Health facilities

Central Coast Health Service
- Gosford Hospital
- Wyong Hospital
- Woy Woy Hospital
- Long Jetty Healthcare Centre
- Kincumber Community Health Centre
- Lake Haven Community Health Centre
- Long Jetty Community Health Centre
- Erina Community Health Centre
- Mangrove Mountain Community Health Centre
- Toukley Community Health Centre
- Woy Woy Community Health Centre
- Wyong Central Community Health Centre
- Child & Family Health

Hornsby Ku-ring-gai Health Service
- Hornsby Ku-ring-gai Hospital
- Berowra Community Health Centre
- Brooklyn Community Health Centre
- Drug & Alcohol Community Service – Hornsby
- Galston Community Health Centre
- Hillview – Turramurra
- Hornsby Child & Family Health Centre
- Pennant Hills Community Health Centre
- Richard Geeves Centre – Turramurra
- Wahroonga Rehabilitation Centre
- Wiseman’s Ferry

Northern Beaches Health Service
- Manly Hospital
- Mona Vale Hospital
- Brookvale Early Intervention Centre
- Dalwood Assessment Centre – Seaforth
- Drug & Alcohol Service – Mona Vale
- Drug and Alcohol Service – Manly
- Frenchs Forest Community Health Centre
- Parkhill Cottage Day Centre
- Queenscliff Community Health Centre
- Sexual Health Service – Manly

Royal North Shore and Ryde Health Service
- Royal North Shore Hospital
- Ryde Hospital
- Macquarie Hospital
- Northern Sydney Home Nursing Service (NSHNS)
- Adolescent Services – Ryde
- Aged Care & Rehabilitation Royal North Shore Hospital
- Assertive Recovery in the Community Team (ARC)
- Bilingual Services – Ryde
- Chatswood Day Centre for Aged Care
- Child & Family Health Services
- Child & Family Psychiatry
- Child Assessment Centre
- Child, Family & Baby Health
- Community Mental Health
- Drug & Alcohol Community Service – Herbert Street Clinic
- Drug & Alcohol Community Service – Chatswood
- Drug & Alcohol Community Service – Ryde
- Drug & Alcohol Liaison – Herbert Street Clinic
- Early Childhood Health Centre
- FPA Health (Family Planning) – Chatswood
- Health Promotion & Education
- Interpreter Service – Royal North Shore Hospital
- Mobile Community Mental Health Team
- Mosman Day Centre for Aged Care
- Ryde Community Health Service – Ryde Hospital
- School Therapy Team
- Social Work Department – Ryde
- Mental Health Residential Facility

Affiliated Health Organisations
- Hope Healthcare Limited
- Greenwich Hospital – Hope Healthcare Limited
- Neringah Hospital – Hope Healthcare Limited
- Graythwaite Nursing Home – Hope Healthcare Limited
- Tom O’Neill Centre – Hope Healthcare Limited
- Northern Beaches Palliative Care Service – Hope Healthcare Limited
- Royal Rehabilitation Centre Sydney
Letter to the Minister

October 2005
Hon John Hatzistergos
Minister for Health
Parliament of NSW
Macquarie St, Sydney NSW 2000

Dear Minister

I have pleasure in submitting the Northern Sydney Central Coast Health 2004/05 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2004/05 Directions for Health Service Annual Reporting.

Yours faithfully

Dr Stephen Christley
Chief Executive

About Northern Sydney Central Coast Health

The Charter

The Charter of the Northern Sydney Central Coast Area Health Service is to improve the health of the community by providing and facilitating efficient and responsive health services. These services focus on the needs and the desired health outcomes of the population while taking account of available resources. The needs of the population are best met through an appropriate balance between health promotion, public health, community health services, acute hospital services, long term care, research and education.

Overview

Northern Sydney and Central Coast Health (NSCCH) came into existence on January 1 2005 as part of the NSW Department of Health's health reform package titled 'Planning Better Health'. The reforms included a reduction in the number of Area Health Services from 17 across NSW to eight through a series of Area Health Service mergers and boundary changes.

NSCCH resulted from the amalgamation of the former Northern Sydney Health (NSH) and Central Coast Health (CCH) Area Health Services. NSCCH came into existence halfway through the annual reporting period. NSCCH will continue to develop as a single entity. The former Northern Sydney Health will be referred to as NSH from here onwards. The former Central Coast Health will be referred to as CCH from here onwards.

Northern Sydney Central Coast Health is responsible for the funding, organisation and delivery of public health services from Sydney Harbour to the northern reaches of the Central Coast. The region includes the Central Coast, including much of the Hawkesbury River; Sydney's Northern Beaches; Hornsby and Ku-Ring-Gai; Ryde and Sydney's North Shore.

