

the **childr^en's** hospital at Westmead

annual report 2000

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contents

120th Annual Report of the Board of Directors of The Royal Alexandra Hospital for Children (The Children's Hospital at Westmead) for the year ending 30 June 2000

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highlights 1999/2000

This year has been an exciting and challenging one for The Children's Hospital at Westmead with many commendable achievements attained. The following selected "highlights" illustrate the drive and dedication of our valuable staff to deliver better health care for children.

- Launch of the first Paediatric Institute for Neuromuscular Research in Australia in collaboration with the University of Sydney.
- Establishment of "NSW Fire Brigades Burns and Plastic Surgery Treatment Centre" which has improved outpatient and follow-up care for children with burns.
- Introduction of the Neonatal Individualised Care and Assessment Program, by Department of Neonatology Nursing staff.
- Acquisition, as result of three major gifts to the Hospital, of a vascular laser for treatment of children with disfiguring vascular skin markings.
- Development of an eczema and psoriasis outpatient education and treatment centre, to enable the instruction of parents in the treatment of these diseases, so that in many cases admission to hospital will be avoided.
- Establishment of the first family-centred service for childhood obesity in a "Family Weight Management" Program.
- Establishment of a Hotline for emergency telephone advice on childhood Diabetes in New South Wales.
- Full establishment of Kidsnet Health Network providing a telephone service for parents about acute medical problems. Follow up studies attended to calls indicating 100% of callers reporting the service as helpful.
- Development, by Nursing staff, of a book called "Breaking Down the Barriers", a multi-lingual communication aid to assist both staff and families. It is designed as a picture essay to communicate basic needs and some key aspects of care, as an adjunct to the use of interpreter services.
- Development of a Hospital Disability Action plan, using the results of a survey of families with children with disabilities and an EEO survey of staff.
- Establishment of the Quality Council, resulting in better monitoring of outcomes for Quality. The Council structure also includes improved reporting mechanisms to the Board and feedback to staff, with membership extended to include General Practitioner and consumer representatives.
- Creation of a Palliative Care Service.
- Opening of the Variety Club Multi-sensory Room for pain management, relaxation and sensory stimulation.
- Commencement of a phone feedback service to determine parent satisfaction with day surgery service. 88% of families were contacted on the day following surgery, with very positive feedback. Any issues are dealt with immediately.
- Successful implementation of on-line ordering which has lead to efficiencies and improved access for clinicians and families to clinical information and reference material.
- The Vincent Fairfax Pain Unit was accredited by the Australian and New Zealand College of Anaesthetists, for training in paediatric pain medicine. The Pain Unit remains the only comprehensive multidisciplinary paediatric pain unit in Australia.
- \$20.7 million was received from donations, sales of merchandise and bequests, the highest amount ever raised by the Hospital.
- The Vector Production Facility within the Gene Therapy Unit successfully produced clinical grade (FDA approved) vector supernatant.
- Establishment of a Developmental Cognitive Neuropsychology Research unit with funding of a neuropsychology post – as part of the Macquarie Centre for Cognitive Science.
- Relocation of the Cochrane Collaboration's Renal Group from France, to the Centre for Kidney Research.
- Development of a Charter for Physical Activity for Children and Youth.
- Development of a strategic plan for Aboriginal Health Services within the Hospital and beyond.
- Guidelines for the management of croup, acute asthma and head injuries in children adopted by Area Health Services in the Greater West.

philosophy of care

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

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

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

Our vision

- Better Health for Children
- Excellence in Child Health Care

Our mission

The Children's Hospital at Westmead will constantly challenge the existing boundaries in paediatric and child health by leading change and striving for excellence in clinical care, research, teaching and advocacy.

- Hospital services – to provide a total healing environment for children and their families. We do this by combining the best of science with the technical and caring skills of our staff in a building which blends innovative design with art and gardens.
- Community – to expand community and outreach activities which offer appropriate care in the appropriate place.

- Advocacy – to promote the interests and needs of all children.
- Teaching – to place a high priority on excellence and leadership in education and training to support our staff and to share our knowledge with others.
- Research – to place a high priority on research to improve the lives of our present and future patients.

Principles guiding our work

- Health gain – to ensure that improving children's health and quality of life are the focus of our efforts.
- Concern for people – to care for our patients, their families, our staff and our supporters as individual people with their own needs.
- Doing it better – to provide the best possible patient care by the effective use of resources, recognising the need to continuously review and improve procedures and processes.
- A hub of paediatrics – to play a pivotal role in establishing with others a network to share our knowledge and skills in paediatrics for the health of children.
- Making the future better – to invest in and facilitate research that improves our understanding of how to prevent or treat diseases in children and to work with government and community agencies to promote the health and well-being of all children.

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president and chief executive report

The Children's Hospital at Westmead

November 6 this year marks the fifth anniversary of the Hospital's move to this site. As we have been firmly established for five years, we are no longer "new". In May this year it was agreed to change our name to The Children's Hospital at Westmead. The logic is inescapable. We are no longer new, we are a children's hospital and we are at Westmead. The change of name to The Children's Hospital at Westmead is an accurate and timely one.

Of course our legal name remains The Royal Alexandra Hospital for Children, a name with a long tradition in which we take great pride. We will continue to use the Bandaged Bear as our mascot, but in the future you may see him doing some more interesting things. We are making the change in the most cost effective way with the name coming into effect on our fifth anniversary at Westmead, in our 120th year.

The NSW Health Council

This year has seen some welcome initiatives from the New South Wales Health Council, set up by the Minister for Health to "deliver a plan that would provide effective strategies to improve the delivery of quality health services, better manage costs and improve the health outcomes of people in metropolitan, regional and rural New South Wales". As this Hospital is a state-wide resource which looks after children from metropolitan, regional and rural New South Wales, including many of the very sickest ones, this comprehensive approach is one that this Hospital totally supports. Crucial to the recommendations made by the Health Council and to the success of its outcomes, is the involvement of clinicians in formulating and implementing its recommendations. Our staff are involved in several of the Health Council's Implementation Groups.

The Health Council recommendations have resulted in a significant boost in funding along with the introduction of three-year budgets which will improve our ability to plan. In the 2000 – 2001 Financial year, we received \$1 million additional funding for Health Council initiatives, including \$300,000 for Emergency Department services. We will use the remaining \$700,000 for a range of patient care initiatives including high dependency nursing services and surgical enhancements.

The Health Council is very supportive of our networking strategy in the Greater West of Sydney. Here we are working with paediatric units in district hospitals to develop a range of measures to give parents confidence that the standard of care they would receive if they came to this Hospital can often be available at a hospital nearer to them. These include the development of protocols for the management of common paediatric problems and the rotation of medical and nursing staff with the aim of being able to "badge" some of these paediatric units as cooperative units with this hospital. Our paediatric colleagues in the other hospitals as well as the CEOs of the surrounding Area Health Services have been very supportive of this process.

We are now working with Sydney Children's Hospital and John Hunter Hospital to develop a paediatric network for all of New South Wales.

Quality and Performance

The two most important quality initiatives for this year have been the establishment of the Quality Council and the setting up of the Clinical Review Committee.

These two initiatives heralded a renewed vigour in increasing the focus of continuous quality improvement throughout the Hospital.

The Quality Council is chaired by a member of the Board of Directors and reports directly to the Board. Its members include a consumer and a GP representative, who provide valuable input to the process of assessing our performance against community standards. A panel of consumer representatives was also involved in the EQulP process and gave some very positive feedback to the assessors about their perception of the care their children received.

Our performance related to the targets set for the emergency department was again above the benchmark for the most urgent cases. In winter, the number of children presenting to the emergency department consistently exceeds 3,000 monthly and during the coldest months, this figure exceeds 3,500.

In the area of waiting list management, the Hospital reached its target of only 15 children waiting longer than 30 days for eight months of the year. The months for which this target was not reached related to periods of low activity over Christmas

and Easter. We did not do as well for the children who were designated as non-urgent admissions. With the target this year set at zero, the number of children waiting more than a year for admission peaked at 47 in January, but decreased over the next four months so that by May, there were 16 in this category.

Initiatives and Achievements

Four major new units opened during the year. The Institute for Neuromuscular Research was launched at Government House and is headed by Professor Robert Ouvrier. It will concentrate on further developing our neurology research profile. Dr David Little has been appointed Head of a newly formed Orthopaedic Research Unit, a Unit which is making some significant discoveries. Both of these units are entirely supported by donated funds.

A re-organisation has allowed the formation of a Hepatology Unit to better recognise the major role we have in liver transplantation, with Dr Stuart Dorney being appointed as Head of that Unit.

A grant from the NSW Health Department has enabled the establishment of the Centre for the Advancement of Adolescent Health which is having a key role at a state-wide level in bringing together various bodies involved in working with adolescents.

There has been some re-organisation of the Hospital's divisions and some ward restructuring. A Division of Laboratory Services has been created with Dr Susan Arbuckle as Chair. The Division of Medicine has been split into a Division of Speciality Medicine, Chaired by A/Professor Peter Van Asperen and a Division of Academic General Medicine with Professor Craig Mellis being the Academic Head and A/Professor Henry Kilham the Administrative Head. A re-configuration

of Hospital beds has allowed Yaralla Ward to be made available for other urgently needed purposes. Hunter Baillie Ward has been changed to a combined babies and toddlers ward which, after some initial teething problems, is now functioning very well. The space made available in Yaralla Ward is currently being converted to provide a Renal Treatment Centre, an Eczema Day Care Unit, a base for our Home Intravenous Program and an expanded Admit Day of Surgery Unit. With the changing pattern of paediatric care, and a welcomed increased emphasis on outpatient care, including links with the community, bed numbers may diminish in the future, although of course our patient load will remain largely unchanged.

Sadly, some children with overwhelming or incurable diseases do not survive. It is important that we recognise these children and their families. In November 1999, many families and staff attended a memorial service held in the Children's Garden in memory of children and babies who had died here over the last four years.

For our severely handicapped children, who often have sensory deprivation, we have established a multi-sensory room which is proving a great success. This was the first such room in a children's hospital in New South Wales and was provided with a donation of \$100,000 from the Variety Club.

Our Advocacy Group is active in promoting the health, safety and welfare of children. Two major initiatives this year were the launch of the Charter for Physical Activity for Children and Youth and a conference on "Child Health Pays". The Charter for Physical Activity for Children and Youth has been endorsed by the major sporting and educational bodies in the state and negotiations are under way for it to be launched on a national basis. The Child Health Pays conference, attended by the Minister for Health and a range of community leaders, was aimed

at showing some of the major advances in the care of extremely ill children, with the message that an investment in child health is a wise one which saves health dollars further down the track when these children become healthy adults.

On 1 October 1999, our first annual Ivy Lew Oration was given by Sir Gustav Nossal. This was followed by the second Ivy Lew Oration which was brought forward by six months to fit the schedule of Nobel Laureate Professor Peter Doherty. The Ivy Lew Oration is supported by Dr William Lew in recognition of his mother, Mrs Ivy Lew.

In November 1999, we participated in a National Aboriginal and Islander Day and have identified a piece of land in the Hospital grounds which we are planning to set aside as an area dedicated for Aboriginal people.

Another major achievement of the year has been the preparation for the Equip Program. Many staff members were involved in providing the necessary documentation and as a result of some outstanding presentations, the Hospital has been awarded the maximum four year accreditation by the Australian Council on Healthcare Standards.

Negotiations between the Children's Medical Research Institute and the Hospital continue as we seek to find a way to combine our research activities into a single, unified research organisation. There is increasing commitment on both sides to achieve this.

We were fortunate to attract the Cochrane Renal Group from France. This group is now well established in this Hospital making it the international centre for Evidence Based Medicine and renal disease, a tribute to our research profile in renal medicine.

Our Gene Vector Research Laboratory, the first in Australia, has now been commissioned and will become a national resource in this leading edge area of bio-

technology. Its significance has been recognised by NSW Health which is providing considerable funding over the next three years.

Staff safety and health remains an important priority with our very good record continuing. This year's Occupational Health and Safety Audit achieved a score of 72.9%, an increase over last year. We had a similar excellent result of 78.5% with our Waste Management Audit.

Bear Cottage, our hospice for children at Manly, is under construction with plans to open in the first half of 2001. This will be a resource for children with terminal diseases from all over New South Wales. At Bear Cottage they will be looked after with care and respect, in the presence of their families, in a non-clinical atmosphere.

Finances

The Hospital has had a successful year financially with a net cost of service result of 10% better than budget. There were a number of reasons for this result including some very welcome, but unexpected, donations in the order of \$5,000,000 and an upswing in the value of a class of the Hospital's investments which returned \$1,048,000 to the Hospital's operating results.

We planned for inpatient activity of 27,500 admissions, a reduction compared with last year. Although we did not meet this target, the shortfall of 1,349 admissions is represented primarily by improvements in protocols for treatment of children in Oncology and the Sleep Unit which allowed them to be treated as outpatients, rather than inpatients. Non-admitted patient occasions of service were planned to be in the region of 500,000 for the year. We exceeded this target by 5%.

We also experienced a 36% increase in the private non-admitted patient occasions of service which directly contributed to the 9%

increase in patient fee revenue for the year (excluding Inter-Area Patient Flow income).

The increasing success in raising revenue from non-admitted patients is not repeated in income from admitted private patients. Despite rates of private health insurance in New South Wales of more than 30%, the Hospital continues to experience low levels of private patient bed days and closed the year with a cumulative result of 21%. It is hoped that recent changes in legislation for private health insurance will go some way to encouraging parents to have their children privately admitted.

NSW Health recurrent funding amounted to \$48,000,000. In addition, the Hospital received \$63,708,000 in funding from other NSW Area Health Services for treating patients resident in those Areas on their behalf. In total these two amounts represent a 2% increase in funding for core activity.

The Hospital successfully maintained payments to its creditors within the NSW Health Department benchmark of 45 days. However we continue to have difficulty meeting benchmarks for collection of debts. Slow response from health insurers and the volume of patients ineligible for Medicare and unable to pay, compound the difficulties in collecting debts promptly.

The Hospital has put in place several strategies to improve debt collection rates, including:

- a review of recovery procedures
- a restructure of patient billing staff
- the creation of a Patient Liaison Officer to assist parents with billing issues
- participation in the development of specifications for a new billing system for NSW Health.

While meeting the requirement to raise charges for the care of illegal immigrants, we are also committed to providing high quality care for all sick children who come to us, whatever their status.

Our operating costs rose by less than 1% overall, despite the cost of salary increases and some significant increases in medical consumable and drug costs.

Overall revenue increased by 34% compared with last year. This relates to better than expected levels of donations for specific purposes and to improved levels of patient fee revenue. A 56% increase in grants and contributions and a 2% increase in investment income also contributed to this exceptional result.

The cost of raising donations fell from 19% of donations to 15% despite the increase in donations received. We used these funds to purchase the equipment specified by the donations, to commence the building of Bear Cottage and to provide ongoing support for a range of clinical services.

Despite our best efforts to reduce inventory levels, increasing costs led to a small increase in the level of inventory held at the year end. We will continue to work with the Peak Purchasing Council to implement innovative solutions to the cost of acquiring and holding inventory.

During the year we disposed of one investment property. In addition the Hospital committed to a strategy designed to maintain the level of desktop technology critical to the delivery of quality care and allow better management of cashflow. As a result, the Hospital sold and leased back all its desktop computers and will benefit from a three yearly upgrade of these items.

In the coming financial years the Hospital will benefit from additional funding of \$1,000,000 in 2000/2001 and \$3,000,000 in each of the two subsequent years, as a result of Health Council initiatives. These additional funds will allow us to provide greater support to core clinical activity and to introduce initiatives aimed at reducing length of stay and upgrading equipment. Part of this funding

is specifically intended to support improvements in the delivery of service in our Emergency Department.

We are also privileged to have received a further \$1,000,000 in Mental Health funding to guarantee the continuing delivery of telepsychiatry services to the children of New South Wales.

The Hospital plans to operate at activity levels similar to 1999/2000 in the coming year, and to successfully meet our financial commitments.

Capital Campaign

All of the world's great children's hospitals have strong research departments. We are no exception. Our grant income from competitive funding and our publications in high impact journals continues to rise. This last year our staff won over \$4 million in research grants, \$2.3 million being from competitive, external funding bodies.

Our clinical expertise, combined with our laboratory based research and our links with the Children's Medical Research Institute, puts us in the unique position of being able to move from the laboratory bench to the child's bedside in our powerful, practical combination that turns research into medicine.

This success has produced two problems. We have more researchers than we have space and facilities for, and for every dollar won in competitive funding, an extra dollar is needed for infrastructure and other support costs. This is why the Board has endorsed a Capital Campaign "Cures for Kids" for research.

