

ANNUAL REPORT 2008 – 2009

CHILDREN, YOUTH AND WOMEN'S HEALTH SERVICE



**Government
of South Australia**

SA Health

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ISSN 1833-086X

CYWHS recognises Aboriginal and Torres Strait Islander people as two separate groups. However, for the remainder of this document we refer to Aboriginal people in recognition that Aboriginal people are the original inhabitants of South Australia. We also acknowledge the complexity and diversity of the Aboriginal communities of South Australia, recognising each has its own beliefs and practice.

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30 September 2009

The Hon John Hill, MP
Minister for Health
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Dear Minister,

I have pleasure in submitting the Annual Report on the activities of the Children, Youth and Women's Health Service for the financial year ended 30 June 2009.

This report complies with the *Public Sector Management Act 1995*, the *Public Finance and Audit Act 1987*, and the *Health Care Act 2008*.

Yours sincerely

Gail Mondy
Chief Executive Officer
Children, Youth and Women's Health Service

Incorporating



Women's
& Children's
Hospital

Our Vision

The best health for South Australia.

In providing excellence in health care and improved health for children, young people and women, we build the foundations for a healthy and vibrant South Australia.

Our Mission

The Children, Youth and Women's Health Service is South Australia's leading provider of health services for children, young people and women.

We work in partnership with our clients and their families, the community and other service providers to promote, maintain and restore health.

We seek to provide the best possible health care for those who are sick or in need of our care, while also seeking to prevent illness and improve the health and wellbeing of populations across South Australia.

Our Values

Our values underpin everything we do:

Care and Compassion

We demonstrate our care and compassion for people in the delivery of our services.

Equity

We are committed to improving the health of the most disadvantaged members of our community by making our services accessible and appropriate to their needs.

Diversity

We respond to our diverse populations by recognising, respecting and responding to their differing needs and values.

Innovation and Creativity

We are committed to improving our services and care by continuing to learn and by valuing new ideas, knowledge, experience and research.

Participation and Collaboration

We work in partnership with our clients, the community and other service providers to meet shared goals.

Respect

We respect our clients, colleagues and communities and engage with them through open communication and consultation.

Accountability

We demonstrate sound clinical and corporate governance and the effective and efficient use of resources.

Integrity

We will act with honesty and in accordance with our values.

Chief Executive Officer's Report

It is with great pleasure that I present the 2008/09 Children, Youth and Women's Health Service Annual Report, highlighting our results and achievements.

In my first complete year as Chief Executive Officer, I am very proud of the results we have achieved, and I would like to acknowledge and thank my Executive team and all staff who have continued to develop and improve the high quality services we provide to children, young people and women in South Australia.

The year began with the introduction of the new South Australian Health Care Act coming into effect on 1 July 2008, and the dissolution of the CYWHS Board of Directors. We established a new Governance Structure, providing a strong foundation to oversee and manage the Region and ensure continued service improvement.

The Governance Structure includes Governing Committees that focus on the key areas of finance, audit and risk, clinical safety and quality, workplace development and safety, performance, consumer and community participation and Aboriginal health.

The Performance Review Committee was established to engage key staff to manage and evaluate the effectiveness and efficiency of the Region's performance and establish strategies and processes to ensure continued improvement.

The Consumer and Community Advisory Committee ensures we have representation of stakeholder views. This committee provides advice to the CYWHS Executive on key issues and initiatives for the Region, providing perspectives from stakeholders and broader community interests, as relevant to the strategic directions and priorities of the Region.

In 2008/09, we received funding for a new children's cancer centre at the Women's and Children's Hospital. The single point haematology and oncology centre will feature day treatment and inpatient services.

Planning for the centre is well underway and will offer care and treatment facilities for patients with cancer and blood related disorders, better facilities for all patients both at risk of acquiring infection and an improved working environment for the doctors, nurses, allied health workers and support staff.

We have continued to focus on improving the health of Aboriginal families through a variety of service initiatives including the Family Home Visiting Program which we began extending to rural and remote areas of South Australia.

Extensive consultation and engagement with Aboriginal communities has assisted us to develop culturally respectful services in partnership with Aboriginal people.

One of the challenges facing public health systems across the globe is ensuring that health services match the key areas of demand, as populations grow and demographic needs change.

In 2008/09, the Children, Youth and Women's Health Service began a clinical services planning process that will inform the timing and nature of future capital investments, help drive a regional workplace plan and link to short and medium term financial strategies.

Once completed, the Clinical Services Plan 2009-2016 will draw on information about demographic changes in South Australia, trends in service provision and models of service delivery, as well as invaluable input from clinicians. The Plan will ensure that we are best placed to meet the needs of the South Australian community both now and into the future.

Work has also commenced on the development of a Research Plan, to complement the CYWHS Clinical Services Plan. The Research Plan will document a strategic approach for the future of women's and children's health research on the WCH campus.

Finally, I would like to thank the many volunteers for their role in ensuring we continue to provide the best possible care to children, young people and women in South Australia.

A handwritten signature in black ink, appearing to read 'Gail Mondy', with a stylized, flowing script.

Gail Mondy
Chief Executive Officer
Children, Youth and Women's Health Service

Strategic Goal:

Contribute to the Population's Health and Wellbeing

We will contribute to improving the health and wellbeing of children, young people and women by taking a whole-of-population approach to health, especially in the early years of life.

The following highlights represent our progress towards this goal.

UNIVERSAL CONTACT VISIT

A total of 18,410 babies and their families received a service from a Child and Family Health Nurse as part of the Universal Contact Visit in 2008/09. This represents over 94 per cent of all births in South Australia. The Contact Visit is comprehensive, providing information and support to meet families' needs, guidance about future development and linkages to other services.

HOME VISITING FOR FAMILIES

The Family Home Visiting Program (FHV) is a two year preventative program for participating mothers and infants who receive 34 planned home visits from specially trained nurses, commencing when children are six weeks to three months of age and finishing when they are two years of age.

This year, 950 new families commenced the Family Home Visiting program and another 454 families successfully completed the Program. At 30 June 2009, 391 families with infants up to the age of two were actively involved in the program.

In 2008/09, the Family Home Visiting program expanded to Kadina, Burra, Jamestown, the mid-north, Barossa, central Eyre Peninsula, Mount Gambier, Millicent, and Kangaroo Island, increasing our nursing staff and allied health roles.

The Research and Evaluation Unit is continuing the Healthy Babies, Bright Futures project. This project will evaluate the extent to which the Family Home Visiting Program improves the health and wellbeing of mothers and infants two years after enrolment in the program and to identify maternal and child characteristics associated with better outcomes for mothers and children who participate in the Family Home Visiting Program.

Participants in the Healthy Babies, Bright Futures project will consist of 600 mothers and infants who enrolled in the Family Home Visiting Program in 2008 and 2009 (intervention group), and 300 mothers and infants with similar characteristics who could not enrol in the program because they live in a geographical region where it was not yet available (comparison group).

To date, more than 550 families in the Family Home Visiting group and 210 families in the comparison group have enrolled in the study and completed a three month assessment. Of these, over 290 in the FHV group and 100 in the comparison group have completed a nine month assessment. Eighteen month assessments have recently commenced for families who enrolled in the Healthy Babies, Bright Futures project in early 2008.

IMPROVING CHILD HEALTH

The South Australian Universal Neonatal Hearing Screening (UNHS) Program provides a seamless, cross-sector process to ensure that where babies are diagnosed with hearing impairment, the families are engaged with an early intervention service in a timely manner. This reduces the impact on the SA health system over the lifetime of the individual.

The program contributes to the population's health and wellbeing by providing early diagnosis of hearing impairment in newborns and referral to early intervention services for ongoing support of families whose child is diagnosed with permanent childhood hearing impairment (PCHI).

During 2008, 5.1 per cent of assessments were for Aboriginal and Torres Strait Islander (ATSI) clients (3.0 per cent of births in 2007 were ATSI).

SUPPORTING YOUTH HEALTH

The Second Story (TSS) Youth Health Service has taken some major steps towards increasing youth participation.

The service has implemented a Youth Advisory Committee, which ensures all target groups are represented by two young people on the committee. The target groups to be represented include young Aboriginal people, those under the Guardianship of the Minister, young people experiencing mental health issues, young parents, those with culturally and linguistically diverse backgrounds and same sex attracted young people. This committee encourages young people to be included in planning, development, delivery and decision making processes.

The Second Story Youth Advisory Committee has established communication links with the Regional Consumer and Community Advisory Committee (CCAC), which is part of the CYWHS Governance Structure. This relationship is aimed at ensuring 'real' participation of young people and their issues in the CCAC and across CYWHS. This relationship includes the Youth Advisory Committee having responsibility to report bi-annually to the Consumer and Community Advisory Committee.

The 2008/09 year saw the continued development of a Youth Register to engage young people under the age of 25 years in age-appropriate opportunities such as service planning, events, conferences and design. This effort is continuing into the next financial year.

SUPPORTING WOMEN'S HEALTH

The *South Australian Women's Health Policy* states that the Children, Youth and Women's Health Service and SA Health will lead the translation of the policy into action at the local and regional level and across the State through the SA Women's Health Action Plan.

CYWHS has provided support to the policy during 2008-09 through coordination of the action plan including the publication of the Women's Health Action Plan Report Card in April 2009 which provided a progress report on priority issues for Women's Health.

http://www.cywhs.sa.gov.au/library/Womens_Health_Report_Card.pdf

Major achievements over 2008-2009 include:

- Programs to support Aboriginal women and women from culturally and linguistically diverse (CALD) backgrounds
- The development and promotion of resources, consultation and training forums for health professional including planning for coordinated service delivery.
- Training midwifery staff on responding to women who have experienced violence
- The promotion of an award-winning CD documenting stories of 14 South Australian women living with HIV/AIDS
- The provision of a health promotion program at Adelaide Women's Prison, in partnership with other key health agencies.
- The coordination of a range of programs for African and Middle Eastern communities including a domestic violence crime prevention program, *Multigrain* multicultural music CD and *Dancing Stress Away* program for African women.
- The extension of a female genital mutilation prevention program, through the development of Kurdish community information and resources.

SUPPORTING PUBLIC HEALTH

The CYWHS burns team has continued to provide advice and support in the area of paediatric burns management, prevention and education to other metropolitan hospitals and General Practitioners across South Australia, the Northern Territory and the Broken Hill and Mildura areas.

In 2008/09, the burns team participated in a range of research activities including participating in a study to evaluate what measures are more appropriate for examining the psychological outcomes in adults who receive burn injuries as children.

In addition, a burns case management system was introduced to provide cohesive care to acute and reconstructive burn patients by the multi disciplinary burns team.

The burns team, through the Burns Nurse and the Joanna Briggs Institute continued to develop care bundles on burn related topics.

The 2008/09 year saw many achievements by the CYWHS Burns Service and Burns SA. This strong collaboration between CYWHS and the Central Northern Adelaide Health Service (CNAHS) continues to grow. This group is also linked to the Burns Council which focuses on Burns Prevention and includes government agencies, community groups and charitable associations, with many significant projects of interest.

One highlight for the year was the recognition of the Burns SA, the Aboriginal Burns Program, for its leadership and innovation as a finalist in the 2008 SA Premier's Awards. The program was developed in response to the high incidence of Aboriginal people admitted to the Women's and Children's Hospital and Royal Adelaide Hospital burns units with life-threatening burns.

The Burns SA team has successfully developed and delivered programs that aim to educate on burns prevention and improve pre-hospital care, acute care, and rehabilitation. The programs and delivery models were developed and implemented after consulting with Aboriginal communities.

In 2008/09, CYWHS introduced a Videophone Service to provide more accessible and timely support to rural and isolated communities. This paediatric outreach service supports patients with serious long term illness, connecting the Renal, Intensive Care, Emergency, Burns and Aboriginal Liaison Unit with various rural and remote Aboriginal Health Centres.

All CYWHS sites are smoke-free and the CYWHS smoke-free workplace policy outlines assistance for staff and clients to quit smoking. By being smoke-free, the Health Service is supporting the State Strategic Plan Target T2.1, to reduce the percentage of cigarette smokers by 10 per cent between 2004 and 2014.

The Children, Youth and Women's Health Service also takes a youth-focused approach to reduce the incidence of smoking in young people. At The Second Story Youth Health Service, clients are offered information about the effects of drugs (including tobacco) and alcohol as well as information about QuitSA. Staff are also trained specifically to discuss smoking with young people.

COMMUNITY HEALTH AND PARTICIPATION

Stage four of the Friends Promoting Good Health project 'Mental Health' continued over two years until July 2009. All members of the Friends of WCH enthusiastically supported this initiative. A range of educational resources, including a DVD, were produced and distributed to Friends groups across South Australia.

Planning has begun for the fifth project of the Friends Promoting Good Health, 'Prevention of Childhood Drowning' in an effort to educate the community and build awareness about this public health risk.

Under the CYWHS Community Volunteer Program, 200 community-based volunteers provided service during the 2008/09 financial year, while 200 volunteers working within the WCH, and off-site at Helen Mayo House, gave 31,325 hours equivalent to \$691,656 (calculated by the Volunteering SA recommended rate per hour).

Staff of the Community Engagement Unit supported the CYWHS Consumer and Community Advisory Committee. The Community Engagement Unit also facilitated training for CYWHS staff '*Ready, Steady, Engage*' to inform staff on how they can support consumer and community participation in their area.

The CYWHS Volunteer Service facilitated volunteer development days as part of the ongoing education and support of all volunteers across CYWHS. Staff in the Volunteer Service have also been involved in a joint initiative with key agencies to consider ways to provide opportunities to volunteer for people from newly arrived communities. The Volunteer Service has also developed a partnership agreement with TAFE SA as a means of linking accreditation in TAFE subjects with the Volunteer Program.

Strategic Goal: Improve Opportunities to Prevent Illness and Promote Health

We will strengthen and expand services for children, young people and women that focus on prevention, health promotion and early intervention.

The following highlights represent our progress towards this goal.

MENTAL HEALTH SERVICES

Headroom, a web-based mental health literacy project, takes a universal population health approach to promoting mental health and wellbeing for young people aged six to 18 years.

The project's objective is to develop and implement statewide strategies that contribute to an increase in mental health literacy for South Australian children and young people. These strategies include addressing stigma and discrimination, supporting help-seeking behaviours and developing information and relevant community and education activities.

A governance group for the project was established this year which provides strong cross regional support for the program. The Headroom website has been redesigned, and will be released in October 2009 during Mental Health Week. The Centre for Health Promotion continues to widely distribute Headroom brochures with more than 34,000 brochures being ordered by various health and teaching professionals.

CHILD HEALTH

Better Health Better Learning Program

The *Better Health Better Learning Program* is a workforce development and organisational change strategy to improve best practice health promotion in education and care settings.

In 2008/09, the development of the trial strategy has continued and partnerships with rural agencies established. This year, the Health Service continued our commitment and collaboration between the education and health sectors.

SA Breastfeeding Program

The SA Breastfeeding Program Strategic and Action Plan (SABPSAP) 2007 -2012 continued to be implemented by the Centre for Health Promotion in the 2008/09 financial year.

Key achievements under the plan include:

- Information sessions on the Baby Friendly Health Initiative (BFHI)
- The continued work with the Australian Breastfeeding Association (ABA) through funding for Breastfeeding Welcome Here and Breastfeeding Friendly Workplace Accreditation, membership information and workforce development
- The appointment of an Aboriginal Breastfeeding Support Officer to work with Aboriginal agencies and communities throughout SA to encourage breastfeeding.

The Social Marketing Campaign 'Breastfeeding, every month is a bonus' took place in April and May 2009 across South Australia and included print, television and radio

media. Supporting printed materials including a postcard and poster, were distributed widely. The evaluation indicated a 91 per cent campaign recall by women who were in their first pregnancy.

Eat Well, Be Active...Start Young Program

The 'eat well, be active...start young!' program (2007-2010) aims to support parents to encourage their children to eat well and be active, particularly from birth to age five. Major achievements include:

- The completion of an information booklet called '*Bottle feeding* – A guide to safe preparation and feeding of infant formula'
- In partnership with Central Northern Adelaide Health Service, the DVD '- Ngartunna Waiendi, Babies on the move' was developed and produced. This DVD provides information about movement and activity for Aboriginal children from birth to 18 months of age
- The scripting and production of the 'eat well, be active...start young!' DVD. This DVD highlights families discussing breastfeeding, healthy eating and active play for children up to five years
- The revision and updating of a suite of free low literacy nutrition brochures to reflect the current evidence base, taking into account consultation with consumers regarding content and format

The New Blue Book

In 2008/09, work continued on developing a new "Blue Book" Personal Health Record for all children in South Australia. The book outlines important developmental milestones that are age specific and are centred on encouraging, monitoring and recording child development. It also contains information on immunisation, health checks and for the first time provides parents with helpful tips on caring for their child.

HEALTHY LIFESTYLES

The Children, Youth and Women's Health Service offers a variety of healthy food and drink choices for our staff, consumers and patients. Through our Nutrition and Food Services Division, we promote the benefits of healthy eating and encourage our staff, consumers and patients to make healthy choices and influence their eating behavior by offering a range of fresh healthy foods in our café and inpatient meal service.

In support of these principles, we are also proactively implementing the recently released *Healthy Food and Drinks for Staff and Visitors in SA Health Facilities Policy Directive* across the Region.

Strategic Goal: Improve the Health of Aboriginal Children, Young People and Women

We will continue to contribute to improving the health and wellbeing of Aboriginal children, young people and women, and our commitment to reducing the gap between the health of South Australia's Aboriginal population and other South Australians.

Progress has continued this year towards achieving this strategic goal through the implementation of the CYWHS Aboriginal Health Strategy 2005-10.

WORKFORCE DEVELOPMENT

The Aboriginal Health Strategy identifies workforce development strategies to support the Health Service in achieving improved access and better health services for Aboriginal people. The Health Service also aims to increase the percentage of the Aboriginal population in the public sector, across all classifications, one of the State Strategic Plan Targets T6.24.

In 2008/09, CYWHS maintained Aboriginal and Torres Strait Islander staff at 1 per cent of our total workforce.

In the first round of the Aboriginal Cadetship Program nine staff commenced and four completed their training theory and work components at the Certificate 4 level. All four have either gone on to employment or further education.

IMPROVING ACCESS TO SERVICES

Building on the inaugural '*The Past, The Present & The Future*' event in May 2008, the CYWHS Aboriginal Health Division (AHD) and Community Engagement Unit (CEU) conducted a number of community events in which Aboriginal people could tell their story and share their experiences of the services. Participants were also asked to suggest ways to improve services for Aboriginal people.

An action plan was formulated out of the consultation process to formalise our response, and to develop timelines for implementing the actions identified. The action plan was developed around the themes of environment, access, workforce, leadership, community engagement and participation, service improvement, patient journey and reconciliation.

Following on from the consultation activities undertaken, a number of communication products have been developed to assist Aboriginal people confidently access services available. These include a CYWHS service directory, posters depicting '*The Past, The Present & The Future*' journey, and easily identifiable shirts for Aboriginal Liaison Officers to wear.

Throughout the community consultation events, staff and community were given the opportunity to come together in a tangible sense through developing and adding to a set of three paintings that were designed to depict the consultation journey from the past, through the present and into the future.

The paintings were unveiled at a large community event at the Women's and Children's Hospital in November 2008. Guests from the SA Council of Elders, Aboriginal dancers and community people were present to hear the Chief Executive Officer of CYWHS echo the Prime Minister's Apology.

The paintings are now on display at the King William Street entrance to the Women's and Children's Hospital.

The CYWHS Reconciliation Journey will continue as a series of additional events aimed at addressing some of the issues that were identified during the consultation process and contribute towards our future relationship with the Aboriginal community.

CULTURAL AWARENESS

The Reconciliation Sub-Committee of the CYWHS Aboriginal Health Taskforce has continued to arrange events for CYWHS staff, with a view to strengthening understanding about the diversity of Aboriginal people, and the impacts of services on health.

The events have included a stall at the NAIDOC family fun day, a morning tea and DVD screening for the anniversary of the Prime Minister's Apology.

Reconciliation Week activities were also developed, and included a Reconciliation breakfast attended by key staff, a morning tea and DVD for 'Close the Gap', and a Walk for Reconciliation along the Kaurua trail starting at Elder Park and ending at Pinky Flat.

DEVELOPMENT THROUGH PARTNERSHIPS

Aboriginal Child, Adolescent and Mental Health (CAMHS) workers at Cavan and Magill Youth Training Centres are facilitating the Journey to Respect Program, developed in NSW by the Gilgai Aboriginal Centre, with Young Aboriginal young people in the centres.

The program targets young Aboriginal males aged 14 – 18 years who have committed or are at risk of committing violent offences towards older family members. Covering 12 sessions and using a number of learning techniques aimed towards enhancing a structured learning environment, the program aims to:

- Develop methods in which participants can identify and manage feelings of anger, sadness and shame - which may lead to aggressive or violent behaviors
- Reduce the incidents of family violence, in particular violence towards older family members, by understanding the concept of victim empathy and perspective
- Deconstruct and explore the ideas of masculinity and how that can drive or shape violent and aggressive behaviours in young males
- Facilitate participants' movement from relationships based on power and control towards relationships based on respect.

Aboriginal CAMHS consultants participated in the program alongside Cavan staff and Aboriginal Elders. Four young people participated in the program.

Collectively, the boys enjoyed the opportunity to participate in the program, as illustrated by comments during the evaluation including: "I realise when people are helping me they do it because they care", "I want to take it to the community so I can live in the community better, in a successful way", "I learnt more about my culture" and "I learnt how to control my anger".

The Second Story Youth Action Committee has successfully retained the membership of two young Aboriginal people. By providing Aboriginal specific advice, and attending the CYWHS information stall at NAIDOC week, these committee members have contributed to improving the engagement of other young Aboriginal people in services provided by The Second Story.

Working in partnership with Nunkuwarrin Yunti, CYWHS is seeking to develop and implement an Aboriginal specific antenatal care program to increase access to early antenatal care.