Services

- Community Health Centres
- Gosford Hospital
- Hornsby Ku-ring-gai Hospital
- Long Jetty Healthcare Facility
- Macquarie Hospital
- Manly Hospital
- Mona Vale Hospital
- Royal North Shore Hospital
- Ryde Hospital
- Woy Woy Hospital
- Wyong Hospital

Third Schedule and other organisations affiliated with NSCCH are

- Hope Healthcare Group facilities in NSCCH – Neringah Hospital, Greenwich Hospital and Graythwaite Nursing Home.
- Royal Rehabilitation Centre Sydney, Ryde
Chief Executive’s Year in Review

It is with pleasure and pride that I present the inaugural annual report (2004/2005) for Northern Sydney Central Coast Health Service (NSCCH).

As part of the NSW Department of Health’s reform package entitled “Planning Better Health” NSCCH came into being on 1 January 2005. We are successfully integrating two complex and busy health services, each with a long and proud history of community service.

Fortunately there were well-developed links between the Central Coast and Northern Sydney already. We had shared information and patient care in the past and now we have the opportunity, through amalgamation, to avoid administrative duplication, save money and direct precious resources towards clinical patient care.

To amalgamate two area health services, prepare departments within those services to become part of a state-wide corporate services plan and at the same time provide the very best health care to more than 1,110,600 people was a major challenge.

I’m delighted that the staff of Northern Sydney and Central Coast Health Services have performed admirably and with great good will. We are mindful of staff and patients during these changes, seeking to provide clear information and job and career stability.

Each geographic health service within NSCCH will maintain its identity and strong bonds with its local community but efficiencies and cost savings through amalgamation mean direct benefits to patients of expanded resources and expertise.

Clinical Redesign Program

We want to improve what we do in order to anticipate and manage rather than simply react to increasing demands and expectations. One of the best ways to do this is to involve patients in helping us redesign how we deliver the care they require.

We have embarked on a Clinical Redesign Program to develop a more patient-centred culture and improve a wide range of patient ‘journeys’ across the health service.

Under the Sustainable Access Program we will receive funding to:

- Establish a Clinical Redesign Unit
- Obtain expert external assistance in system redesign
- Free up front line clinical staff
- Invite consumers to participate
- Facilitate skills transfer across the area and across NSW Health

We deliver world class health care to our communities now but there is no doubt that we could simplify and improve how we deliver that care. Success will mean an easier health ‘journey’ for patients and an improved working environment for our staff.

Northern Sydney Central Coast Health Goals

We have four primary goals for our health service and I am pleased to report substantial achievements in each area across NSCCH during 2004/2005. I present to you a small sample of our work under each goal heading to give you some idea of what the staff of NSCCH have accomplished.

To Keep People Healthy

We monitored health status, promoted healthy lifestyles and implemented disease prevention and early intervention programs.

- 95% of women booking for pregnancy care on the Central Coast were screened for psychosocial and domestic violence
- Waiting times have been reduced by 50% at Hornsby Hospital for Aged Care Assessment, speech pathology, home program service and outpatient physiotherapy
- Provision of universal health home visiting in Northern Sydney was increased from 60% to 80% of all families with a newborn baby
- In addition to playgroups for children with a developmental delay, in 2004/05 Chatswood Assessment Centre also hosted two community playgroups for fathers as carers and Chinese mothers
- The Q4: Live Outside the Box saw 25,000 Central Coast school students reduce junk food consumption, increase fruit and vegetable intake, increase physical activity, and limit TV and computer watching
- Schools have been implementing the new Fresh Tastes @ School Canteen Strategy. The Central Coast Primary School PDHPE Network was established to address physical activity and the Ryde Canteen Network has been established
- Health Promotion helped implement the NSW Falls Prevention Policy with Falls Seminars and Expos, highlighting the number of major and minor traumas sustained through falls. Other preventative activity included education, strength training and fitness programs
- Twenty two Northern Sydney schools received grants totalling $15,000 to implement ‘healthy’ projects including vegetable gardens, sports equipment, ‘lunch that lifts’ and dealing with depression in teenagers
- Consultations with the Chinese Community in Northern Sydney have been held for the Breastfeeding Among Chinese Women Project
To Provide the Health Care that People Need

We provided fairer access to health services through targeting groups with poorer health status, ensuring services were available and aligning waiting times and emergency care with benchmarking standards.