We are fortunate to have Mr Robert Ferguson, Chairman of the BT Financial Group, as Campaign President and Mr John O'Neill, Chief Executive of Australian Rugby, as our Campaign Chair. We are delighted that His Excellency, the Honourable Sir William Deane AC KBE, Governor General of the Commonwealth of Australia, is our Patron and Chief. Money

raised from this Campaign will contribute towards a new research building, to the purchase of equipment and the development of our research programs.

Strategic Planning

Our Strategic Plan for the next four years has been developed following a process of wide consultation. The plan "Better Health for Children – Excellence in Child Health Care" follows the goals set out in NSW Health's strategic directions "Better Health – Good Health Care".

As well as guiding the Hospital's direction over the coming years, individual Hospital departments will also use the Strategic Plan in developing priorities for their own departments.

The plan, with its focus on challenging existing boundaries, leading change and striving for excellence, is a living document, regularly reviewed by the Board, the Executive team and individual Hospital departments.

Our Staff

We value our staff's dedication and the fact that many put in extra work and effort because they know that their work is important. All staff, whatever their role in the Hospital, are aware that we are all dependent on each other to some extent and that our primary focus on caring for sick children depends on all staff members.

To recognise our staff, an award for the Employee of the Month has been commenced. Nominations are made by staff with a cross-section of staff on the selection panel. The decisions have been popular, with recipients so far including members of the domestic, social work and nursing staff.

Senior appointments during the year include Jenni Jarvis, our new Director of Nursing. Jenni's enthusiasm for nursing becoming more integrated with other

areas of the Hospital and her ability to empower nursing staff are having positive effects throughout the Hospital. Ralph Hanson has been made Director of Information Technology and a member of our Executive team. His expertise in casemix and information technology is also valued in the Department of Health.

Professor William Tarnow-Mordi has been appointed as Academic Head of the Neonatal Units at Westmead Hospital and at this Hospital and is bringing increased academic rigour to these departments.

We have lost some excellent senior staff who have moved on to other areas. Retirements include Professor Tom Taylor and A/Professor Ian Johnston whose contributions have been recognised by their appointments as Emeritus Consultants. In addition, Suzette Booth, Head of the Child Protection Unit, Michael Fairley, Staff Psychiatrist, Christopher Green, Head of the Child Development Unit and Margaret Bunker, Deputy Director of Nursing, have all made outstanding contributions over long periods. We understand the need for change and new challenges and thank them for their time with us.

Each year some of our staff receive national and international recognition. This year is no exception. Richard Widmer was made President of the International Association of Paediatric Dentistry, Margaret Burgess was invited to join SAGE, the expert group which advises WHO on vaccines and immunisations and Peter Procopis was appointed to the Medical Board of New South Wales. John Christodoulou was appointed Chair of the Faculty of Medicine, Board of Postgraduate Studies, a position that carries the title of Associate Dean. Martin Silink was elected as President of the International Society for Paediatric and Adolescent Diabetes. Elizabeth Elliott became President of the Paediatric Research Society of Australia and New Zealand and Fiona Richards,

Senior Social Worker has won a Churchill Fellowship to study the "Implications of Pre-Implantation Genetic Diagnosis". Lynne Brodie was elected President of the Nursing Unit Manager's Society of New South Wales, Vanessa Keller was made President of the NSW/ACT Transplant Nurses Association and Olga Munoz, President of the Australian Federation of Paediatric and Child Health Nurses. David Bennett received the Rotary District 9680 Award for Vocational Excellence and Kathryn North was awarded the Sunderland Award as the outstanding Australian Neuro-Biologist of the year.

Our Children's Institute of Sports Medicine, based on work done by Robbie Parker, won the New South Wales Sports Safety 2000 Award for "the outstanding achievement in applied research in sports medicine by a research team" for a study into injury in junior rugby league.

Our Board

As with our staff, members of the Board exhibit a high degree of dedication to the work of the Hospital. They demonstrate leadership and have proven to be good governors of the Hospital.

In December 1999, Genevieve Grey resigned to take up an appointment in Canada. Her wide experience in nursing, education and university administration was particularly relevant to her position on the Board.

Towards the end of the year, Dea Thiele

advised that she would be not be seeking re-election and she has subsequently relocated to Canberra. Dea had an extensive knowledge of health and provided to the Board her established links with the Aboriginal Community.

Our Supporters

10% of our expenditure comes from our supporters in the community, people who want the very best standard of care for the sick children we care for. These donations purchase the majority of our patient care equipment, provide special facilities for parents and children and fund almost 200 staff in a range of frontline patient care and research activities. This has been our most successful year with \$20.7 million being raised from donations, sales of merchandise and bequests. We have over 40,000 supporters, each of whom makes a real difference to our work and who collectively helped us reach this total. Special mention should be made of a \$4 million legacy from the Stanley and Millicent Fox Foundation. Mrs Fox had been a supporter of the Hospital for many years.

Mr Daniel Petre and Mr James Packer have each made extremely generous commitments over the next four years. The Hospital will name the Chair of Neurology and the Chair of Educational Research in appreciation of this support.

In recognition of the Hospital's long-standing support given by Mr James

Fairfax to our Institute of Paediatric Nutrition, Professor Gaskin's Chair has been named the James Fairfax Chair of Paediatric Nutrition.

Woolworths continues to be a major supporter, now in its sixth year of partnership with us, with donations so far being well over \$4 million.

We are grateful to all of our supporters. We thank them for their work and encourage their continued involvement as they work in partnership with us in improving the care of sick children and extending the frontiers of paediatric care and knowledge.

We are well aware of the many demands on the health system and believe that the partnership we have between the government, our supporters, our marvellous staff and our committed Board, is one which will allow us to continue to provide leadership and expertise in caring for many of the sickest children in this state and beyond.



John Dunlop, President



Kim Oates, Chief Executive

board and management

Patron

Her Majesty Queen Elizabeth,
The Queen Mother

Board of Directors

President:

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

Vice-Presidents:

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

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

Honorary Treasurer:

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

Directors:

Genevieve Gray, RN, RM, MSc (Nursing),
DipAdvNsgSt, DNE (NSWCN), FCN (NSW),
FRCNA (1998 to 12/99)

Graham Lawrence, DipMarket (1993)

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

John Pascoe, AM, BA, LLB (1986)

Dea Thiele (1996)

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

Staff Elected Member:

Wendy Hawker, DipPhys (1998)

Honorary Solicitor:

Gadens Ridgeway

Consultant Legal Advisor:

Murray Tobias AM QC

(Year in brackets indicates when appointed)

Executive Management

Chief Executive:

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

Executive Director (Clinical Services)

and Deputy Chief Executive:

Peter Procopis, MB, BS, FRACP

Deputy Executive Director and

Director of Clinical Outreach:

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

Director of Nursing:

Jenni Jarvis

Acting Director of Nursing:

Margaret Bunker

Director of Corporate Services:

Russell Smith, BBus, GradDipBA,
AFCHSE, CHE

Director of Finance:

Louise Mooney, LLB, FCA

Director of Community Relations
and Marketing:

David Jackett, ACMA

Director of Information Services:

Ralph Hanson,
BSc(Med), MBBCH, MPH, MRACMA,
FRACP, FACEM

Medical Staff Council

Representatives attending Board:

John Pitkin, MB, BS, FRACS, FRCS

Paul Knight, MB, BS, FRACP

Postal Address:

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Board Meeting Attendances

Name	Possible meetings*	Meetings attended
J A Dunlop	10	10
P E Mason	6	5
V Street	11	10
D G A Say	8	8
G Gray (to 12/99)	6	6
W Hawker	10	10
G Lawrence	9	8
R K Oates	11	11
J H Pascoe	6	3
D Thiele	5	0
J A Young	9	5

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

profiles – board of directors

John Dunlop

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

Peter Mason

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

Val Street

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

David Say

David Say is a non-executive director of a number of companies including HSBC Bank Australia (Chairman), Warren Centre for Advanced Engineering (Director), Australian Centre for Languages (Chairman), and Southern Star Group. A Chartered Accountant, he holds a Diploma of Business Studies from IMI, Geneva. He was elected to the Board in April 1989 and appointed Honorary Treasurer in 1993. He is a committed supporter of the fundraising work of the Hospital.

Genevieve Gray (to 12/99)

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

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

Wendy Hawker

Wendy Hawker was elected to the Board as Staff Member in 1998. She has been the Head Physiotherapist at the Hospital since 1980, Chair of the Division of Allied Health Professionals since 1993 and Chair of the Combined Divisions of Allied Health and Standards since 1999.

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

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

Graham Lawrence

Graham Lawrence joined the Board in 1993 and was Chairman of the Marketing Committee for the New Children's Hospital Caring Campaign and more recently a member of The Appeal Planning Committee for the Cure for Kids Campaign. He has a 35-year career in advertising and publishing. Graham has held the positions of CEO of News Magazine Pty Ltd, Group Advertising Sales Director of News Ltd, Deputy Publisher and Director of Australian Consolidated Press Ltd. He holds a Master of Strategic Marketing and is an Honorary Fellow of the International Marketing Institute of Australia.

Kim Oates

(see profile: Executive Staff)

John Pascoe

John Pascoe is a graduate of the Australian National University and, after admission as a solicitor, became a partner of Stephen Jaques & Stephen in 1977. He joined the Board of George Weston Foods Limited in 1981 and is now Chairman of that Company. He is a Director of Cambooya Investments Limited, Sealcorp Limited, National Chairman of The Duke of Edinburgh Award Scheme in Australia

and a part-time Member of the Board of Tourism New South Wales. He was appointed a Member in the General Division of the Order of Australia in 1994.

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

Dea Thiele

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

John Young

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

profiles – executive staff

Kim Oates

Kim Oates was appointed as Chief Executive in December 1997. Apart from several years working in the UK and the USA, he has had a continuous association with the Hospital since starting as a Paediatric Resident in 1969. For the 12 years prior to his current appointment he was the Douglas Burrows Professor of Paediatrics and Child Health in the University of Sydney, a Member of the Hospital's Board of Directors and Chairman of the Hospital's Division of Medicine. He chairs the Federal Government's National Council for the Prevention of Child Abuse and Neglect. In May 2000, the National Center for the Prevention of Child Abuse and Neglect in Denver, USA, awarded him the Kempe award for "outstanding contributions to the community on behalf of children", the first time this award has been given outside the USA.

Peter Procopis

Peter Procopis joined the Hospital staff in the Neurology Clinic in 1969. After a period of further training in the USA he returned in 1973 as a Visiting Neurologist. He was appointed Staff Neurologist in 1979, Director of Medical Services in 1985 and Executive Director in 1990. He is active in College affairs being the inaugural Chairman of the Australian Board of Paediatric Censors and was Chairman of the Committee for Examinations of the Royal Australasian College of Physicians until 1996. He was President of the Australian College of Paediatrics from 1993-1995 and is now a member of the RACP Council and Chairman of the Board of Continuing Education. In 1999 he was appointed as the RACP nominee to the Medical Board of NSW. His interests in postgraduate medical education have led to his appointment to the Postgraduate Medical Council of NSW where he is Deputy Chairman.

John Overton

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

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

He became Director of Anaesthesia in 1977, Deputy Director of Medical Services in 1982 and Director of Clinical Services in 1990. He has held senior rank in the Medical Service of the Australian Defence Force, has been on the Board of Examiners

of the Australian and New Zealand College of Anaesthetists and serves on the Professional Standards Committee and the Medical Tribunal of the Medical Board of New South Wales. He has also served with the Ambulance Service of NSW and was one of the group that established the NSW Paramedical Ambulance Service.

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

Jennifer Jarvis

Jenni Jarvis joined the Hospital as Director of Nursing in February 2000. She previously worked in several positions of leadership at the Women's & Children's Hospital in Adelaide, SA, including the role of Head of the Clinical Support Unit. Since 1995, Jenni focused her role at the WCH on the development of a program of multidisciplinary clinical practice improvement. She is an active member of the Children's Hospitals & Paediatric Units Australasia, particularly in relation to the development of clinical costing information and benchmarking. She is a member of the Royal College of Nursing of Australia.

Russell Smith

Russell Smith joined the Hospital in August 1991 as Deputy Director of Administrative Services. He previously worked at St Vincent's (Private) Hospital in Toowoomba, Queensland, as Executive Officer. He held management committee positions on the Private Hospital's Association, Queensland and the Australian Catholic Health Care Association. He holds a Bachelor of Business (Health Administration) from Queensland University of Technology, a Graduate Diploma in Business Administration from the University of Sydney and is an Associate Fellow of the Australian College of Health Service Executives. He was appointed Director of Administrative Services in April 1993, which has been renamed Corporate Services.

Louise Mooney

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

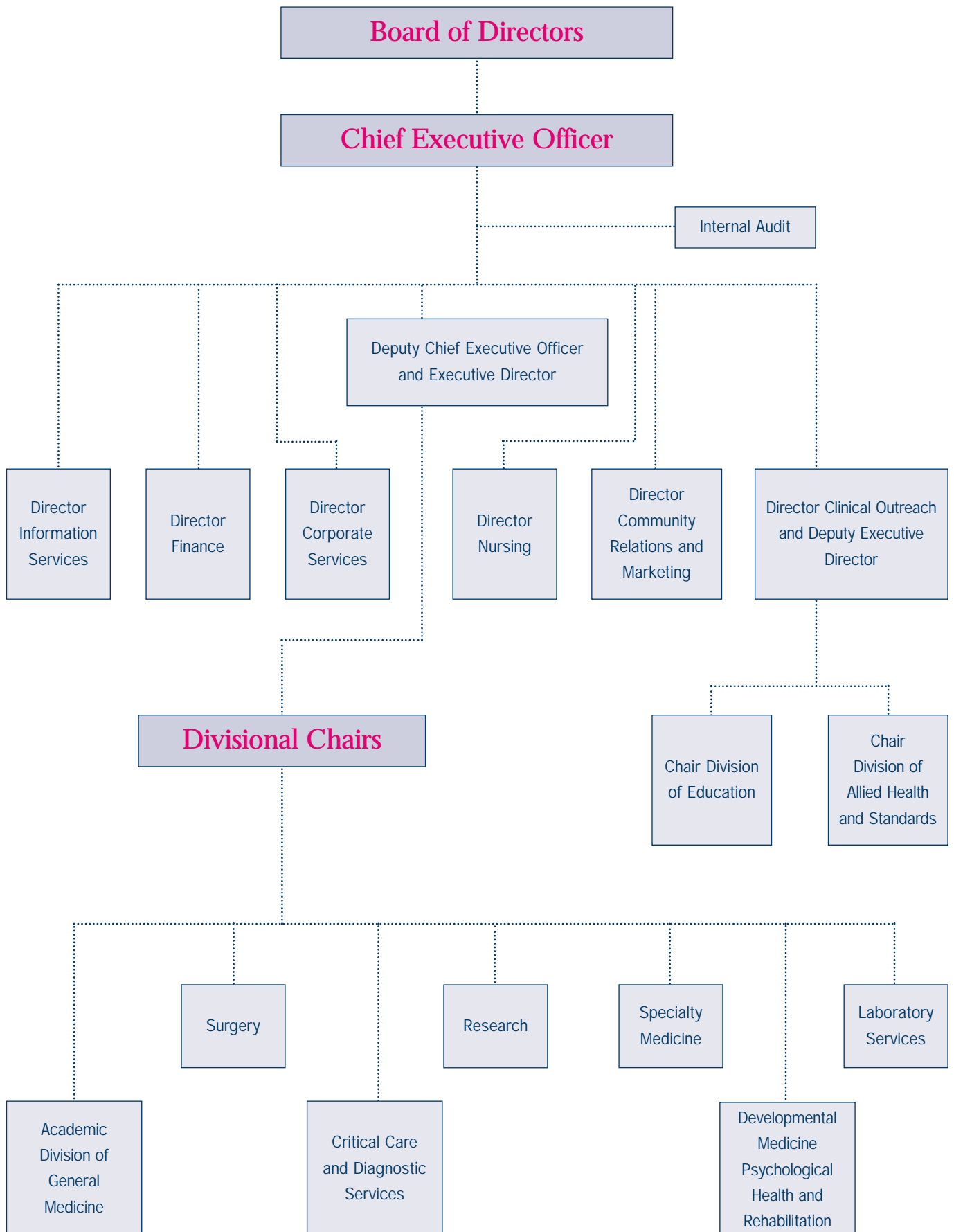
David Jackett

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

Ralph Hanson

Ralph Hanson joined the Hospital in 1982. After successfully completing his training in paediatrics, he was appointed as Staff Specialist and subsequently Head of the Emergency Department and Outpatients. In 1997 he was seconded to the position of Manager, Clinical Services Network Taskforce and subsequently appointed Chair of Information Services in 1998 and Director of Information Services in February 2000. He is both a Fellow of the Australasian College of Physicians and the Australasian College of Emergency Medicine and has a Masters in Public Health.

lines of management responsibility



corporate governance statement

The Board is responsible for the corporate governance practices of The Children's Hospital at Westmead. This statement sets out the main corporate governance practices in operation throughout the financial year, except where indicated.