Strategic Goal: Address Health Inequalities

We will take account of the growing disparities in health experience and health outcomes between different groups in the community as we develop our services. We will distribute resources, taking into account the health needs of different groups.

The following highlights represent our progress towards this goal.

VULNERABLE CHILDREN AND YOUNG PEOPLE

Children under the Guardianship of the Minister continue to be flagged through CYWHS Patient Registration Services, using monthly reports from Families SA. The reports notify CYWHS of new children under Guardianship, children who are no longer under Guardianship, extensions to Guardianship Orders, and any changes to demographics such as a change of Families SA District Centre.

The initial reports and the project to set up flagging for children under Guardianship of the Minister were completed in 2007.

CYWHS also continues to flag children who are the subject of a Family Court Order. When a patient, parent or guardian informs CYWHS of a Family Court Order and supplies a copy for the medical record, CYWHS flags the existence of the order on the patient's record in HOMER. Flagging these patients and having a copy of the order on hand facilitates better decision making by staff in situations such as who to approach for consent to treat the child.

In 2008/09, The Second Story Youth Health Service has been providing an increased level of service to young people in Magill Youth Training Centre, to meet a target of providing a health assessment within 24 hours. Between January and June 2009, of the young people who were able to be contacted, 85 per cent received a health assessment within 24 hours.

CHRONIC DISEASE

At CYWHS, we take a family-centred approach in care of our chronic/complex clients in managing long-term illnesses and chronic disease. Clients and their families are supported by our service taking into consideration many disciplines and resources, including liaising with non-government organisations.

This group of clients is empowered to improve self management support and self care; that is, active participation of individuals in managing the everyday elements of their condition.

In conjunction with Department of Education and Children's Services (DECS), we support the ongoing education of our long-term paediatric clients. Before our clients turn 18, they are referred to adult-based health services, where their treatments continue. This strategy maximises outcomes for chronic disease management and contributes to the State Strategic Plan Target T2.6 Chronic diseases, to increase the proportion of people living with a chronic disease whose self-assessed health status is good or better.

ISOLATED FAMILIES

Child, Adolescent and Mental Health Services (CAMHS) Country continued to provide outreach services to support families in isolated areas. These included the Eyre

Peninsula townships of Cowell, Lock and Wudinna and the Lower North townships of Snowtown, Balaklava and Clare.

Over the past four years, CAMHS has provided a visiting service to the APY Lands in the State's Far North West. This initially included the communities of Indulkana, Mimili, Fregon, Ernabella, Amata and Pipalyatjara. In 2009 this has been extended to the communities of Watarru, Nypari, Murputja and Kanpi.

CULTURAL NEEDS

Staff from CAMHS worked in conjunction with the Australian Refugee Association and Families SA Refugee Program to adapt the Incredible Years Parenting Program to make it relevant to families from different cultural groups.

This resulted in a program being undertaken with mothers from new arrivals communities and African foster parents.

Mental health liaison services are provided by CAMHS to DECS New Arrival Programs and schools in conjunction with Survivors of Torture and Trauma Assistance and Rehabilitation Service. Group programs have been developed and provided for young people displaying high levels of distress.

EDUCATION

CAMHS has continued to provide a range of Incredible Years Parenting Training sessions across metropolitan and country sites. Incredible Years is an internationally recognised and researched parent training program.

CAMHS has facilitated training in the program to staff, and a range of partner agency staff. CAMHS now has staff in all community sites that are running regular groups in conjunction with key local stakeholders.

The groups can be used in an early intervention approach to increase the capacity of families, thereby minimising the use of specialist mental health services, or as a treatment for families with children with significant behavioural issues. Groups have been adapted to be culturally appropriate and run with Aboriginal families and families from new arrivals communities.

SEXUAL ASSAULT SERVICES

Yarrow Place is the lead public health agency responding to adult rape and sexual assault in South Australia. In 2008/09, Yarrow Place continued to provide services to people who have been raped or sexually assaulted and provided information, training and support to other agencies and workers.

Yarrow Place also continued to take a lead agency approach in relation to policy, planning and service delivery across Government and non-Government agencies. In 2008/09, Yarrow Place Rape and Sexual Assault Service undertook a quality improvement review. Following this review, improvements were made to the techniques and procedures employed at the Yarrow Place Medical Suite to maintain the integrity of DNA samples. This will assist with the forensic analysis of samples to obtain DNA profiles.

Strategic Goal: Support Specialist Services for the State

We will maintain and improve our high quality specialist services for children, young people and women.

The following highlights represent our progress towards this goal.

MIDWIFERY GROUP PRACTICE

The CYWHS Women's and Babies Division offers Midwifery Group Practice (MGP), which is a midwifery led model of care for women in "all risk" categories.

MGP commenced in Jan 2004 and continues to produce good clinical outcomes with lower rates of intervention for things such as induction of labour and epidural rates as well as instrumental and caesarian section rates.

Over the first five years of MGP's operation to Dec 2008, 3,741 women were cared for by MGP. In the last financial year, 932 women received their care from midwives working in this model. Demand continues to be high from women who have a strong preference for receiving care in a model of continuous midwifery support. Of course, the midwives working in MGP receive support from the rest of the midwifery team working in the Women's and Babies Division.

Medical staff are also involved in the care of women who have identified risk factors. The midwives and the medical staff work in partnership to provide care to women with moderate and high risk factors.

In February 2009, CYWHS commenced a Homebirth service provided by MGP midwives for low risk women who met the criteria outlined in the Department of Health's Planned Labour and Birth at Home Policy. To date, there have been 12 women who have experienced a planned homebirth through this service. All met the low risk criteria and had positive outcomes.

Recently a satisfaction survey was conducted seeking feedback from the women who had experienced a home birth, on behalf of MGP by the Department of Nursing and Midwifery Research and Practice Development. The outcomes reported a positive response from women who had experienced a homebirth through the WCH MGP Home Birthing Service.

CHILDREN AND YOUNG PEOPLE – MEDICINE AND SURGERY

In March 2009, two pain distraction therapy rooms were officially opened at the Women's and Children's Hospital thanks to a partnership between the Women's and Children's Hospital Foundation and Savings & Loans.

The Forest Room and Ocean Room are treatment rooms in the Paediatric Emergency Department which have been redesigned to provide complete sensory stimulation using bright colours, sounds and images. The aim of the two rooms is to distract children from the pain and anxiety that comes with being seriously ill or injured. By listening to music, playing games or watching a DVD, they have something else to focus on so they are less likely to feel frightened or develop a fear of future treatments.

All medical equipment has been screened behind sliding doors so that children feel like they are walking into a familiar environment but it has all been done to ensure that everything is still easily accessible for medical and nursing staff.

The Forest Room is for simple procedures such as minor suturing and dressings while the Ocean Room is for more intense procedures such as lumbar punctures. Both incorporate multi-media and bright murals on the walls and ceilings to complement the many approaches clinicians use to prepare a child for treatment. A major benefit of the Ocean Room is that children are often able to be treated without undergoing a general anaesthetic.

In 2008/09, work continued on the \$1.6 million refurbishment of the surgical and medical wards at the Women's and Children's Hospital.

The refurbishment has improved the clinical and physical environment of Newland Ward and the Fourth Floor Medical ward, providing a brighter, more comfortable and child-friendly environment for patients.

Some of the building works undertaken on Newland Ward included the refurbishment of all ensuites and bathrooms. The drug room has been redesigned by clinicians to provide a larger, more sophisticated environment to securely and safely calculate and check medications. All surfaces have been replaced with new paint or vinyl and new fire sprinklers and fire doors have been installed throughout the ward.

The Fourth Floor Medical Ward refurbishment included significant ensuite and bathroom improvements, and the installation of a new hydraulic bath for disabled children. New and brighter floor coverings have been installed, along with child-friendly privacy curtains, modern patient bed-side lockers and re-painting of the entire ward.

During the refurbishment, the Sam Roberts Family Unit was developed, a facility designed to offer a private space for patients and families of terminally ill children.

The wards have been refurbished through \$1m funding from the McGuinness McDermott Foundation, \$65,000 from the Australian Professional Firefighters Charity Foundation, the Robert's family provided \$28,500 and \$506,500 was contributed from the State Government.

Strategic Goal: Ensure Quality and Integrated Health Care Services

We will provide safe, high quality health care services. We will foster the sustainability of health services for children, young people and women of South Australia by developing coordinated services.

In April 2008, CYWHS achieved a four-year accreditation status following an independent, whole-of-organisation survey by the Australian Council on Healthcare Standards (ACHS) in October 2007. This four-year accreditation status is subject to the Health Service continuing to provide ACHS with evidence that it is meeting their ongoing high standards.

As required, the Health Service completed a self-assessment in October 2008 using the framework of the ACHS Evaluation and Quality Improvement Program (EQulP 4) standards, criteria and elements. This annual review of the Region's performance provides a baseline upon which the organisation can continue to improve.

From January 2009, the Health Service has been preparing for an on-site review (Periodic Review), to be held in October 2009. This review is to ensure that the service is maintaining the high standards demonstrated in 2007/08 and that we are continuously improving the quality and safety of the service.

SAFE TRANSFUSION PRACTISE

The BloodSafe e-learning package has been developed by a group of transfusion safety and quality experts, with support from CYWHS Digital Media and funding from SA Health. It is an interactive and multi-media rich directed learning tool aimed at health care professionals and staff involved in clinical blood transfusions.

This five module transfusion safety package has become a nationally recognised education tool. All new CYWHS staff are required to complete the BloodSafe e-learning within their first two months of employment.

The Transfusion Intranet site has been redesigned and information up dated for easier access by clinical staff. A range of improved outcomes have been achieved. Blood ordering guidelines have been developed and further reviewed to include SA Pathology criteria to ensure statewide consistency and collaboration.

INFECTION CONTROL

In 2008/09, the Pandemic Management and Action Plan for each unit was updated and a procedure developed for testing, prophylaxis and treatment of H1N1 for staff.

The Women's and Children's Hospital established a dedicated Flu Clinic to manage the increased incidence of seasonal Flu and Swine Flu (H1N1) in the community. As the result of being a designated Flu Hospital (by SA Health), considerable work was done around the hospital to put in systems, staffing and services to set up and conduct the Flu Clinic at the Women's and Children's Hospital for children and pregnant women.

CONSUMER FOCUS

CYWHS maintains an ongoing, regional system for recording compliments, enquiries, suggestions and complaints.

In 2008/09, a total of 334 complaints were received, with 62.6 per cent resolved within 30 days. This information continues to support the development of quality

improvement projects. Sixty three compliments, one enquiry and five suggestions were received.

Consumer feedback within the Clinical Governance Unit is a mechanism used by CYWHS to recognise and understand consumer needs and subsequently improve services within the organisation.

IMPROVING SERVICES

In 2008/09 the TeamSTEPPS project was implemented across surgical and related areas of the Women's and Children's Hospital.

The Children's Anaesthesia Department volunteered to be a part of a federally funded quality assurance program to evaluate various communication packages.

TeamSTEPPS focuses on effective communication, teamwork and review of plans and practices to promote efficiency and teamwork and patient safety.

The tools within TeamSTEPPS have assisted with infection prevention strategies which have been influenced by streamlined systems and improved clinical handover. Staff are better informed about each patient's infectious status, thereby preventing health care acquired infections and reducing risks to other patients and staff members.

Through multi-disciplinary briefs, staff are been able to spend more time with their patients and reduce the number of falls. The involvement of Executive in the program has been extremely beneficial to the project's success. Staff have witnessed Executive "walk-arounds" as demonstrating an active buy in and interest in the work areas by Executive staff.

In 2008/09, the process for the transition of Cystic Fibrosis patients over 18 years from the Women's and Children's Hospital to adult services has been improved.

A system has been established to ensure the appropriate and timely transfer of Cystic Fibrosis patients to the adult sector as they turn 18. Patients are now being transferred on a regular basis as they reach adulthood.

Research, Teaching and Innovation

WCH Foundation Research Project Grants

The following CYWHS staff were successful in obtaining WCH Foundation Research funding for 2009.

Chief Investigator	Project	Amount \$
Taher Omari (CYWHS)	Upper Gastrointestinal Motility and Gastro-Oesophageal Reflux in Infants with Cow's Milk Protein Allergy.	\$28,052
David Parsons (CYWHS)	Dynamic synchrotron x-ray detection of individual pollutant particle behaviour after deposition onto live airways.	\$50,000
Declan Kennedy (CYWHS)	Cardiovascular structure and function in paediatric sleep breathing disorders: A Magnetic Resonance Imaging study.	\$46,411

PUBLIC HEALTH RESEARCH

The Public Health Research Unit, which provides statistical and epidemiological support for research projects and planning activities in CYWHS, contributed to a wide range of projects, several of which were ongoing at the end of the 2008/09 financial year.

The unit's activities included:

The application of risk-adjustment techniques to monitoring and benchmarking of outcomes of health care

Building on past work developing risk models for adverse outcomes in obstetrics and neonatology, publicly available data on outcomes in maternity hospitals across NSW have been used to demonstrate that risk adjustment is possible even when the risk factors are grouped at hospital level. Risk-adjusted funnel plots have been developed for this work. At the individual unit record level, modern statistical process control techniques have been applied to obstetric consultants in WCH in order to develop timely feedback with respect to practice issues such as the use of caesarean section. The project is ongoing (core-funded).

The Health Effects of Lead (in collaboration with the University of Adelaide)

Before committing to new and extremely costly lead abatement programs, there is an urgent need to re-examine the evidence-base for such programs. Recent fears that the apparent association between lead and intelligence at low blood lead concentrations (hitherto thought to be safe) are being examined in an NHMRC funded study of families living in Broken Hill and Port Pirie. The project is ongoing.

Mental health and well-being of refugee children and adolescents in Australia (in collaboration with the University of Adelaide and University of South Australia)

Refugee children and adolescents are at high risk of developing mental health problems. This ARC-funded survey will determine the prevalence of mental health

problems, the level of disability associated with these problems, and the extent to which these children and adolescents are receiving appropriate help. The project is ongoing.

A survey of recent mothers (in collaboration with Murdoch Children's Research Institute, and University of South Australia)

The views and experiences of the antenatal, intra-partum, and postnatal experiences of women from different social backgrounds in Victoria and South Australia are being compared, especially across all major models of maternity care. The NHMRC funded study takes an innovative approach to informing policy and practice in maternity care and community-based early postnatal care in Australia. An arm of the study is dedicated to aboriginal women's experiences. The project is on going.

Respiratory Events in Early Childhood

Longitudinal data looking at the relationship between oesophageal reflux (spilling) in infants and pulmonary function in middle childhood has been analysed to determine whether there are any long-term effects of spilling. Funded by Financial Markets for Children, this work has been completed, and a paper has been submitted.

Understanding the rates of myringotomy and tonsillectomy/ adenoidectomy in SA children with special reference to the Northern Communities of Adelaide.

Funded by the Northern Communities Health Foundation this work is being undertaken as a PhD project by Ms Jacqueline Stephens. These procedures are amongst the most common surgical interventions undertaken in children and young people – and it is important to understand the reasons behind the substantial variations (across geographic and socio-economic regions) in the proportion of children who undergo/ experience these interventions. Detailed epidemiologic descriptions have been completed for South Australia and interviews with families and general practitioners are underway. The project is ongoing.

Other research projects both within CYWHS and externally included:

- Determination of age-specific percentile charts for a large variety of metabolic markers used by pathologists for diagnosis and treatment monitoring.
- Determination of the effect of public holidays on presentations in the Paediatric Emergency Department.
- Hypnosis Antenatal Training for Childbirth (HATCH) – a randomised controlled clinical trial being undertaken in Women's Anaesthesia to look at the potential for hypnosis to make childbirth less painful, and less reliant on pharmacological analgesia.
- Relative Stay Index (RSI) has been adopted as a key performance indicator across public hospitals in SA. The Unit has played an important role in identifying the strengths and limitations of this KPI – and interpreting high RSI values in certain Diagnostic Related Groups.
- Studies of metal ion absorption from prostheses surgically implanted in children with scoliosis.
- Benchmarking of all member hospitals of Women's Hospitals Australasia. Data quality issues threaten this important activity for fostering safety and quality improvement. The PHRU has taken carriage of the benchmarking data analysis, cleaning and verification for the years 2006-07 and 2007-08. Risk-adjustment has been applied to some outcomes.

- Examination of the relationship between glycaemic variability and oxidative stress and vascular health in children with Type I diabetes. This project uses an automated method, developed in the PHRU, for determining the Mean Amplitude of Glycaemic Excursion (MAGE) from continuous glucose monitoring data.

OTHER RESEARCH

The Child and Adolescent Sleep Health Research Group has undertaken the following research in 2008/09:

- If childhood primary snoring resolves, do neurocognition and behaviour also improve? (NHMRC funded)
- Does adenotonsillectomy change vascular function in children with sleep breathing disorders? (NHMRC funded)
- Sleep disordered breathing and neurocognitive function in children post-adenotonsillectomy (NHMRC funded)
- Cardiovascular structure and function in paediatric sleep breathing disorders: A Magnetic Resonance Imaging study (Women's and Children's Hospital Research Foundation funded)
- Respiratory control disorder in infants: A new syndrome? (Channel 7 Children's Research Foundation funded)
- Respiratory control disorder in infants: A new syndrome? (Channel 7 Children's Research Foundation funded)

In 2008/09, the Department of Nursing and Midwifery Research and Practice Development assisted nursing and midwifery staff with other research and practice development projects. They include:

- Children's and Young People's Experiences of Managing Incontinence, funded by Continence Foundation of Australia - ongoing
- Supporting Rural Health Care Providers to Bring Children with Cancer Safely Home, funded by the Commonwealth Department of Health and Ageing - completed
- Childhood obesity, physical activity and wellbeing: Discovering the influence of children's understandings and experiences of places, spaces and communities, funded by ARC Linkage Grant - completed

Other activities included:

Evaluations:

- Assistants in nursing or midwifery evaluation
- Medical Emergency Team Evaluation – parent satisfaction
- Planned Home Birth Evaluation
- 5 year evaluation of Midwifery Group Practice

Project work:

- Project leads for Paediatric and Maternity Assessments for the Clinical Practice Support system and members of the SA Health Clinical Practice Framework and Taxonomy Working Group
- PEPE - Competency project – part of a steering group and leading project for Women's and Babies Division

The Paediatric and Adolescent Gastroenterology Unit at the WCH has undertaken a variety of research projects during 2008-2009 including the following:

- A randomised controlled trial of position control therapy (PCT) to reduce gastro-oesophageal reflux (GOR) and related symptoms in infants 0-6 months old (NHMRC funded)
- Neuromodulation of triggering of transient lower oesophageal sphincter relaxation and gastro-oesophageal reflux (NHMRC funded)
- Probiotic effects on chronic colonic inflammation and DNA methylation status during tumourigenesis (Cancer Council of SA funded)
- Upper Gastrointestinal Motility and Gastro-Oesophageal Reflux in Infants with Cow's Milk Protein Allergy (Channel 7 Children's Research Foundation SA funded)
- Upper Gastrointestinal Motility and Gastro-Oesophageal Reflux in Infants with Cow's Milk Protein Allergy (WCH Foundation funded)
- A new diagnostic and therapeutic approach to the management of infantile gastro-oesophageal reflux (Financial Markets Foundation for Children funded)
- The relationship between birth weight and *Helicobacter pylori* infection in Indigenous mothers (WCH Foundation funded)
- A new diagnostic standard for assessment of swallowing disorders in children (Thrasher Foundation funded)
- Position control therapy in infant gastro-oesophageal reflux disease: A randomised sham-therapy controlled clinical trial (The Dutch GE Society funded)
- Fractional absorption of zinc and gut function in children with Coeliac Disease (MS McLeod Departmental Research Grant funded)
- The link between CYP2C19 polymorphism and failure to respond to Proton Pump Inhibitors (PPI's) in children (Astra Zeneca funded)
- A randomized, open-label, multi-national study to evaluate the pharmacokinetics of repeated once daily intravenous doses of esomeprazole in paediatric patients 0 to 17 years old inclusive (Astra Zeneca funded)

The Respiratory and Sleep Medicine Unit's work is focused on bringing the animal-model work (in mice, sheep and marmoset monkey) as fast as possible to clinical trials. If successful, enormous multi-disciplinary chronic-care health costs for Cystic Fibrosis children, youths and adults could be substantially reduced. It has received funding in 2008/09 to undertake the following:

- Gene therapy development for Cystic Fibrosis airway disease (NHMRC funded)
- Synchrotron X-ray non-invasive imaging of airway surface physiology and structure (NHMRC and USA Cystic Fibrosis Foundation funded)
- Video-collaboration and facilitation of research developments in respiratory research via AARnet and academic networks.

The Vaccinology and Immunology Research Trials Unit research priorities have been defined to answer current research questions in vaccinology as well as key clinical and public health issues. It has undertaken the following research in 2008/09:

- Men B vaccine blood collection
- ScIg (long term follow-up study)
- DEVA (Depth of Vaccine Administration)
- Men B vaccine adolescent
- Adult Flu vaccine
- MenACWY vaccine in toddlers
- HPV in immunocompromised children
- Neonatal Pertussis vaccine
- RSV severity of disease in hospitalized children
- Pertussis severity of disease
- Paediatric Flu vaccine
- HPV vaccine schools Survey
- RSV/PIV3 intranasal vaccine
- Flu resistance surveillance
- Rotavirus effectiveness
- Community study of swine flu knowledge and acceptance of Government strategies
- Swine flu vaccine in children

Celebrating Excellence

Our annual Service Excellence Awards celebrated our staff's high level of excellence, engagement and commitment to service improvement.

The Award categories are each aligned with our strategic goals. We celebrated the 2008 Awards with a gala dinner and presentation night at the Convention Centre, attended by close to 330 staff, family and friends.

Promotion and support for breastfeeding women

Irene Thorn received the award for 'Excellence in illness prevention, health promotion or early intervention'. Irene is an outstanding clinical midwife who provides postnatal care to women and their families.

Irene's work is dedicated to the aim of giving all babies the best start in life, and her focus and passion is her unfaltering commitment to the promotion and support for breastfeeding women.