- Completed major building works at Gosford Hospital leading to improved patient access to Gosford ED, improved patient accommodation, cancer care, renal, surgery, outpatients, allied health, support and conference centre
- At Gosford there was an increase in Cardiac Catheterisation service and MRI service commenced
- Woy Woy Hospital General Unit appointed medical officer and reduced patient falls by 60%, reduced return of patients to acute hospital by 46% and reduced aggressive incidents by patients by over 80%
- Wyong Hospital redevelopment increased bed capacity to 315
- Major improvement in access block and ambulance off-stretcher times at Hornsby Ku-ring-gai Hospital (HKH)
- Opened six bed High Dependency Unit (HDU) and established a Stroke Unit at HKH
- Reduced patients waiting over 12 months for elective surgery at HKH from 120 to one
- Established Emergency Medical Unit (EMU) and opened seven additional acute beds at Manly Hospital
- Implemented Acute Care of the Elderly (ACE) program at Manly
- Off stretcher times at Mona Vale approach best practice and 11 additional beds in orthopaedics and surgery were opened
- Time for a patient to be admitted through Royal North Shore Hospital Emergency Department (RNSH ED) decreased and patient flow through hospital improved
- Presentations to RNSH ED increased by five percent and admissions increased by 11% but the average time-to-be-seen in the ED improved by 13% and the average ED length of stay for patients being admitted to a ward was down by eight percent
- Opened four-bed Neurosurgical Step-Down Unit at RNSH to provide enhanced nursing and medical care to patients who have undergone neurological procedures and improved access for Neurosurgical patients. Despite some setbacks due to staff shortages, this project is now on track
- A 16 bed rehabilitation ward commenced in August 2004 at Ryde Hospital with focus on daily living activities, restoring mobility and prevention of further impairment
- Commissioned Wyong Mental Health Centre increasing Central Coast’s mental health services from 25 to 75 beds

To Deliver High Quality Health Services

We built strong relationships with our communities, external partners and NSW Health. We established high quality undergraduate and postgraduate training and research focussed on patient needs.

- We identified five priorities – Cardiovascular health, cancer care, critical care, aged care & rehabilitation, surgical services
- NSCCH Mental Health Plan is nearing completion
- We began $20.934 million building works at Hornsby Ku-ring-gai Hospital ED, Paediatric and Obstetric services and four bed psychiatric emergency centre
- We submitted ourselves to outside scrutiny. Hornsby Ku-ring-gai Hospital received four years and RNSH received two years accreditation from the Australian Council of HealthCare Standards
- We established Patient Flow Unit at Manly Hospital to monitor patient journey from triage to discharge
- The Pacific Laboratory Medicine Service (PaLMS) is fully integrating across NSCCH including a ‘Pathology Specimen Rapid Delivery System’
- We launched the ‘eMR Link’, the new area wide patient administration, results reporting and unique patient identifier systems
- We achieved 20% market share of all new graduates via NSW Nursing Consortium and increased places available in Trainee Enrolled Nurse program to 251
- We established the position of Professor of Allied Health, a partnership project between Newcastle University and NSCCH
- The Northern Clinical School (NCS) of the University of Sydney located at RNSH has increased student numbers from 60 to 80 per year. There are 300 students over four years of the course
- The NCS operates the Northern Clinical Skills Centre and the Pam McLean Cancer Communication Centre at RNSH. These specialised units teach physical examination/procedural skills and clinical communication. Their programs have been made available to other health professional groups, as well as to junior medical officers and advanced trainees in surgery and other disciplines
- The NCS works collaboratively with the Sydney Medical Simulation Centre, also located at RNSH
- During 2004-05, 37 first year and 30 second year doctors undertook training in Central Coast hospitals and Manning Base Hospital, Taree
- Gosford Hospital was granted a three-year accreditation (for junior medical staff training) with some qualifications by the NSW Postgraduate Medical Council following its survey in July 2004. The follow-up assessment across Gosford and Wyong Emergency Departments resulted in three years accreditation

Significant improvements occurred in psychiatry training with the opening of an inpatient psychiatric unit at Wyong Hospital.

A “Teacher on the Run” program is available at Gosford and Wyong Hospitals to specialists, registrars and other medical staff interested in teaching.

The Northern Clinical School coordinates the supervision and training of 100 postgraduate students undertaking research higher degrees through the University of Sydney.

In excess of eight million dollars was invested in researchers in the NSCCH by the National Health and Medical Research Council, the NSW Ministry of Science and Medical Research through targeted funding via the Cancer Institute and the Spinal Injuries Program and other national and international bodies including the Australia Research Council and the US National Institute of Health.

We received many philanthropic donations.

We formed an Area Research Business Unit recognising the key role research plays in improving health outcomes.

**To Manage Health Services Well**

We are good corporate citizen minimising our impact on the environment and participating in the broader community.

We develop partnerships to make the most of our resources.

- We saved $150,000 per annum by installing satellite hot water system and steam generators at Manly Hospital.
- We saved 66 million litres of water at RNSH with the ‘Every Drop Counts’ initiative.
- We held open forums and community workshops to plan and progress health care on the Northern Beaches.
- RNSH participated in the National Institute of Clinical Studies Emergency Care Community of Practice project to improve mental health care in emergency departments.
- We launched the Mental Health Re-connect Strategy in April to attract nurses back to mental health.
- The ‘Prolog’ system now tracks capital commitments and payments.
- We wrote a Contractor Handbook emphasising safety.
- We updated asbestos registers and prioritised projects.
- We developed a fire safety risk assessment tool for Northern Sydney.
- We upgraded Hornsby Ku-ring-gai Hospital’s electrical supply system.
- We expanded ISO 9001:2000 certification in non clinical areas.
- We cut down the production of printed materials.
- We increased fraud awareness and improved systems of reporting corrupt conduct and theft.
- We introduced a web based reporting system for theft of staff, patient or visitor property. Notifications increased by 300%.
- We achieved ISO 9001:2001 accreditation for Information Management.