The Children's Hospital at Westmead Board

The Board carries out all its functions, responsibilities and obligations in accordance with the Health Services Act of 1997.

The Board is committed to better practices contained in the Guide on Corporate Governance, issued jointly by the Health Services Association and the NSW Health Department.

Board membership consists of a Chair, eight other non-executive members, a staff elected member, and the Chief Executive Officer, as an "ex-officio" member.

The Board has in place practices that ensure that the primary governing responsibilities of the Board are fulfilled in relation to:

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

This Report contains information regarding the identity of each Board member noting the i) qualifications, specific skills and experience they bring to the Board; ii) term of appointment of Board members; iii) frequency of Board meetings and members' attendance at meetings.

Resources available to the Board

The Board and its members has available to it various sources of independent advice. This includes advice of the external auditor (the Auditor General or the nominee of that office), the internal auditor who is free to give advice direct to the Board, and professional advice.

The engagement of independent professional advice to the Board shall be subject to the approval of the Board or of a committee of the Board.

Strategic direction

The Board has in place processes for the effective planning and delivery of health services to the communities and patients serviced by the Area Health Service. This process includes the setting of a strategic direction for both the organisation and for the health service it provides.

Code of ethical behaviour

As part of the Board's commitment to the highest standard of conduct, the Board has adopted a Code of Ethical Behaviour to guide Board members in carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community, compliance with laws and regulations, and ethical responsibilities.

The Board has also endorsed the Code of Conduct, which applies to the management and other employees of the Area Health Service. A copy of this Code of Conduct, following review in August 1999, was distributed to all staff members and is available on the Hospital's Intranet.

Performance appraisal

The Board has ensured that there are processes in place to:

- monitor progress of the matters contained within the Performance Agreement between the Board and the Director General of the NSW Health Department.
- regularly review the performance of the Board through a process of Board self appraisal.

Risk management

The Board is responsible for supervising and monitoring risk management by the Children's Hospital, including the Service's system of internal controls. The Board has mechanisms for monitoring the operations and financial performance of the Service.

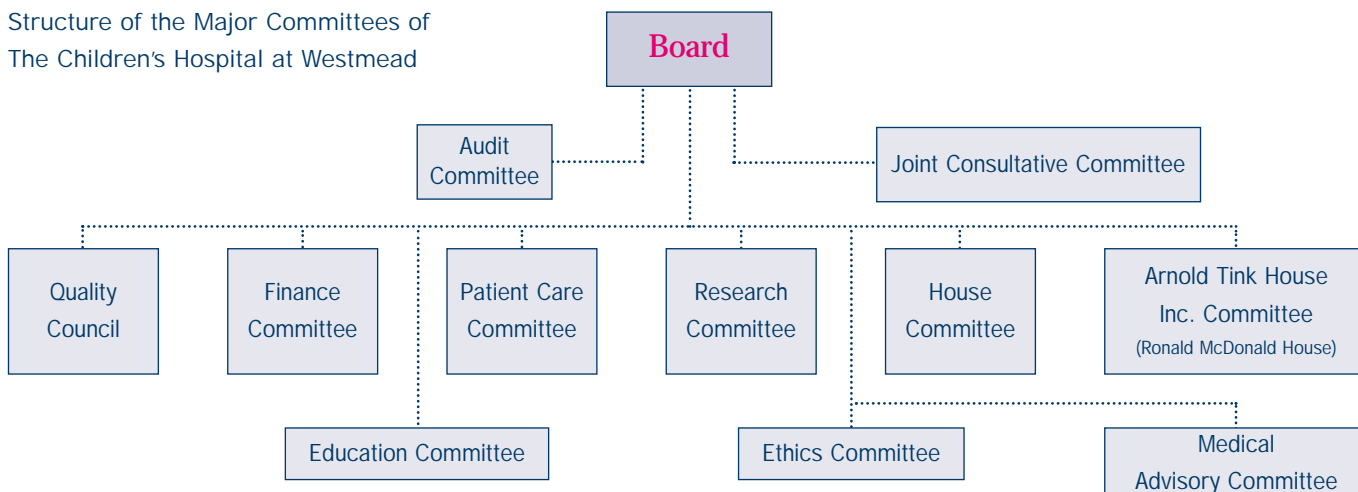
The Board receives and considers all reports of the Service's external and internal auditors and, through the Audit Committee, ensures that audit recommendations are implemented.

Committee structure

The Board meets at regular intervals and has in place mechanisms for the conduct of special meetings. The Board has a committee structure in place to enhance its corporate governance role. These committees meet regularly.

committees

Structure of the Major Committees of
The Children's Hospital at Westmead



Quality Council

The Board has in place systems and activities for measuring and routinely reporting on the safety and quality of care provided to the community. These systems and activities reflect the principles, performance and reporting guidelines as detailed in the Framework for Managing the Quality of Health Services in NSW documentation.

Role: The Quality Council has been established to provide leadership in continuous service improvement throughout the Hospital. The Committee reports to the Board on all areas of quality of service, particularly in relation to the six dimensions of quality contained in the NSW Health Quality Framework document.

Membership

Board Representative

~ Ms W Hawker (Chair)

Executive Director

Director, Nursing

Director, Information Services

Manager, Quality Care Unit

Chair, Clinical Review Committee

Five Medical Clinicians

Representatives, Nursing (two)

Representative, Allied Health

Representative, Risk Management

Representative, Information Services

Representative, Education

Representative, Ambulatory Services

GP representative

Consumer representative.

Finance Committee

The Board has established a Finance Committee. This Committee is chaired by Mr J A Dunlop. The Finance Committee meets monthly. The terms of reference for the Finance Committee are to:

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

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

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

Membership

Board Representatives

~ Mr J A Dunlop (Chairman)

~ Mr P E Mason

~ Mr D G A Say

~ Ms V Street

Chief Executive

Executive Director

Director, Finance

Director, Corporate Services

Director, Community Relations
and Marketing

Chairman, Division of Surgery.

Audit Committee

The Board has established an Audit Committee. This committee is chaired by Mr D G A Say.

The Audit Committee meets quarterly. The terms of reference for the Audit Committee are to:

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

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

Membership:

Board Representatives

~ Mr D G A Say (Chairman)

~ Mr J A Dunlop

- ~ Mr P E Mason
- ~ Ms V Street

The Committee invites the attendance of:

Ms C Hoskings

Partner, Ernst & Young

Ms Maria Spriggins

Director of Audit, Auditor General's

Office of NSW

Internal Audit Manager

Chief Executive

Executive Director

Director, Finance

Director, Corporate Services

Director, Community Relations
and Marketing

Director, Nursing

Chairman, Division of Surgery.

Patient Care Committee

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

Membership:

Board Representatives

~ Ms V Street (Chairman)

~ Mr J H Pascoe

~ Mrs D Theile

Chief Executive

Executive Director

Director, Clinical Outreach

Director, Nursing

Deputy Director, Nursing

Director, Corporate Services

Deputy Director, Corporate Services

Director, Finance

Chairman, Division of Surgery

Chairman, Academic Division of
General Medicine

Chairman, Division of Specialty Medicine

Chairman, Division of Critical Care and
Diagnostic Services

Chairman, Division of Allied

Health Professions

Chairman, Medical Staff Council

Chief Resident

Four Clinicians

One Nurse Unit Manager.

House Committee

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

Membership:

Board Representatives

~ Mr J A Dunlop (Chairman)

~ Mr G Lawrence

~ Mrs D Thiele

Chief Executive

Executive Director

Director, Nursing

Director, Corporate Services

Director, Finance

Director, Community Relations

and Marketing

Director, Division of Information Services

Chairman, Medical Staff Council

Four Clinicians

~ Dr C Cowell

~ Dr M Rogers

~ Dr M Stevens

~ A/Prof R Ouvrier.

Medical Advisory Committee

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

Membership:

Board Representative

~ Mr J A Dunlop (Chairman)

Chief Executive

Executive Director

Director, Clinical Outreach

Director, Nursing

Douglas Burrows Professor of Paediatrics
and Child Health

Chairman, Division of Surgery

Chairman, Medical Staff Council

Chairman, Division of Critical Care

and Diagnostic Services

Chairman, Division of Education

Chairman, Division of Developmental
Medicine, Psychological Health
and Rehabilitation

Three Clinicians

~ Dr M Glasson

~ A/Prof H Kilham

~ A/Prof P Van Asperen.

Ethics Committee Membership 1999

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

Membership

~ Prof P Rowe (Chairman)

~ Ms A O'Neill (Secretary)

Board Representative

~ Prof R K Oates

Executive Director

Community Members

Laypeople not affiliated with the institution

Mrs R Burleigh (from August 1998)

Mr R Young

Mr I Butcher (Lawyer)

Ms H Maguire (Chaplain)

Prof D Cass (Surgical Research)

Prof S Nagy (Nursing Research)

Ms D Waters (Nursing Research)

Ms A Moore (Allied Health Research)

Dr R Reddel (Representative, CMRI)

Dr P Cooper (Professional Care).

Arnold Tink House Committee

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

Membership

~ Mrs T Jermyn (Chair)

~ McDonald Children's Charities

~ Mr T Decari

~ Mr R Finn

~ Mr D Tynan

Representatives of The Children's
Hospital at Westmead

Prof R K Oates

Mr R Smith

Ms C Searle

Ordinary Members

Mrs R Everett

Mrs J Keenan

Mr M Holton

Mr A Overton

In Attendance

Ms C Atkinson – House Manager.

Education Committee

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

Membership:

Chairman, Division of Education
(Chairman)

Chief Executive

Executive Director

Director, Clinical Outreach

Representative, Other Professions
Education Committee

Representative, University Department
of Paediatrics and Child Health

Representative, University Department
of Paediatric Nursing

Representative, Medical Education
Committee

Representative, Nursing Education
Committee

Representative, Allied Health and
Technical Education Committee (2).

Joint Consultative Committee

Role: Provides a forum for consultation and discussion between the Hospital, Unions and specified staff representatives.

Membership

Chief Executive Officer

Executive Director

Director, Nursing

Director, Finance

Director, Corporate Services

Manager, Staff Services Department

Chief Resident Medical Officer

Elected Staff Representative to the Board

Representative, Medical Staff Council

Minute Secretary

Representatives, Australian Salaried

Medical Officers' Federation

~ Head Office official

~ one local branch representative

Representatives, Health and Research

Employees Association

~ Head Office official

~ one local branch representative from
each of the following:

- General Sub Branch

- Allied Sub Branch

- Hospital Managers Sub Branch

- Junior Doctors Sub Branch

Representatives, NSW Nurses Association

~ Head Office official

~ two local branch representatives

Representatives, Trade Staff Union

~ Head Office official

~ one local branch representative

Spokeswomen's Representative.

Research Committee

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

Membership

Board Representative

~ Mr J Dunlop (Chairman)

Chief Executive

Executive Director

Director, Nursing

Director, Clinical Outreach

Professor of Paediatrics and Child Health

Chairman, Division of Research

Chairman, Division of Developmental

Medicine, Psychological Health and

Rehabilitation

Prof J Bailey, Children's Hospital

Education Research Institute

Prof S Nagy, Nursing Academic Unit

Representative, Scientific Advisory

Committee

Representative, Research and

Development Advisory Committee

Director, Children's Medical

Research Institute

Representative, University of Sydney.

overview of divisional achievements

In this year's report, the Overview of Divisional Achievements highlights successes across all Hospital Divisions. Achievements are grouped according to each of the Hospital's Strategic Goals, which are directly linked with the Strategic Directions of NSW Health.

Those achievements printed in italics relate to the goals contained in the Performance Agreement established between NSW Health and The Children's Hospital at Westmead.

Our Goal: Healthier Children

NSW Health Strategic Direction:
Healthier People

Performance Area: Mental Health

- ~ *Established Telepsychiatry services with seven out of eight rural area Health Services.*
- ~ *Workshop for Mental Health Triage conducted by Emergency Department.*
- ~ *The Centre for the Prevention of Psychological Problems in Children initiated projects on self-harm, positive parenting, partnerships in prevention and prevention of psychological associations of chronic illness.*

Performance Area: Health Priority Areas and Health Promotion

- ~ *Sun Protection Policy reviewed.*
- ~ *Road Safety Centre delivered education programs to 75 target groups.*
- ~ *Memorandum of Understanding between Endocrinology and rural areas formalised Diabetes Outreach program in New South Wales.*

Performance Area: Aboriginal Health

- ~ *Improved health services for Aboriginal children through consolidation of Tharawal ENT clinics and development of a proposal for a Goulburn based ENT service.*

- ~ *Operating list vacancies held for patients referred from the Tharawal ENT outreach clinics.*
- ~ *Staff Development plans exist for staff in the Elsa Dixon program*
- ~ *Support mentor program developed for Aboriginal employees*

A1. Improving the health of children

- Enhanced communication with parents, patients and medical professionals through continued development of internet/intranet sites.
- Improved patient care through enhanced clinical systems, providing clinicians with better information.
- Established New South Wales cerebral palsy/feeding clinic. Multidisciplinary clinic commenced at the Medical Centre with attendance by speech pathologist, dietitian, nurse, care giver and medical staff.
- Revised acute asthma management guidelines and introduced spacer delivery of medications in children with mild to moderately acute asthma.
- Launched the first Paediatric Institute for Neuromuscular Research in Australia in collaboration with the University of Sydney.
- Introduced new techniques for pain management.
- Upgraded magnetic resonance imaging equipment, reducing patient examination times.
- Established a dedicated Cardiac High Dependency Unit networked to central monitoring.
- Educated parents of Cystic Fibrosis patients in management of their child's condition at home. Trialed a Home Antibiotic Program, proving positive with a low incidence of clinical complication.
- Established intrathecal Baclofen trial to decrease spasticity in selected children with cerebral palsy.
- Established the "NSW Fire Brigades Burns and Plastic Surgery Treatment Centre" – greatly improving outpatient and follow up care.
- The Adolph Basser Cardiac Institute introduced new techniques which improved surgical management of complex single ventricle procedures, and closure of Patent Ductus Arteriosus.
- Improved sedation in the cardiac catheter laboratory with the use of general anaesthetic.
- Formally established the Genetic Metabolic Diseases Service.
- CRS database developed in conjunction with NSW Genetic Service.
- Presentations provided to support families and parent groups of patients with genetic disorders.
- Academic Genetics department demonstrated that Pamidronate "cured" osteoporosis of osteogenesis imperfecta.
- Haematology negotiated ongoing funding for children with Factor VIII & IX inhibitors.
- Introduction of in-house serology testing and rapid testing for Cyto Megalo Virus by Virology.

- Introduction of DNA testing for Cystic Fibrosis by Molecular Genetics.
- Biochemical Genetics established Australian reference laboratory for investigation of fatty acid oxidation disorders.
- Researched the use of negative pressure therapy to allow optimal healing of paediatric partial thickness burns, and the accuracy of laser doppler scanning in assessing the depth of paediatric burns.
- Researching a reliable method of measuring the weight of a child unable to sit or stand on scales – particularly useful in Paediatric Intensive Care.
- Nurses began performing Single Photon Emission Computerised Tomography (SPECT) scan on children in Commercial Travellers ward, rather than in an adult hospital, as previously practised.
- Established an individualised program of play therapy, relaxation and distraction strategies for renal patients to assist in the management of needle phobia.
- Published nineteen nutrition Fact Sheets on the website.
- Completed an Audiology research project to detect middle ear effusion in infants less than five months of age – offering potential to reduce false positive rates for auditory screening.
- Provided health promotion information for families attending outpatient clinics.
- Implemented new sun-protection policy for children in the Child Care Centre.

A2. Providing a child health service which meets the needs of the Australian community.