Helping young Aboriginal mothers

The award for 'Excellence in improving the health of Aboriginal children, young people and women' was presented to the Nunga Young Mums Parenting Group.

Alison Friedrich and Tracey Gowans together developed and delivered the Nunga Young Mums Parenting Group for young Aboriginal mothers attending Para West TAFE.

The program is designed to teach young Aboriginal mothers positive parenting skills: developing play skills, behaviour management and an understanding of child development.

Exceptional Pharmacy education

‘Excellence in providing integrated, high-quality, client focuses services’ was awarded to Luke Grzeskowiak, a pharmacist with the Hospital Pharmacy, who demonstrated an outstanding achievement in patient safety, quality improvement, effective service integration and coordination.

Luke provided valuable structured education for nursing staff to increase their understanding of the role of the prescribed drug regime in treatments.

With Luke’s assistance, the drug room on Rose Ward was also redesigned and new checks have been put in place to assist with ordering drugs.

Research results for Lysosomal diseases

Professor John Hopwood, of the Lysosomal Diseases Research Unit, received the award for ‘Excellence in research, innovation and change’.

John is a scientist of high international repute and a leading biochemical geneticist. His lifetime of work has focused on diagnosis and treatment of Lysosomal storage disorders.

Two FDA-approved drugs have resulted from the research and have been marketed worldwide.

Quality teaching and learning

The award for ‘Excellence in the promotion of learning’ was presented to Dr Kym Osborn, who has made a sustained contribution to quality teaching and learning.

Kym teaches obstetric anaesthesia and is heavily involved in preparing trainees for their fellowship examinations.

Kym uses interactive learning experiences for staff and students of all disciplines including trainees, registrars, midwives and medical students.

Improving health outcomes for young people

Mellita Kimber won the award for ‘Excellence in consumer, carer, or community engagement,’ for her role in improving health services and health outcomes.

Mellita has been instrumental in setting up the Youth Advisory Committee for the Second Story Youth Health Service, and in recruiting young people from diverse backgrounds to participate.

She has also strengthened the relationship between the Youth Advisory Committee and the CYWHS Consumer and Community Advisory Committee.

Support and guidance through stressful situations

‘Excellence in service provision (non-patient care)’ was awarded to Vanessa Charlesworth, a Senior Employee Relation Consultant in the Human Resources Department.

Vanessa provides sound logical solutions to sensitive issues, often dealing with complex and stressful situations, while providing a high level of support and guidance to people experiencing traumatic processes.

Valuing Staff

Staff Achievements in Research

We extend our congratulations to staff achieving recognition for their professional pursuits:

Governor Leadership Foundation Program

The 2009 participant was **Dr David Sainsbury**, Unit Head, Children's Anaesthesia, Women's & Children's Hospital.

MS McLeod Medals for Research Excellence

Dr Jennifer Fereday (Department of Nursing and Midwifery Research and Practice Development) for research examining 'Using student, parent and staff perspectives and experiences of managing continence problems at school as a research basis for service improvement' and **Dr Cuong Tran** (Department of Gastroenterology) for research examining 'Absorption of zinc and small bowel integrity in children with Coeliac Disease'.

MS McLeod Departmental Research Project Grants

Dr Michael Yung (Paediatric Critical Care Medicine) - Paediatric intensive care follow-up study.

Dr Cuong Tran (Gastroenterology) - Fractional absorption of zinc and gut function in children with Coeliac Disease.

MS McLeod Paediatric/Child Health Nursing Fellowship

Ms Sarah Burke (Child and Family Health Southern Metro Region, CYWHS) for research entitled 'Exploring the Development, Role and Scope of the Child and Family Health Nurse in South Australia'.

MS McLeod Postdoctoral Fellowship

Dr Cuong Tran (Gastroenterology Unit, CYWHS) for research entitled 'Zinc supplement as an adjuvant therapy for children with Coeliac Disease'.

Matthew Scriver Paediatric Intensive Care Unit Nurses Scholarship

Ms Theresa Lewcock, Registered General Nurse, Paediatric Intensive Care Unit, to examine 'Reducing the amount and severity of incidents involving IV extravasation injuries within the paediatric intensive care setting'.

May Fotheringham Fellowships

Dr Cuong Tran (Gastroenterology Unit, CYWHS) will attend the international conference "Experimental Biology 2010" in April 2010 in Anaheim California and to travel to Denver Colorado for eight weeks to continue his research collaboration with international colleagues to assess zinc adsorption capacity in children with Coeliac Disease using state-of-the-art Inductive Coupled Plasma Mass Spectrometry.

WCH Friends Fellowships

- Ms Lisa Kimpton (Stoma/Wound/Urology Clinical Practice Consultant) will attend Camp Horizon in Calgary Canada.
- Ms Therese Misso (Senior Neonatal Physiotherapist and Head of Neuro-developmental Unit) will attend the PSANZ conference in Darwin and visit Sydney for a benchmarking exercise with Hospital and Neonatal Intensive Care Units.
- Ms Gloria Porsiello (Senior Social Worker Child Protection Services) will undertake post graduate studies for a Diploma of Transpersonal Art Therapy.

PART ONE

Glossary of Terms

AAOS	American Academy of Orthopaedic Surgeons
AARnet	Australian Academic and Research Network
ABA	Australian Breastfeeding Association
ACHS	Australian Council on Healthcare Standards
ANGELO	Analysis Grid for Elements Linked to Obesity
ARC	Australian Research Council
ATSI	Aboriginal and/or Torres Strait Islander
BFHI	Baby Friendly Health Initiative
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
Chess	Child, Health, Education and Support Services
CNAHS	Central Northern Adelaide Health Service
CYWHS	Children, Youth and Women's Health Service
DECS	Department of Education and Children's Services
DEVA	Department of Vaccine Administration
DNA	deoxyribonucleic acid
DVD	Digital Video Disk
FaCSIA	Department of Families, Community Services and Indigenous Affairs
FTE	Full time equivalent
GOR	Gastro-oesophageal reflux
HATCh	Hypnosis Antenatal Training for Childbirth
HCSCC	Health and Community Services Complaints Commissioner
HPV	human papillomavirus
HR	Human Resources
JB	Joanna Briggs Institute
KPI	Key Performance Indicators
MAGE	Mean Amplitude of Glycaemic Excursion
MenACWY	Meningococcal ACWY
Men B	MeningococcalB
MGP	Midwifery Group Practice
NHMRC	National Health and Medical Research Council
NSW	New South Wales

OAM	Order of Australia
PCCAG	Peak Consumer and Community Advisory Group
PCT	Position Control Therapy
PCHI	Permanent Childhood Hearing Impairment
PEPE	Preceptored Education Program Entering the learning Pathway
PhD	Doctor of Philosophy
PHRU	Public Health Research Unit
PIV3	Parainfluenza Virus Type 3
PPIs	Proton Pump Inhibitors
RAH	Royal Adelaide Hospital
RSI	Relative Stay Index
RSV	Respiratory Syncytial Virus
SA	South Australia
SA- FHV	South Australian Family Home Visiting
SABPASAP	South Australian Breastfeeding Program Strategic and Action Plan
SAC	Safety Assessment Code
SAHS	Southern Adelaide Health Service
ScIg	Subcutaneous Immunoglobulin
SDQ	Strengths and Difficulties Questionnaire
SES	Socio Economic Status
TAFE SA	Technical and Further Education
TOIL	Time off in Lieu
TSS	The Second Story
UNHS	Universal Neonatal Hearing Screening
UniSA	University of South Australia
USA	United States of America
WA	Western Australia
WCH	Women's and Children's Hospital
YAC	Youth Advisory Committee

Part Two

CHILDREN, YOUTH AND WOMEN'S HEALTH SERVICE

STATISTICAL AND FINANCIAL ANNUAL REPORT 2008 – 2009

Part Two Contents

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Children, Youth and Women's Health Service Executive Organisational Chart

Chief Executive Officer — Gail Mondy

- Communication and Public Relations.
- All Executive Directors.

Executive Director Primary and Population Health

- Responsible for the integration of Primary Health Care and Population Health across the region.
- Leadership for Primary Health Care services and Population Health.
- Leadership for integration of acute and community based services interface.
- Implementation of Child Health Network.

Executive Director Acute Services

- Responsible for the integration of Acute Services across the region.
- Leadership for Acute Services.
- Monitoring of quality, activity and targets.
- Implementation of Maternal and Neonatal Clinical Network.
- Implementation of Health Reforms.
- Implementation of effective and efficient services.

Executive Director Clinical Governance, Education and Research

- Leadership for clinical governance framework, clinical reform, patient safety and reporting across the region.
- Responsible for the integration of research across the region.
- Responsible for integrated education and training.
- Implementation of quality frameworks.
- Leadership for Community Engagement and Health Inequalities.

Executive Director Corporate Services

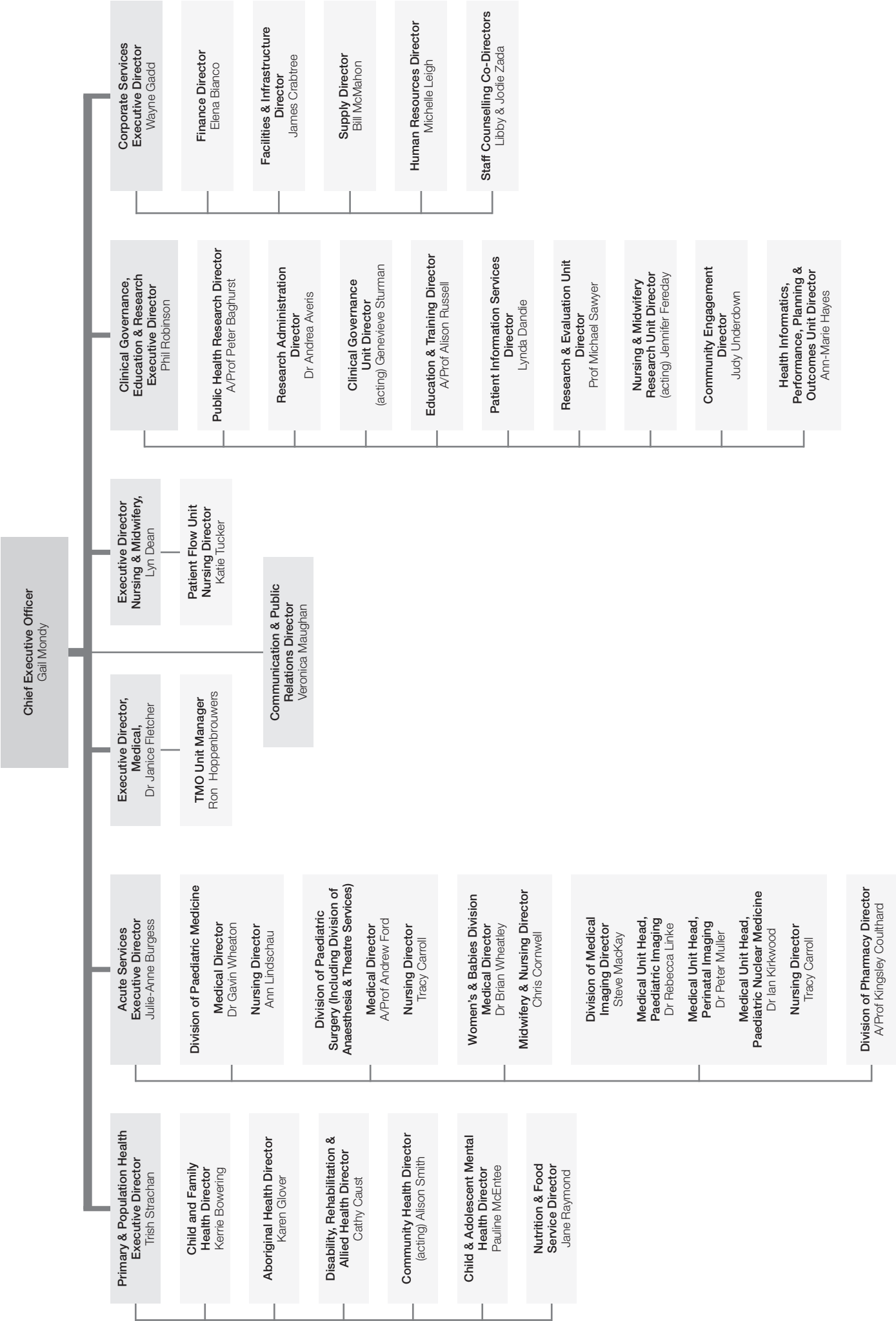
- Leadership for Corporate Services.
- Monitoring of financial and activity targets.
- Responsible for corporate services across the region.
- Implementation of shared corporate services.
- Implementation of new funding models.

Executive Director Medical

- Provide professional leadership in the area of Medicine.

Executive Director Nursing and Midwifery

- Provide professional leadership in the area of Nursing and Midwifery.



Governance

Agency functions and objectives

The primary purpose of the Children, Youth and Women's Health Service (CYWHS) is to promote, maintain and restore the health of women, children and young people.

The CYWHS is one of three regions that were created as a result of the South Australian Government's health reforms, which aim to build a better health system for all South Australians.

The CYWHS aims and objectives are:

To promote, protect and restore the health of women, children and young people.

To efficiently conduct and manage, within its identified resources, health services for children, young people and women including:

- Comprehensive specialist hospital and acute care services.
- A comprehensive range of population health and primary health care services and programs.
- Integrated community care services.
- Services and programs that will measurably address the health and wellbeing of particular populations within the community.
- To provide health services at a high standard with compassion and respect for the dignity of women, children, young people and their families.
- To monitor, maintain and improve the quality and safety of health services.
- To collaborate with appropriate education and training providers within health services.
- To initiate, facilitate, support and conduct research into health service activities and to foster innovation in the provision of health services.
- To provide or assist in the provision of facilities and services for or in connection with education, instruction or practical training of health professionals or other fields of knowledge related to health.

Health Care Act 2008

The introduction of the *Health Care Act 2008* on July 1 2008 resulted in the dissolution of country hospital and metropolitan Boards. Metropolitan regions remained as Incorporated Hospitals under the Act with the capacity to address strategy, planning and delivery of health services within defined geographic or function boundaries, while at the same time contributing to broader system health planning in the context of the statewide priorities identified in SA's Health Care Plan.

Within CYWHS, the Executive took on a comprehensive governance role to replace past functions of the Board.

Governance Structure

The CYWHS Governance Structure was established, underpinned by the following generally accepted principles of public sector governance, as articulated by the Australian National Audit Office (ANAO):

- Accountability — being answerable for decisions and having meaningful mechanisms in place to ensure the agency adheres to all applicable standards.

- Transparency/openness — having clear roles and responsibilities and clear procedures for making decisions and exercising power.
- Integrity — acting impartially, ethically and in the interests of the agency, and not misusing information acquired through a position of trust.
- Stewardship — using every opportunity to enhance the value of the public assets and institutions that have been entrusted to care.
- Efficiency — ensuring the best use of resources to further the aims of the organisation, with a commitment to evidence-based strategies for improvement.
- Leadership — achieving an agency-wide commitment to good governance through leadership from the top.

The CYWHS Governance Model was developed in accordance with the ACHS EQulP Leadership and Management Standard (3.1), Criterion 3.1.2 – *Governance is assisted by formal structures and delegation practices within the organisation.*

Governing Committees

The CYWHS Governance Structure consists of four mandatory Governing Committees, two Advisory Committees and a Performance Monitoring Committee. The mandatory committees are:

1. Finance Committee.
2. Audit and Risk Committee.
3. Clinical Safety and Quality Committee.
4. Workplace Development and Safety Committee.

Advisory Committees

The Advisory Committees assist in governing the Region and improving health outcomes for children, young people and women by providing a forum for the representation of stakeholder views and providing advice on key issues and initiatives to the Regional Executive.

The Advisory Committees' role includes providing perspectives from key stakeholders and broader community interests, as relevant to the strategic directions and priorities of the Region.

1. Aboriginal Health Taskforce.
2. Consumer and Community Advisory Committee.
3. Child Protection Taskforce.

Performance Review Committee

The Performance Review Committee engages key staff to manage and evaluate the effectiveness and efficiency of the Region's performance and establish strategies and processes to ensure continued improvement.

This Committee intends to drive a cultural shift around targets and performance monitoring. It is a strategy for bringing clinicians and managers together to ensure we achieve mutual goals of the Region and effectively report on the outcomes and improvements, in a transparent and accountable manner.

Chief Executive Officer

The Chief Executive Officer is legally accountable for the organisation with the support of the Regional Executive.

The Executive members through the Executive Meeting are responsible for:

- Providing overall strategic leadership and direction for the Region.
- Overseeing the governance structure and functioning.
- Leading organisation wide strategies to achieve CYWHS strategic goals.
- Managing the operational issues for the Region to achieve effective performance.
- Overseeing the development, implementation, monitoring and evaluation of policies, plans and strategies to achieve CYWHS's goals.
- Ensuring that regional policies and procedures comply with legislation as set out by the various Government Acts of Parliament.
- Providing advice to the Chief Executive Officer.
- Monitoring and respond to risks for the Region.
- Ensuring that decisions and outcomes are made in a timely and well-considered manner, and communicated effectively.

Relevant legislation

The annual Performance Agreement is the key accountability agreement between the Regional Chief Executive Officer and the Chief Executive of SA Health. This agreement ensures delivery of, or substantial progress towards, the key shared objectives of financial viability, improved access and quality service provision.

The Performance Agreement incorporates statewide priorities including those included in South Australia's Health Care Plan 2007 – 2016.

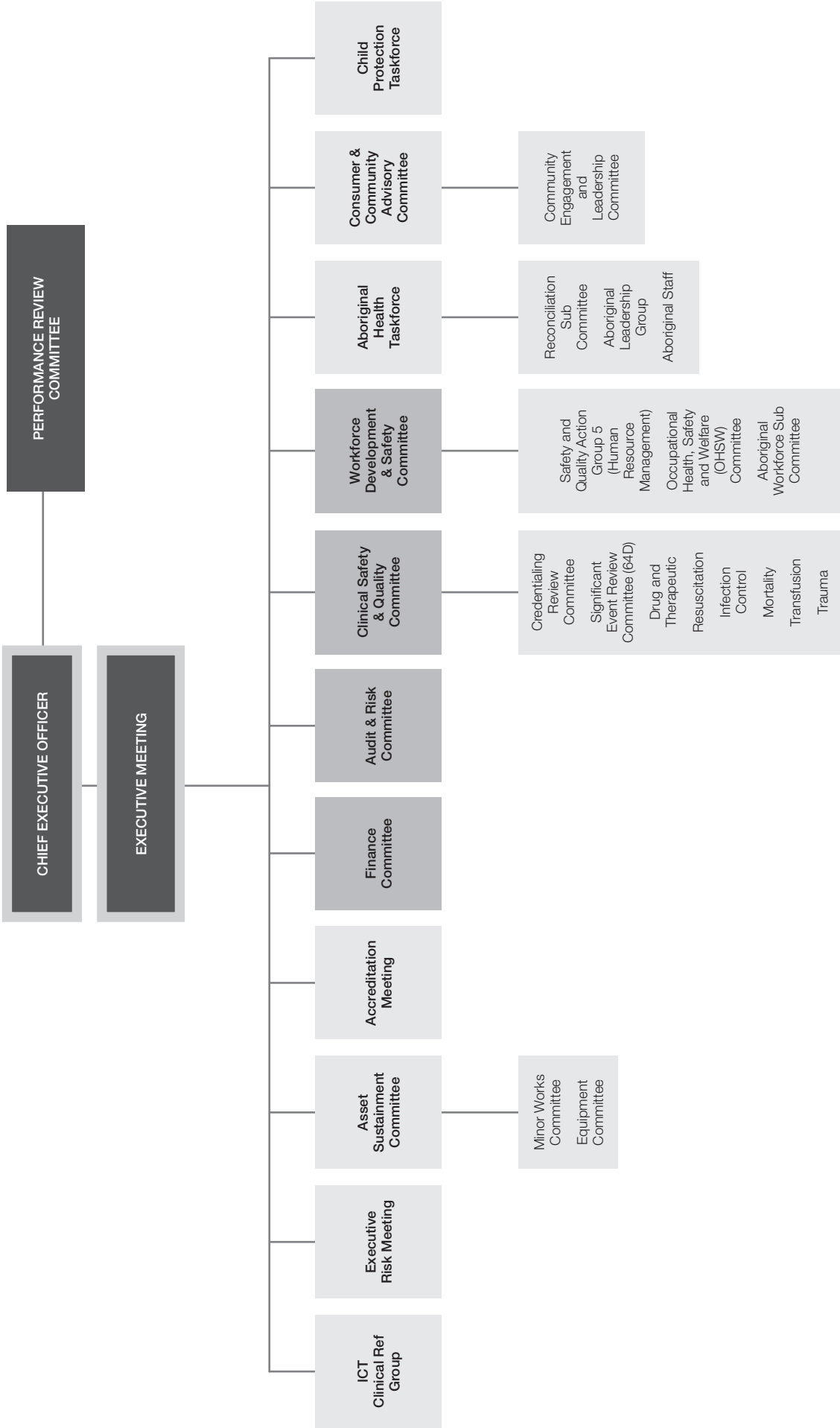
Relationship to other Agencies within the Minister's area of responsibility

CYWHS has established close working relationships with SA Health, the Central Northern Adelaide Health Service, the Southern Adelaide Health Service and Country Health SA.

Children, Youth And Women's Health Service Governance Structure

Reports to Chief Executive Officer with Papers & Reports to Executive Meeting

Reports to Executive Meeting or Governance Committee



Strategic Plan

The CYWHS Strategic Plan 2005-10 was prepared in consultation with staff and key stakeholders.

KEY STRATEGIC GOALS IN SUMMARY

Contribute to the population's health and wellbeing

We will contribute to improving the health and wellbeing of children, young people and women by taking a whole-of-population approach to health, especially in the early years of life.

Improve opportunities to prevent illness and promote health

We will strengthen and expand services for children, young people and women that focus on prevention, health promotion and early intervention.