**Thank you**

A number of new executive staff joined NSCCH to guide the exciting development of a new area health service.

Professor Carol Pollock has been appointed Chair of the new Northern Sydney Central Coast Health Advisory Council. Professor Pollock, a renal physician, is Professor of Medicine and Chairman of Research at NSCCH. Details of Professor Pollock’s distinguished career are contained elsewhere in this annual report with information about council members.

I wish to recognise and thank everyone involved with this great enterprise especially Central Coast and Northern Sydney clinicians, staff and managers for their good advice, good will and hard work as we become NSCCH.

Dr Stephen Christley
Chief Executive
Northern Sydney Central Coast Health
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Northern Sydney Central Coast Area Health Service Profile

Health services are provided through Central Coast, Hornsby Ku-ring-gai, Northern Beaches, Royal North Shore and Ryde Health Services; Northern Sydney Home Nursing Service; Northern Sydney Central Coast Mental Health Service (incorporating Macquarie Hospital) and Northern Sydney Central Coast Dental Services.

Affiliated organisations are Royal Rehabilitation Centre, Sydney, and Hope HealthCare North (Neringah and Greenwich Hospitals, Graythwaite Nursing Home and Tom O’Neill Day Centre).

Location

Northern Sydney Central Coast Health (NSCCH) provides health services in an area that extends north from Sydney Harbour across the Hawkesbury River to the southern shore of Lake Macquarie and west to Wiseman’s Ferry. NSCCH is defined geographically by the 13 local government areas of Gosford, Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah, Willoughby and Wyong.

Population

It is estimated that 1,110,698 people lived in the health area in 2004. This represents 16.4% of the estimated population of NSW and 19.7% of the population aged 75 years or more. This age range is significant because older age groups need considerably more health care than the general population.

By the year 2011, it is estimated that the population will have grown to more than 1,162,210. The ‘85 years and over’ population in NSCCH will have grown to more than 20 percent of the New South Wales population in that age group. It is expected that there will be 28.8% more people in the ‘85 and over’ age group in 2011 than there was in 2001. The other age group expected to grow the most over the period to 2011 is the ‘late working age-early retirement’ group aged between 60 and 69 years. It is expected that by 2011 there will be 15,700 more people age 60-64 years (25% increase) and 9,600 more people aged 65-69 years (19.4% increase).

Multicultural Profile

The Central Coast Health Service has a different multicultural profile from the remainder of NSCCH. Central Coast Health Service has only 4.5 per cent of its population born in a non-English speaking country. In the remainder of NSCCH 18% of residents were born outside English speaking countries. The country of birth data are also reflected in the language preferences of residents. In the metropolitan health services 76% of the population speak only English. In the Central Coast Health Service 92% of the population reported only speaking English at the 2001 Census.

Cantonese, Italian, Mandarin, Korean, Japanese, Arabic, Greek, German, Spanish, Tagalog and Persian are the most reported languages other than English spoken in NSCCH. Ryde and Willoughby were the local government areas with the highest proportion of residents who reported speaking a language other than English.

Health Status of NSCCH residents

The mortality rate for NSCCH residents is significantly lower than for the whole of NSW, indicating a better health status. In 2003 there were 8,101 deaths among NSCCH residents.

Cardiovascular disease was the most common overall cause of death among NSCCH residents in 2003 accounting for 40.2% of all deaths.

Cancers were the second most common cause of death in 2003, being attributed as the cause of death of 27.1% of deaths. For males the main sites were the lungs, prostate and colon. For females the main sites were the lungs, prostate and colon.

Private Sector Services

There are 23 privately operated hospitals and 15 day procedure centres in the geographical area covered by NSCCH. This sector provides 50.6% of all discharges from hospital of NSCCH residents (in 2003-2004) with 1,837 inpatient beds. The private hospitals may be segmented into the following broad categories:

- Large private hospitals offering a range of specialties and sophisticated clinical support services. Facilities include the Sydney Adventist Private Hospital (342 beds), the Mater Misericordiae Private Hospital (197 beds) and North Shore Private Hospital (176 beds)

- Smaller private hospitals with 30-130 beds providing general medical and surgical services. Facilities include North Gosford Private Hospital (129 beds) and Brisbane Waters Private Hospital (94 beds)

- Day procedure centres

- Specialist facilities such as Mt Wilga (rehabilitation) and Northside Clinic (mental health)

There are some 200 organisations across NSCCH, both private and not-for-profit, that together provide 5,845 high-care places, 4,413 low-care places and 1,670 community care places (at June 30 2004).
Purpose
Northern Sydney Central Coast Health has developed its goals around the Area Health Service Strategic map, addressing the following:

- High quality services
- Informed and involved communities
- A healthy population
- Effective use of resources

NSCCH is committed to improving the health and well-being of our patients and communities through health care, partnerships, education and research. The goals underpinning this broad objective are consistent with those promulgated by NSW Health in the statement ‘Strategic Directions for Health’.