- The Neonatal Individualised Care and Assessment Program (NIDCAP) now conducted by the Department of Neonatology.
- Paediatric Transport System for the NSW Emergency Transport System completed by Biomedical Engineering. Home equipment service streamlined.
- Consulted surrounding AHSs to develop guidelines for ED and badging criteria for services in outlying areas.
- Improved information leaflets for patients of the Adolph Basser Cardiac Institute.
- Annual Oncology Education Day attracted 300 delegates. Parent Survey emphasised value and encouraged its continuation.
- All Kids Health Fact Sheet information now available on the Hospital Website.
- Australia's only 24-hour centre, the Poisons Information Centre, assisted NSW Health in an Australia-wide planning meeting for toxicology advice services.
- Acquisition of a vascular laser allowed treatment to commence for children with port wine stains and other vascular anomalies.
- Eczema and psoriasis outpatient education and treatment centre established by the Dermatology Department – instructing parents about treatment and in many cases avoiding admission to hospital.
- Developed and implemented a new hostel payment system, giving better access, particularly for country, interstate and overseas parents.

A3. Promoting a child and family centred model of care

- Department of Nutrition and Dietetics established and evaluated the first family-centred service for childhood obesity in a 'Family Weight Management' Program.
- "Therapy agreements" introduced in Speech Pathology to encourage parent participation in decision making.
- A new patient meal system developed by Food Services and Nursing staff in Turner ward to accommodate test schedules for sleep study patients.

A4. Investing in the future

- Better care through improved use of IT. Comprehensive IT training provided for health professionals with a focus on clinical system, ensuring maximum benefit to patients and health professionals.
- ENT department continues to progress towards a Tertiary Referral Unit, as well as attempting to provide service of a routine nature
- Implemented a collaborative link between Orthotics and the newly formed Orthopaedic Research Department.
- Alternatives to hospital admission explored by departments of General Medicine, including arranging next-morning or other appropriate review for non-admitted children.
- The Department of Nuclear Medicine developed patient information sheets for most procedures.

Our Goal: Fair Access

NSW Health Strategic Direction:
Fairer Access

Performance Area: Mental Health

- ~ 24 hour a day access to advice from Kidsnet established for Mental Health patients. Protocol introduced to establish if patients should come into the Emergency Department.

Performance Area: Health Priority Areas and Health Promotion

- ~ Palliative care support person employed to provide emotional and spiritual support to families with a child in palliative care in the Hospital.

Performance Area: Aboriginal Health

- ~ Space identified and funded for special garden.
- ~ Cultural awareness training has been implemented.

B1. Fair Access to health services

- The Department of Neonatology participated in the NSW Perinatal Services Network, fulfilling its unique role as a referral centre for other neonatal intensive care units for cardiac, surgical and complex medical problems.
- Expanded outreach programs in clinical departments for the treatment of osteoporosis, genetic conditions and diabetes.
- Emergency hotline telephone advice service established for childhood diabetes in New South Wales.
- Molecular Genetics provided access to rapid prenatal testing for a wide range genetic disorders with unique mutations.
- Parent information pamphlets about Newborn Screening produced in 11 languages.

- Histopathology Department established as the perinatal autopsy referral centre from New South Wales hospitals.
- Established a four bed sleep unit – increasing sleep studies from 300 to 750 per year.
- Increased demand resulted in one operating day per month allocated for living donor renal transplant procedure – ensuring that children with end stage renal failure can be offered a definite date for transplant, spending less time on dialysis. A pre-admission clinic for living donor transplant recipients operates.
- Information sheet for teachers of children receiving dialysis or with renal transplants developed and school visits performed by the renal nurses as requested.
- Education sessions conducted by the Clinical Nurse Consultant in Spina Bifida for school teachers and health professionals on the management of bowel and bladder incontinence.
- Survey conducted of fully established Kidsnet Health Network indicated 100% of callers reporting the service as helpful.
- Nursing staff developed a book called “Breaking Down the Barriers”, a multi-lingual communication aid to assist both staff and families. Designed as an adjunct to the interpreter service, this picture essay communicates basic needs and some key aspects of care.
- Extended outpatient physiotherapy hours and increased after school hydrotherapy groups.
- Four specially marked vehicle bays introduced outside the Hospital's front entrance for short duration parking for immediate access to the Emergency Department.
- Customised garments for patients produced by the sewing room.
- Priority access guidelines to Child Care Centre have been followed. Currently 89% of enrolments are from families working at the Hospital, 5% from other area health, 6% from the community.
- Department of Radiology successfully completed a teleradiology trial with Dubbo Hospital. Negotiations to establish a Paediatric Teleradiology Service at other regional hospitals continue.
- Developed accommodation sheets to inform parents of the cost of accommodation and inform hostel staff of ward room availability.

Our Goal: Quality Service

NSW Health Strategic Direction:
Quality Health Care

Performance Area: Mental Health

- ~ Areas of National standards implemented and focus on Mental Health linked to area quality processes.

Performance Area: Health Priority Areas and Health Promotion

- ~ Updated guidelines for the Management of Acute Asthma in children distributed for comment – feedback will be shared with other hospitals in the Greater West.
- ~ Fact sheets on asthma are progressively being updated on the Hospital's website.

Performance Area: Health Service Strategic Development and Asset Strategies

- ~ Introduced common paediatric guidelines throughout the Greater West for head injuries, asthma, croup, and febrile child less than 3 years.

Performance Area: Community Engagement and Working Partnerships

- ~ Summit for "Charter for Children in Sport" established.
- ~ Advocacy Group established, to address issues of concern and determine priorities for health care services.
- ~ Increased distribution of weekly health column. Expansion, including ethnic media investigated.

Performance Area: Initiatives in Quality Management

- ~ Developed and implemented a standard reporting template as a reporting tool for Quality Management.
- ~ Divisions presented their quality activities to the Quality Council.
- ~ A new Clinical Review Committee commenced in February 2000.

Performance Area: Teaching and Research

- ~ The Campus Research Heads developed recommendations on collaborative initiatives, microarray (CHIP) technology, as well as a working relationship with Westmead Hospital and the Millennium Institute.

C1. Improve the standard of paediatric care

- The Hospital achieved its second EQUiP accreditation for 2000 – 2004.
- Quality Council established, resulting in better monitoring of outcomes and improved reporting to the Board and staff feedback.

- Clinical Review Committee with privilege established. A hospital-wide clinical care quality system, focussing on the prevention of sub-optimal outcomes through audit, education and peer review.
- Improved communication and education as a result of videoing cardiac operations during and after procedures.
- Endoscopic procedures for gastroenterology evaluated.
- Bear Cottage established as first children's hospice for New South Wales. Construction scheduled for Completion in December 2000.
- Cystic Fibrosis Clinic planning day established goals and priorities for improved service and care of children and adolescents.
- A survey of all patients undergoing Nerve Conduction Studies resulted in improved procedures.
- Expanded the vascular birthmarks study group, to include a pathologist and a nuclear medicine specialist. Established Internet link to leaders of vascular clinics in USA and France facilitating regular contact regarding individual cases, sending histories, digital photographs and histology. Computerised data base set up for vascular cases.
- Extended the role of the Vincent Fairfax Pain Unit to include paediatric palliative care. The Vincent Fairfax Family Trust donated funds for an additional clinical nurse consultant, for a three-year period.
- All laboratories NATA accredited with Immunology and Newborn Screening achieving ISO 9002 certification.
- Inaugural Western Sydney Genetics Program Research Workshop conducted.
- Installation of vacuum transport system (air tube) allowing rapid delivery of specimens to Pathology.
- An audit carried out in NSW/ACT analysed the management practices and metabolic control of children with Type 1 diabetes, resulting in the establishment of a benchmark for their future management.
- Telephone notification of significant isolates from sterile sites and multi resistant organisms by Microbiology
- Established monthly Rett Syndrome Diagnostic and Management Clinic, with multidisciplinary input.
- Developed protocol for tissue sampling from moribund patients suspected of having a metabolic disease.
- Biomedical Engineering upgraded Edgar Stephens Ward by centralising the ward's high dependency monitoring and capability. Also upgraded the neurophysiology EEG system.
- The Paediatric Intensive Care Unit continues to consolidate an interdisciplinary approach to care with a cooperative nursing and medical approach. Bedside nursing staff now present at evening clinical rounds.
- The Variety Club Multisensory Room on Faithfull Ward – used for pain management, relaxation and sensory stimulation – opened in November 1999.
- Increased the efficiency of the Pre-Admission Testing Service. Refinement and review of the service resulted in more patients admitted on day of surgery. Same day surgical patient numbers improved considerably compared with last year.
- Introduced the colourful and musical NRMA Bandaged Bear patrol van which significantly reduced anxiety in patients being transferred to operating theatres.

- Commenced a phone feedback service to determine parent satisfaction with day surgery service. 88% of families contacted on the day after surgery provided very positive feedback.
- Appointed a Clinical Nurse Consultant in the Emergency Department to assist in streamlining management of patients.
- Increased "paediatric block" teaching of medical students from five to nine weeks
- Commenced a play therapy program for burns patients, including distraction techniques and coping strategies.
- Researched the development and temperament of babies in the NICU which lead to successful funding for the implementation of an individualised, family-focused care program in the Unit.
- Social Work Department conducted 'A Siblings Day' addressing the emotional and social impact on siblings of children undergoing treatment for cancer, renal and liver disease.
- Held a Memorial Service in November 1999 to acknowledge the families of patients who have died.
- Successfully implemented on-line ordering which has lead to efficiencies and improved access for clinicians and families to clinical information and reference material.
- Established the Clinical Application Support Unit in July 1999 to provide expert knowledge and support to clinical users of Powerchart
- Minimisation of waiting time for Medical and Surgical elective patients achieved through constant monitoring of waiting lists. No child was delayed more than twice for admission.
- Outpatients and the Bandaged Bear Clinics achieved significant service improvements including: introduction of

a procedures clinic where procedures are done with or without nitrous oxide; training of Registered Nurses to access porta caths and central lines; management of the Pre Admission Testing Service; and employment of a clinical nurse specialist.

- Improved monitoring system to provide data on occupancy rate in the parents' hostel.
- Child Care Centre completed a self-study report and review from National Childcare Accreditation Council. Centre received 3 year accreditation recognising high standard of care.

C2. Improve the health outcomes and quality of life of children and young people with chronic conditions and disabilities.

- Developed a formal transition process for paediatric renal children to adult renal facilities. A nurse is allocated to each young person six months prior to the transfer. Coordination and liaison with the adult dialysis unit is maintained with the Renal CNC personally accompanying the young person on transitional visits.
- Transitional Care Plans established for adolescents with diabetes and endocrine disorders, and with acquired brain injury.
- Developed the Hospital's Disability Action plan after surveying families with children with disabilities and also using results of the EEO survey of staff.
- Special appointment of a Fellow, whose focus will be the psychological needs of children and young people with chronic illness.

C3. Maximise the Hospital's financial, human and physical resources to deliver high quality child health care.

- Installed Links system for cheque, invoice and order printing and a fax

orders system, resulting in reduced manual interventions and administrative burden on clinical services.

- Introduced distribution of monthly cost centre reports via Intranet, reducing costs and ensuring timely receipt of financial information by managers.
- Restructured Pay Office and Accounts Receivable to reduce staff, improve career path and deliver more appropriate service to the Hospital.
- Continuing evaluation of pancreatic function in newly diagnosed CF infants and children has resulted in ongoing cost saving to the Hospital of up to \$500,000 due to children not requiring enzyme replacement therapy.
- Introduced a Performance Appraisal program for Heads of Departments, including VMOs, within the Division of General Medicine.
- Improved the standard of paediatric teaching of medical students and resident medical staff in the University Department of Paediatrics and Child Health through regular staff development meetings.
- Developed a structured training program for pharmacy technicians including competencies for specific tasks.
- The Children's Cochlear Implant Centre raised sufficient funding to enable approximately eighteen children to receive a cochlear implant.
- Maintained international standard of excellence in Neurology through the Visiting Professor Program, where each month an international guest is invited to the Department to exchange views and knowledge.
- Established a Projects and Business Planning Unit within the Information Services Division to provide tools and leadership in planning projects and business processes.

- The Department of Nuclear Medicine increased the number of studies performed but decreased the radiopharmaceutical budget by employing a half time radio chemist.
- Reduction in paperwork achieved with introduction of web-based forms.
- Improved patient care through introduction of new clinical systems such as Orders, Health-e-Care, Stocca.
- Ensured Year 2000 compliance of Hospital IT, Biomedical Laboratory, Radiology and Engineering infrastructure.
- Established a process for leasing PCs, including documenting procedures and establishing cash flows for a three-year period.
- Reduced the number of disparate patient record systems and improved the efficiency of remaining satellite record systems.
- Received \$20.7 million from donations, sales of merchandise and bequests. This is the highest amount ever raised by the Hospital and exceeds the previous year's figure by \$6.6 million.
- Implementation by Outpatients of an electronic booking system in departments has ensured uniformity, easy access from any PC, and reliable reporting of statistics.
- Developed and implemented strategies to reduce outstanding debts and improve parent registration for the hostel.
- Improved work practices associated with hostel linen management and developed a linen services handbook for orientation purposes.

- Introduced an updated security incident database, allowing recognition of incident trends.
- Security conducted a comprehensive manual handling assessment, to identify activities that place staff and patients at risk.

C4. Develop a research culture

- The Vector Production Facility within the Gene Therapy Unit successfully produced clinical grade vector supernatant (gene delivery formulation) to rigorous US standards. This technology has the potential to repair genetic faults and restore normal function, for example, in children with Severe Combined Immunodeficiency (SCID).
- Commenced a nursing PhD program in PICU, with a major research project focusing on parental presence during resuscitation.
- Established a Developmental Cognitive Neuropsychology Research Unit with funding of a neuropsychology post – as part of the Macquarie Centre for Cognitive Science.
- The Department of Clinical Epidemiology held weekly seminars on research methodology and biostatistics for both medical and allied health staff.
- The Department of Radiology expanded research into magnetic resonance spectroscopy.
- A great deal of work took place on the Cures for Kids Capital Campaign to raise money to support the research work of the Hospital. In the coming year we expect to make significant gains in achieving our objective of raising a minimum of \$20 million.

Our Goal: Value

NSW Health Strategic Direction:
Better Value

Performance Area: Activity, Financial Management and Efficiency Strategies

- ~ Annual budget for Year 1 met.
- ~ Quarterly costing data available and feedback to Executive and Divisions maintained.
- ~ Submission of annual cost data submitted to NSW Health on time.

Performance Area: Health Service Strategic Development and Asset Strategies

- ~ Outpatient Services has undergone a complete review.
- ~ Capital Campaign for Research established with community business leaders appointed as President and Chair – several major donations received.

Performance Area: Information Management

- ~ Targets for unaudited Annual Return reports met.
- ~ Health Information Exchange implemented.
- ~ IM&T Strategic Plan in place.
- ~ Developed an electronic solution for HR management of conference and study leave information.

Performance Area: Skilled, Valued Workforce

- ~ Developed and implemented new courses for managers and leaders.
- ~ Standard consultative mechanisms established to respond to issues such as the Olympics and Paralympics.

D1. Ensure that the Children's Hospital is recognised as a leader in child health

- The Centre for Kidney Research has been granted the prestigious role of undertaking the Cochrane Renal Reviews – involving the assessment of clinical trials throughout the world. Relocation of the Cochrane Collaboration's Renal Group to the Centre for Kidney Research ensures that the Department of Nephrology and the Centre for Kidney Research obtain and utilise evidence-based information on the treatment of children with renal disease.
- Significantly enhanced research outcomes through the purchase of a confocal microscope. Allowing cell structure and function to be studied in detail, the microscope will add significant information to current research on many childhood diseases including cancer and nemaline myopathy. Purchase of the microscope, and salary costs to employ a microscopist, were achieved through oncology donations of \$650,000.
- Published a new edition of the Hospital Handbook with twelve new sections and 50% greater content than the previous edition. A substantial proportion of the printing cost of the Handbook has already been recovered from sales.
- The Vincent Fairfax Pain Unit was accredited by the Australian and New Zealand College of Anaesthetists, for training in paediatric pain medicine. The Pain Unit remains the only comprehensive multidisciplinary paediatric pain unit in Australia.

- The Immunology laboratory is now a referral laboratory for vaccine related serology.
- Provision of consultancies to Philippines and South Africa to establish newborn screening programs.
- Employment of revolutionary technology has allowed the Dept of Molecular Genetics to expand the range and automation of the molecular tests performed.
- Conducted seminars on managing disabilities in children with connective tissue disorders.
- Clinical Psychologist appointed for diabetes.
- Improved the volume and quality of publicity generated during the year with emphasis on promoting health and advocacy messages, communicating information about our unique environment, the specialist services offered by the Hospital and our significant advances in the area of research.
- The Department of Clinical Epidemiology conducted fortnightly teaching sessions, for both medical and allied health staff, to improve the standard of scientific writing eg. grant applications and medical journal publications.
- The Department of Neonatology delivered a series of neonatal seminars (Susan Ryan seminars) for nurses and midwives from district hospitals in the greater west.
- The Department of Anaesthesia has successfully funded the State Malignant Hyperthermia Investigation Unit.
- The Hospital is recognised as a leader and demonstration site for many IM&T applications. Information Services continues its pro-active involvement in many statewide and national IM&T related committees.