Improve the health of Aboriginal children, young people and women

We will contribute to improved health and wellbeing of Aboriginal children, young people and women and to reducing the gap between the health of South Australia's Aboriginal population and other South Australians.

Address health inequalities

We will take account of the growing disparities in health experience and health outcomes between different groups in the community as we develop our services. We will distribute resources, taking into account the health needs of different groups.

Support specialist services for the State

We will maintain and improve our high quality specialist services for children, young people and women.

Ensure quality and integrated health care services

We will provide safe, high quality health care services. We will foster the sustainability of health services for children, young people and women of South Australia by developing coordinated services.

CONTRIBUTION TOWARDS ACHIEVING SOUTH AUSTRALIA'S STRATEGIC PLAN TARGETS

During 2007-08 CYWHS activities contributed to the achievement of South Australia's Strategic Plan Targets. The table below incorporates these changes and demonstrates how our Strategic Plan 2005-10 relates to the State Strategic Plan targets.

CYWHS STRATEGIC GOALS	SOUTH AUSTRALIA'S STRATEGIC PLAN TARGETS
Contribute to the population's health and wellbeing	<ul style="list-style-type: none"> • Continue to be the best performing State in Australia with regard to infant mortality (reducing the proportion of low birth weight babies), and measure the percentage of mothers who breastfeed their infants for at least six months, and the number of participants in parenting courses. • Psychological distress equal or lower than the Australian average within 10 years.
Improve opportunities to prevent illness and promote health	<ul style="list-style-type: none"> • Reduce the percentage of young cigarette smokers by 10 percentage points between 2004 and 2014. • Increase the proportion of South Australians 18 and over with healthy weight by 10 percentage points by 2014. • Increase by five percentage points, the proportion of people living with a chronic disease whose self-assessed health status is good or better.
Improve the health of Aboriginal children, young people and women	<ul style="list-style-type: none"> • Lower the morbidity and mortality rates of Aboriginal South Australians. A new target in the Strategic Plan looks at the years of life lost through avoidable disease as a means to highlight the problem and tackle it head-on. • Reduce the gap between the outcomes for the South Australian Aboriginal population and those of the rest of State's population, particularly in relation to health, life expectancy, employment, school retention rates and imprisonment. • Increase the percentage of the Aboriginal population in the South Australian public sector, spread across all classifications and agencies, to two percent by 2010 and maintain or better those levels through to 2014.
Address health inequalities	<ul style="list-style-type: none"> • Increase healthy life expectancy of South Australians by five percent for males and three percent for females by 2014.

Management of Human Resources

STAFF EMPLOYMENT		
Persons	3515	
Full time equivalents (FTEs)	2708.66	
Gender	% Persons	% FTE
Male	14.03	15.26
Female	85.97	84.74
Number of persons separated from the agency during the last 12 months	579	
Number of persons recruited to the agency during the 07/08 financial year	771	
Number of persons recruited to the agency during the 08/09 financial year AND who were active/paid at June 2009	598	
Number of persons on leave without pay at 30 June 2009	148	

Number of Employees by salary bracket			
Salary Bracket	Male	Female	Total
\$0 - \$47,999	96	769	865
\$48,000 - \$60,999	73	541	614
\$61, 000- \$78,199	135	1421	1556
\$78,200 - \$98,499	58	179	237
\$98,500+	131	112	243
Total	493	3022	3515

Status Of Employees In Current Position					
	FTE's				
Gender	Ongoing	Short-term contract	Long-term contract	Casual	Total
Male	278.75	106.13	9.32	19.07	413.27
Female	1639.56	515.84	32.02	107.97	2295.39
Total	1918.31	621.97	41.34	127.04	2708.66
	Persons				
Gender	Ongoing	Short-term contract	Long-term contract	Casual	Total
Male	297	117	10	69	493
Female	2012	648	36	326	3022
Total	2309	765	46	395	3515

EXECUTIVE EMPLOYMENT

Number of executives by status in current position, gender and classification

Classifi- cation	Ongoing		Contract Tenured		Contract Untenured		Other (Casual)		Total				
	Male	Female	Male	Female	Male	Female	Male	Female	Male	% of Total Execs	Female	% of Total Execs	Total
EXEC0A	0	0	0	0	1	3	0	0	1	10	3	30	4
EXEC0B	1	0	0	0	2	2	0	0	3	30	2	20	5
EXEC0D	0	0	0	0	0	1	0	0	0	0	1	10	1
Total	1	0	0	0	3	6	0	0	4	40	6	60	10

Leave Management

Average days leave taken (per FTE)

Leave Type	2008-09
1) Sick Leave Taken	10.68
2) Family Carer's Leave Taken	0.32
3) Miscellaneous Special Leave	0.62

Workforce Diversity

Number of employees by age bracket by gender

Age Bracket	Male	Female	Total	% of Total
15 - 19	6	8	14	0.4
20 - 24	16	177	193	5.49
25 - 29	31	308	339	9.64
30 - 34	55	314	369	10.5
35 - 39	74	316	390	11.1
40 - 44	56	437	493	14.03
45 - 49	75	489	564	16.05
50 - 54	75	479	554	15.76
55 - 59	50	305	355	10.1
60 - 64	41	146	187	5.32
65+	14	43	57	1.62
Total	493	3022	3515	100

Number of Aboriginal and/or Torres Strait Islander Employees			
Salary Bracket	ATSI staff	Total staff	% ATSI
\$0 - \$47,999	5	865	0.578
\$48,000 - \$60,999	18	614	2.9316
\$61, 000- \$78,199	9	1556	0.5784
\$78,200 - \$98,499	1	237	0.4219
\$98,500+	0	243	0
Total	33	3515	0.9388

Cultural and linguistic diversity				
	Male	Female	Total	% of Agency
Number of Employees born overseas	133	582	715	20.34
Number of Employees who speak language(s) other than English at home	6	47	53	1.51

Disability Number of employees with ongoing disabilities requiring workplace adaptation			
	Male	Female	Total
Total	3	26	29

Training and Development Documented review of individual performance management	
% reviewed within the last 12 months	29.27
% review older than 12 months	37.78
% not reviewed	32.94

Leadership and Management Development

The Children, Youth and Women's Health Service (CYWHS) participated in the SA Health LEADS program. Health LEADS is a leadership development initiative of the Department of Health which has been developed in partnership with the Mt Eliza Business School.

Health LEADS consists of a foundation of five core leadership dimensions:

- L**eading self
- E**ngaging others
- A**ctive caring
- D**elivering results
- S**haping systems

Health LEADS was first offered in 2008. There are three streams to the Health Leads Program - Emerging, Future and Developing LEADS. In 2008, CYWHS had 2 participants in Future LEADS, 4 participants in Emerging LEADS and 2 in Clinical LEADS.

In 2009, CYWHS had 6 participants in Future LEADS, 5 participants in Emerging LEADS and 9 in Clinical LEADS

In addition, a range of programmes have been developed in house to address:

- Training HR for Managers
- Recruitment & Selection
- Classification & Job & Person Specification training
- Performance Review & Development
- Managing poor work performance

Accredited Training Packages

One employee has graduated and another is working towards completing the Certificate 1V in Business Administration.

OCCUPATIONAL HEALTH SAFETY AND WELFARE (OHS&W) MANAGEMENT

Commitment

CYWHS is committed to the health, safety and welfare of employees, clients, visitors and contractors. OHSW risks are identified, assessed and controlled through a range of OHSW management systems including:

- Workplace Safety Inspections.
- Incident and Hazard Reporting and Investigation.
- Risk Assessments, Ergonomic & Biomedical Task Analysis (job dictionaries) for wards, departments and specific occupations.
- OHSW consultation structures e.g. Regional, Directorate, Divisional OHSW Committees and elected Health and Safety Representatives.
- The implementation of planned OHSW system audits by internal and external auditors.

Performance against the Health Portfolio Implementation Plan (HPIP)

HPIP Description	CYWHS Performance
Sustainable Commitment	
Departmental and Health regions align business plans with the Portfolio Implementation plan	<ul style="list-style-type: none"> • The regional implementation plan that aligns with the Health Portfolio Implementation Plan has been implemented and is monitored by the CYWHS Governance Committee (Workforce Development & Safety).
Develop change management strategy to support implementation of structural and clinical service reforms	<ul style="list-style-type: none"> • A clinical service planning process is being implemented. • The process for Workforce Planning has been approved by the CYWHS Governance Committee (Workforce Development & Safety).

Financial Accountability	
Financial plans and priorities exist for the prevention and management of manual handling (musculo-skeletal) injuries	<ul style="list-style-type: none"> • A training program to enhance staff knowledge on safe body mechanics and safe postures continues to be provided and is included as part of the CYWHS training program. • The ergonomics training program for administrative staff continues to be provided and is included as part of the CYWHS training program. This program aims to teach employees how to set up their workstations and prevent injuries from overusing muscles and tendons. • The program to conduct job dictionaries and evaluate manual handling risks continues to be implemented. The assessments are conducted by an external Occupational Therapist. This program also assists with pre-employment assessments, the rehabilitation of injured employees and employees who have personal illness or disabilities. • CYWHS has participated on a Task Force and Working parties to develop a SA Health approach to the management of manual handling musculo-skeletal injuries which also includes a training framework. • CYWHS staff both clinical and non clinical participated in a future enquiry workshop.
Financial plans and priorities exist for the prevention and management of psychological injuries	<ul style="list-style-type: none"> • Staff Counselling Services (internal) and Access OCAR continues to be provided. • CYWHS has participated on the task force to develop a contract brief, procurement process and select EAP providers.
Financial plans and priorities exist for the management of long-term claims	<ul style="list-style-type: none"> • A temporary case manager for long term claims has been appointed until June 2010. • A review of all claims has been conducted and number of open claims has reduced from 168 to 122. • CYWHS has commenced referring claims > 130 weeks age for work capacity reviews as part of increasing injured employees capacity to return to work.
Financial accountability for safety performance is allocated to budget holders and costs actively managed	<ul style="list-style-type: none"> • New systems and processes have been implemented to ensure financial accountability.

Integrated Risk Management	
Executives and senior managers have access to risk management programs which include some OHSW risk	<ul style="list-style-type: none"> • Executive and senior managers have access to an electronic risk register. • Clinical Governance Unit has provided training to Executives and senior managers on the electronic system. • Quality, safety and risk management facilitators have been identified and trained. • An Executive Risk Management Committee monitors extreme and high risks.
Rigorous Evaluation	
Portfolio safety performance targets integrated with executive performance development system	<ul style="list-style-type: none"> • Health Service Agreement includes safety performance targets. • Chief Executive Officer is monitoring targets on a monthly basis and Executive is advised of performance via briefing papers. • CYWHS Performance Review Committee is monitoring safety performance targets by exception. • Workforce Development & Safety Committee is monitoring safety performance targets on a quarterly basis.
Support SA Health involvement in SafeWork events/ external award and recognition programs	<ul style="list-style-type: none"> • Chief Executive Officer has supported CYWHS involvement in SafeWork awards. • CYWHS has made several applications for an Augusta Zadow Scholarship. • CYWHS are presenting at the SA Health- SafeWork 2009, Showcasing Excellence and Innovation in Injury Prevention in SA Health on the 30 of October 2009.

WorkCover Audits

- CYWHS has not been audited by WorkCover so a partnership plan is not in place. Discussions have been held with WorkCover for a gap analysis to be conducted in February 2010.
- CYWHS is participating in discussions with WorkCover for future SA Health audit in 2010.

Consultative arrangements

CYWHS has maintained the following consultative arrangements:

- a regional OHSW Committee.
- a Corporate Services OHSW Committee.
- a Primary and Population Health Directorate Committee.

CYWHS has maintained the following Divisional Committees:

- Child and Family Health Division.
- Child, Adolescent and Mental Health Division.
- Disability Services Division.
- Surgical Services Division.

ANALYSIS OF OCCUPATIONAL, HEALTH, SAFETY AND INJURY MANAGEMENT (OHS&IM) DATA

Table 1: OHS Notices and Corrective Action taken

Number of notifiable occurrences pursuant to OHS&W Regulations Division 6.6	2
Number of notifiable injuries pursuant to OHS&W Regulations Division 6.6	0
Number of notices served pursuant to OHS&W Act s35, s39 and s40 (default, improvement and prohibition notices)	0

Comment: There were 2 shock incidents which were thought to be due to electrical switches. In each situation, the investigation revealed no fault and the electrical units were replaced. There was no injury to either person. Both incidents were reported to the Office of Technical Regulator.

Table 2: Agency gross¹ workers compensation expenditure for 2007-08 compared with 2006-07²

EXPENDITURE	2008-09 (\$)	2007-08 (\$)	Variation (\$) + (-)	% Change + (-)
Income Maintenance	595,297	600,707	-5,410	-0.9
Lump Sum Settlements Redemptions – Sect.42	120,375	254,516	-134,101	-52.7
Lump Sum Settlements Permanent Disability – Sect.43	491,898	287,809	+204,809	+70.9
Medical/Hospital Costs combined	607,064	521,973	+85,091	+16.3
Other	176,406	392,353	-215,947	-55.0
Total Claims Expenditure	1,991,043	2,057,358	-66,315	-3.2

Comment: CYWHS appointed an internal rehabilitation consultant. A greater emphasis was placed on rehabilitation and return to work during the year. To facilitate return to work, job dictionaries, assessments, case conferences and obtaining medical reports to improve return to work rates. The Long Term Claims project has worked with injured employees to have lumps sum settlements before the changes to the legislation occurred on the 1st April 09.

¹ Before 3rd party recovery

² Information available from IDEAS RS/SIMS (for detailed advice on data extraction contact PSWD)

Table 3: Meeting Safety Performance Targets³

	Base: 2005-06	Performance: 12 months to end of June 2009 *			Final Target
	Numbers	Actual	Notional Quarterly Target**	Variation	Numbers or %
1. Workplace Fatalities	0	0	0	0	0
2. New Workplace Injury Claims	115	99	98	+1	92
3. New Workplace Injury Claims Frequency Rate	29.9	22.5	25.4	-2.9	23.9
4. Lost Time Injury Frequency Rate ***	13.0 (50 LTI's)	6.8 (30 LTI's)	11.0	-4.2	10.4
5. New Psychological Injury Claims	12	16	10	+6	10
6. Rehabilitation and Return to Work:					
6a. Early Assessment within 2 days	54.8% (63/115)	71.1% (69/97)	80%	-8.9%	80% or more
6b. Early Intervention within 5 days	87.5% (21/24)	96.7% (29/30)	80%	+16.7%	80% or more
6c. RTW within 5 business days	78.8% (78/99)	93.2% (96/103)	75%	+18.2%	75% or more
7. Claim Determination:					
7a. Claims determined in 10 business days	67.3% (76/113)	93.2% (96/103)	75%	+18.2%	75% or more
7b. Claims still to be determined after 3 months	2.7% (3/113)	1.0% (1/103)	3%	-2%	3% or less
8. Income Maintenance Payments for Recent Injuries:					
2006/07 Injuries (at 24 months development)	n/a	\$307,575	\$318,734	-\$11,159	Below previous 2 years average
2007/08 Injuries (at 12 months development)	n/a	\$109,359	\$160,052	-\$50,693	Below previous 2 years average

* Except for Target 8, which is YTD - For Targets 5, 6c, 7a and 7b, performance is measured up to the previous quarter to allow reporting lag.

** Based on cumulative reduction from base at a constant quarterly figure.

*** Lost Time Injury Frequency Rate Injury frequency rate for new lost-time injury/disease for each one million hours worked. This frequency rate is calculated for benchmarking and is used by the WorkCover Corporation.

Lost Time Injury frequency rate (new claims): $\frac{\text{Number of new cases of lost-time injury/disease for year} \times 1,000,000}{\text{Number of hours worked in the year}}$

Incident & Hazard Review

There were 528 hazard and incident reports in 2008/09. The table below shows the five with the highest occurrence.

Type of incident	Number of incidents	Number of claims
Body stressing	84	41
Slips, trips and falls	51	6
Mental Stress	26	10
Aggression	164	7
Blood and body fluid exposures	78	4

Analysis of Injury Type

- Body stressing (manual handling) claims increased by 20 per cent in 2008/09 compared to 2007/08 (33 to 41). The main causes were moving patients or clients, moving items and static postures at workstations. The “Back to Basics” training for all staff has continued this year. Ergonomics training sessions have continued to teach administrative staff how to prevent strain injuries by setting up and adjusting their workstations.
- Aggression incidents remain the highest number of incidents reported. There has been a 45% increase in the reporting of verbal aggression in the past 12 months. Training of at risk staff in Prevention and Management of Violence and Aggression is ongoing. Risk management and reporting of incidents is a component of this training. CYWHS has participated in the SA Health Task Force on the Prevention and Management of Violence and Aggression and is implementing the SA Health Policy, Guidelines and Training framework.
- Psychological claims remain low at 17. Six of these claims have arisen from aggression and violence. Other psychological claims have arisen from conflict and inappropriate behaviour in the workplace. Where this has occurred, OHSW has worked with Staff Counselling and Human Resources to implement strategies to address the issues. One psychological claim was rejected.
- Blood and Body Fluid Exposure incidents are the third most common type of incident report and over the past 3 years remain steady at approximately 78 per year, but with only 5 claims in 3 years. The main cause of these incidents has been lack of point of use disposal and not wearing personal protective equipment. A safety bulletin was sent to clinical areas and a sharps audit is planned to review disposal equipment and processes.
- There has been a 29% decrease in the number of slips, trips and falls incidents from 72 in 2007/08 to 51 in 2008/09. Claims have decreased by 77% from 26 in 2007/08 to 6 in 2008/09.

DISABILITY ACTION PLAN REPORTING

CYWHS continues to make progress in implementing the CYWHS Disability Action Plan 2007 – 2010 under the guidance of the SA Health Disability Action Plan 2008 – 2013.

The following provides a synopsis of the activities undertaken during 2008 – 2009 within the Children, Youth and Women's Health Service as per the Performance Agreement reporting guidelines.

Outcome 1 - Planning and Policy Development

People with disabilities and parents of children with disabilities were invited to attend or join a range of appropriate work groups. Staff who have identified as having a disability were involved in the creation of the CYWHS Disability Action Plan 2007- 2010 (DAP). All planning including program plans and strategic planning processes incorporate the CYWHS DAP as our health service is dedicated to ensuring that all of our services are accessible to children and young people with disabilities and their families.

As part of the DAP, all staff are aware that consumers who have children with disabilities should be involved in appropriate decision-making processes. There are consumers and representatives from disability groups on strategic committees such as the Consumer and Community Advisory Committee, the Chronic and Complex Care Advisory Group and the Patient Flow Steering Committee.

CYWHS has many services that work extensively with children who have disabilities or with parents who have disabilities, including the Early Intervention Program, Home Visiting Program, Torrens House and the Access Assistant Program. During 2008-09 CYWHS developed a series of support groups for parents of young children with disabilities throughout South Australia called MYTIME.

Outcome 2 – Accessibility of Buildings and Facilities

A comprehensive Disability Access Audit has been undertaken at the Women and Children's Hospital site. An audit was also undertaken in 2007/2008 of Primary Health Care Sites. As new projects are implemented and funding becomes available for disability access improvements they are then assessed and are used as a means of prioritising works.

Minor Works are funded through both SA Health and internal CYWHS Capital Funds. Projects are risk rated to prioritise through an Asset Sustainment Committee. All new projects must comply with Disability Discrimination Act requirements. All of CYWHS buildings have been assessed for access.

All new sites comply with the Disability Discrimination Act. Any new facilities built take into consideration the Disability Discrimination Act accessibility requirements.

Outcome 3 – Communication/information and interpreter services

Printed health information is written in accordance with quality health information guidelines. Printed information is assessed to ensure it is written for the intended audience. The Centre for Health Promotion provides advice and support to staff in the development of appropriate materials.

The CYWHS Consumer and Community Advisory Committee has at least one position for a person nominated by a Disability Group or Organisation as part of its membership. In addition, several of the consumers on the Consumer and Community Advisory Committee are parents of children with disabilities.

The Online Services Project is redeveloping and consolidating SA Health websites and a mandatory component will include compliance with W3C standards. 100% of all CYWHS websites have been audited against the Standards.

A new booklet for families of children with disabilities called *“There is no Such Thing as a Silly Question”* was launched in 2009.

Outcome 4 – Attitudinal and Cultural Awareness in Management and Service Provision

Training has been identified as a priority as part of induction to the organisation and CYWHS Corporate Orientation is currently under review.

CYWHS has been working with Novita Children’s Services to develop resources to support the implementation of disability awareness training in a sustainable way.

Outcome 5 - Complaints Mechanisms

CYWHS has a Consumer and Community Advisory Committee which enables parents of children with disabilities or parents who have disabilities themselves to have input into ensuring that services remain accessible and any gaps are quickly identified and resolved.

CYWHS also has consumers (parents and carers) as committee members on the Patient Flow Committee, Chronic and Complex Care Advisory Committee and the Clinical Safety and Quality Governing Committee. The role of the committees is to advise and support improved services for children and families with special needs.

CYWHS has implemented a number of strategies to ensure all consumers have access to information on consumer rights including printed brochures, website links as well as messages on the “on hold” telephone system.

A consumer feedback process incorporates compliments, complaints and suggestions for CYWHS. We aim to ensure the process of providing feedback is as easy as possible for consumers and actively inform consumers of their right to provide feedback. On receipt of feedback, consumers receive an acknowledgement and will often receive information regarding the outcome. As a result of feedback received, there have been significant improvements to services. All feedback is taken very seriously and is regarded as a way of improving services to consumers.

The Community Engagement Unit has resources to support staff to consult with consumers. Individual hospital wards and departments are responsible for communicating with their consumers, including consumers with disabilities.

Outcome 6 – Employment and Human Resource Practices

CYWHS policies and practices meet the requirements of the SA Health Disability Action Plan on employment of people with disability. All CYWHS employees are required to adhere to all legislative requirements including the Disability and Discrimination Act.

CYWHS has strategies in place to promote and increase the number of people with disabilities employed in order to meet the State Strategic Plan Target (T6.22). This is incorporated within the CYWHS Workforce Plan.