Goals
1) To keep people healthy
We monitor health status, promote healthy lifestyles and implement disease prevention and early intervention programs.

2) To provide the health care people need
We provide fairer access to health services through targeting groups with poorer health status, ensuring services are available when needed and aligning waiting times and emergency care with benchmarking standards.

3) To deliver high quality health services
We build strong relationships to deliver the required community and patient outcomes through effective partnerships with our communities, external partners and NSW Health. We establish high quality undergraduate and postgraduate training and research to drive innovation and change focusing on the needs of the patient.

4) To manage Health Service
As a good corporate citizens:

- we deliver the required community and patient outcomes with minimal environmental impact
- we share in building a better society through participation in the broader community
- we ensure that investment decisions are informed by principles of best practice
- we monitor by benchmarking
- we develop partnerships with other agencies to maximise outcomes of available resources to best meet the needs of our communities
Performance

Significant developments have occurred in the way we measure and report performance.

The implementation of a Balanced Scorecard system in 2005/2006 will assist with the reporting and monitoring of operational activities aligned with our strategic objectives. In turn, this will assist with progress against the NSW Health's Performance Agreement and its Strategic and Business Plans.

NSCCH is at the last stage of implementation of new costing system that will improve reporting, particularly of patient level costs for all parts of the Area.

Subsequently this information helps identify improvement to care by directing managers to areas where better efficiency may be possible and guides resource allocation to ensure best mix of care. This will improve understanding of the cost drivers and pressures within an ever demanding health care system.

Below are indicators that are in line with NSCCH Health Strategy map and NSW Health's performance agreement.

Clinical Governance

Clinical Governance Directions

Statement

The NSW Patient Safety and Clinical Quality Program was implemented in 2004 to improve clinical governance by providing staff with the support they need to deliver safer, better quality care.

Under the Program, Northern Sydney Central Coast Area Health Service was required to implement the clinical governance functions from the Implementation Plan that commenced in June 2005.

This is to be achieved through the establishment of the Clinical Governance Unit. The Unit provides the roles of support, performance and conformance to develop and monitor policies and procedures for improving systems of care. This includes the designation of a Senior Complaints Officer to receive and manage serious complaints.

Program Reporting

Northern Sydney Central Coast Area Health Service Clinical Governance program performance reports were lodged with NSW Health in October 2004 and June 2005.

100% of the Clinical Governance performance measures due by June 2005 were implemented.

In achieving this result, the Northern Sydney Central Coast Area Health Service is satisfied that it has implemented the required clinical governance functions.

MEASURE 1.1 (P.5)

Organisational structure agreed and staff appointed

YES

MEASURE 1.2 (P.5)

The 2005/06 workplan is signed off by the Chief Executive

YES

MEASURE 4.1 (P.8)

Designated Senior Complaints Officer appointed

YES

MEASURE 4.2 (P.8)

System in place for the reporting of complaints

YES
### Access

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>BASELINE</th>
<th>04-05 TARGET</th>
<th>04-05 RESULT</th>
<th>STATE RESULT</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient beds and bed equivalents</td>
<td></td>
<td>2,769</td>
<td>2,803</td>
<td>2,804</td>
<td>Target achieved</td>
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<tr>
<td>Off stretcher time – transfer of care to the ED&gt;= 30 minutes from ambulance arrival (%)</td>
<td></td>
<td>28</td>
<td>10</td>
<td>29</td>
<td>32</td>
</tr>
<tr>
<td>Emergency Department – cases treated within ACEM benchmark times (%):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage 1 (within 2 minutes)</td>
<td></td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Triage 2 (within 10 minutes)</td>
<td></td>
<td>61</td>
<td>80</td>
<td>63</td>
<td>75</td>
</tr>
<tr>
<td>Triage 3 (within 30 minutes)</td>
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<td>55</td>
<td>75</td>
<td>59</td>
<td>60</td>
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<tr>
<td>Triage 4 (within 60 minutes)</td>
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<td>65</td>
</tr>
<tr>
<td>Triage 5 (within 120 minutes)</td>
<td></td>
<td>86</td>
<td>70</td>
<td>86</td>
<td>87</td>
</tr>
<tr>
<td>Access Block – ED patients not admitted to an inpatient bed within 8 hrs of commencement of active treatment (%)</td>
<td></td>
<td>42</td>
<td>31</td>
<td>33</td>
<td>31</td>
</tr>
<tr>
<td>Waiting times – booked medical and surgical patients:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 30 days – categories 1 &amp; 2 (number)</td>
<td></td>
<td>202</td>
<td>▼</td>
<td>173</td>
<td></td>
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<tr>
<td>More than 12 months – categories 1, 2, 7 &amp; 8 (number)</td>
<td></td>
<td>1,029</td>
<td>601</td>
<td>551</td>
<td></td>
</tr>
<tr>
<td>Day only surgery – booked surgery patients admitted and discharged on same day (%)</td>
<td></td>
<td>57</td>
<td>60</td>
<td>61</td>
<td>58</td>
</tr>
<tr>
<td>Day of surgery admission (DOSA) – booked surgery patients admitted on the day of surgery (%)</td>
<td></td>
<td>87</td>
<td>or ▲</td>
<td>92</td>
<td>89</td>
</tr>
<tr>
<td>Weekend discharges – for overnight emergency medical patients (%)</td>
<td></td>
<td>15</td>
<td>21</td>
<td>15</td>
<td>17</td>
</tr>
</tbody>
</table>