D2. Maximise financial, human and physical resources to deliver efficient high quality child health care services

- Increased utilisation of both day-stay surgery and admission on day of surgery.
- Improved cochlear implant surgery through intra-operative testing of the device – removing the need for a second anaesthetic and “repair” surgery if a fault discovered.
- Development and implementation of a Standard Reporting Format. Streamlined documentation for reporting performance improvement across the Hospital – helping demonstrate clear linkages between and across objectives to be achieved.
- Casemix and population data used to inform planning & budget setting.
- Casemix information is now verified by consultants. Detailed profiles prepared on a quarterly basis for each clinical speciality and ward.
- Paediatric benchmarking data provided regularly to Cost Centre Managers
- Expanded IT Services procedures to provide priority support to clinically oriented ‘help desk’ calls from patient care areas.
- Completed an infant formula and enteral feed wastage audit, facilitating wastage reduction strategies.
- Reviewed tasks and procedures in Medical Records resulting in more streamlined processes and reduced staff numbers.
- Developed a position description framework for senior medical staff including VMOs.
- An audit of platelet usage in Haematology resulted in a 50 – 80% reduction in expired platelets and better platelet delivery service.

- Redesigned the Liaison and Staff Consultative Committee to incorporate Head Office officials from all relevant Unions to form the Joint Consultative Committee.
- Introduced electronic storage onto CD-ROM of personnel files of terminated staff.
- Amalgamated the Coffee Shop with the Food Services Department allowing a total review of the service provided, cash handling, ordering, rostering and payroll procedures.
- Review of linen imprest levels resulted in delivery of appropriate supply of linen to all areas.
- Major restructure of the Community Relations division resulted in relocation of Events Management and School Liaison from the Fundraising department into the Public Relations department and the development of a Territory Management system for key fundraising staff.

D3. Nurture our staff

- Improved conditions for anaesthetic registrars by eliminating 24-hour shifts.
- Developed and introduced recruitment and selection training to improve the skills level of managers and integrated the functions of nursing and senior medical employment into staff services providing a more effective model of recruitment and selection.
- Refined the process of recruitment approvals achieving \$1.6m savings on employment costs and improved access to relevant information using the Intranet eg. development of a position description template.
- Introduced Staff Excellence Awards resulting in improved staff morale.
- Hospital EEO management plan 2000 – 2003 prepared.

- Research staff and students attended laboratory safety courses (a combined seminar series between the Hospital and CMRI), research methods seminars in conjunction with the Clinical Epidemiology Unit and postgraduate seminars.
- Revised the format of Kids Talk to offer a broader and more in-depth range of stories. Now published quarterly in hard copy and supplemented monthly with an update that is published on the Intranet.

Our Goal: Advocacy

E1. Promote and protect the interests of children

- As part of the Advocacy Group, the Public Relations team played a major part in publicising issues such as the banning of boxing, the need for improved pool safety, burns safety, school bus safety, dangers of hot water and the development of a statements on valuing and respecting children.
- Together with the Head of CHISM, the Public Relations team played a major part in developing a Charter of Physical Activity and Sport for Children and Youth.
- Developed, in collaboration with NSW Health Department, a strategic plan for Aboriginal Health Services within the Hospital and beyond.
- Developed plans for meetings with parents and staff to foster closer partnerships in the best interests of children.
- Improved ward coverage by the chaplains, with denomination identified for older and more chronic patients, to ensure appropriate visits.
- Developed a "school starters" group for preschoolers with special needs, and a parallel program for parents.

- Kids Health conducted a Safe Nursery Furniture Injury Symposium
- Kids Health implemented an interactive Road Safety Centre – a collaborative project funded by the RTA and Parramatta City Council.
- Conducted an Orthoptic Contact Lens study, looking at the way parents cope with contact lens care and any financial and social problems encountered.
- Established a Child Protection Therapy Team.

Our Goal: Partnerships

F1. Building Partnerships and Service Networks

- Awarded recurrent funding by NSW Health for two salaries and disposables for ongoing operation of Tumour Bank.
- Successful application for the Oncology Unit to join Pediatric Oncology Group (POG). POG is one of the two largest cooperative clinical trial groups in the USA.
- The Department of Radiology expanded its telemedicine service. Teleradiology is now linked to radiologists at home and selective hospitals in the greater western Sydney area.
- Department of Nuclear Medicine named as a centre of excellence for Siemens – only one of 32 centres worldwide – allowing development of new equipment and software.
- Immunology and Histopathology interacting to improve diagnosis of solid tumours and lymphomas.
- Biochemistry was active in developing proposals for external Quality Assurance Programs in the areas of sweat testing and ward glucometers.
- Histopathology partnered with Oncology Research in developing tumour cytogenetics.

- Participated in State (influenza and respiratory viruses), National (influenza rotavirus and other viral isolates) and international (influenza) surveillance programs.
 - The Biomedical Engineering Department continues its partnership with the NSW Emergency Transport System.
 - The Department of Neonatology participated in the World Bank Transitional Clinical Skills Training Program for nurses and doctors from Macedonia as part of a program with King George V Hospital.
 - The Paediatric Intensive Care Unit set up a rotation of intensive care resident and medical staff from Nepean and Liverpool Hospitals.
 - A Neurosurgical Registrar is shared between Westmead and the Children's Hospital.
 - ENT Department organised a very successful update meeting with Australian and New Zealand delegates .
 - Improved liaison with other paediatric cardiac units around Australia.
 - The Vincent Fairfax Pain Unit developed a formal link with "adult" pain services in the region, to facilitate information exchange and to improve training opportunities.
 - Strengthened the collaboration between the Hospital and Macquarie University by joint appointments.
 - 65 Japanese Orthoptic students visited in November 99 establishing links with two Japanese Orthoptic schools.
 - Events to celebrate NAIDOC Week organised by the Aboriginal Health Education Officer, and training in appreciation and awareness of Aboriginal culture expanded to include all levels of staff.
 - Promotion of partnership with the Hospital Child Care Centre and Granville TAFE, with the construction of the access path outside the Child Care Centre.
 - Linen Services supply made to order garments to community centres, private physiotherapists and other facilities and assist schools with splinting and can provide services to cater for individual patient needs.
- F2. Increase interaction with the community**
- After extensive consultation with parents, donors and staff, the name of the Hospital will change to The Children's Hospital at Westmead effective from 6 November 2000. Changes to the various pieces of material bearing the name and logo of the Hospital will be changed gradually between November and the 30th April 2001 to ensure a smooth transition at minimal cost.
 - Introduced a hospital-wide Postcard Satisfaction Survey where postcards are distributed to patients on discharge from the Wards. The surveys take place three times a year and data forms the basis for Quality Improvement Initiatives.
 - Encouraged patients and their families to use the Suggestion Boxes located throughout the Hospital to advise management of their thanks, concerns and ideas. Approximately 350 letters are received each year with 17% of those received this financial year expressing thanks.
 - In conjunction with support services from other areas, dedicated a piece of land in the Hospital grounds for Aboriginal people.
 - Established patient support groups for paediatric cardiology, to monitor community needs and appropriateness of the services provided.
 - Allied Health has increased its involvement in Early Childhood Intervention network
 - Developed liaison with Medical Defence Unions, GIO Legal Branch, Health Care Complaints Commission and the Department of Health in handling consumer complaints.
 - The Community Relations Division developed partnerships with various sectors of the community including Federal, State and Local governments, the business community, high wealth individuals and donors, focussing on understanding their needs and communicating with them in an appropriate way.
 - Regular and tailored communication to donors satisfied their requirements resulting in increased generosity.
 - Completed the Outpatients clinic directory for general and other medical practitioners ensuring appropriate referral. This information is also on the Internet.
 - Established new links with the Vietnamese community and the opportunity to promote education about adequate weaning foods for infants.

patient care statistics

Summary of Key Statistics

	1999/2000	1998/99	1997/98	1996/97
Bed Capacity				
Total Beds at 30 June	350	350	350	350
Average number of beds available during year	247	248	243	246
Patient Details				
Inpatients				
Number in hospital at 1 July	230	245	219	229
Admissions during year	26,151	29,120	27,942	28,801
Total patients treated	26,381	29,365	28,165	29,030
Number in hospital at 30 June	218	230	245	219
Bed days of inpatients treated	75,969	86,550	82,726	86,974
Number of operations	13,647	13,601	12,466	12,664
Outpatients				
Total occasions of service	526,135	534,784	543,897	516,560
Average				
Daily average of inpatients	207.6	237.1	226.6	238.3
Adjustment for outpatients	143.8	146.5	149.5	141.5
Adjusted daily average (ADA)	351.4	383.6	376.1	379.8
Average stay of inpatients (days)	3.18	2.97	3.0	3.0
Bed occupancy rate (%) (after adjustment for weekday beds)	92.1	95.8	93.4	96.8

freedom of information

The provisions of Freedom of Information Act state that under Section 25 (1b), if copies of documents can be released under alternative legislation and/or policy, the Hospital is able to refuse applications under FOI and grant access under these policies. NSW Health Department policy guarantees clients/patients a right of access to information held in their personal health record – Patient Access to Medical Records.

Inspection is free of charge and there is a

fee for copies, not exceeding FOI fees. All FOI requests are forwarded to the Freedom of Information Officer, Medical Records Department for attention.

In 1999/2000 there were 196 applications for access to medical records by clients/patients. As access was granted under alternative legislation, no FOI requests were processed.

A list of the Hospital's policy documents that are available for inspection,

purchase or free of charge, is incorporated in the Summary of Affairs published in the Government Gazette every 6 months. The Summary lists all policy documents held by the agency and explains how to access the documents.

For further information relating to Freedom of Information, contact the Freedom of Information Officer on (02) 9845 2849 or by post Medical Records Department, Locked Bag 4001 Westmead NSW 2145.

risk management

Risk management remains an integral part of Hospital operations and workplace management. However, risk management is progressing away from just being seen in terms of workplace safety and is now being viewed in its much broader application across a whole range of risk related exposures.

This was particularly reinforced during the development of Critical Operations Standing Operating Procedures (COSOP's). These procedures were developed as a contingency planning initiative to cater for Year 2000 concerns and beyond. Risk minimisation continues to be pursued through the implementation of related policies, procedures, systems of work, training and information.

Chain of responsibility

Hospital staff members are encouraged to recognise and accept responsibility for risk management. Department managers and supervisors are expected to assess their activities in terms of existing or potential risk and where necessary implement appropriate risk treatment plans. The Hospital's Risk Management Unit provides specialist support and service and there are a number of risk related committees eg. Disaster Response, Occupational Health & Safety, Quality Council, Clinical Review and Product Review.

Risk strategies

Risk management strategies employed during the year include:

- continued development of critical operations standard operating procedures (COSOP's)
- enhancement of Hospital security watch
- revised Code of Conduct and Fraud Control Policy
- development of a Risk Management Unit – combination of existing safety related resources.

- amalgamation of Internal Emergency Response and External Disaster Committees to form Disaster Response Committee.
- WorkCover involvement in workplace assessments.
- Implementation of new Environmental Protection Authority waste disposal requirements.

Audits

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

- The annual Occupational Health, Safety and Rehabilitation Numerical Profile Audit was conducted in May 2000. The assessment resulted in a score of 72.9% (best practice is 100%). This score compares favourably with other NSW Health facilities. An action plan is being developed to further improve the Hospital's performance in terms of the audit tool.
- The Australian Council on Healthcare Standards conducted a hospital-wide audit in June 2000. There were no major safety/risk issues identified during the post audit debrief. All previous recommendations under the Safe Practice and Environmental criteria have been actioned.
- The NSW Fire Brigades conducted a fire safety audit on all patient care areas of the Hospital in March 2000. Hospital staff were commended for the manner in which they have maintained the essential services of the Hospital and for the high standard of housekeeping.

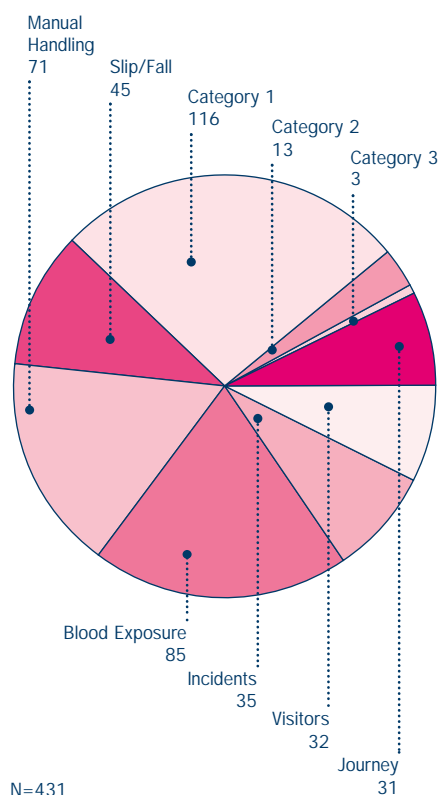
Occupational health, safety and rehabilitation

JULY 1999 – JUNE 2000

- 396 work accidents and 35 incidents were reported.
- 76 Workers Compensation claims were lodged. Total hours paid: 5371
- Mean time lost per claim: 70.67 hours.
- 23 staff participated in Rehabilitation and 12 of these are still current. All others upgraded to full pre-injury positions.

Figure 1: Distribution of Workplace Incidents/Accidents reported from July 1999 – June 2000

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



723 Staff vaccinations were given in 1999/2000. This consisted of 113 Hepatitis B Vaccinations; 595 Flu Vaccinations; and 4 ADT (the latter for work related injuries) and 11 others ie. Hepatitis A Typhoid and Mencevax introduced for Microbiology staff.

Strategies employed during the year to eliminate or reduce injury risk include:

- Employment of a Manual Handling Coordinator for a six months contract to assess all manual handling tasks in the Hospital.
- Extension of vaccination program to cover high risk areas in Microbiology.
- Safety related staff training programs at all levels.
- Comprehensive OH&S Committee Inspection Program.
- Promotions for Occupational Health and Safety, Healthy Heart Week and Waste Management Awareness.
- Extensive ergonomic surveys and workplace modifications.

Year 2000

There was no impact on Hospital operations as a result of Year 2000. The program that was implemented addressed all necessary contingencies. The project terminated as planned in June 2000. A process has been put in place to ensure that the Hospital continues to benefit from the Year 2000 project.

Treasury Managed Fund detail

Motor vehicle 1999/2000 as at 30 June 2000

Benchmark premium (budget allocation) \$23,895	Deposit premium (amount paid) \$22,724	Surplus \$1,171
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Claims total: 13 Incurred cost: \$20,000

Workers compensation 1999/2000 as at 30 June 2000

Benchmark premium (budget allocation) \$3,715,913	Deposit premium (amount paid) \$1,446,027	Surplus \$2,269,886
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Claims total: 70

Claims frequency: 3.7 per 100 employees (Health average 7.56)

Claims cost per employee: \$117.5 (Health average \$426.5)

Total incurred cost: \$222,000 after four of twelve quarters

Public liability claim data

Type of claim	Number of claims		Total incurred	
	1998/1999	1999/2000	1998/1999	1999/2000
			\$	\$
Treatment Non surgical	3	2	202,963	64,750
Treatment surgical	2	-	80,961	-
Tripping/slipping	1	-	11,065	-
Accidental damage	-	-	-	322
Totals	6	3	294,990	65,072

Property claim data

Type of claim	Number of claims		Total incurred	
	1998/1999	1999/2000	1998/1999	1999/2000
			\$	\$
Theft/burglary	-	4	-	11,431
Impact/collision	-	-	-	-
Fusion/electrical faults	1	2	110,921	9,281
Accidental damage	1	1	598	393
Misplaced/lost	1	3	216	4,863
Malicious damage	-	1	-	4,417
Totals	3	11	111,736	30,368

Annual Report of the Radiation Safety Officer

The Radiation Safety Committee met four times during the year, as scheduled. The meetings were well attended by a good representation of interested parties. Most of the items dealt with by the Committee relate to regulatory matters, waste, or training. In addition, the Radiation Safety Committee reviewed research applications involving the use of radiation – very few of which required amendment. No research applications have required referral to the State regulatory body.