CYWHS has reviewed recruitment strategies to ensure they are accessible and inclusive to people with a disability. The CYWHS Staff Selection Procedures and training that is provided ensures that we promote and adhere to providing accessible services, and are inclusive to people with a disability.

Job & Person specifications for CYWHS have been assessed to ensure they are accessible and inclusive to people with a disability. All CYWHS Job and Person Specifications including templates provide mandatory statements that all employees must comply with. This includes the Disability Discrimination and Equal Opportunity.

Managers and Human Resource personnel within CYWHS have received training in recruitment, selection and appointment of people with disabilities. Regular Recruitment and Selection training is undertaken for new and existing Managers. As part of this training, all Managers are advised of their obligation to ensure adherence of the Disability and Discrimination Act.

EMPLOYEES OVERSEAS TRAVEL

No	Destination	Dates	Reason For Travel	Total Cost to Agency
1	Albuquerque, New Mexico	20-24 October 2008	Motivational Interviewing Training New Trainer	\$4,879.46
2	Auckland, NZ	10-15 October 2008	ASA/NZSA Scientific Congress 2008	\$5,327.79
1	Auckland, NZ	10-18 October 2008	ASA & NZSA Combined Scientific Congress & Obstetric Anaesthesia Special Interest Group Meeting	\$1,913.94
1	Auckland, NZ	26 March - 5 April 2009	AOCOG 2009 & ANZCOG ASM 2009	\$3,192.71
1	Belgium & Sorrento, Italy	12-26 June 2009	Fetus as a Patient Conference & 7th World Congress in Fetal Medicine	\$6,504.99
1	Boston, USA	31 May - 3 July 2009	Emergency Airways Course	\$3,241.89
1	Brazil & Argentina	11-26 March 2009	World Congress of International Society on Toxinology	\$6,000.00
1	Brussels, Belgium	9-13 June 2009	27th Annual Meeting of the European Society for Paediatric Infectious Diseases	\$3,080.25
1	Chicago, USA	29 November - 12 December 2008	RSNA 2008, 94th Annual Scientific Assembly and Annual Meeting	\$3,297.06
3	Chicago, USA	28 May - 5 June 2009	Digestive Diseases Week	\$15,436.57
1	Chicago, USA	29 June - 2 July 2008	13 International Symposium on Paediatric Neuro-Oncology	\$281.89
1	Christchurch, NZ	28 August - 3 September 2008	6th Australasian Conference on Safety & Quality in Healthcare	\$913.91
1	Cincinnati Ohio, USA	13-20 May 2008	ASPHO Annual Meeting: American Society Paediatric Haematology & Oncology Conference	\$1,000.00
1	Como, Italy	19-21 June 2008	NHS 2008 Conference	\$123.26
1	Fiji	13-16 July 2009	South Pacific ORL Forum	\$1,000.00

1	Germany	15-23 November 2008	Fitbone Users Group Meeting	\$141.68
1	Glasgow, Scotland	5-31 March 2009	Endometrial Remodelling & Regeneration in Reproductive Disorders Satellite Symposium 2009	\$6,451.87
1	Glasgow, UK	9-13 September 2008	19th Congress of The European Sleep Research Society	\$4,958.04
1	Gothenburg, Sweden	27 March - 6 April 2009	EBNT Congress	\$6,910.80
1	Hong Kong	12-16 May 2008	Royal Australasian College of Surgeons, Conjoint Annual Scientific Congress	\$3,400.00
1	Hong Kong	26 June - 3 July 2008	World Congress of Ophthalmology	\$2,400.00
2	Japan	15-25 April 2009	Airway Imaging Project at Spring-8 Synchrotron	\$3,892.14
1	Johannesburg, South Africa	6-9 July 2009	SVRI Forum 2009	\$755.46
1	Kuala Lumpur, Malaysia	21-27 June 2008	Malaysian Dieticians Association Scientific Conference 2008	\$239.67
1	Leuven, Belgium	30 June 2009 - 1 January 2010	Research Collaboration in Paediatric Dysphasia	\$18,026.00
3	Lisbon, Portugal	2-5 September 2008	SSIEM Annual Symposium Lisboa 2008	\$7,923.44
1	London, UK	14-17 April 2008	Royal College of Paediatrics & Child Health 12th Spring Meeting	\$10,447.84
1	London, UK	17-22 March 2009	Advanced Clinical SAA Workshop	\$2,981.30
1	London, UK	21 February - 1 March 2009	MRCPCH Clinical Exam	\$5,219.54
1	London, UK	23-25 January 2009	ISUOG Fetal Echocardiography Course	\$6,728.55
1	London, UK	7-13 June 2008	5th International Conference on Teenage & Young Adult Cancer Medicine	\$1,372.05
1	Los Angeles, USA	16-27 May 2009	USMLE Step2 Clinical Skills Exam	\$3,288.48

1	Maui, Hawaii	30 October - 7 November 2008	Musculoskeletal MRI, Duke University	\$3,000.00
1	Monterey, California, USA	28 June - 1 July 2008	21st Interaction Conference of Organization of Tapatology	\$1,802.02
1	Netherlands	16-19 October 2008	European Society of Immunodeficiency Annual Conference	\$1,689.24
1	New Zealand	1-10 May 2009	Window on Tomorrow Conference & ANZCAS Meeting 2009	\$5,319.57
1	New Zealand	17-28 October 2008	Orthopaedic Conference	\$1,547.61
1	Ontario, Canada	6-9 June 2008	3rd Interaction Nursing Conference of Children & Adolescent Congress. 10th International Conference on Long Term Complications of Children & Adolescent with Cancer.	\$2,000.00
1	Orlando, Florida, USA	1-9 December 2008	IPOS Conference 2008	\$5,217.89
3	Orlando, Florida, USA	22-26 October 2008	North American Cystic Fibrosis Conference	\$6,283.42
1	Rochester, USA	21-30 July 2007	Training Program in Newborn Screening by MS/MS	\$210.87
1	Rome, Italy	3-7 September 2008	Lab Visit to 'Istituto Superiore di Sanità ' Technical & Scientific Laboratory	\$2,560.32
2	Rotterdam, Netherlands	8-12 September 2008	IPNC 2008 16th International Pathogenic Neisseria Conference 2008	\$3,471.26
1	San Diego, Washington DC, USA	29 October -19 November 2008	Research Collaboration	\$4,739.70
3	Singapore	24-27 June 2009	IASSID-Asia Pacific Regional Congress	\$6,368.40
2	Sorrento, Italy	26-28 March 2009	5th International Symposium on Diabetes & Pregnancy	\$3,528.26
1	Spain	28-31 May 2009	8th International Symposium on Growth & Nutrition & Children with Chronic Renal Disease	\$5,620.76

1	Switzerland, Netherlands, Scotland, India	31 December 2008 - 10 February 2009	Studies with Nestec, Switzerland & Collaborations with Institutes in Netherlands, Scotland, India	\$4,878.90
1	UK, Italy, Israel, Holland & France	12 March - 12 April 2009	World Psychiatric Association Conference, Florence. Teaching Workshops in Organisations in UK, Israel, Holland & France	\$12,253.00
1	USA & Canada	25 February - 6 March 2009	AAOS Meeting & Demonstration Surgery	\$4,191.62
3	Vancouver, Canada	25-30 June 2008	10th International Symposium on Mucopolysaccharide and Related Diseases	\$4,683.51
1	Venice, Italy & San Diego, USA	1-30 October 2007	13th International Workshop on Fragile X & XLMR & 57th American Society of Human Genetics	\$5,392.69
1	Verona, Italy & Hong Kong	6-29 June 2009	20th ESPNIC Medical & Nursing Annual Congress 2009 & Study & University of Hong Kong	\$13,282.48
1	Washington DC, USA	21-24 September 2008	ISSHP/ISOM Conference 2008	\$1,473.89
1	Wellington & Blenheim, NZ	10-18 October 2008	ASA & NZSA Combined Scientific Congress & Obstetric Anaesthesia Special Interest Group Meeting	\$1,463.69
1	Wellington, NZ	20-26 September 2009	ANZBA Conference 2009	\$810.62
1	West Timor, Indonesia	7-14 March 2009	Research at Kefamenanu District Hospital	\$307.80
1	Wyoming & Los Angeles, USA & Hong Kong	25 June - 14 July 2008	41st Annual Meeting of the Pacific Association of Paediatric Surgeons - Jackson Lake Lodge Wyoming, USA & Visit Los Angeles Medical Centre & Visit Paediatric Surgery Department at Queen Elizabeth Hospital, Kowloon, Hong Kong	\$4,000.00
1	Yokohama, Japan	31 July - 6 August 2008	World Association of Infant Mental Health	\$2,031.06
73				\$249,459.16

Energy Efficient Action Plan Report

SUMMARY OF BUILDING ENERGY CONSUMPTION FOR CYWHS 2008-09

Absolute Totals			Energy Efficiency					
			Square metres of occupied space			Occupied Bed Days (OBDs)		
Year	Total Energy GJ	GJ change as a % of 2000-01	Square metres	GJ/m ²	Change as a % of 2000- 01	OBDs	GJ per OBD	Change from 2000-01
2000-01	192,485		91,590	2.1		94,312	2.04	
2007-08	186,614	-3.10%	108,440	1.72	-18.10%	97,899	1.91	-6.60%
2008-09	175,197	-8.98%	108,440	1.62	-23.07%	98,041	1.79	-12.40%
2014 Target				1.58	-25%		1.53	-25%

Notes: Gigajoules (GJ). The above figures do not include all Population & Primary Health Care sites as the required information for all sites was not available. The missing information should be included in next years (2009 - 10) report. This report represents the same baseline data for the Women's & Children's Hospital. The same "Square Metre" calculation and an updated "Occupied Bed Days" figure is used.

Progress towards 25 per cent energy efficiency target.

In absolute terms, CYWHS consumed 8.98 per cent less energy in 2008-09 than it did in the 2000-2001 baseline year. However, absolute energy consumption is not a measure of energy efficiency. Rather, energy efficiency is determined by reference to energy use per some form of business output or other business measure.

Square metres: Though imperfect, energy use per square metres of occupied space is widely recognised as a reasonable measure of the energy efficiency of hospitals and overnight stay facilities. Energy use per square metre of occupied healthcare space for CYWHS was 1.62 GJ/m² in 2008-09 down from 2.10 GJ/m² in 2000-01, an improvement in energy efficiency of 23.07 per cent.

Occupied Bed Days (OBD): Average energy use per OBD in 2008-09 was 1.79 GJ, down from 2.04 GJ in 2000-01, an improvement in energy efficiency per OBD of 12.4 per cent.

Energy efficiency highlights

Energy use across the site has been monitored throughout the year and calculations of Greenhouse Gas Emissions made. There is also a performance indicator calculated from the total energy use per square metre providing a view of energy intensity across the organisation.

In the previous financial year, operation of the Women's and Children's Hospital (WCH) Co-generation system resulted in electrical production input of approximately 59 per cent to the WCH site's overall electrical consumption requirements. This is a green provider of energy. If an engine is not running it reduces the performance of the system and the result is a greater importing of grid electricity from ETSA which is coal generated and as such increases gas emissions and is more expensive. In the past year, some operating time was lost due to a major overhaul of some auxiliary equipment and some mechanical problems that will be improved in 2009/10 with the upgrade of the cooling system. This resulted in a decrease in the amount of gas used by the co-generation system and there was a corresponding increase in the power imported from the grid. This increased costs as well as green house gas emissions. Engine downtime also results in a shortage of heat for the buildings.

Energy management achievements at the CYWHS

Improvements made later in the 2007 – 08 period have continued to result in savings.

An independent study by consultants has confirmed the need to replace the ageing Building Management System in a staged manner over a few years. This will result in improved Energy Efficiencies, particularly in air conditioning systems as they are upgraded. Improved Energy Monitoring will also be used to identify further efficiencies across the site.

Asbestos Management Reporting

Category	No. of sites at start of year	No. of sites at end of year	Category description	Interpretation
1	0	0	Remove	Should be removed promptly
2	1	0	Remove as soon as practical	Should be scheduled for removal at a practical time
3	3	3	Use care during maintenance	May need removal during maintenance works
4	19	19	Monitor condition	Has Asbestos present. Inspect according to legislation and policy
5	4	4	No Asbestos identified / has been removed	All Asbestos identified has been removed
6	1	1	Further information required	These sites not yet categorised

The above matrix identifies the location of asbestos present material within all the CYWHS sites across the state inclusive of Women's & Children's Hospital (WCH), Population and Primary Health Care (P&PHC) and Child & Adolescent Mental Health Services (CAMHS) Sites.

Actual works completed, in the 2008-2009 period, was isolated to the WCH site only which included removal of asbestos wet area partitioning and vinyl wall tiles as part of the refurbishment of the Newland Ward 4th floor Good Friday Building.

Note: The removal of asbestos was carried out by suitably accredited contractors who undertook the work complying with the Occupational Health, Safety and Welfare Act 1986, the Occupational Health, Safety and Welfare Regulations 1995, the code of practice for Asbestos Work and the Code of Practice for the Safe Removal of Asbestos.

Greening of Government Operations (GoGO) Framework

Environmental Initiatives achieved in 2008-09

Recycling Initiative

As highlighted in the previous Annual Report, the Recycling of plastics planned for the 2008-09 year was achieved.

In November 2008, a recyclable materials compactor was commissioned introducing plastics recycling, and improving cardboard recycling and reducing general waste management at the WCH site.

This co-mingled system increased cardboard recycling from 17.76 tonne to 28.9 tonne in the 6 months to June 09 when compared with the previous year.

Staff Awareness

An Environmental Care Web page has been established in the new CYWHS Intranet to keep staff updated and informed on progress with Environmental Sustainable Initiatives across the Region.

HOSPITAL STATISTICS

for the women's & children's hospital (Acute Services)

SUMMARY STATISTICS	2008/09	2007/08
Emergency attendances	57,625	59,220
Women	17,809	17,786
Children	39,816	41,434
Admissions	34,166	30,058
Women	15,377	11,185
Children	18,789	18,873
Outpatient Occasions of Service*	328,498	318,405
Women	78,953	79,803
Children	249,545	238,602
Births	4,893	5,062
Available Beds**	298	298
Women	98	98
Children and Adolescents	141	141
Intensive/Special Care Nursery	59	59
Average Bed Occupancy	93.5%	93.3%
Inpatient Days	98,041	94,147
Average Days Stay per person	3.28	3.25
Women	4.42	4.39
Children and Adolescents	2.62	2.58
OUTPATIENTS	2008/09	2007/08
Paediatric Medicine	110,876	104,955
Paediatric Surgery	48,721	47,086
Women's & Babies		
Obstetrics & Gynaecology	74,450	75,682
Neonatal	4,503	4,121
Mental Health	5,696	6,289
Medical Imaging	34,468	37,501
Disability, Rehab & Allied Health	49,784	42,771
TOTAL	328,498	318,405

OPERATIONS	2008/09	2007/08
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Total number of Operations	13,263	13,089
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LABORATORY DIAGNOSTIC SERVICES	2008/09	2007/08
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WCH (Occasions of Service)	179,293	171,376
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COMMUNITY INFORMATION ENQUIRIES	2008/09	2007/08
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Drug Information Centre	11,624	12,307
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ADMISSIONS	2008/09	2007/08
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Shown by division & clinic under which person admitted

Paediatric Medicine Division

Cardiology	191	210
Children's Emergency Short Stay	1,328	1,481
Dermatology	114	81
Endocrinology/Diabetes	354	375
Gastroenterology	657	640
Haematology/Oncology	1,275	1,589
Immunology	959	941
General Medicine	3,134	3,045
Medical Genetics	2	2
Metabolic	132	128
Neurology	94	131
Pulmonary Medicine	771	673
Renal	528	270
Rheumatology	69	79
Sub-total	9,608	9,645

Disability, Rehab & Allied Health

Child Development	5	1
Child Protection	35	26
Rehabilitation & Disability	251	187
Sub-total	291	214

Paediatric Surgery Division

Burns	397	454
Cardiac Surgery	2	0
Craniofacial	249	226
Dental	670	662
Ear Nose & Throat	2,080	2,046
Neurosurgery	273	275
Ophthalmology	394	476
Orthopaedic	1,283	1,191
Plastic Surgery	965	969
Surgery	1,716	1,881
Thoracic	33	18
Urology	276	281
Sub-total	8,337	8,479

Women's & Babies Division

Gynaecology	2,348	2,451
Neonatology	1,895	1,876
Obstetric	6,422	6,858
Sub-total	10,665	11,185

Mental Health Division

Psychiatry	553	535
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TOTAL	34,166	30,058
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* Outpatients Occasions of Service include: Public, Private, Groups Held, Multi-Team Held, Telephone Calls and Emergency figures. ** Available Beds: the number of beds, occupied or not, which are immediately available to be used by overnight stay patients. They are immediately available for use if located in a suitable place for patient care, funds have been provided, and there are nursing and other auxiliary staff available to service patients who might occupy them.

Freedom of Information

The ways in which the functions of the agency affect members of the public.

The CYWHS seeks to provide the best possible health care for children, young people and women and works to prevent illness and improve their health and wellbeing across South Australia.

Our work directly impacts on South Australians through the provision of health services, health information, research and support services.

Consumers may access administrative and business operations of the Service during normal business hours.

Arrangements that exist to enable members of the public to obtain access to documents and to seek amendment of records concerning their personal affairs.

In South Australia, the Freedom of Information (FOI) Act 1991 gives members of the public the legal right to obtain information from records held by State and Local Government agencies (including medical records in public hospitals).

FOI has two objectives:

- To extend as far as possible the rights of the public to obtain access to information held by the Government.
- To ensure that records held by the Government concerning the personal affairs of members of the public are complete, correct, current and are not misleading.

Applications may be of a general nature, such as for copies of procedures or policies, or of a personal nature such as for copies of specific medical information (with appropriate consent and proof of identity).

Applications must be in writing and state that the information is requested under the FOI Act or application forms are available and can be posted out. Details of fees/ waivers, arrangements to post applications forms can be obtained by contacting the Freedom of Information Officer.

In 2008/2009, there were 379 applications processed under the FOI Act. This is a decrease of 18 % from last financial years FOI applications.

Other health entities, government agencies, clients of CYWHS and legal bodies can also access medical information by providing written requests, including written consent from the client. These requests are made outside of the FOI Act, in 2008/2009, there were a total of 3,047 requests made to the CYWHS during this period. This represents an increase of 21% from last financial year.

Type of request	Number
Parking Fines	105
Child Death Serious Injury Review Committee	36
Court Orders, Subpoenas/Warrants and Direction to Enter	300
Other Medical Requests <ul style="list-style-type: none"> • Local GP • Other Hospitals • Medical Centres & Specialists 	1713
Other Government Agencies	505
Internal CYWHS	31
Miscellaneous <ul style="list-style-type: none"> • Confirmation Birth, Blood Group • Lawyer/Solicitors requests not FOI • Insurance 	357
Total	3,047

For documents held by CYWHS, application forms for both FOI and miscellaneous requests are available on request from the Freedom of Information Officer and from the enquiry's desk situated inside the Kermode Street entrance. Applications should be addressed to:

FREEDOM OF INFORMATION OFFICER

Patient Information Services
Children Youth and Women's Health Service
72 King William Street
NORTH ADELAIDE SA 5006

Telephone: (08) 8161 6127

Email: cywhsfoiofficer@health.sa.gov.au

Carers Recognition Act

CYWHS has a number of policies and frameworks that recognise the role of carers, including the Consumer and Community Participation Policy, Your Rights and Responsibilities Procedure, Community Engagement Framework, Youth Participation Strategy.

CYWHS has a Consumer and Community Advisory Committee (CCAC) with 13 consumer members, all of whom are parents or carers. The CCAC is part of the CYWHS Governance Structure and provides a consumer perspective to organisational decision making. CYWHS also has a Consumer Register that is a confidential database of consumers who have an interest in being involved in safety and quality improvement activities. The Clinical Safety and Quality Committee (also part of the Governance Structure) has two consumer members.

Three carers are members of the Chronic/Complex Care Steering Group which is looking at the management of patients with complex health care needs.

Carers provide a consumer perspective and they are listened to when they share insights and work with staff to solve problems, this is facilitated by a Consumer Feedback Coordinator. Feedback can be given to staff via phone, internet or in writing. It is also sought through focus groups, surveys and interviews. Several community consultations have been undertaken to seek feedback on our services.

Carers are provided with a Consumer Role Statement, outlining their role, skills and abilities required expectations, training and support.

CYWHS provides services to children and routinely involves parents/carers in all decisions that affect the child. At the individual family level, parents/carers are part of the health care team and are involved in all decisions that affect them. Carers have access to a range of support services including Aboriginal Liaison, Social Workers and Chaplain Services.

During 2008, a series of community consultations were held with Aboriginal people to find out their perceptions of CYWHS. During the consultations, Aboriginal people told of their experiences with various health units. The feedback from this process has been collated and themes arising at most consultations were included in a publication called *The Past, The Present and The Future, An Action Plan for Reconciliation, Children, Youth and Women's Health Service...a new beginning*.

CYWHS provides information to carers who are staff on their entitlements as a Public Sector employee. Staff can have access to in-house staff counselling services or can choose to access external services through Access-OCAR, including staff in regional areas. We have a range of Human Resource Policies and Procedures in relation to flexible working arrangements including special leave and unpaid leave.