Factors affecting the ability to meet some ED benchmarks include: increase in ambulance arrivals, senior medical staff shortage, industrial issues, increase in ED presentation. Strategies include Accenture project rollout to all Hospitals, opening of EMU at RNSH, clinical service redesigns and addressing industrial issues.

Factors affecting the ability to meet surgical benchmarks include: a state-wide shortage of anaesthetists, an increase in occupied bed days in surgical wards and elective surgery beds being required by non-surgical patients. Strategies include private provider program.

Factors affecting the ability to meet benchmark include: need to address weekend access for Community health, Welfare services, Pharmacy, Age Care Residence and Rehabilitation Access. Strategies include implementation of the NSHNS weekend access program, GRACE, 23 units with planned discharge practices, available on weekends – Area transport services, pharmacy and increase capacity of APAC.
### Financial and Asset Management

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>04-05 Target</th>
<th>04-05 Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cost of Service General Fund (General) – variance against budget (%)</td>
<td>NA</td>
<td>0</td>
<td>0.99</td>
<td>Factors affecting the ability to meet benchmark include: increased activity at majority of our sites, funding issues relating to state-wide services and high cost services that have recently been introduced with limited funding. Strategies include improved governance structure and better understanding of accountability and responsibility through implementing a range of Budget strategies and maximise all revenue opportunities throughout the Area.</td>
</tr>
<tr>
<td>Creditors – &gt; 41 days as at the end of year (number)</td>
<td>NA</td>
<td>0</td>
<td>4,921</td>
<td></td>
</tr>
<tr>
<td>Overall finance assessment</td>
<td>-0.6</td>
<td>0</td>
<td>-39.7</td>
<td></td>
</tr>
<tr>
<td>Major and Minor Works – variance against approved BP 4 capital allocation (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>04-05 Target</th>
<th>04-05 Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute adult readmission – within 28 days to same facility (%)</td>
<td>12</td>
<td>&lt;=10</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Ambulatory contacts</td>
<td>295,704</td>
<td>336,834</td>
<td>351,699</td>
<td>Target achieved</td>
</tr>
<tr>
<td>Acute overnight inpatient separations</td>
<td>2,776</td>
<td>3,665</td>
<td>3,187</td>
<td>Target achieved</td>
</tr>
<tr>
<td>Non-acute overnight bed days</td>
<td>59,397</td>
<td>59,397</td>
<td>62,815</td>
<td>Target achieved</td>
</tr>
<tr>
<td>Total Mental Health clinical staff (FTEs)</td>
<td>15</td>
<td>1,002</td>
<td>992</td>
<td>Target achieved</td>
</tr>
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</table>

### Aboriginal Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>04-05 Target</th>
<th>04-05 Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>First antenatal visit – before 20 weeks gestation (%):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal mothers</td>
<td>85</td>
<td>▲</td>
<td>82</td>
<td>70</td>
</tr>
<tr>
<td>Non-Aboriginal mothers</td>
<td>95</td>
<td>▲</td>
<td>95</td>
<td>88</td>
</tr>
<tr>
<td>Potentially avoidable hospital admissions – 4 year change (age-adjusted rates per 100,000 population):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal</td>
<td>2,165</td>
<td>▼</td>
<td>3,741</td>
<td>7,105</td>
</tr>
<tr>
<td>Non-Aboriginal</td>
<td>1,991</td>
<td>▼</td>
<td>1,868</td>
<td>2,316</td>
</tr>
<tr>
<td>Aboriginal Housing for Health Program (target houses improved)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Otitis Media screening – Aboriginal children aged 0-6 years (%)</td>
<td>NA</td>
<td>50</td>
<td>32</td>
<td>42</td>
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</table>