The management of radioactive waste remains a problem for this Hospital. Two strategies are being used to address this issue:

1. Laboratory staff are being encouraged and assisted to find alternative non-radioactive methods for their work.
2. Negotiations have commenced with a suitably licensed contractor for regular removal of low level waste.

With the degree of regulation of waste steadily increasing, it will be important to maintain the impetus to change to non-radioactive methods where these are practical and suitable.

There is sustained interest in radiation safety training, at all levels. Stores and Receiving Dock staff, Corporate Services, Cleaning and Domestic staff, Theatre staff, Engineers and Maintenance staff, Emergency Department, laboratory staff and ward staff have requested and received some task-specific in-service training.

During the year, the Risk Manager and the Radiation Safety Officer, in consultation with Dr Mary McCaskill and the Department of Health, Westmead Hospital and the

Emergency Services, worked on plans to deal with a major external disaster.

A small decontamination unit will be installed near the Emergency Department, and a large decontamination facility will be built at Westmead Hospital. Negotiations continue on the procedures for a major external disaster.

The generally high standard of radiation safety practice at this Hospital is reflected in the very low rate of reported, and reportable, incidents, which is better than most other public hospitals.

In the coming year, new ways of delivering training to relevant staff will be investigated. These will include training videos made in-house, and computer based training, as a low-cost means of providing ongoing instruction. From this year, registration requirements will place an additional administrative and budgetary burden on departments which use x-ray equipment.

Finally, the Radiation Safety Committee, and in particular, the Radiation Safety Officer, has received, and greatly appreciates, the contributions and support provided by fellow employees, Hospital Management and specifically the Director of Corporate Services and the Director of Research.

Fraud Control

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

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

Staff and any others who deal with the Hospital are expected to promptly bring

any instance of suspected internal or external fraud to the attention of management. This will result in the process of investigation as set out in the Hospital's Fraud Control Policy.

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

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

Greenhouse emissions

The Hospital takes seriously its responsibilities in relation to eliminating greenhouse emissions. For example, since 1995 through a concerted effort of modifying engineering services, irrigation and water heating systems and changing the building maintenance control system, energy consumption has been reduced by 4.5%.

This financial year a further 0.4% has been reduced through continual refinement and modification of engineering systems including major enhancements to the control strategies for the Hospital's heating and steam boilers.

Most importantly, as a result of a feasibility study by external consultants, the Hospital is developing a proposal for funding of \$900,000 from NSW Treasury to implement Electrical Performance Contracting (EPC) in accordance with Government Energy Management Policy (GEMP) guidelines.

human resources

The Children's Hospital at Westmead maintains Human Resource and Industrial Relations policies and procedures that support the vision and strategic goals of the Hospital.

All policies comply with NSW Health requirements, relevant legislation and awards.

A Joint Consultative Committee has been introduced with terms of reference and broad representation resulting in improved communication between Hospital management and union representatives.

The Hospital has introduced a new EEO Management Plan 2000 – 2003 which incorporates principles from the NSW Government Action Plan for Women.

A Hospital-wide survey of women was conducted during the year and the results were presented to the Joint Consultative

Committee for action. This plan has been developed using the ODEOPE outcomes framework and integrates elements of the Hospital's strategic goals. Response rates to the EEO survey has risen to 85%. A Disability Action plan was introduced in January 2000 with both staff and families surveyed for input.

An electronic solution has been implemented to manage expenditure of monies on conference and study leave. The system facilitates the recording of leave and funding and provides up to

date balances, leave summaries and reports for employees, the Hospital Executive and NSW Health Department, enabling a planned approach to this aspect of learning and staff development.

Overseas Travel

Approximately 191 employees travelled overseas for an average duty period of nine days. The majority of this travel was for attendance or presentation at an International Conference.

Actual and estimated staff numbers by level

LEVEL	Actual Number				Weighted Estimate				
	TOTAL STAFF (number)	Respondents	Men	Women	Aboriginal people and Torres Strait Islanders	People from racial, ethnic, ethno-religious minority groups	People whose language first spoken as child was not English	People with a disability	People with a disability requiring work-related adjustment
< \$26,276	38	28	5	33	1	7	7		
\$26,276 – \$34,512	657	604	127	530	7	204	233	42	9
\$34,513 – \$38,582	189	177	27	162	2	35	35	10	
\$38,583 – \$48,823	675	587	68	607	2	161	128	52	13
\$48,824 – \$63,137	411	368	84	327	1	92	66	36	7
\$63,138 – \$78,921	187	143	98	89	3	58	38	4	
> \$78,921 (non SES)	137	123	86	51	1	26	17	19	8
> \$78,921 (SES)									
Total	2,294	2,030	495	1,799	17	582	523	162	36

Recruitment by EEO group – excluding casual staff

LEVEL	TOTAL RECRUITS (number)	Respondents	Men	Women	Aboriginal people and Torres Strait Islanders	People from racial, ethnic, ethno-religious minority groups	People whose language first spoken as child was not English	People with a disability	People with a disability requiring work-related adjustment
Total	401	354	111	290	3	80	58	14	1

Staff employed at 30 June 2000

Full time equivalent	1999/2000	1998/1999	1997/1998	1996/1997
Administrative and Clerical	306	291	300	309
Nursing	587	621	622	610
Medical	243	239	240	232
Medical Support Services	395	385	360	369
Hotel Services	174	178	178	177
Maintenance	15	15	16	18
Special Purposes and Trust Fund	161	166	166	173
Total	1,881	1,895	1,882	1,880

our community

Cultural Diversity

The population served by the Hospital has families from diverse cultural and linguistic backgrounds. The Hospital's commitment to equity of access is highlighted in the Strategic Plan, and in the Hospital's Ethnic Access Statement.

At The Children's Hospital at Westmead, we recognise that while many of the families who attend the Hospital speak some English, it is important that any important information discussed with families should be done in the most appropriate language, with the aid of a qualified interpreter. We also recognise that people from different cultural backgrounds may have very different attitudes towards, and beliefs about, illness and hospitalisation, and we need to be sensitive to these attitudes and beliefs.

During the past year more than 5,660 occasions of interpreter service were provided to patients and families through the Western Sydney Health Care Interpreter Service (HCIS). 47 different languages are represented in this. These figures are slightly higher than last year and reflect the staff's ongoing awareness of the needs of non-English speaking families. To assist staff in developing their skills in using interpreters a "User's Guide" to the Health Care Interpreter Service, developed by the Western Sydney HCIS has been distributed to all wards and major units of the Hospital. Regular training sessions on the 'Use of Interpreter Services' have also been run.

A number of areas within the Hospital have developed projects to assist staff in developing their understanding of the needs of non-English speaking people and to assist them in developing techniques for working with these people. The Hospital employs a workplace communication trainer to assist staff from non-English speaking backgrounds

to work to their fullest capacity. The trainer has expertise in writing, reading and spoken communication.

The Hospital's Ethnic Access Committee (EAC) has widespread representation, including the Health Care Interpreter Service, Chaplaincy and Transcultural Mental Health Centre. The EAC is chaired by the community paediatrician for Western Sydney, thereby improving links between the Hospital and the local community. The committee provides a forum for ongoing information and feedback, and a forum for discussion of ways to improve the service the Hospital provides. The EAC has championed several projects that deal with the health of linguistic and culturally diverse groups, culminating in "Multicultural Hospital Week" to be held in November. A Transcultural Nursing Committee (within Division of Nursing) also developed initiatives to meet the needs of families from diverse cultural backgrounds.

Listening to our Community

The Hospital encourages families to express their opinions about the service they have received. A large proportion of the feedback received takes the form of letters of appreciation, to the Hospital Executive or to individual staff members, wards or departments.

There are also 24 suggestion boxes placed strategically around the Hospital. Previously, suggestion boxes were collected centrally by the Quality Care Unit. This year, Nurse Unit Managers have dealt directly with suggestions placed in ward boxes and have reported results to the Quality Care Unit. 257 suggestions were received from patients, their families and staff. 18% were compliments, a slight rise over last year.

The Patient Satisfaction "Postcard" was repeated this year with 265 responses

collected over a one month period. 96% gave the top rating for services provided by the Hospital and 97% agreed that staff were caring and polite.

Families who prefer to speak to someone about a difficulty are directed to, or contacted by, Betty Radcliffe, our Patients' Friend. These contacts may require one or two phone calls, or many hours of discussions, negotiations and meetings which take place over a lengthy period of time with the majority of issues resolved to the parent or carer's satisfaction. Only a small percentage remain unresolved or result in a written complaint.

87 letters of complaint were received, three less than last year, as well as telephone calls addressing concerns of patients and parents. All complaints were rapidly assessed, acknowledged and replied to promptly, often by telephone, and followed up with a letter from the Deputy Executive Director. A telephone call from the head of the department concerned also often helps resolve many issues.

Six complaints involved other agencies including five from the Health Care Complaints Commission and one from the Anti Discrimination Board. Only one complaint from the Health Care Complaints Commission required conciliation.

All complaints are reviewed and reported to the Board through the Patient Care Committee. Complaints are seen as an opportunity to improve services to consumers and identify problems that may cause staff pressures and stress.

Changes implemented this year in response to suggestions or complaints from patients or their families include: relocation of the Coffee shop to a larger area; appointment of a commercial services supervisor to assist in the food services area; and the installation of vending machines for after hours access.

benefactors and donors

Thank you to all our supporters who have helped The Children's Hospital at Westmead in so many ways over the years. Thousands of donations were received from loyal friends during the year.

A very special thanks is extended to the following individuals and groups, as well as those who chose to remain anonymous, those who have made smaller but significant donations, and to those donors who we have inadvertently omitted. We recognise that our supporters come from all walks of life and from every sphere of the community. On behalf of the Board, our staff and the children and families – thank you for your care and generosity.

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 Policylink Ltd
 Premier Parking
 Premier Warehousing and Distribution
 Price Waterhouse Coopers
 Princeton Publishing Pty Ltd
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 Qenos Pty Ltd
 QS Commercial Interiors Pty Ltd
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 Readers Digest (Aust) P/L
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 Rooty Hill RSL Club Limited
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Smith, Mr Rodney
Sneddon, Mr Tom
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roll of honour

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

Legacies and Bequests – excluding Trusts

June Archer
Herbert Wymer Atkins
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Alison E Withers
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William Henry Young

financial results

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

1999/00	Current \$000	To 30 days overdue \$000	Between 30 and 60 days overdue \$000	Between 60 and 90 days overdue \$000	Over 90 days overdue \$000	Percentage of accounts paid on time %	Total paid on time \$000	Total amount paid \$000
September 1999	2,212	91	4	20	-	95	10,046	10,575
December 1999	2,226	32	28	-	-	99	12,194	12,317
March 2000	1,996	17	-	-	-	99	10,174	10,277
June 2000	2,290	24	-	-	-	99	11,605	11,722
June 1999	2,701	-	-	-	-	99	13,908	14,048

The Hospital did not incur interest for late payments to any supplier.

The Hospital reports usage of consultants as follows:

Consulting fees > \$30,000

Name of Consultant	Actual Cost	Description
Julie A Priest, Chartered Accountant	\$84,840	Quality Assurance relating to Information Systems
Ellison Communication	\$37,500	"Last Day of the Millennium" Campaign
Fundraising Management	\$249,698	Research Capital Campaign

Consulting fees < \$30,000

Total number of engagements	Total Cost	Description
31	\$207,957	Mainly relating to new information systems and architectural services

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

Accounts Receivable were aged as follows at 30 June 2000:

	Current \$000	30 Days \$000	60 days \$000	90 Days \$000	120 days \$000	Total \$000
Sale of goods and services	449	344	130	78	1,089	2,090

Royal Alexandra Hospital for Children

Operating Statement for the year ended 30 June 2000

	Notes	Actual 2000 \$000	Budget 2000 \$000	Actual 1999 \$000
EXPENSES				
Operating Expenses				
Employee Related	3	117,120	118,801	116,702
Visiting Medical Officers		3,559	3,572	3,729
Goods and Services	4	31,263	29,834	28,545
Maintenance	5	6,432	6,447	7,243
Depreciation and Amortisation	2(m), 6	19,389	19,405	19,282
Other Expenses	7	-	-	1,067
Total Expenses		177,763	178,059	176,568
REVENUES				
Sale of Goods and Services	8	77,707	76,919	12,878
Investment Income	9	2,769	2,731	2,709
Grants and Contributions	10	23,948	18,406	15,339
Other Revenue	11	3,912	3,204	2,289
Total Revenues		108,336	101,260	33,215
(Gain)/Loss on Disposal of Assets	12	(1,177)	(1,301)	92
Net cost of Services	30, 33	68,250	75,498	143,445
GOVERNMENT CONTRIBUTIONS				
NSW Health Department Recurrent Allocations	2(a)	48,000	48,000	109,507
NSW Health Department Capital Allocations	2(b)	1,670	1,670	2,171
Acceptance by the Crown Entity of Superannuation Liability	2(d)	7,705	7,516	7,355
Total Government Contributions		57,375	57,186	119,033
MOVEMENT IN ACCUMULATED FUNDS	24	10,875	18,312	24,412

Royal Alexandra Hospital for Children

Statement of Financial Position as at 30 June 2000

	Notes	Actual 2000 \$000	Budget 2000 \$000	Actual 1999 \$000
ASSETS				
CURRENT ASSETS				
Cash	29	4,186	(362)	2,297
Investments	16	13,506	13,690	7,156
Receivables	17	2,910	3,470	4,221
Inventories	18	2,716	2,746	2,692
Total Current Assets		23,318	19,544	16,366
NON-CURRENT ASSETS				
Land and Buildings	19	255,655	255,237	261,419
Plant and Equipment	19	57,144	56,913	67,711
Investments	16	29,704	21,708	25,018
Receivables	17	843	1,088	1,413
Total Non-Current Assets		343,346	334,946	355,561
Total Assets		366,664	354,490	371,927
LIABILITIES				
Current Liabilities				
Accounts Payable	21	6,386	6,480	6,261
Borrowings	22	–	–	1,368
Employee Entitlements	23	14,775	14,162	12,484
Total Current Liabilities		21,161	20,642	20,113
NON-CURRENT LIABILITIES				
Employee Entitlements	23	15,131	15,557	15,257
Total Non-Current Liabilities		15,131	15,557	15,257
Total Liabilities		36,292	36,199	35,370
Net Assets		330,372	318,291	336,557
EQUITY				
Reserves	24	60,345	55,701	55,655
Accumulated Funds	24	270,027	262,590	280,902
Total Equity		330,372	318,291	336,557

The accompanying notes form part of these Financial Statements

Royal Alexandra Hospital for Children

Statement of Cash Flows for the year ended 30 June 2000

	Notes	Actual 2000 \$000	Budget 2000 \$000	Actual 1999 \$000
CASH FLOWS FROM OPERATING ACTIVITIES				
PAYMENTS				
Employee Related		(107,912)	(109,682)	(103,560)
Other		(40,267)	(38,355)	(39,978)
Total Payments		(148,179)	(148,037)	(143,538)
RECEIPTS				
Sale of Goods and Services		78,131	76,954	12,977
Interest Received		2,831	2,815	3,426
Grants and Contributions		24,172	18,406	15,339
Other		2,425	2,738	2,234
Total Receipts		107,559	100,913	33,976
CASH FLOWS FROM GOVERNMENT				
NSW Health Department Recurrent Allocations		48,000	48,000	109,507
NSW Health Department Capital Allocations		1,670	1,670	2,046
Repayment of NSW Health Department Loans		(1,368)	(1,368)	68
Net Cash Flows from Government		48,302	48,302	111,621
Net Cash Flows From Operating Activities	30	7,682	1,178	2,059
CASH FLOWS FROM INVESTING ACTIVITIES				
Proceeds from Sale of Property, Plant and Equipment		2,616	1,681	-
Proceeds from Sale Of Investments		168,155	2,226	62,083
Purchases of Property, Plant and Equipment		(4,237)	(2,348)	(5,797)
Purchase of Investments		(172,327)	(2,944)	(60,786)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(5,793)	(1,385)	(4,500)
NET INCREASE/(DECREASE) IN CASH		1,889	(207)	(2,441)
Opening Cash and Cash Equivalents		2,297	2,297	4,738
CLOSING CASH AND CASH EQUIVALENTS	29	4,186	2,090	2,297