Consumer Feedback

	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
NUMBER OF COMPLAINTS					
Children, Youth and Women's Health Service ^a	344 5	364 13	440 ^c 7	415 ^c 6	334 ^c 5
Ombudsman and HCSCC Investigations (included in total)	n/a	n/a	23	22	17
Ministerial Complaints (formal and informal)					
COMPLAINTS BY ACTIVITY					
Complaints per 1000 Occupied Beds ^b	2.906	3.838	2.53	2.68	3.09
COMPLAINT MANAGEMENT					
Complaints Resolved by 30 June	88.7%	87.4%	93.2%	90.6%	93.7%
Complaints Resolved within 30 days	64.6%	68.4%	69.8%	68.7%	62.6%
Substantiated Complaints	39.4%	34.3%	21.6%	43.5%	45.2%
COMPLAINTS GRADING					
SAC 1 (extreme risk)	1.1%	-	0.0%	0.0%	0.0%
SAC 2	2.2%	0.8%	1.1%	1.0%	0.6%
SAC 3	12.4%	37.1%	19.2%	23.4%	36.1%
SAC 4 (low risk)	84.3%	43.1%	73.7%	73.0%	62.4%
SAC level not recorded or unable to assess	-	19%	5.9%	2.7%	0.9%
ISSUES PER COMPLAINT					
Average number of issues per complaint	1.679	1.431	1.29	1.23	1.21
NUMBER OF ISSUES OF COMPLAINT					
Access	90	108	128	112	72
Communication	140	160	203	131	146
Corporate Services	36	42	35	56	24
Cost	7	12	15	17	11
Grievance	2	3	0	3	1
Professional Conduct	11	18	3	14	18
Privacy/Discrimination	19	27	23	19	9
Treatment	137	140	159	151	118
Consent	18	11	4	8	7
OTHER FEEDBACK					
Compliments	n/a	n/a	n/a	26	63
Enquiry	n/a	n/a	n/a	1	1
Suggestion	n/a	n/a	n/a	4	5

a CYWHS number of complaints for the years 04/05 and 05/06 has been derived by totalling WCH and CYH data recorded in previous years.

b Data used for Occupied Bed Days includes totals from Torrens House, Women's and Children's Hospital and Helen Mayo House.

c The number of complaints received by the Children, Youth and Women's Health Service has decreased by 19.5% for the same period last year.

Compliments, enquiries and suggestions are included for 2007-08 and 2008-09. There was an increase of 240% in the number of compliments received from the previous year. This data has not been collected in previous years.

Research Funding

FUNDING BODY	Amount (\$)	No of Grants
Amgen Inc	20,000.00	1
Arthritis Foundation NSW	3,750.00	1
AstraZeneca Pty Ltd	409,032.00	1
Bone Growth Foundation	85,635.45	1
Cancer Council of SA	72,525.36	2
CF Foundation	40,029.47	3
Channel 7 Research Foundation	108,000.00	5
Continence Foundation of Australia	26,200.00	1
CSL Ltd	202,542.64	2
Danone Research	150,713.64	1
Dept of Health & Ageing	31,818.18	1
Diabetes Vaccine Development Centre	99,517.76	2
Financial Markets Foundation for Children	15,000.00	1
GlaxoSmithKline Aust Pty Ltd	6,622.01	1
Kids Cancer Research Trust	45,975.00	1
Kids with Cancer Foundation	31,468.18	1
Melbourne Health	25,401.37	1
National Health and Medical Research Council	1,588,683.93	11
Nestec Ltd	47,585.05	2
Northern Communities Health Foundation	16,000.00	1
Orygen Research Centre	2,200.00	1
Other Research Support & Donations	7,907.54	-
PPD Australia	697.00	1
Quality Metric Inc	612.04	1
RANZCOG Research Foundation	25,000.00	1
Royal Adelaide Hospital	7,128.00	1
Royal Melbourne Hospital	4,420.07	1
SA Health	21,818.19	2
Sanofi Pasteur	133,080.94	1
Sporting Chance Cancer Fund	115,000.00	1
Synthes Asia Pacific	57,780.00	1
Thrasher Research Fund	50,778.45	3
University of Adelaide	913,286.12	15
University of Colorado	3,696.34	1
University of SA	30,533.80	1
University of Sydney	5,440.00	1
Wayne State University	147,367.11	1
WCH Foundation	120,094.00	5
Womens and Childrens Health Research Institute	15,000.00	1
Wyeth	272,025.00	1
Grand Total	4,960,364.64	172

Account Payment Performance

Particulars	Number of accounts paid	Percentage of accounts paid (by number)	Value in \$A of accounts paid	Percentage of accounts paid (by value)
Paid by the due date	61,963	84.52%	\$100,952,063.57	83.12%
Paid late but paid within 30 days of due date	7,795	10.63%	\$13,179,946.62	10.85%
Paid more than 30 days from due date	3,557	4.85%	\$7,322,120.72	6.03%

Contractual Arrangements

There are no contractual arrangements, in the 2008-09 financial year to report.

Fraud

Systematic Fraud Issue – Fresenius Australia

In April 2009, the Bank SA Fraud Investigation Unit uncovered a cheque fraud issue surrounding a payment from a Health Unit to Fresenius Australia back in February 2009. Since the first discovery, there have been several other cheque fraud issues uncovered regarding cheque payments to Fresenius Australia from several other Heath Units.

Investigations have been put in place and confirmed that the correct supplier details were produced by Shared Services SA and that no amendments have been made to the vendor details on the system since early 1998.

Due to the number of different systematic fraud issue circumstances within Fresenius Australia surrounding their receipting of cheque payments, the matter has been brought to the attention of the South Australia Police Department.

STATEMENT OF COMPREHENSIVE INCOME

For the Year Ended 30 June 2009

	Note	2009 \$'000	2008 \$'000
Expenses			
Staff benefit expenses	4	249,013	242,109
Supplies and services	5	84,549	82,479
Depreciation and amortisation	6	6,302	6,870
Grants and subsidies	7	1,279	1,972
Borrowing costs	8	300	468
Loss / (gain) from the disposal of non-current assets	12	103	(170)
Loss on revaluation of Property, Plant & Equipment		1,678	-
Loss / (gain) on revaluation of Investment Property	21	880	(1,875)
Total Expenses		344,104	331,853
Income			
Revenues from fees and charges	9	28,534	27,604
Commonwealth revenues / other grants & contributions	10	15,878	16,172
Interest revenues	11	1,981	2,845
Reversal of prior period write down of land		667	-
Other revenues	13	2,256	3,067
Total Income		49,316	49,688
Net Cost of providing Services		294,788	282,165
Revenues from SA Government			
Revenues from SA Government (DH Contributions for Provision of General Health Services)	14	291,667	277,078
Net Result		(3,121)	(5,087)
Other Comprehensive Income			
Changes in revaluation reserves		22,505	(703)
Total Comprehensive Result		19,384	(5,790)

The Net Result and comprehensive result are attributable to the SA Government as owner.

The above Statement should be read in conjunction with the accompanying notes.

STATEMENT OF FINANCIAL POSITION

As at 30 June 2009

	Note	2009 \$ '000	2008 \$ '000
Current Assets			
Cash and cash equivalents	15	27,004	32,271
Receivables	16	16,681	14,903
Inventories	17	1,404	1,186
Other current assets	19	439	449
Total Current Assets		45,528	48,809
Non-Current Assets			
Receivables	16	1,068	1,050
Other financial assets	18	852	1,004
Property, plant and equipment	20	171,746	151,039
Investment property	21	12,235	13,115
Total Non-Current Assets		185,901	166,208
Total Assets		231,429	215,017
Current Liabilities			
Payables	22	21,837	17,127
Borrowings	23	1,530	1,224
Staff benefits	24	25,928	26,962
Provisions	25	1,894	2,021
Total Current Liabilities		51,189	47,334
Non-Current Liabilities			
Payables	22	1,985	1,992
Borrowings	23	-	1,529
Staff benefits	24	31,727	32,973
Provisions	25	4,400	4,319
Total Non-Current Liabilities		38,112	40,813
Total Liabilities		89,301	88,147
Net Assets		142,128	126,870
Equity	26		
Asset revaluation reserve		30,347	7,555
Fair Value Reserves		187	474
Retained earnings		111,594	118,841
Total Equity		142,128	126,870

The Total Equity is attributable to the SA Government as owner.

Unrecognised contractual commitments 28

Contingent assets and liabilities 33

The above Statement should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY

For the Year Ended 30 June 2009

	Note	Asset Revaluation Reserve \$ '000	Fair Value Reserves \$ '000	Retained Earnings \$ '000	Total Equity \$ '000
Balance at 30 June 2007		7,555	1,177	123,928	132,660
Net result for 2007-08		-	-	(5,087)	(5,087)
Loss on revaluation of assets held for sale		-	(588)	-	(588)
Gain on realisation of assets held for sale		-	(115)	-	(115)
Total comprehensive result for 2007-08		-	(703)	(5,087)	(5,790)
Balance at 30 June 2008		7,555	474	118,841	126,870
Net result for 2008-09		-	-	(3,121)	(3,121)
Loss on revaluation of assets held for sale		-	(188)	-	(188)
Gain on realisation of assets held for sale		-	(99)	-	(99)
Gain on revaluation of land and buildings		18,997	-	-	18,997
Gain on revaluation of plant and equipment		3,795	-	-	3,795
Total comprehensive result for 2008-09		22,792	(287)	(3,121)	19,384
Transactions with SA Government as owner					
Net assets transferred as a result of an administrative restructure	29	-	-	(4,126)	(4,126)
Balance at 30 June 2009	26	30,347	187	111,594	142,128

All changes in equity are attributable to the SA Government as owner.

The above Statement should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOW

For the Year Ended 30 June 2009

	Note	2009 \$ '000	2008 \$ '000
Cash flows from Operating Activities			
Cash Outflows			
Staff benefit payments		(243,316)	(234,280)
Payments for supplies and services		(75,678)	(76,690)
Payments of grants and subsidies		(1,279)	(1,972)
Interest Paid		(300)	(468)
GST payments on purchases		(9,302)	(7,177)
GST remitted to ATO		(3,140)	(2,422)
Cash used in operations		(333,015)	(323,009)
Cash Inflows			
Fees and charges		26,534	29,243
Receipts from Commonwealth & other grants and contributions		15,878	16,172
Interest received		2,004	2,793
Dividends received		78	76
GST input tax credits		6,532	5,790
Other receipts		2,292	3,067
Cash generated from operations		53,318	57,141
Cash Flows from SA Government			
Receipts from SA Government		291,558	277,068
Total Cash Flows from SA Government		291,558	277,068
Net cash provided by operating activities		11,861	11,200
Cash flows from Investing Activities			
Cash Outflows			
Purchase of property, plant and equipment		(8,577)	(6,510)
Purchase of investments		(401)	(315)
Cash used in investing activities		(8,978)	(6,825)
Cash Inflows			
Proceeds from sale/maturities of investments		284	1,241
Cash generated from investing activities		284	1,241
Net cash used in investing activities		(8,694)	(5,584)
Cash Flows from Financing Activities			
Cash Outflows			
Cash transferred as a result of restructuring activities		(7,146)	-
Repayments of borrowings		(1,288)	(1,007)
Cash used in financing activities		(8,434)	(1,007)
Net cash used in financing activities		(8,434)	(1,007)
Net (Decrease)/Increase in cash and cash equivalents		(5,267)	4,609
Cash and cash equivalents at the beginning of the financial year		32,271	27,662
Cash and cash equivalents at the end of the financial year	15	27,004	32,271

The above Statement should be read in conjunction with the accompanying notes.

Notes To And Forming Part Of The Financial Statements

For the Year Ended 30 June 2009

1 Objectives

The Children, Youth and Women's Health Service (CYWHS) is an incorporated Hospital under the *Health Care Act 2008*.

Hospitals incorporated under the *Health Care Act 2008* are funded from various sources. Funding can be obtained from the Department of Health, the Commonwealth Government, Public Donations, Private Practice Funds, Foundations and other sources.

Users of these financial statements should note that the South Australian Government funds the major part but not the entire operations of CYWHS.

CYWHS objectives are to enhance and promote the health of women, children and young people by specialising in care, research, education and health promotion.

1.1 Administrative Restructures 2008/2009

Effective from 1 July 2008 all the real and personal property and rights and liabilities related to the provision of Pathology Services by CYWHS were transferred to and vested in SA Pathology which is part of the Central Northern Adelaide Health Service.

The accounts payable, sundry accounts receivable and payroll services from CYWHS transitioned to Shared Services SA on 9 February 2009. This transition was approved by Cabinet on 15 October 2007.

2 Summary of Significant Accounting Policies

2.1 Basis of Accounting

Statement of Compliance

The financial statements are general purpose financial statements. The accounts have been prepared in accordance with applicable Australian Accounting Standards, Treasurer's Instructions and Accounting Policy Statements promulgated under the provision of the *Public Finance and Audit Act 1987* and the requirements of the *Health Care Act 2008*.

Except for the amendments to AASB 101 Presentation of Financial Statements (September 2007 version), which CYWHS has early adopted, Australian Accounting Standards and interpretations that have recently been issued or amended but are not yet effective have not been adopted by CYWHS for the reporting period ending 30 June 2009. These are outlined in Note 3.

Basis of Preparation

CYWHS Statement of Comprehensive Income, Statement of Financial Position and Statement of Changes in Equity have been prepared on an accrual basis and are in accordance with historical cost convention, except for certain assets that were valued in accordance with the applicable valuation policy.

The Statement of Cash Flows has been prepared on a cash basis.

The financial statements have been prepared based on a twelve month operating cycle and presented in Australian currency.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2009 and the comparative information presented.

2.2 Reporting Entity

CYWHS financial statements include both Health Service and Administered items. The Health Service financial statements include the use of income, expenses, assets and liabilities, controlled or incurred by the Health Service in its own right. As administered items are insignificant in relation to the Health Service's overall financial performance and position, they have been disclosed in a schedule of administered items as notes to the accounts.

2.3 Comparative Information

The presentation and classification of items in the financial statements are consistent with prior periods except where adjusted to reflect the early adoption of AASB 101 *Presentation of Financial Statements* and specific revised accounting standards and accounting policy statements.

Comparative figures have been adjusted to conform to changes in presentation in these financial statements where required eg preparation of a single Statement of Comprehensive Income.

2.4 Rounding

All amounts in the financial statements are rounded to the nearest thousand dollars (\$'000).

2.5 Taxation

CYWHS is not subject to income tax. The Health Service is liable for goods and services tax (GST) and meets payments for fringe benefits tax.

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

- Where the amount of GST incurred by the Health Service as a purchaser is not recoverable from the Australian Taxation Office.
- Receivables are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the Australian Taxation Office is included as part of receivables or payables in the Statement of Financial Position.

Cash flows are included in the Cash Flow Statement on a gross basis. The GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the Australian Taxation Office is classified as part of operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to the Australian Tax Office.

2.6 Income and Expenses

Income and expenses are recognised in CYWHS Statement of Comprehensive Income when and only when it is probable that the flow of economic benefits to or from the entity will occur and can be reliably measured.

Income and expenses have been classified according to their nature and have not been offset unless required or permitted by a specific accounting standard, or where offsetting reflects the substance of the transaction.

The financial notes disclose revenues, expenses, financial assets and financial liabilities where the counterparty/transaction is with an entity within the SA Government as at the reporting date.

Transactions with SA Government entities below the threshold of \$100,000 have been included with the non-government transactions, classified according to their nature.

Fees and Charges

Revenues from fees and charges are derived from the provision of goods and services to other SA Government agencies and to the public. This revenue is recognised upon delivery of the service to the clients or by reference to the stage of completion.

Disposal of non-current assets

Income from the disposal of non-current assets is recognised when control of the asset has passed to the buyer and determined by comparing proceeds with carrying amount. When revalued assets are sold, the revaluation increments are transferred to retained earnings.

Resources received/provided free of charge

Resources received/provided free of charge are recorded as revenue and expenditure in the Statement of Comprehensive Income at their fair value. Resources provided free of charge are recorded in the expense line items to which they relate.

Contributions received/paid

Contributions are recognised as an asset and income when CYWHS obtains control of the contributions or obtains the right to receive the contributions.

For contributions payable, the contribution will be recognised as a liability and expense when the entity has a present obligation to pay the contribution.

Borrowing Costs

Borrowing costs are recognised immediately as an expense.

2.7 Revenues from SA Government

Grants and Contributions are recognised as revenues when CYWHS obtains control over the funding. Control over grants and contributions is normally obtained upon receipt.

2.8 Current and Non-Current Classification

Assets and liabilities are characterised as either current or non-current in nature. CYWHS has a clearly identifiable operating cycle of twelve months. Therefore, assets and liabilities that will be realised as part of the normal operating cycle will be classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

2.9 Cash and Cash Equivalents

Cash and cash equivalents as reported in the Statement of Financial Position includes cash on hand, deposits held at call and other short-term, highly liquid investments with maturities of three months or less that are readily converted to cash and which are subject to insignificant risk of changes in value.

Cash and cash equivalents in the Statement of Cash Flows comprise cash and cash equivalents as defined above.

Cash is measured at nominal value.

2.10 Receivables

Receivables include amounts receivable from trade, prepayments and other accruals.

Trade receivables arise in the normal course of selling goods and services to other agencies and to the public. Trade receivables are generally receivable within 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement.

Other debtors arise outside the normal course of selling goods and services to other agencies and to the public.

Collectibility of trade receivables is reviewed on an ongoing basis. Debts that are known to be uncollectible are written off when identified. A provision for doubtful debts is raised when there is objective evidence that CYWHS will not be able to collect the debts.

2.11 Inventories

Inventories held for distribution for no or nominal consideration are measured at the lower of cost and replacement cost. Inventories (other than those held for distribution at no or nominal consideration) are measured at the lower of cost or their net realisable value.

Cost is allocated with the first-in, first-out method. Net realisable value is determined using the estimated sales proceeds less costs incurred in marketing, selling and distribution to customers.

The amount of any inventory write-down to net realisable value/replacement cost or inventory losses are recognised as an expense in the period the write-down or loss occurred. Any write-down reversals are recognised as an expense reduction.

Inventories include Drug supplies, Medical, Surgical and Laboratory supplies, food and hotel supplies. Items held for sale include Pharmacy drugs and Cafeteria foods which are measured at cost.

2.12 Other Financial Assets

CYWHS measures financial assets and debts at historical cost except for listed securities which are measured at market value.

2.13 Non-Current Asset Acquisition and Recognition

Assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Where assets are acquired at no value, or minimal value, they are recorded at their fair value in the Statement of Financial Position. If however, the assets are acquired at no or nominal value as part of a restructuring of administrative arrangements then the assets are recorded at the value recorded by the transferor prior to transfer.

Where the payment for an asset is deferred, CYWHS measures the obligation at the present value of the future outflow, discounted using the interest rate of a similar length borrowing.

In accordance with Accounting Policy Framework III *Asset Accounting Framework* para. APS 2.15 and APS 7.2:

- Componentisation of complex assets is only performed when the complex assets fair value at the time of acquisition is greater than \$5 million for infrastructure assets and \$1 million for other assets;
- CYWHS capitalises all non-current tangible assets with a value of \$10,000 or greater.

Assets held for sale are separately disclosed and measured at the lower of carrying amount and fair value less cost to sell.

2.14 Revaluation of Non-Current Assets

In accordance with Accounting Policy Framework III *Asset Accounting Framework*:

All non-current tangible assets are valued at written down current cost (a proxy for fair value); and the revaluation of non-current assets or group of assets is only performed when its fair value at the time of acquisition is greater than \$1 million and estimated useful life is greater than 3 years.

Every three years, CYWHS revalues land, buildings and where appropriate, equipment. However, if at any time management considers that the carrying amount of an asset materially differs from its fair value then the asset will be revalued regardless of when the last valuation took place. Non-current tangible assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair value.

Valuations of land and buildings were undertaken for the period ending 30 June 2009 (see Note 20).

2.15 Impairment

All non-current assets are tested for an indication of impairment at each reporting date. Where there is an indication of impairment, the recoverable amount is estimated. An amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss. An impairment loss is recognised immediately in the Statement of Comprehensive Income, unless the asset has been revalued. For revalued assets an impairment loss is offset against the revaluation reserve for that same class of assets, to the extent that the impairment loss does not exceed the amount in the asset revaluation reserve for that class of asset.

2.16 Depreciation and Amortisation of Non-Current Assets

All non-current assets, having a limited useful life, are systematically depreciated/ amortised over their useful lives in a manner that reflects the consumption of their service potential. Amortisation is used in relation to intangible assets such as software, while depreciation is applied to tangible assets such as property, plant and equipment.

The residual value, useful lives, depreciation and amortisation methods of all major assets held by CYWHS are reassessed on an annual basis.

The value of leasehold improvements is amortised over the estimated useful life of each improvement, or the unexpired period of the relevant lease, whichever is shorter.

Land and assets held for resale are not depreciated.

Depreciation / amortisation for non-current assets is determined as follows:

Class of Asset	Depreciation Method	Useful Life (Years)
Buildings	Straight Line	10 - 100
Leasehold Improvements	Straight Line	life of lease
Plant and Equipment		
- Medical Surgical, Dental and Biomedical Equip	Straight Line	5 - 10
- Computing Equipment	Straight Line	3
- Power Generation and Transmission	Straight Line	10
- Computer Software	Straight Line	3
- Other Plant and Equipment	Straight Line	3 - 20
- Library	Straight Line	12 - 50

2.17 Intangible Assets

CYWHS does not have any material intangible assets.

2.18 Investment Properties

Investment properties represent properties held to earn rentals and/or for capital appreciation. Investment properties are initially recognised at cost. Costs incurred subsequent to initial acquisition are capitalised when it is probable that future economic benefits in excess of the originally assessed performance of the asset will flow to CYWHS.

Subsequent to initial recognition at cost, investment properties are revalued to fair value with changes in the fair value recognised as income or expense in the period that they arise. The properties are not depreciated and are not tested for impairment.

2.19 Payables

Payables include creditors, accrued expenses and employment on-costs.

Creditors represent the amounts owing for goods and services received prior to the end of the reporting period that are unpaid at the end of the reporting period. Creditors include all unpaid invoices received relating to normal operations of CYWHS.

Accrued expenses represent goods and services provided by other parties during the period that are unpaid at the end of the reporting period and where an invoice has not been processed / received.

All payables are measured at their nominal amount, are unsecured and are normally settled within 30 days from the date of the invoice or date the invoice is first received.

Staff on-costs include superannuation contributions with respect to outstanding liabilities for salaries and wages, long service leave and annual leave.

CYWHS makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as they have been assumed by the respective superannuation schemes. The only liability outstanding at balance date relates to any contributions due but not yet paid to the South Australian Superannuation Board and externally managed superannuation schemes.