### Patient Safety

<table>
<thead>
<tr>
<th>Indicator</th>
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<th>04-05 Target</th>
<th>04-05 Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned overnight re-admission to hospital – within 28 days of discharge following booked surgery (%)</td>
<td>NA</td>
<td>_</td>
<td>NA</td>
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</table>

### Consumer Satisfaction

<table>
<thead>
<tr>
<th>Indicator</th>
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<th>04-05 Target</th>
<th>04-05 Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surveyed population rating their health care as “excellent, very good or good” (%):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency department</td>
<td>81</td>
<td>▲</td>
<td>83</td>
<td>80</td>
</tr>
<tr>
<td>Hospital inpatient</td>
<td>94</td>
<td>▲</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Complaints resolved within 35 days (%) (Result July-December 2004)</td>
<td>83</td>
<td>80</td>
<td>79</td>
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</tr>
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### Population Health

#### Immunisation:

<table>
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<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>04-05 Target</th>
<th>04-05 Result</th>
<th>State Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants fully immunised – at 12 to &lt; 15 months (%)</td>
<td>91</td>
<td>94</td>
<td>91</td>
<td>91</td>
<td></td>
</tr>
<tr>
<td>People aged 65 yrs+ immunised against:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Influenza – in the last 12 months (%)</td>
<td>76</td>
<td>80</td>
<td>75</td>
<td>76</td>
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</tr>
<tr>
<td>Pneumococcal disease – in the last 5 years (%)</td>
<td>48 ▲</td>
<td>48</td>
<td>47</td>
<td></td>
<td></td>
</tr>
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</table>

#### Chronic Disease Risk Factors – change over 6 years:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Baseline</th>
<th>04-05 Target</th>
<th>04-05 Result</th>
<th>State Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol – risk drinking behaviour (%)</td>
<td>48 ▼</td>
<td>42</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking – daily or occasionally (%)</td>
<td>19 ▼</td>
<td>18</td>
<td>21</td>
<td></td>
<td></td>
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<tr>
<td>Overweight or obese (%)</td>
<td>37 ▼</td>
<td>43</td>
<td>48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity – adequate (%)</td>
<td>50 ▲</td>
<td>56</td>
<td>52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit – recommended daily intake (%)</td>
<td>48 ▲</td>
<td>52</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables – recommended daily intake (%)</td>
<td>8 ▲</td>
<td>9</td>
<td>8</td>
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<td></td>
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</tbody>
</table>

#### Fall injuries – for people aged 65 yrs+ (age standardised hospital separation rate per 100,000 population):

<table>
<thead>
<tr>
<th>Gender</th>
<th>Baseline</th>
<th>04-05 Target</th>
<th>04-05 Result</th>
<th>State Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,886</td>
<td>▼</td>
<td>2,056</td>
<td>1,961</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2,616</td>
<td>▼</td>
<td>3,098</td>
<td>2,862</td>
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</tbody>
</table>

#### Avoidable mortality – persons aged 75 and under (age-adjusted rate per 100,000 population):

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>04-05 Target</th>
<th>04-05 Result</th>
<th>State Result</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>156 ▼</td>
<td>145</td>
<td>175</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factors affecting the ability to meet benchmark include:
- Difficult to control and measure as this is unpredictable and driven by General Practitioners. Strategies include NSH immunisation strategy 2003-2006.

Factors affecting the ability to meet benchmark include: healthy individual behaviour messages will not be sufficient to overcome market, economic and sociological factors – just as they aren’t for tobacco or for alcohol where a mix of healthy messages, law & marketing restrictions are brought to bear. NSCCH has one of the first large scale interventions on childhood obesity in place (Q4: Live outside the Box).

Strategies to enable benchmarks to be met include: Community strategies, particularly to increase strength and mobility of older people.
Unplanned return to the operating theatre during the same admission

Unplanned re-admission into an intensive care unit (ICU) up to (and including) 72 hours post-discharge from the intensive care unit

Potentially avoidable hospital admissions – (age-adjusted rates of per 100,000 population) NSCCAHS

Potentially avoidable hospital admissions (age-adjusted rates of per 100,000 population)

Low birthweight babies – (births with birthweight less than 2,500g %) NSCCAHS

Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST).
Contact: Gill Kaldor, Senior Epidemiologist & Manager, Population Health Indicators and Reporting Branch, Population Health Division (9391 9225)

Source: NSW Midwives Data Collection (HOIST).
Contact: Gill Kaldor, Senior Epidemiologist and Manager, Population Health Indicators and Reporting Branch, Population Health Division (9391 9225)
**Selected Data for the Year ended June 2005 Part 1**

