPE	Healthcare Older Persons Early
HRT	Health Round Table
ICPMR	Institute for Clinical Pathology and Medical Research (based at Westmead Hospital)
ICPP	Intensive Care Partnership Program
ICU	Intensive Care Unit
IHC	Integrated Health Care
IM&T	Information Management and Technology
IMRT	Intensity Modulated Radiation Therapy
Inpatient	A person admitted to hospital.
KConFAB	Consortium for research into Familial Breast Cancer
KPI	Key Performance Indicators
LGA	Local Government Area
LSH	Lottie Stewart Hospital
MAU	Medical Assessment Unit
MDT	Multi-Disciplinary Team
Medical Officer	Doctors who work in the public and/or private sector at a senior level but do not hold a specialist or specialist training position.
Medical Specialist	Doctors who have extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.
MERIT	Magistrates Early Referral Into Treatment
MET	Medical Emergency Team
MH-CCP	Mental health clinical care and prevention model
MH-IDP	Mental health information and development program
MHN	Multicultural Health Network
MH-OAT	Mental health outcome and assessment tool
MLOs	Maternity Liaison Officers
MMHA	Multicultural Mental Health Australia
Moodle	On-line Course Management System
MOU	Memorandum of Understanding
NaMO	Nursing & Midwifery Office (NSW Health)
NATA	National Association of Testing Authorities
NETS	Newborn and paediatric Emergency Transport Service
NGOs	Non Government Organisations
NH&MRC	National Health and Medical Research Council
NICU	Neonatal Intensive Care Unit
N-IDG	International dental graduates program

GLOSSARY

Non-Admitted Patients Occasions of Service (NAPOOS)	Services provided by a health service facility to clients/patients who receive those services without being an admitted client/ patient at the time of receiving the services eg. Outpatient Department Services, Emergency Department Services, Community Health Services.
NSAS	New Street Adolescent Service
NSRI	Nursing Strategy Reserve Initiative
NUM	Nurse Unit Manager
Numerical Profile	A safety audit tool developed for use in health services.
Nursing Home Type Patients	Admitted patients of General Hospitals who have been accommodated in one or more hospitals for more than 35 days without a break exceeding seven days and no longer require acute care.
ODS	Operational Data Repository
Off-stretcher times	The length of time between when a patient arrives at the Emergency Department by ambulance and when their care is transferred to a NSCCH Clinician.
OOS	Occasions of service (Measurement of number of services provide to patients)
OPD	Out Patient Department
OPERA	Older Person's Evaluation, Review and Assessment
PACC	Post Acute Community Care
PACS	Picture Archive and Communication System
PANOC	Physical Abuse and Neglect of Children
PAS	Patient Administration System
Patient flow	The way a patient moves through the hospital from admission, into care and then discharge.
PC&CH	Primary Care and Community Health
PC&CHN	Primary Care and Community Health Network
PECC	Psychiatric Emergency Care Centres
PERU	Primary Health Care Education and Research Unit
PITCCH	Promoting Integrated & Timely Care in the Community & Hospital
POA	Priority of access
POCT	Point of care testing
PRAMS	Postnatal Relationships and Midwifery Services
Principal referral hospital	An acute hospital treating 25,000 or more acute casemix weighted separations per annum.
Procurement Feasibility Plan	A plan that identifies the most realistic way of providing quality health services to the community including a detailed review of alternatives. A PFP also examines the costs and benefits of the preferred solution.
QTO	Quality through outcome
Quality Improvement	An improvement in the way we do things that results in better treatment, better outcomes, lower costs and reduced time in hospital.
Quality Indicator	A measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

GLOSSARY

RACS	Respiratory Ambulatory Care Service
RCA	Root Cause Analysis (RCA)….
Registrar	A doctor working under the supervision of a consultant. Registrars are usually doctors undertaking accredited specialist training programs.
Resp. Rehab-RAC	Respiratory Assessment Clinic
RIS	Radiology Information System
RMU	Risk Management Unit
RN	Registered Nurse
RSA	Responsible Service of Alcohol
Sci-MHOAT	Database which collects mental health consumer registration and outcome measures
SCOPE	Stroke and Care of the Older Person Evaluation
SNAC2	Sentinel node biopsy versus auxiliary clearance clinical trial
SNaP	(S) Quit smoking; (N) better nutrition; (A) moderate alcohol and (P) more physical activity
SPC	Statistical process control
StEPS	Statewide Eyesight Preschooler Screening
SUMS	Safe Use of Medicines Committee
SWAHS	Sydney West Area Health Service
SWITS	Sydney West Inpatient Transport Service
TAFE	Technical and Further Education
TCU	Transition Care Unit
TMF	Treasury Managed Funds
TMHC	Transcultural Mental Health Centre
Triage	A French word meaning 'to sort out.' The Triage System used in NSW hospitals Emergency Departments means patients are seen according to the urgency with which treatment is required – in other words 'sickest seen first".
TSU	Temporary Stay Unit
UNICEF	United Nations International Children's Emergency Fund since 1953 United Nations Children's Fund
UNSW	University of New South Wales
UWS	University of Western Sydney
VDQ	Ventilator Dependent Quadriplegia
VLE	Virtual Learning Environment
VMO	Visiting Medical Officer
VOIP	Voice over internet protocol
VR	Voice recognition
WAAT	Western Adolescent Assessment Team
Waiting Time	The waiting time is the amount of time (reported in days, weeks, months) that a patient has waited for admission to hospital. It is measured from the day the hospital receives a Recommendation for Admission form for the patient until the patient is admitted. People waiting for planned (elective) procedures.
WAND	Ward and nursing display tool

GLOSSARY

WCHN	Women's and Children's Network
WELL	Workplace English Learning and Literacy
WHO	World Health Organisation
WMI	Westmead Millennium Institute
WOMBAT	Women and babies health and wellbeing: action through trial
YDAS	Youth Disability Advocacy Service

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