2.20 Staff Benefits

These benefits accrue for staff as a result of services provided up to the reporting date that remain unpaid. Long-term staff benefits are measured at present value and short-term staff benefits are measured at nominal amounts.

Accrued Salaries and Wages

The liability for accrued salaries and wages is measured as the amount unpaid at the reporting date using remuneration rates current at the reporting date.

Sick Leave

A provision has not been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by staff is estimated to be less than the annual entitlement of sick leave.

Annual Leave

The liability for annual leave is measured as the amount unpaid at the reporting date using remuneration rates current at reporting date. The annual leave liability is expected to be paid within twelve months and is measured at the undiscounted nominal amount. In the unusual event where annual leave is expected to be paid later than 12 months, the liability will be measured at present value.

Long Service Leave

The liability for long service leave is recognised using a shorthand method and a benchmark number of years of staff service. The benchmark is 6.5 years (6 years in 2008) of service as advised in Accounting Policy Framework IV Financial Assets and Liabilities. An actuarial assessment of long service leave undertaken by the Department of Treasury and Finance based on a significant sample of staff throughout the South Australian public sector determined that the liability measured using the shorthand method was not materially different from the liability measured using the present value of expected future payments. This calculation is consistent with CYWHS experience of staff retention and leave taken.

2.21 Provisions

Provisions are recognised when CYWHS has a present obligation as a result of a past event, and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

CYWHS is an exempt employer under the *Workers Rehabilitation and Compensation Act 1986*. Under a scheme arrangement CYWHS is responsible for the management for workers rehabilitation and compensation and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs.

Although the Department of Health provides funds to CYWHS for the settlement of lump sum and redemption payments, the cost of these claims together with other claim costs are met directly by CYWHS and are thus reflected as an expense from ordinary activities in CYWHS financial report.

The liability provision for workers compensation claims is based on an actuarial assessment performed by the Public Sector Workforce Relations Division of the Department of Premier and Cabinet. The liability includes claims incurred, but not yet paid, incurred but not reported and the anticipated direct and indirect costs of settling those claims. The liability for outstanding claims is measured as the present value of the expected future payments reflecting the fact that all the claims do not have to be paid in the immediate future.

With respect to the workers compensation liability, CYWHS includes an amount receivable for the lump sum and redemption claims portion of the workers compensation claims which is specifically funded by the Department of Health.

2.22 Special Purpose Funds

CYWHS receives Special Purpose Funds through grants, donations, legacies and bequests. The amounts are controlled by CYWHS and used to help achieve CYWHS objectives, notwithstanding that specific uses can be determined by the grantor or donor. Accordingly, the amounts are treated as revenue at the time they are earned or at the time control passes to CYWHS.

2.23 Leases

CYWHS has not entered into finance leases and has entered into operating leases.

Operating Leases

In an operating lease, the lessor retains substantially the entire risks and rewards incidental to ownership of the leased assets. Operating lease payments are recognised as an expense on a basis which is representative of the pattern of benefits derived from the leased assets.

2.24 Professional Indemnity and General Public Insurance

Professional Indemnity and General Public Liability claims arising from CYWHS operations are managed as part of the State Government Insurance Program. CYWHS pays an annual premium to the Department of Health. The Department of Health and the South Australian Government Financing Authority, SAICORP Division, are responsible for meeting the cost of any claims. Consequently no provision for these claims is recognised in CYWHS financial statements.

3 Change in Accounting Policies

CYWHS has early adopted the September 2007 version of AASB 101 *Presentation of Financial Statements* - this includes the preparation of a single Statement of Comprehensive Income.

Except for the amendments in AASB101, the Australian Accounting Standards and Interpretations that have been recently issued or amended but not yet effective, have not been adopted for the reporting period 30 June 2009. CYWHS has assessed the impact of the new and amended Standards and Interpretations and considers that there will be no impact on the accounting policies or the financial statements of CYWHS.

In accordance with the revised AASB 1004 *Contributions*, CYWHS records restructures of administrative arrangements as transactions with owners in their capacity as owners rather than recording these events as a revenue/expense item.

4 Staff benefit expenses

	2009 \$'000	2008 \$'000
Salaries and Wages	209,020	201,053
Long Service Leave	7,216	8,199
Annual Leave	17,821	18,021
Staff on-costs - Superannuation	12,160	11,372
Other Staff Related Expenses	2,796	3,321
Board Fees	-	143
Total staff benefit expenses	249,013	242,109

Remuneration of staff	2009	2008
The number of staff whose remuneration received or receivable falls within the following bands:		
\$100 000 - 109 999	84	69
\$110 000 - 119 999	42	41
\$120 000 - 129 999	25	31
\$130 000 - 139 999	26	20
\$140 000 - 149 999	23	14
\$150 000 - 159 999	12	8
\$160 000 - 169 999	15	7
\$170 000 - 179 999	8	16
\$180 000 - 189 999	4	10
\$190 000 - 199 999	10	4
\$200 000 - 209 999	4	10
\$210 000 - 219 999	6	12
\$220 000 - 229 999	8	4
\$230 000 - 239 999	6	8
\$240 000 - 249 999	2	2
\$250 000 - 259 999	4	3
\$260 000 - 269 999	1	5
\$270 000 - 279 999	2	3
\$280 000 - 289 999	4	4

\$290 000 - 299 999	4	5
\$300 000 - 309 999	6	1
\$310 000 - 319 999	5	2
\$320 000 - 329 999	5	6
\$330 000 - 339 999	2	2
\$340 000 - 349 999	4	1
\$350 000 - 359 999	2	2
\$360 000 - 369 999	2	-
\$370 000 - 379 999	3	-
\$380 000 - 389 999	2	1
\$390 000 - 399 999	4	1
\$400 000 - 409 999	2	1
\$410 000 - 419 999	6	1
\$420 000 - 429 999	5	-
\$430 000 - 439 999	2	-
\$440 000 - 449 999	4	1
\$450 000 - 459 999	1	1
\$460 000 - 469 999	1	1
\$470 000 - 479 999	-	-
\$480 000 - 489 999	1	-
\$490 000 - 499 999	1	-
\$500 000 - 509 999	-	-
\$510 000 - 519 999	-	-
\$520 000 - 529 999	1	-
\$530 000 - 539 999	1	-
\$540 000 - 550 000	-	1
Total number of staff	350	298

Total remuneration received or due and receivable by staff whose remuneration exceeded \$100 000	\$'000	\$'000
	64,918	50,057

Total remuneration received or due and receivable by staff whose remuneration exceeded \$100 000.

The table includes all staff who received remuneration of \$100,000 or more during the year. Remuneration of staff reflects all costs of employment including salaries and wages, superannuation contributions, fringe benefits and any other salary sacrifice benefits.

Staff whose Remuneration exceeded \$100,000 can be categorised by employment group as follows:

- Medical staff (excluding Nursing) \$49.8m, 225 staff (2008: \$38.6m, 207 staff)
- Executive Remuneration \$1.8m, 10 staff (2008: \$2.1m, 10 staff)
- Non-Medical (ie Nursing and Administration) Remuneration \$13.3m, 115 staff (2008: \$9.4m, 81 staff).

The total remuneration received by these staff for the year was \$64.9 million (2008: \$50.1 million).

Note: Private Practice payments and Fee for Service arrangements are excluded.

5 Supplies and services

	2009	2008
	\$'000	\$'000
Supplies and services provided		
Bad & Doubtful Debts	(12)	72
Administration	1,542	1,399
Advertising	460	708
Communications	908	897
Computing Expenses	1,577	1,160
Contractors - Contract Management	5,995	5,651
Contractors - Agency Staff	7,799	9,763
Drug Supplies	8,035	8,002
Electricity, Gas and Fuel	2,267	1,823
Fee for Service	2,371	2,167
Food Supplies	2,250	2,125
Housekeeping	2,983	2,612
Insurance	4,927	4,838
Legal	69	66
Medical, Surgical and Laboratory Supplies	15,878	15,047
Minor Equipment	2,468	2,981
Motor Vehicle Expenses	2,738	2,457
Occupancy Rent and Rates	2,667	2,585
Patient Transport	826	737
Periodical, Journals and Publications	579	536
Postage	269	309
Printing and Stationery	2,384	2,214
Rental Expense on Operating Lease	1,360	1,350
Repairs and Maintenance	5,393	6,057
Security	1,058	991
Staff Training and Development	1,267	1,212
Staff Travel Expenses	1,184	1,315
Other Supplies and Services	4,975	3,265
Total supplies and services	84,217	82,339
Auditor Fees - Auditing Financial Reports	100	140
Auditor Fees - Other Services	232	-
Total audit fees	332	140
Total supplies and services	84,549	82,479

	2009 \$'000	2008 \$'000
Supplies and services provided by entities within the SA Government		
Administration	1,395	825
Communications	118	-
Computing Expenses	1,078	433
Contractors - Agency Staff	550	614
Food Supplies	131	-
Housekeeping	-	81
Insurance	4,921	4,829
Medical, Surgical and Laboratory Supplies	4,190	959
Motor Vehicle Expenses	2,304	2,232
Occupancy Rent and Rates	884	337
Patient Transport	194	215
Printing and Stationery	-	172
Rental Expense on Operating Lease	1,267	1,342
Repairs and Maintenance	1,147	722
Other Supplies and Services	4,594	4,487
Total supplies and services – SA Government entities	22,773	17,248
Auditor Fees - Auditing Financial Reports	100	130
Total audit fees – SA Government entities	100	130
Total supplies and services – SA Government entities	22,873	17,378

The total supplies and services amount disclosed includes GST amounts not recoverable from the ATO due to CYWHS not holding a valid tax invoice or payments relating to third party arrangements.

6 Depreciation and amortisation

	2009 \$'000	2008 \$'000
Depreciation and amortisation		
Buildings and Improvements - General	2,002	1,970
Leasehold Improvements	105	105
Computing Equipment	63	204
Medical, Surgical, Dental and Biomedical Equipment	3,430	3,987
Power Generation and Transmission	210	85
Other Plant and Equipment	492	519
Total depreciation	6,302	6,870

7 Grants and subsidies

	2009 \$'000	2008 \$'000
Grants and subsidies		
Research & Development	688	1,356
Health Promotion	319	204
Other	272	412
Total grants and subsidies	1,279	1,972
Grants and subsidies paid/payable to entities within the SA Government		
Other	467	417
Total grants and subsidies – SA Government entities	467	417

8 Borrowing costs

	2009 \$'000	2008 \$'000
Borrowing costs paid/payable		
Interest on borrowings	300	468
Total borrowing costs	300	468

9 Revenues from fees and charges

	2009 \$'000	2008 \$'000
Fees and charges received / receivable		
Patient and Client Fees	9,982	8,286
Other User Charges and Fees	18,552	19,318
Total fees and charges	28,534	27,604
Fees and charges received / receivable from entities within the SA Government		
Other User Charges and Fees	11,127	6,733
Total fees and charges – SA Government entities	11,127	6,733

10 Commonwealth revenues /other grants & contributions

	2009 \$'000	2008 \$'000
Commonwealth revenues / other grants and contributions		
Commonwealth grants and donations	2,621	3,829
Other	13,257	12,343
Total Commonwealth revenues / other grants & contributions	15,878	16,172

Grants and contributions received / receivable from entities within the SA Government

State Government Grants	3,144	1,196
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Total grants and contributions received / receivable from entities within the SA Government	3,144	1,196
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Restrictions on Contributions Received

Of the \$15.9 million received in 08/09 for Grants and Contributions, \$11.9 million was provided for specific purposes, such as research and associated activities. These funds have been recognised in the Statement of Comprehensive Income as Other Grants and Contributions Income.

11 Interest revenue

	2009 \$'000	2008 \$'000
Interest from entities within the SA Government	19	23
Other - Non SA Government	1,962	2,822
Total interest received	1,981	2,845

12 Loss / gain from disposal of non-current assets and other assets

	2009 \$'000	2008 \$'000
Financial Assets		
Proceeds from disposal	284	1,241
Realised gain from the fair value reserve - Financial Assets	98	588
Less net book value of assets disposed	364	1,605
Net gain from disposal of Financial Assets	18	224
Plant and equipment		
Proceeds from disposal	-	-
Less net book value of assets disposed	121	54
Net loss from disposal of plant and equipment	(121)	(54)
Total assets		
Total proceeds from disposal	284	1,241
Realised gain from the fair value reserve - Financial Assets	98	588
Less total value of assets disposed	485	1,659
Total net loss/gain from disposal of non-current assets and other assets	(103)	170

13 Other revenues

	2009 \$'000	2008 \$'000
Other revenue received/receivable		
Rental Income - Investment Property	2,119	2,094
Other Revenues	137	973
Total other revenue	2,256	3,067

14 Revenues from to SA Government

	2009 \$'000	2008 \$'000
Revenues from SA Government (Department of Health contributions for the provision of general health services)		
Recurrent Funding	288,245	273,341
Capital Funding	3,422	3,737
Total revenues from Department of Health	291,667	277,078

15 Cash and cash equivalents

	2009 \$'000	2008 \$'000
Cash at Bank or On Hand - Non-government financial institutions	26,947	31,888
Deposits with SA Government Financing Authority	19	345
Imprest account / cash on hand	38	38
Total cash	27,004	32,271

Interest rate risk

Cash on hand is non-interest bearing. The carrying amount of cash approximates net fair value.

Included in the above cash amounts for 2009 are the following Special purpose funds :

	2009 \$'000	2008 \$'000
Capital Equipment Fund	5,491	6,929
Staff Salary Sacrifice Monies held by Salary Sacrifice Administrators	875	898
Private Practice Special Purpose Funds	962	398
Other Special Purpose Funds		
- Scheme A	1,099	1,164
- Scheme B	-	1,989
- Special Purpose Funds	17,482	22,241
Total	25,909	33,619

Special Purpose Funds are controlled by CYWHS and used to achieve CYWHS objectives. Special uses can be determined by the grantor or donor.

16 Receivables

	2009 \$'000	2008 \$'000
Current		
Receivables	15,495	14,047
Less provision for doubtful debts	(374)	(433)
GST Recoverable from the ATO	1,560	1,289
Total current receivables	16,681	14,903
Non-Current		
Receivables	1,068	1,050
Total non-current receivables	1,068	1,050
Total receivables	17,749	15,953
Receivables from SA Government entities	\$'000	\$'000
Receivables	6,304	3,763
Total receivables from SA Government entities	6,304	3,763

Bad and doubtful debts

CYWHS has recognised a bad and doubtful debt expense of (\$12,000) in the Statement of Comprehensive Income as disclosed in Note 5.

Movement in the allowance for doubtful debts

The allowance for doubtful debts (allowance for impairment loss) is recognised when there is objective evidence that a receivable is impaired.

Movements in the allowance for doubtful debts (impairment loss)	\$'000
Carrying amount at the beginning of the period	433
Amounts written off	(47)
Decrease in allowance recognised in Profit or Loss	(12)
Carrying amount at the end of the period	374

17 Inventories

	2009 \$'000	2008 \$'000
Drug Supplies	890	655
Medical, Surgical and Laboratory Supplies	371	393
Food and Hotel Supplies	81	73
Other	62	65
Total inventories	1,404	1,186

18 Other financial assets

	2009	2008
Non-Current	\$'000	\$'000
Listed and Unlisted Securities	852	1,004
Total non-current investments	852	1,004
Total investments	852	1,004

Included in the above investment balances are the following

Other Special Purpose Funds

- Scheme A	852	1,004
Total investments	852	1,004

Special Purpose Funds are controlled by CYWHS and used to achieve CYWHS objectives. Special uses can be determined by the grantor or donor.

19 Other current assets

	2009	2008
Current	\$'000	\$'000
Prepayments	439	449
Total current other assets	439	449

20 Property, Plant and Equipment

	2009 \$'000	2008 \$'000
Land and Buildings		
Site Land	41,975	33,383
Land at Fair Value	41,975	33,383
Buildings and Improvements	105,829	99,382
Buildings and Improvements under construction (Work in Progress)	921	401
Buildings at Fair Value	106,750	99,783
Accumulated Depreciation - Buildings and Improvements other than under finance lease	-	3,899
Accumulated Depreciation	-	3,899
Land and Buildings	148,725	129,267
Leasehold Improvements		
Leasehold Improvements	2,615	2,615
Accumulated Amortisation	600	495
Leasehold Improvements	2,015	2,120
Total Land and Buildings	150,740	131,387
Plant and Equipment		
Computing Equipment	369	790
Medical, Surgical, Dental and Biomedical Equipment	24,392	35,260
Medical, Surgical, Dental and Biomedical Equipment - Major	4,754	2,257
Power Generation and Transmission	270	1,996
Library	6,056	3,288
Other Plant and Equipment	3,826	4,130
Total Plant and Equipment	39,667	47,721

Accumulated Depreciation - Computing Equipment	212	685
Accumulated Depreciation - Medical, Surgical, Dental and Biomedical Equipment	16,904	24,273
Accumulated Depreciation - Medical, Surgical, Dental and Biomedical Equipment - Major	30	291
Accumulated Depreciation - Power Generation and Transmission	-	115
Accumulated Depreciation - Library	-	548
Accumulated Depreciation - Other Plant and Equipment	1,515	2,157
Accumulated Depreciation	18,661	28,069
Total Plant and Equipment	21,006	19,652
Total Property, Plant and Equipment	171,746	151,039

Valuation of Land and Buildings

The valuation of Land and Buildings was performed by Rushton Valuers as at 30 June 2009. The valuer arrived at fair value based on recent market transactions for similar land and buildings in the area taking into account zoning and restricted use.

Valuation of Plant and Equipment

The valuation of Major Plant and Equipment (Historical Cost >\$1m) was performed by Rushton Valuers as at 30 June 2009.

The valuer arrived at fair value determined by reference to its highest and best use.

Impairment

There were no indications of impairment of property, plant and equipment assets at 30 June 2009.

Reconciliation of Land and Improvements

The following table shows the movement of Land and Improvements during 2008/09

	Land \$'000	Buildings and Improvements \$'000	Leasehold Improvements \$'000	Capital Works In Progress \$'000	TOTAL \$'000
Carrying amount at beginning of financial year	33,383	95,483	2,120	401	131,387
Additions	-	1,277	-	370	1,647
Assets Received Free of Charge	-	-	-	150	150
Revaluation Increment / (Decrement)	8,592	11,071	-	-	19,663
(Depreciation and Amortisation for year)	-	(2,002)	(105)	-	(2,107)
Carrying amount at end of the financial year	41,975	105,829	2,015	921	150,740

Reconciliation of Land and Improvements

The following table shows the movement of Land and Improvements during 2007/08

	Land \$'000	Buildings and Improvements \$'000	Leasehold Improvements \$'000	Capital Works In Progress \$'000	TOTAL \$'000
Carrying amount at beginning of the financial year	33,383	96,531	2,225	4	132,143
Additions	-	922	-	397	1,319
(Depreciation and Amortisation for year)	-	(1,970)	(105)	-	(2,075)
Carrying amount at end of the financial year	33,383	95,483	2,120	401	131,387

Reconciliation of Plant and Equipment

The following table shows the movement of Plant and Equipment during 2008/09

	Major Medical/ Surgical/Dental \$'000	Medical/ Surgical/Dental \$'000	Computer Equipment \$'000	Power Generation \$'000	Library \$'000	Other \$'000	TOTAL \$'000
Carrying amount at beginning of financial year	1,966	10,987	105	1,881	2,740	1,973	19,652
Additions	3,092	2,855	115	157	-	711	6,930
(Disposals)	-	(69)	-	-	-	-	(69)
(Write-off Non-Current Assets)	-	-	-	-	-	(53)	(53)
Revaluation Increment / (Decrement)	(193)	100	-	(1,559)	3,590	-	1,938
(Depreciation and Amortisation for year)	(251)	(3,179)	(63)	(210)	(274)	(218)	(4,195)
Administrative Restructuring	-	(3,097)	-	-	-	(103)	(3,200)
Other movements	110	(109)	-	1	-	1	3
Carrying amount at end of financial year	4,724	7,488	157	270	6,056	2,311	21,006

Reconciliation of Plant and Equipment

The following table shows the movement of Plant and Equipment during 2007/08

	Major Medical/ Surgical/Dental \$'000	Medical/ Surgical/ Dental \$'000	Computer Equipment \$'000	Power Generation \$'000	Library \$'000	Other \$'000	TOTAL \$'000
Carrying amount at beginning of financial year	2,192	11,975	309	683	3,014	1,138	19,311
Additions	-	2,787	-	1,283	-	1,120	5,190
(Write-off Non-Current Assets)	-	(14)	-	-	-	(40)	(54)
(Depreciation and Amortisation for year)	(226)	(3,761)	(204)	(85)	(274)	(245)	(4,795)
Carrying amount at end of financial year	1,966	10,987	105	1,881	2,740	1,973	19,652

21 Investment Property

	2009 \$'000	2008 \$'000
Investment Property (at fair value)	13,115	11,240
Fair value adjustment	(880)	1,875
Total investment property	12,235	13,115

Valuation of Investment Property

The valuation of Investment Property was performed by Rushton Valuers as at 30 June 2009. The valuer arrived at fair value based on recent market transactions for similar property in the area taking into account zoning and restricted use.

22 Payables

	2009 \$'000	2008 \$'000
Current		
Creditors	16,821	6,513
GST payable to the ATO	854	341
Staff on-costs (incl. superannuation)	2,518	2,430
Other payables	1,644	7,843
Total current payables	21,837	17,127

Non-Current

Staff on-costs (incl. superannuation)	1,985	1,992
Total non-current payables	1,985	1,992

Total payables	23,822	19,119
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Government / Non Government payables

Payables to SA Government entities	\$'000	\$'000
Creditors	5,893	352
Staff on-costs (incl. superannuation)	1,887	3,828
Other payables	383	274
Total payables to SA Government entities	8,163	4,454

23 Borrowings

	2009 \$'000	2008 \$'000
Current		
Loans	1,530	1,224
Total current borrowings	1,530	1,224

Non-Current

Loans	-	1,529
Total non-current borrowings	-	1,529

Total borrowings	1,530	2,753
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24 Staff benefits

	2009 \$'000	2008 \$'000
Current		
Annual leave	14,628	15,029
Long service leave	3,525	3,664
Accrued salaries and wages	7,775	8,269
Total current staff benefits	25,928	26,962
Non-Current		
Long service leave	31,727	32,973
Total non-current staff benefits	31,727	32,973
Total staff benefits	57,655	59,935

The total current and non-current staff expenses (i.e. aggregate staff benefit plus related on costs) for 2009 is \$28.45m and \$33.71m respectively.