Royal Alexandra Hospital for Children

Program Statement – Expenses and Revenues for the year ended 30 June 2000

	Program 1.1		Program 1.2		Program 1.3		Program 2.1		Program 2.2	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Expenses										
Operating Expenses										
Employee Related	3,121	2,771	70	–	19,231	17,793	4,736	4,819	59,716	60,166
Other Operating Expenses	672	837	6	–	7,261	6,496	1,158	1,016	17,804	17,071
Maintenance	114	131	1	–	1,644	916	682	158	2,523	4,606
Depreciation and Amortisation	371	412	–	–	5,205	4,247	521	634	9,808	10,799
Other Expenses	–	–	–	–	–	–	–	–	–	1,067
Total Expenses	4,278	4,151	77	–	33,341	29,452	7,097	6,627	89,851	93,709
Revenues										
Sale of Goods and Services	215	83	4	–	1,852	1,397	508	311	67,193	9,556
Investment Income	84	46	1	–	351	200	42	44	547	665
Grants and Contributions	712	84	5	–	2,940	351	340	76	4,494	5,069
Other Revenue	108	39	1	–	628	244	106	55	1,342	920
Total Revenues	1,119	252	11	–	5,771	2,192	996	486	73,576	16,210
(Gain)/ Loss on Sale of Assets	(29)	2	(1)	–	(228)	17	(48)	4	(596)	52
NET COST OF SERVICES	3,130	3,901	65	–	27,342	27,277	6,053	6,145	15,679	77,551

The accompanying notes form part of these Financial Statements

Program 2.3		Program 3.1		Program 4.1		Program 5.1		Program 6.1		Grand Total	
2000	1999	2000	1999	2000	1999	2000	1999	2000	1999	2000	1999
\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
5,467	6,599	594	204	1,457	952	5,013	4,887	17,715	18,511	117,120	116,702
1,536	1,961	161	61	147	124	1,515	1,474	4,562	3,234	34,822	32,274
234	241	81	72	46	43	333	305	774	771	6,432	7,243
894	1,160	36	13	158	150	957	751	1,439	1,116	19,389	19,282
-	-	-	-	-	-	-	-	-	-	-	1,067
8,131	9,961	872	350	1,808	1,269	7,818	7,417	24,490	23,632	177,763	176,568
6,681	884	-	-	96	30	421	141	737	476	77,707	12,878
72	65	2	-	12	8	40	51	1,618	1,630	2,769	2,709
604	114	15	-	100	15	322	89	14,416	9,541	23,948	15,339
139	82	1	-	28	10	112	62	1,447	877	3,912	2,289
7,496	1,145	18	-	236	63	895	343	18,218	12,524	108,336	33,215
(54)	5	(6)	-	(12)	-	(53)	4	(150)	8	(1,177)	92
581	8,821	848	350	1,560	1,206	6,870	7,078	6,122	11,116	68,250	143,445

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

1. The Hospital Reporting Entity

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

2. Summary of Significant Accounting Policies

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

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

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

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

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

a) NSW Health Department Recurrent Allocations

Payments are made by the NSW Health Department on the basis of the net allocation for the Hospital as adjusted for approved supplementation mostly for salary agreements and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the operating result on the basis that the allocation is earned in return for health services provided in 1999/2000 on behalf of the NSW Health Department.

b) NSW Health Department Capital Allocations

Payments made in 1999/2000 have been treated as revenue in these financial statements being brought to account after the net cost of services. This can cause significant variation in reported operating results between years.

c) Employee Entitlements

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

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

Employee leave entitlements are dissected between "Current" and "Non-Current" components on the basis of anticipated payments for the next twelve months. This is in turn based on past trends and known resignations and retirements. The result is that the current liability for Long Service Leave is stated as \$4,626,000. The full liability for employees with greater than 10 years service amounts to \$13,442,753.

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

Employee entitlements exclude the value of voluntary services provided [note 31].

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

d) Superannuation

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

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

e) Insurance

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

f) Revenue Recognition

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

- i) the Hospital has passed control of the goods or other assets to the buyer;
- ii) the Hospital controls a right to be compensated for services rendered;
- iii) the Hospital controls a right relating to the consideration payable for the provision of investment assets;
- iv) it is probable that the economic benefits comprising the consideration will flow to the entity; and
- v) the amount of the revenue can be measured reliably.

Patient Fees

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

Debt Forgiveness

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

Use of Hospital Facilities

Specialist doctors with rights of private practice are charged a facility fee for the use of Hospital facilities at rates determined by the NSW Health Department and are based on fees collected.

g) Use of Outside Facilities

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

h) Change in Accounting policies

The Hospital recognises the flow of acute inpatients from the area in which they are resident to other areas within NSW.

The expense and revenue values reported within the financial statements are based on the previous year's activity data using standard cost weighted separation values to reflect estimated costs for acute weighted inpatient separations. The Hospital is treating patients from all Area Health Services and is therefore being reimbursed by the benefiting Area based on the calculations provided by the NSW Health Department. The calculation excludes superannuation and depreciation.

The reporting adopted also aims to provide greater accuracy in the cost of acute inpatient service provision and disclose the extent to which acute inpatient care service is provided to residents of other NSW Area Health Services.

The adjustments have no effect on equity values as the movement in Net Cost of Services is matched by a corresponding adjustment to the value of the NSW Health Recurrent Allocation.

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

The 1999/2000 calculation of the patient flows has been amended to include the flows to specialist paediatric hospitals. If this change had been applied previously the 1998/99 Net Cost of Services would have increased by \$52.1 million and NSW Health recurrent funding would have decreased by an equal amount.

The composition of patient flow revenue is disclosed in Note 8.

i) Research and Development Costs

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

j) Acquisition of Assets

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

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

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

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

k) Plant and Equipment

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

l) Maintenance

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

m) Depreciation

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

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

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

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

n) Revaluation of Physical Non-Current Assets

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

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

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

Donated physical assets are capitalised and brought into account at fair market value if such value is \$5,000 or more [note 2 (k)].

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

o) Investments

Marketable securities and deposits are valued at cost unless specifically stated in Note 16. Non marketable securities are brought into account at cost and donated value, whichever is lower. Donated value is equivalent to the market value at date of receipt. Where the cost or donated value exceeds the recoverable amount, the investment has been written down to the recoverable amount. At 30 June 2000, the Board of the Hospital agreed to revalue equity investments at market value.

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

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

Interest revenues are recognised as they accrue.

p) Inventories

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

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

q) Bad Debts and Doubtful Debts

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

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

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

r) Financial Instruments

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

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

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

Cash

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

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

Receivables

Receivables are carried at nominal amounts due, less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable [note 2(q)].

Accounts are issued on 30 days terms.

Investments

Investments reported at cost and net realisable value include short term and fixed deposits. Interest is recognised in the Operating Statement when earned. Shares are carried at revalued carrying amount [note 2(o)] with dividend income recognised when the dividends are declared by the investee.

Short-term deposits have an average maturity of 42 days and effective interest rate of 6.03% to 6.25%. Fixed term deposits have an average maturity of 2,073 days and effective interest rates of 5.14% to 9.02%.

Classes of instruments recorded at market value comprise:

Shares on the Australian Stock Exchange

Treasury Corporation Hour Glass Investments, Government and Semi-Government Bonds are stated at the lower of cost and net realisable value. Interest is recognised when earned.

Deposits have an average maturity of 36 months with effective interest rate of 6%. There are no classes of instruments which are recorded at other than cost or market valuation.

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

Accounts Payable

Accounts Payable are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Hospital.

Trade liabilities are settled within 45 days of receipt of the invoice in accordance with NSW Health Department benchmarks.

Borrowings

Loans are carried at the principal amount. Interest is charged as an expense as it accrues.

The Hospital has fully paid the non-interest bearing loan of \$1,368,000 from NSW Health Department carried forward from 1998/99 and due in 1999/2000.

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

s) Goods and Services Tax (GST)

Commitments existing at 30 June 2000 are reported inclusive of GST of 10% which has effect from 1 July 2000. Additionally, contingent assets have been disclosed for amounts equivalent to any available input tax credits, which represents the GST that is recoverable from the Australian Taxation Office.

t) Trust Funds

The Hospital receives monies in a trustee capacity for various trusts as set out in Note 26. 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 Hospital's own objectives, they are not brought to account in the financial statements.

u) Operating Statement Interpretation

The Board has the view that the Operating Statement does not fully explain the financial position of the Hospital, due to the inclusion of capital allocations and unfunded depreciation. This can cause significant variation in reported Operating Results between years.

v) Donations and Industry Contributions

The Hospital has complied with the requirements of the proforma Financial Statements issued by NSW Treasury and reports Donations and Industry Contributions as part of the Net Cost of Service of the Hospital for both 1999/2000 and 1998/1999.

2000	1999
\$000	\$000

3. Employee Related Expenses

Employee related expenses comprise the following:

Salaries and Wages	96,185	93,401
Long Service Leave [note 2(c)]	2,429	3,255
Annual Leave [note 2(c)]	8,445	9,432
Nursing Agency Payments	772	781
Other Agency Payments	93	35
Workers Compensation Insurance	1,491	2,443
Superannuation [note 2(d)]	7,705	7,355
	<u>117,120</u>	<u>116,702</u>

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

	2000 \$000	1999 \$000
4. Goods and Services		
(a) Expenses on Goods and Services comprise the following:		
Computer Related Expenses	306	269
Domestic Charges	2,210	2,162
Drug Supplies	7,198	6,361
Food Supplies	1,972	2,089
Fuel, Light and Power	1,065	1,096
General Expenses	3,848	2,735
Hospital Ambulance Transport Costs	297	360
Insurance	16	49
Medical and Surgical Supplies	6,584	6,412
Postal and Telephone Costs	1,458	1,435
Printing and Stationery	1,229	1,102
Rental, Rates and Charges	205	244
Special Service Departments	3,596	3,121
Staff Related Costs	473	494
Travel Related Costs	806	616
	31,263	28,545

(b) General expenses include:

Advertising	243	234
Books and Magazines	303	261
Consultancies		
Operating Activities	311	347
Capital Works	269	–
Courier and Freight	157	187
External Audit Fees		
Audit Work	64	41
Other Services	2	–
Legal Expenses	142	94
Membership/Professional Fees	145	101
Provision for Bad and Doubtful Debts	168	92

(c) No fees were paid to Hospital Board Members

5. Maintenance

Repairs and Routine Maintenance	4,832	4,838
Expenditure in relation to Year 2000 Compliance	269	1,247
Renovations and Additional Works	40	–
Replacements and Additional Equipment less than \$5,000	1,291	1,158
	6,432	7,243

6. Depreciation Expense

Buildings	6,433	6,445
Plant and Equipment	12,956	12,837
	19,389	19,282

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

	2000	1999
	\$000	\$000

7. Other Expenses

Devaluation of Investments to Net Realisable Value as at 30 June 2000	-	1,048
Devaluation of Shares to market value as at 30 June 2000	-	19
	-	1,067

8. Sale of Goods and Services

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

Patient Fees [note 2(f)]	5,160	4,977
Staff Meals and Accommodation	151	170
Use of Hospital Facilities [note 2 (f)]	4,255	3,475
Car Parking	672	579
Child Care Fees	354	340
Fees for Medical Records	26	25
Non-Staff Meals	1,835	2,159
Sale of Prostheses	322	327
Inter-Area Patient Inflows, NSW [note 2(h)]	63,708	-
Pharmacy	330	214
Other	894	612
	77,707	12,878

(b) Revenues from Inter-Area Patient Inflows on an Area basis as follows:

Central Sydney	4,732	3,787
Northern Sydney	6,704	5,341
Western Sydney	20,712	16,518
Wentworth	6,076	4,825
South West Sydney	10,932	8,879
Central Coast	2,873	2,529
Hunter	1,352	1,229
Illawarra	1,836	1,638
South Eastern Sydney	1,400	999
Northern Rivers	365	341
Mid North Coast	1,945	1,763
New England	668	599
Macquarie	485	410
Mid Western	1,869	1,664
Far West	188	176
Greater Murray	776	699
Southern NSW	795	709
	63,708	52,106

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

	2000 \$000	1999 \$000
9. Investment Income		
Interest	2,555	1,138
Other	214	1,571
	<u>2,769</u>	<u>2,709</u>

10. Grants and Contributions

University Commission Grants	334	67
Commonwealth Government Grants	1,371	1,401
Other Grants	1,434	1,706
Donations and Industry Contributions [note 2(v)]	20,809	12,165
	<u>23,948</u>	<u>15,339</u>

11. Other Revenue

Other Revenue comprises the following:

Sales of Merchandise and Books	719	757
Conferences and Seminars	275	196
Rental Income	361	419
Increment in Revaluation of Investments	1,048	-
Other	1,509	917
	<u>3,912</u>	<u>2,289</u>

12. Gain/Loss on Sale of Non-Current Assets

Property Plant and Equipment	3,938	239
Investments	168,157	-
Less Accumulated Depreciation	<u>2,501</u>	<u>147</u>
Written Down Value	169,594	92
Less Proceeds from Sale	<u>(170,771)</u>	<u>-</u>
(Gain)/ Loss on Sale of Non-Current Assets	<u>(1,177)</u>	<u>92</u>

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

13. Donations and Industry Contributions Restrictions

The following major Donations and Industry Contributions were recognised as revenues during the current year but expenditure in the manner specified by the donor had not occurred as at the balance date:

	2000 \$000	1999 \$000
Buildings	4,146	683
Equipment	8,549	4,072
Endocrinology	720	727
Intensive Care Unit	38	2
Oncology and Leukaemia	2,131	1,192
Research	881	601
	<u>16,465</u>	<u>7,277</u>

The Hospital held the following amount of major Donations and Industry Contributions unexpended as at balance date:

Buildings	9,717	5,144
Bear Cottage Hospice	640	–
Equipment	1,267	4,056
Endocrinology	1,531	1,747
Gastroenterology	1,205	1,479
Intensive Care Unit	977	1,266
Oncology and Leukaemia	3,297	3,145
Research	5,950	5,582
	<u>24,584</u>	<u>22,419</u>

The amounts stated above exclude all investment income earned by the Hospital on Donations and Industry Contributions.

Further information on Restricted Assets appears in Note 20.

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

14. Programs/Activities of the Hospital

Program 1.1 – Primary and Community Based Services

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

Program 1.2 – Aboriginal Health Services

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

Program 1.3 – Outpatient Services

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

Program 2.1 – Emergency Services

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

Program 2.2 – Overnight Acute Inpatient Services

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

Program 2.3 – Same Day Acute Inpatient Services

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

Program 3.1 – Mental Health Services

Objective: To improve the health, 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.

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

15. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. The Hospital's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the 30 June 2000, are as follows:

Financial Instruments	Floating Interest Rate		Fixed interest rate maturing in:						Non-interest bearing		Total Carrying Amount		Weighted average Effective Interest Rate*	
			1 year or less		Over 1 to 5 years		More than 5 years							
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 %	1999 %
Financial Assets														
Cash	4,176	2,288	-	-	-	-	-	-	10	9	4,186	2,297	4	5
Receivables	-	-	-	-	-	-	-	-	3,753	5,634	3,753	5,634	-	-
Shares	-	-	-	-	-	-	-	-	6,224	1,473	6,224	1,473	-	-
Treasury Corporation Investments	-	-	12	-	1,310	804	432	-	-	-	1,754	804	8	8
Government and														
Semi-Government Bonds	-	-	-	-	5,156	7,351	15,474	12,262	-	-	20,630	19,613	8	7
Other Loans and Deposits	-	-	13,494	7,156	619	3,128	489	-	-	-	14,602	10,284	6	6
Total Financial Assets	4,176	2,288	13,506	7,156	7,085	11,283	16,395	12,262	9,987	7,116	51,149	40,105		
Financial Liabilities														
Borrowings – Other	-	-	-	-	-	-	-	-	-	1,368	-	1,368	-	-
Accounts Payable	-	-	-	-	-	-	-	-	6,386	6,261	6,386	6,261	-	-
Total Financial Liabilities	-	-	-	-	-	-	-	-	6,386	7,629	6,386	7,629		

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

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

b) Credit Risk

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

	Governments		Banks		Patients		Other		Total	
	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000
Financial Assets										
Cash	-	-	4,176	2,288	-	-	10	9	4,186	2,297
Receivables	377	499	21	84	1,690	1,885	1,665	3,166	3,753	5,634
Shares	-	-	-	-	-	-	6,224	1,473	6,224	1,473
Treasury Corporation Investments	1,754	804	-	-	-	-	-	-	1,754	804
Government and Semi-Government Bonds	20,630	19,613	-	-	-	-	-	-	20,630	19,613
Other Loans and Deposits	-	-	14,602	10,284	-	-	-	-	14,602	10,284
Total Financial Assets	22,761	20,916	18,799	12,656	1,690	1,885	7,899	4,648	51,149	40,105

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions.