The Long Service Leave benchmark contained in the Accounting Policy Framework IV *Financial Assets and Liabilities Framework* was determined, based on an actuarial assessment. The benchmark for the measurement of the long service liability is 6.5 years (2008: 6 years) based on 2009 actuarial assessment.

25 Provisions

	2009 \$'000	2008 \$'000
Current		
Provision for workers' compensation	1,894	2,021
Total current provisions	1,894	2,021
Non-Current		
Provision for workers' compensation	4,400	4,319
Total non-current provisions	4,400	4,319
Total provisions	6,294	6,340
Carrying amount at the beginning of the period	6,340	5,622
Additional provisions recognised	(46)	718
Carrying amount at the end of the period	6,294	6,340

The liability has been reported to reflect unsettled workers compensation claims. The workers compensation provision is based on an actuarial assessment performed by the Public Sector Workforce Relations Division of the Department of Premier and Cabinet.

26 Equity

	2009 \$'000	2008 \$'000
Asset Revaluation Reserve	30,347	7,555
Fair Value Reserves	187	474
Retained Earnings	111,594	118,841
Total equity	142,128	126,870

The asset revaluation reserves are used to record increments and decrements on the revaluation of non-current assets.

This accords with CYWHS policy on the revaluation of Property, Plant and Equipment, as discussed in Note 2.14.

The fair value reserves are used to record increments and decrements on the revaluation of non-current assets held-for-sale.

Non-current assets held for sale include listed and unlisted securities as disclosed in note 18 Other Financial Assets and are revalued at balance date annually.

27 Financial Instruments

(a) Terms, Conditions and Accounting Policies

(i) Financial Assets

Cash is available at call and is recorded at cost.

Receivables are raised for all goods and services provided for which payment has not been received.

Receivables are normally settled within 30 days.

(ii) Financial Liabilities

Creditors and accruals are raised for all amounts billed but unpaid.

Sundry creditors are normally settled within 30 days.

Finance Leases are recognised when the control of the leased asset is obtained.

Refer to Note 2.23 for further details accounting policies in relation to finance leases.

(b) Categorisation of financial instruments***(i) Financial Assets***

	Note	Category	Carrying amount 2009 \$'000	Fair Value 2009 \$'000	Carrying amount 2008 \$'000	Fair Value 2008 \$'000
Cash and Cash equivalents	15	N/A	27,004	27,004	32,271	32,271
Other Financial Assets	18	Available -for-sale	852	852	1,004	1,004
Receivables	16	N/A				
- Compensable Fees			1,196	1,047	1,607	1,358
- Other Patient/Client Fees			2,846	2,688	2,450	2,340
- GST Recoverable from ATO			1,560	1,560	1,289	1,289
- Debtors and Other Receivables			12,147	12,080	11,041	10,966

(ii) Financial Liabilities

Payables	22	Financial Liabilities (at cost)	(23,822)	(23,822)	(19,119)	(19,119)
Borrowing	23	Financial Liabilities (at cost)	(1,530)	(1,530)	(2,753)	(2,753)

The amount of receivables and payables disclosed above, excludes statutory receivables and payables such as GST input tax credit payable and recoverable.

(c) Credit Risk - Financial Assets

Credit risk arises when there is the possibility of CYWHS debtors defaulting on their contractual obligations resulting in financial loss to CYWHS. CYWHS has minimal concentration of credit risk.

CYWHS does not engage in hedging for its financial assets.

(d) Aging analysis of receivables

The following table discloses the aging of financial assets, past due including impaired assets past due.

Past due by:

2009	Overdue for < 30 days \$'000	Overdue for 30 - 60 days \$'000	Overdue > 60 days \$'000	Total \$'000
Not Impaired				
Receivables	2,042	434	3,031	5,507
Impaired				
Receivables	-	-	(374)	(374)
	2,042	434	2,657	5,133

2008	Overdue for < 30 days \$'000	Overdue for 30 - 60 days \$'000	Overdue > 60 days \$'000	Total \$'000
Not Impaired				
Receivables	1,816	584	2,645	5,045
Impaired				
Receivables	-	-	(433)	(433)
	1,816	584	2,212	4,612

(e) Maturity analysis of financial assets and liabilities

2009	Carrying amount \$'000	< 1 Year \$'000	1 - 5 Years \$'000	> 5 Years \$'000
Financial Assets				
Cash and Cash Equivalent	27,004	27,004	-	-
Receivables	17,749	17,136	613	-
Other Financial Assets	852	852	-	-
Financial Liabilities				
Payables	(23,822)	(23,822)	-	-
Borrowings	(1,530)	(1,530)	-	-
	20,253	19,640	613	-

2008	Carrying amount \$'000	< 1 Year \$'000	1 - 5 Years \$'000	> 5 Years \$'000
Financial Assets				
Cash and Cash Equivalent	32,271	32,271	-	-
Receivables	15,953	15,186	767	-
Other Financial Assets	1,004	1,004	-	-
Financial Liabilities				
Payables	(19,119)	(19,119)	-	-
Borrowings	(2,753)	(1,224)	(1,529)	-
	27,356	28,118	(762)	-

Maturity analysis of receivables and payables excludes statutory receivables and payables such as GST receivables and payables.

(f) Liquidity Risk

Liquidity risk arises where the CYWHS is unable to meet its financial obligations as they fall due. The continued existence of CYWHS is dependent on State Government policy and on continued funding from the Department of Health for the administration and delivery of programs. The CYWHS settles undisputed accounts within 30 days from the date of the invoice or the date the invoice is first received.

(g) Market Risk

Market risk for the CYWHS is primarily through interest rate risk. Exposure to interest rate risk may arise through interest bearing cash holdings or financial assets including Term Deposits held with Australian banks.

CYWHS has borrowings from the South Australian Government Financing Authority that have a fixed interest rate.

CYWHS is not subject to currency risk through its operating activities but does have exposure through royalty revenues received from foreign companies. Exchange rate movements would not have a significant effect on CYWHS equity.

28 Commitments

	2009 \$'000	2008 \$'000
Capital commitments		
Capital expenditure contracted for at the reporting date are not recognised as liabilities in the financial report, are payable as follows:		
Within one year	754	1,264
Total capital commitments	754	1,264
Operating lease commitments		
Commitments in relation to operating leases contracted for at the reporting date but not recognised as liabilities, are payable as follows:		
Within one year	2,692	2,496
Later than one year but not longer than five years	4,685	4,394
Total operating lease commitments	7,377	6,890
Representing:		
Non-cancellable operating leases	7,377	6,890
	7,377	6,890
Other Commitments		
Within one year	9,834	12,333
Later than one year but not longer than five years	1,524	11,865
Total other commitments	11,358	24,198
Total Commitments	19,489	32,352

29 Transferred Functions

Transferred Out

SA Pathology

Effective 1 July 2008, CYWHS was no longer proclaimed under the *South Australian Health Commission Act 1976* as the *South Australian Health Commission Act 1976* was repealed. The *Health Care Act 2008* will provide for the administration of hospitals and other health services, the establishment of the Health Performance Council and the Health Advisory Council, the establishment systems to support the provision of high quality health outcomes and the making of amendments to other acts and to repeal the *South Australian Health Commission Act 1976* and the *Hospitals Act 1934*.

Effective from 1 July 2008 all the real and personal property and rights and liabilities related to the provision of Pathology Services by CYWHS were transferred to and vested in SA Pathology which is part of the Central Northern Adelaide Health Service.

286 staff, budget funding of \$17.7million and the following assets and liabilities were transferred to SA Pathology.

	2009 \$'000
Cash	(6,805)
Property, Plant and Equipment	(3,200)
Total Assets	(10,005)
Staff Benefits	5,879
Total Liabilities	5,879
Total Net Assets Transferred	(4,126)

Net assets transferred by CYWHS as a result of the administrative restructure were at the carrying amount. The net assets transferred were treated as a distribution to the Government as owner.

Shared Services South Australia

In September 2006 the South Australian Government announced a shared services initiative to streamline and simplify internal corporate and business support services to deliver savings. In late 2007 State Cabinet approved the shared services model developed by the Shared Services Reform Office for the creation of Shared Services SA in the Department of Treasury and Finance.

The business services of South Australian Government Agencies transferred to Shared Services SA in a series of transition programs known as Tranches. In most cases, these services transition in their current state with the current staff, who have been providing these services within the Agencies. Cabinet approved Tranche 1 services, which comprised Accounts Payable, Accounts Receivable and Payroll services.

As part of this reform, from 9 February 2009, the Payroll, Accounts Payable and Sundry Debtors functions transitioned to Shared Services SA.

18 staff and the following assets and liabilities were transferred to Shared Services SA.

	2009 \$'000
Cash	(341)
Total Assets	(341)
Staff Benefits	341
Total Liabilities	341
Total Net Assets Transferred	-

Net assets transferred by CYWHS as a result of the administrative restructure were at the carrying amount. The net assets transferred were treated as a distribution to the Government as owner.

Total Functions Transferred Out

	\$'000
Cash	(7,146)
Property, Plant and Equipment	(3,200)
Total Assets	(10,346)
Staff Benefits	6,220
Total Liabilities	6,220
Total Net Assets Transferred	(4,126)

30 Cash flow reconciliation

	2009	2008
Reconciliation of cash - cash at year end as per:	\$'000	\$'000
Statement of Cash Flows	27,004	32,271
Statement of Financial Position	27,004	32,271
Reconciliation of net cash provided by operating activities to net cost of providing services:		
Net cash provided by operating activities	11,861	11,200
Less revenues from Government	(291,517)	(277,078)
Add/less non cash items		
Depreciation of property, plant and equipment	(6,302)	(6,870)
Loss on Disposal of Assets	(1,114)	170
Non Cash Revenue from Government	(150)	-
Changes in assets / liabilities		
Increase (decrease) in receivables	1,796	(1,757)
Increase (decrease) in inventories	218	(25)
Increase (decrease) in other assets	(38)	(207)
(Increase) decrease in staff benefits	(3,940)	(6,689)
(Increase) decrease in payables and provisions	(4,722)	(2,784)
Increase (decrease) in investment property	(880)	1,875
Net cost of providing services	(294,788)	(282,165)

31 Remuneration of Board Members and Committee Members

Remuneration of Board and Committee Members

Boards

The Board of CYWHS was dissolved on 1 July 2008 under the Health Care Act 2008.

Committees

Members that received remuneration for membership during 2008-09 financial year were:

Audit & Risk Committee

Mr Francis Chia

Ms Virginia Wilkinson

The number of Members whose income from the entity falls within the following bands is:

	2009 No. of Members	2008 No. of Members
\$0 - \$9,999	2	-
\$10,000 - \$19,999	-	9
\$20,000 - \$29,999	-	1
Total	2	10

Total income received, or due and receivable, by Members was \$2,000 (\$143,000 in 2008).

Benefits given by the Board to superannuation funds or otherwise in connection with the retirement of Board Members were nil in 2009 (\$12,878 in 2008)

During the financial year, no loans were made to Members. At the reporting date, no outstanding loans exist with Members.

Unless otherwise disclosed, transactions between related parties are on conditions no more favourable than those which it is reasonable to expect the entity would have adopted if dealing with the related party at arm's length in the same circumstances.

32 Administered Items

The following Revenues, Expenditures, Assets and Liabilities were administered but not controlled by CYWHS and have not been included in the financial statements. In accordance with Accounting Policy Framework II *General Purpose Financial Reporting* para. APS 3.10, these items are regarded as insignificant to the Health Service's overall performance and are disclosed in the following schedules.

Schedule of Administered Revenue and Expenses

	Strata Corp #10503 2009 \$'000	Other Admin. Funds 2009 \$'000	Total 2009 \$'000
2009			
Administered Income			
Revenues from fees and charges	252	33	285
Other revenues	1	5	6
Other income	-	2	2
Total Administered Income	253	40	293
Administered Expenses			
Staff benefits costs	78	1	79
Supplies and services	154	3	157
Other expenses	-	20	20
Total Administered Expenses	232	24	256
Net Operating Surplus	21	16	37

	Strata Corp #10503 2008 \$'000	Other Admin. Funds 2008 \$'000	Total 2008 \$'000
2008			
Administered Income			
Revenues from fees and charges	258	30	288
Other revenues	-	6	6
Other income	-	2	2
Total Administered Income	258	38	296
Administered Expenses			
Staff benefits costs	74	-	74
Supplies and services	185	5	190
Other expenses	1	30	31
Total Administered Expenses	260	35	295
Net Operating Surplus/(Deficit)	(2)	3	1

Schedule of Administered Assets Liabilities and Equity

	Strata Corp #10503 2009 \$'000	Other Admin. Funds 2009 \$'000	Total 2009 \$'000
2009			
Administered Current Assets			
Cash and cash equivalents	82	136	218
Receivables	3	-	3
Total Administered Current Assets	85	136	221
Administered Current Liabilities			
Payables	-	1	1
Total Administered Current Liabilities	-	1	1
Net Administered Assets	85	135	220
Administered Equity			
Accumulated surplus	85	135	220
Total Administered Equity	85	135	220
Changes in Equity			
Balance at the beginning of the reporting period	64	119	183
Net operating result / deficit	21	16	37
Balance at the end of the reporting period	85	135	220

	Strata Corp #10503 2008 \$'000	Other Admin. Funds 2008 \$'000	Total 2008 \$'000
2008			
Administered Current Assets			
Cash and cash equivalents	68	119	187
Receivables	3	-	3
Total Administered Current Assets	71	119	190
Administered Current Liabilities			
Payables	7	-	7
Total Administered Current Liabilities	7	-	7
Net Administered Assets	64	119	183
Administered Equity			
Accumulated surplus	64	119	183
Total Administered Equity	64	119	183
Changes in Equity			
Balance at the beginning of the reporting period	66	116	182
Net operating result / deficit	(2)	3	1
Balance at the end of the reporting period	64	119	183

Schedule of Cash Flows

	Strata Corp #10503 2009 \$'000	Other Admin. Funds 2009 \$'000	Total 2009 \$'000
2009			
Cash Flows from Operating Activities			
Cash Inflows			
Taxes, fees and charges	250	33	283
Other revenue	1	7	8
Total Cash Inflows	251	40	291
Cash Outflows			
Staff benefit payments	78	1	79
Other payments	162	19	181
Total Cash Outflows	240	20	260
Net Cash Inflows/Cash Outflows-operating activities	11	20	33
Net Increase / (Decrease) in cash held	11	20	33
Cash at the beginning of the reporting period	68	119	187
Cash at the end of the reporting period	79	139	218

	Strata Corp #10503 2008 \$'000	Other Admin. Funds 2008 \$'000	Total 2008 \$'000
2008			
Cash Flows from Operating Activities			
Cash Inflows			
Taxes, fees and charges	258	30	288
Other revenue	-	8	8
Total Cash Inflows	258	38	296
Cash Outflows			
Staff benefit payments	74	-	74
Other payments	186	35	221
Total Cash Outflows	260	35	295
Net Cash Inflows/Cash Outflows-operating activities	(2)	3	1
Net Increase / (Decrease) in cash held	(2)	3	1
Cash at the beginning of the reporting period	70	116	186
Cash at the end of the reporting period	68	119	187

Administered Expenses and Administered Cash Outflows

The CYWHS makes various transfer payments to eligible beneficiaries in the capacity of an agent responsible for the administration of the transfer process. Amounts relating to these transfer payments are not controlled by the CYWHS, since they are made at the discretion of Government in accordance with Government Policy. These transfers are disclosed as administered expenses and administered cash outflows.

Administered Revenues and Administered Cash Inflows

The CYWHS collects various revenues and grants on behalf of Government. The amounts are not controlled by the CYWHS and are not recognised by the Health Service. These amounts are disclosed as administered revenues and administered cash inflows.

33 Contingent Assets and Liabilities

CYWHS is not aware of any contingent assets and liabilities at 30 June 2009.

Statement by the Chief Executive Officer and the Principal Accounting Officer

We certify that:

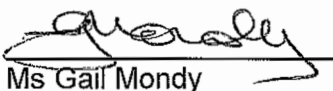
the financial statements of Children, Youth and Women's Health Service (CYWHS) are drawn up so as to present fairly in accordance with Treasurer's Instructions and Accounting Policy Statements promulgated under the provision of the *Public Finance and Audit Act 1987* and the requirements of the *Health Care Act 2008*, applicable Australian Accounting Standards and other mandatory professional reporting requirements in Australia, the financial position of CYWHS as at 30 June 2009 and the result of its operations and the cash flows for the financial year then ended;


the attached financial statements are in accordance with the accounts and records of CYWHS and give an accurate indication of the financial transactions of CYWHS for the year then ended; and

internal controls over financial reporting have been effective throughout the reporting period.

At the date of signing we are not aware of any circumstances, which would render the particulars included in the statements misleading or inaccurate.

Dated the 30 day of September 2009


Ms Gail Mondy
Chief Executive Officer


Mr Wayne Gadd
Executive Director, Corporate Services



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INDEPENDENT AUDITOR'S REPORT

To the Chief Executive Officer Children, Youth and Women's Health Service

As required by section 31 of the *Public Finance and Audit Act 1987* and section 36 of the *Health Care Act 2008*, I have audited the accompanying financial statements of the Children, Youth and Women's Health Service for the financial year ended 30 June 2009. The financial statements comprise:

- A Statement of Comprehensive Income
- A Statement of Financial Position
- A Statement of Changes in Equity
- A Statement of Cash Flows
- Notes, comprising a summary of significant accounting policies and other explanatory information
- A Certificate from the Chief Executive Officer and the Executive Director Corporate Services.

The Responsibility of the Chief Executive of the Children, Youth and Women's Health Service for the Financial Statements

The Chief Executive of the Children, Youth and Women's Health Service is responsible for the preparation and the fair presentation of the financial statements in accordance with the Treasurer's Instructions promulgated under the provisions of the *Public Finance and Audit Act 1987*, Department of Health Financial Management Manual and Australian Accounting Standards. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on the audit. The audit was conducted in accordance with the requirements of the *Public Finance and Audit Act 1987* and Australian Auditing Standards. The Auditing Standards require that the auditor complies with relevant ethical requirements relating to audit engagements and plans and performs the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Chief Executive of the Children, Youth and Women's Health Service, as well as the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my auditor's opinion.

Auditor's Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Children, Youth and Women's Health Service as at 30 June 2009, and its financial performance and its cash flows for the year then ended in accordance with the Treasurer's Instructions promulgated under the provisions of the *Public Finance and Audit Act 1987*, Department of Health Financial Management Manual and Australian Accounting Standards.



S O'Neill
AUDITOR-GENERAL
30 September 2009

PART TWO

Glossary of Terms

AAOS	American Academy of Orthopaedic Surgeons
Access-OCAR	Name of Counselling Company
ACHS	Australian Council of Healthcare Standards
ANAO	Australian National Audit Office
ANZACS	Australian and New Zealand Army Corps.
ANZBA	Australian and New Zealand Burn Association
ANZCOG	Australian and New Zealand College of Obstetricians and Gynaecologists
AOCOG	Asian and Oceanic Congress of Obstetrics
ASA	Australian Society of Anaesthetists
ASM	American Society for Microbiology
ASPHO	American Society of Pediatric Haematology/Oncology
ATSI	Aboriginal and/or Torres Strait Islander
CAMHS	Child and Adolescent Mental Health Service
CCAC	Consumer and Community Advisory Committee
CF	Cystic Fibrosis
CSL Ltd	Commonwealth Serum Laboratories Limited
CYH	Child and Youth Health
CYWHS	Children, Youth and Women's Health Service
DAP	Disability Action Plan
EAP	Employee Assistance Program
EBMT	European Group for Blood and Marrow Transplantation
ESPNIC	European Society of Paediatric and Neonatal Intensive Care
ETSA	Electricity Trust of South Australia
EXEC	Executive
FOI	Freedom of Information
FTEs	Full time equivalents
GJ	Gigajoules
GoGO	Greening of Government Operations
HCSCC	Health and Community Services Complaints Commissioner
HPIP	Health Portfolio Implementation Plan
IASSID	International Association for the Scientific Study of Intellectual Disabilities
Inc	Incorporated

IPNC	International Pathogenic Neisseria Conference
IPOS	International Psycho-Oncology Society
ISOM	International Symposium on Optical Memory
ISSHP	International Society for the Study of Hypertension in Pregnancy
ISUOG	International Society of Ultrasound in Obstetrics and Gynaecology
LTI	Lost Time Injury
MRCPCH	Member of the Royal College of Paediatrics and Child Health
MS/MS	Tandem Mass Spectrometry
NHS	National Health Service (United Kingdom)
NSW	New South Wales
NZ	New Zealand
NZSA	New Zealand Society of Anaesthetists
OBDs	Occupied Bed Days
OHSW	Occupational Health, Safety and Welfare
OHS&IM	Occupational, Health, Safety, and Injury Management
ORL	Optical Return Loss
PPD	Pharmaceutical Product Development
Pty Ltd	Propriety Limited
P&PHC	Population and Primary Health Care
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RSNA	Radiological Society of North America
RTW	Return to Work
SA	South Australia
SAA	Serum Amyloid A
SAC	Safety Assessment Code
SSIEM	Society for the Study of Inborn Errors of Metabolism
SVRI	Systemic Vascular Resistances Index
UK	United Kingdom
USA	United States of America
USMLE	United States Medical Licensing Examination
WCH	Women's and Children's Hospital
W3C	World Wide Web Consortium
X & XLMR	X-Linked Mental Retardation
YTD	Year to Date