Receivables due from these patients totalled \$681,000 at 30 June 2000 (1998/99: \$595,000).

c) Net Fair Value

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

d) Derivative Financial Instruments

The Hospital holds no Derivative Financial Instruments.

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

	2000 \$000	1999 \$000
16. Investments		
Current		
Treasury Corporation – Hour Glass Facility	12	–
Other Loans and Deposits	13,494	7,156
	<u>13,506</u>	<u>7,156</u>
Non-Current		
Treasury Corporation – Hour Glass Facility	1,742	804
Government and Semi-Government Bonds	20,630	19,613
Other Loans and Deposits	1,108	3,128
Shares at Cost	–	1,473
Shares at Market Value	6,224	–
	<u>29,704</u>	<u>25,018</u>

Current Investments are valued at cost. Non current Investments are valued at the lower of cost and net realisable value.

As at 30 June 2000, shares are valued at market value [note 2(o)].

The increment amount of \$4,736,000 has been credited directly to Reserves [note 24].

17. Receivables

Current

Sale of Goods and Services	1,228	1,241
Other Debtors		
Non Operating Debtors	316	125
Other Debtors	1,265	1,560
Prepayments	639	1,696
Interest Receivable	21	83
	<u>3,469</u>	<u>4,705</u>
Less Provision for Doubtful Debts	(559)	(484)
	<u>2,910</u>	<u>4,221</u>

Bad debts written off during the year:

Sale of Goods and Services	110	171
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Non-Current

Sale of Goods and Services	862	1,164
Prepayments	–	285
	<u>862</u>	<u>1,449</u>
Less Provision for Doubtful debts	(19)	(36)
	<u>843</u>	<u>1,413</u>

Sale of Goods and Services Includes:

Patient Fees – Compensable	737	167
Patient Fees – Ineligible	681	595
Patient Fees – Other	672	1,643
	<u>2,090</u>	<u>2,405</u>

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

	2000 \$000	1999 \$000
18. Inventories		
Current – At Cost		
Drugs	342	379
Medical and Surgical Supplies	1,405	1,277
Food and Hotel Supplies	27	23
Engineering Supplies	125	141
Fundraising Merchandise	158	216
Other including Goods in Transit	659	656
	<u>2,716</u>	<u>2,692</u>

	Land \$000	Buildings \$000	Construction in Progress \$000	Plant and Equipment \$000	Other \$000	Total \$000
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19. Property, Plant and Equipment

Balance at 1 July 1999						
At Valuation date 30 June 1995	544	–	–	–	–	544
At Valuation date 30 June 1997	14,600	257,855	–	–	–	272,455
At Cost	–	–	1,310	119,948	5,636	126,894
Total Balance 1 July 1999	15,144	257,855	1,310	119,948	5,636	399,893
Capital Expenditure and Donations [note 2(j), (n)]	–	113	1,293	3,089	–	4,495
Disposals	–	(785)	–	(3,153)	–	(3,938)
	<u>15,144</u>	<u>257,183</u>	<u>2,603</u>	<u>119,884</u>	<u>5,636</u>	<u>400,450</u>
Balance at 30 June 2000						
At Valuation Date 30 June 1995	544	–	–	–	–	544
At Valuation Date 30 June 1997	14,600	257,070	–	–	–	271,670
At Cost	–	113	2,603	119,884	5,636	128,236
Total Balance at 30 June 2000	<u>15,144</u>	<u>257,183</u>	<u>2,603</u>	<u>119,884</u>	<u>5,636</u>	<u>400,450</u>
Depreciation						
Valuation Depreciation Balance	–	12,890	–	–	–	12,890
Cost Depreciation Balance	–	–	–	56,500	1,373	57,873
Total Balance at 1 July 1999	–	12,890	–	56,500	1,373	70,763
Charge for the year [note 2(m)]	–	6,433	–	12,656	300	19,389
Disposals	–	(48)	–	(2,453)	–	(2,501)
	<u>–</u>	<u>19,275</u>	<u>–</u>	<u>66,703</u>	<u>1,673</u>	<u>87,651</u>
Balance at 30 June 2000						
At Valuation Date 30 June 1997	–	19,275	–	–	–	19,275
At Cost Balance	–	–	–	66,703	1,673	68,376
Total Balance at 30 June 2000	<u>–</u>	<u>19,275</u>	<u>–</u>	<u>66,703</u>	<u>1,673</u>	<u>87,651</u>
Carrying Amount at 30 June 2000						
At Valuation date 30 June 1995	544	–	–	–	–	544
At Valuation Date 30 June 1997	14,600	237,795	–	–	–	252,395
Cost Carrying Amount	–	113	2,603	53,181	3,963	59,860
Carrying Amount at 30 June 2000	<u>15,144</u>	<u>237,908</u>	<u>2,603</u>	<u>53,181</u>	<u>3,963</u>	<u>312,799</u>

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

(i) Land and Buildings include land owned by the NSW Health Department and administered by the Hospital [see notes 2(j) and 2(n)].

(ii) Land and Buildings at Westmead were valued by Mr John Brogan, AVLE (Val), Registered Valuer No 1697 from the Valuer Generals Office on 1 July 1996 and Mr Mark Everitt, AVLE (Val), Registered Valuer No 1704 from State Valuation Office and Mr Cameron C Olson, AVLE (Cal), Registered Valuer No 2658 from FPD Professional Services Pty Limited on 30 June 1997 [see notes 2(j) and 2(n)] as part of the normal requirement to provide valuations at five yearly intervals.

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

Buildings were valued at \$257,855,000 (cost \$213,977,000).

The Hospital has disposed of properties to the value of \$785,000 during the year.

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

20. Restricted Assets

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

(a) Contributions of \$20,809,372 (1998/99: \$12,165,445) which were received for specific purposes were recognised as revenues during the financial year.

(b) Restricted Assets which were unexpended at balance date (including those received in prior years) totalled \$40,341,129 (1998/99: \$32,463,610). Further details appear below:

Major Category	Brief Details of Externally Imposed Conditions	2000 \$000	1999 \$000
Children's Hospital Fund	Donations and fundraisings held for the purchase of specific equipment and/or services.	1,266	1,130
Specific Purposes Trust Funds	Donations, contributions and fundraisings held in trust for the benefit of specific patient, department and/or staff groups.	17,607	13,812
Perpetually Invested Trust Funds	Funds invested in perpetuity. The income therefrom is used in accordance with donors' or trustees' instructions for the benefit of patients and/or in support of hospital services.	5,461	5,654
Research Funds	Funds to be used for research on child health and other related research carried out by the Hospital.	5,950	5,582
Coffee Shop Trust	Accumulated funds distributed from the Coffee Shop Trust to be used for the purposes specified by the Trust which includes clinical fellowships and equipment.	339	1,142
Bear Cottage Hospice	Donations, contributions and fundraisings held towards the cost of building Bear Cottage, a home for terminally ill children and their families, to provide them with medical attention in a home environment.	5,606	5,144
Research Capital Campaign	Donations, contributions and fundraisings held towards the building of a Clinical Research Building, to provide infrastructure and facilities to meet the growing needs of research into disease and children's health.	4,112	-
		<u>40,341</u>	<u>32,464</u>

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

	2000 \$000	1999 \$000
21. Accounts Payable		
Current		
Creditors	5,020	5,492
Other Creditors		
Capital Works	1,266	512
Other	100	257
	<u>6,386</u>	<u>6,261</u>

22. Borrowings

Current		
Other Loans and Deposits	–	1,368
Other loans represent monies to be repaid to the NSW Health Department		
Repayment of Borrowings		
Not later than one year	–	1,368
	<u>–</u>	<u>1,368</u>

23. Employee Entitlements

Current		
Employee Annual Leave	7,220	6,280
Employee Long Service Leave	4,626	3,814
Accrued Salaries and Wages	2,929	2,390
	<u>14,775</u>	<u>12,484</u>
Non-Current		
Employee Annual Leave	3,604	4,120
Employee Long Service Leave	11,527	11,137
	<u>15,131</u>	<u>15,257</u>

Accumulated Surplus		Asset Revaluation Reserve		Total Equity	
2000 \$000	1999 \$000	2000 \$000	1999 \$000	2000 \$000	1999 \$000

24. Equity

Balance at the beginning of the Financial Year	280,902	305,314	55,655	55,655	336,557	360,969
Movement in Accumulated Funds	(10,875)	(24,412)	–	–	(10,875)	(24,412)
Investment Revaluation Increment	–	–	4,736	–	4,736	–
Adjustment to Revaluation Following Disposal of Buildings	–	–	(46)	–	(46)	–
Balance at the end of the Financial Year	<u>270,027</u>	<u>280,902</u>	<u>60,345</u>	<u>55,655</u>	<u>330,372</u>	<u>336,557</u>

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

2000	1999
\$000	\$000

25. Commitments for Expenditure

(a) Capital Commitments (including GST)

Aggregate expenditure contracted for at balance date but not provided for in the accounts:

No later than one year	5,889	5,750
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Of the commitments reported at 30 June 2000, it is expected that \$5,889,000 will be met from locally generated monies.

(b) Operating Lease Commitments

Commitments in relation to non-cancellable operating leases are payable as follows:

Not later than one year	1,141	-
Between one and two years	788	-
Between two and five years	438	-
Total Operating Lease Commitments (including GST)	2,367	-

These Operating leases are not recognised in the financial statements as liabilities.

The total "Expenditure Commitments" above includes input tax credits of \$750,531 that are expected to be recoverable from the Australian Taxation Office.

26. Trust Fund

The Hospital holds Trust Funds amounting to \$246,000 (1999 – \$234,000), which are used for the safe keeping of Private Practice Trusts. These monies are excluded from the financial statements, as the Hospital cannot use them for any other purpose. The following is a summary of the transactions in those trust accounts:

Cash Balance at the beginning of the financial year	234	397
Receipts	105	102
Expenditure	93	265
Cash Balance at the end of the Financial Year	246	234

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

27. Contingent Liabilities

a) Claims on Managed Fund

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

b) Workers Compensation Hindsight Adjustment

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

The hindsight adjustment has now been effected for 1996/97 and resulted in an increase in expenses of \$44,859.

A contingent liability/asset may now exist in respect of the 1997/98 and 1998/99 Workers Compensation Fund years.

The Treasury Managed Fund provides estimates as at 30 June each year and the latest available, viz those advised as at 30 June 1999, estimate that an asset of \$891,820 is applicable for the 1997/98 fund year.

This estimate, however, is subject to further actuarial calculation and a better indication of quantum will not be available until the last quarter of 2000.

28. Charitable Fundraising Activities

The Hospital conducts direct fundraising.

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

Fundraising activities for the year 1999/2000 are dissected as follows:

	Income Raised \$000	Direct Expenditure \$000	Indirect Expenditure \$000	Net Proceeds \$000
Appeals (In House)	13,137	1,329	1,574	10,234
Events	2,502	64	–	2,438
Legacies	5,170	–	–	5,170
	<u>20,809</u>	<u>1,393</u>	<u>1,574</u>	<u>17,842</u>
Percentage of Income	100%	7%	8%	85%

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

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

The net proceeds for the year 1999/2000 were used for the following purposes:

Purchase of Equipment	8,549
Purchase and Construction of Buildings	4,146
Research	881
Held in Special Purpose and Trust Funds	<u>4,266</u>
	<u><u>17,842</u></u>

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

2000	1999
<u>\$000</u>	<u>\$000</u>

29. Cash and Cash Equivalents

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

Cash	736	972
At Call	<u>3,450</u>	<u>1,325</u>
Closing Cash and Cash Equivalents	<u><u>4,186</u></u>	<u><u>2,297</u></u>

(per Cash Flow Statement)

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

Net Cash Flows from Operating Activities	7,682	2,059
Depreciation	(19,389)	(19,282)
Acceptance by the Crown Entity of Superannuation Liability	(7,705)	(7,355)
Increase in Provisions	(2,900)	(4,277)
Decrease in Prepayments and Other Assets	(532)	(4,017)
Decrease in Creditors	1,719	1,140
Net (Gain)/Loss on Sale of Property, Plant and Equipment	1,177	(92)
NSW Health Department Recurrent Allocations	(48,000)	(109,507)
NSW Health Department Capital Allocations	(1,670)	(2,046)
NSW Health Department Loans	<u>1,368</u>	<u>(68)</u>
Net Cost of Services	<u><u>(68,250)</u></u>	<u><u>(143,445)</u></u>

Royal Alexandra Hospital for Children

Notes to and forming part of the Financial Statements for the year ended 30 June 2000

31. 1999/2000 Voluntary Services

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

Fundraising

Provision of relief staff to administration areas

Sibling Child Care Centre

Assistance in the wards with inpatient care

Assistance with child care for the Adolescent, Deafness Centre, Spina Bifida and Limb Deficiency Clinics

Hospital Granny Service

Volunteers, Gift Shop

Volunteers, White Elephant Stall

Radio Bed Rock

Starlight Room

Book Bunker.

32. Unclaimed Monies

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

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

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

33. Budget Review

Net Cost of Services

The actual net cost of services was less than budget by \$7,248,000. This was primarily due to:

- (i) The Hospital received \$5,000,000 in excess of budget during the year from a small number of major donors.
- (ii) A portion of the Mental Health Telepsychiatry Project remains unspent.
- (iii) A \$1,048,000 non-cash investment revaluation increment is recognised in the Operating Statement as Other Revenue to the extent of offsetting the previous year's decrement.

Assets and Liabilities

Total assets are \$12,174,000 higher than budget primarily due to an increase in funds available for investment received from donations for the Research Capital Campaign; and the revaluation of equities to market value resulting in an increment of \$4,736,000.

34. Post Balance Date Events.

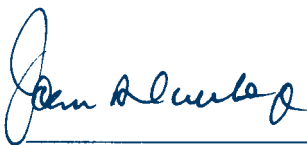
Following the year-end, one Visiting Medical Officer approached the Hospital to advise that he had not submitted claims for over five years. Administrative omissions during the handover from Westmead Hospital in 1995, meant that no commitment had been recognised in the financial statements. Discussions are taking place to determine the scale of his claim. This is unlikely to exceed \$350,000.

End of Audited Financial Statements.

Certification of Accounts

The attached financial statements of The Children's Hospital at Westmead for the year ended 30 June 2000:

- (i) have been prepared in accordance with applicable Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board and Urgent Issues Group Consensus Views, the requirements of the Public Finance and Audit Act, 1983 and its regulations, the Accounts and Audit Determination, and the Accounting Manual for Area Health Services, District Health Services and Public Hospitals; and
- (ii) present fairly the financial position and transactions of The Children's Hospital at Westmead; and
- (iii) have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.



John Dunlop
President



David Say
Honorary Treasurer



BOX 12 GPO
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT

ROYAL ALEXANDRA HOSPITAL FOR CHILDREN

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

Scope

I have audited the accounts of the Royal Alexandra Hospital for Children for the year ended 30 June 2000. The Board is responsible for the financial report consisting of the statement of financial position, operating statement, statement of cash flows and program statement - expenses and revenues, together with the notes thereto, and information contained therein. My responsibility is to express an opinion on the financial report to Members of the New South Wales Parliament and the Board based on my audit as required by sections 34 and 45F(1) of the *Public Finance and Audit Act 1983* and the *Charitable Fundraising Act 1991*. My responsibility does not extend here to an assessment of the assumptions used in formulating budget figures disclosed in the financial report.

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

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

- core business activities being in accordance with the *Health Services Act 1997*; and
- the *Health Service Act 1997* in respect of the Chief Executive Officer's contract.

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

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

Audit Opinion

In my opinion, the financial report of the Royal Alexandra Hospital for Children complies with section 45E of the Act and presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements the financial position of the Hospital as at 30 June 2000 and the results of its operations and its cash flows for the year then ended.

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

I report that:

- i) the accounts of the Royal Alexandra Hospital for Children show a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2000;
- ii) the accounts and associated records of the Royal Alexandra Hospital for Children have been properly kept during the year in accordance with the Act;
- iii) money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the Act; and
- iv) there are reasonable grounds to believe that the Royal Alexandra Hospital for Children will be able to pay its debts as and when they fall due.



M T SPRIGGINS, CA
DIRECTOR OF AUDIT

(duly authorised by the Auditor-General of New South Wales
under section 45F(1A) of the Act)

SYDNEY
14 September 2000

Hours of operation

- The Emergency Department at The Children's Hospital at Westmead is open 24 hours a day.
- Kidsnet – a telephone advice service (02) 9845 2432 – also provides 24 hour advice.
- Outpatients Clinics are staffed from 8 AM to 5 PM Monday to Friday.

the
children's
hospital at Westmead

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