<table>
<thead>
<tr>
<th>AREA HEALTH SERVICE</th>
<th>SEPARATIONS</th>
<th>PLANNED AS % OF TOTAL SEPARATION</th>
<th>% OF SAME DAY SEPARATION</th>
<th>TOTAL BED DAYS</th>
<th>AVERAGE LENGTH STAY (ACUTE)</th>
<th>DAILY AVERAGE OF INPATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macquarie Hospital</td>
<td>326</td>
<td>5.2%</td>
<td>65,504</td>
<td></td>
<td>179</td>
<td></td>
</tr>
<tr>
<td>Gosford Hospital</td>
<td>48,644</td>
<td>36.5%</td>
<td>164,747</td>
<td>3.4</td>
<td>451</td>
<td></td>
</tr>
<tr>
<td>Woy Woy Hospital</td>
<td>912</td>
<td>99.7%</td>
<td>19,600</td>
<td></td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Long Jetty Hospital</td>
<td>574</td>
<td>100.0%</td>
<td>15,039</td>
<td></td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Wyong Hospital</td>
<td>24,823</td>
<td>40.7%</td>
<td>86,114</td>
<td>3.2</td>
<td>236</td>
<td></td>
</tr>
<tr>
<td>Greenwich Home of Peace Hospital</td>
<td>968</td>
<td>100.0%</td>
<td>3.0%</td>
<td>21,202</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>Neringah Home of Peace Hospital</td>
<td>374</td>
<td>4.0%</td>
<td>4,826</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hornsby and Ku-ring-gai Hospital</td>
<td>17,330</td>
<td>39.4%</td>
<td>34.9%</td>
<td>75,057</td>
<td>3.7</td>
<td>206</td>
</tr>
<tr>
<td>Manly Hospital</td>
<td>13,506</td>
<td>19.9%</td>
<td>62,855</td>
<td>4.0</td>
<td>172</td>
<td></td>
</tr>
<tr>
<td>Mona Vale Hospital</td>
<td>12,974</td>
<td>20.6%</td>
<td>49,813</td>
<td>3.3</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Royal North Shore Hospital</td>
<td>46,720</td>
<td>46.7%</td>
<td>41.1%</td>
<td>190,261</td>
<td>4.0</td>
<td>521</td>
</tr>
<tr>
<td>RNS – Sydney Dialysis Centre</td>
<td>1,203</td>
<td>100.0%</td>
<td>100.0%</td>
<td>1,203</td>
<td>1.0</td>
<td>3</td>
</tr>
<tr>
<td>Royal Rehabilitation Hospital – Coorabell/Moorong</td>
<td>495</td>
<td>100.0%</td>
<td>1.0%</td>
<td>20,345</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Ryde Hospital</td>
<td>11,073</td>
<td>23.9%</td>
<td>45,039</td>
<td>3.8</td>
<td>123</td>
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<tr>
<td>Northern Sydney Area Community Health</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coral Tree Family Centre</td>
<td>1,900</td>
<td>100.0%</td>
<td>76.1%</td>
<td>3,206</td>
<td>9</td>
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</tr>
<tr>
<td>Central Coast Community Health</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Rehabilitation – Weemal Nursing Home</td>
<td>10</td>
<td>100.0%</td>
<td>–</td>
<td>15,204</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Northern Sydney Home Nursing Service</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manly Waters Private Hospital</td>
<td>12</td>
<td>100.0%</td>
<td>8.3%</td>
<td>89</td>
<td>7.4</td>
<td>0</td>
</tr>
<tr>
<td>Sydney Haematology – Oncology Centre</td>
<td>364</td>
<td>100.0%</td>
<td>100.0%</td>
<td>364</td>
<td>1.0</td>
<td>1</td>
</tr>
<tr>
<td>Northern Sydney &amp; Central Coast</td>
<td>182,208</td>
<td>38.9%</td>
<td>41.8%</td>
<td>840,468</td>
<td>3.6</td>
<td>2,303</td>
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</table>
## Selected Data for the Year ended June 2005 Part 2

<table>
<thead>
<tr>
<th>AREA HEALTH SERVICE</th>
<th>OCCUPANCY RATE</th>
<th>ACUTE BED DAYS</th>
<th>ACUTE OVERNIGHT BED DAYS</th>
<th>NON-ADMITTED PATIENT SERVICES</th>
<th>ED ATTENDANCES</th>
<th>EXPENSES – ALL PROGRAM ($000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macquarie Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gosford Hospital</td>
<td>100.4%</td>
<td>163,601</td>
<td>142,675</td>
<td>162,483</td>
<td>44,387</td>
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<tr>
<td>Woy Woy Hospital</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Jetty Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wyong Hospital</td>
<td>99.3%</td>
<td>78,096</td>
<td>64,854</td>
<td>101,033</td>
<td>41,094</td>
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<tr>
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<td></td>
<td></td>
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<tr>
<td>Neringah Home of Peace</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hornsby and Ku-ring-gai</td>
<td>79.3%</td>
<td>62,425</td>
<td>56,387</td>
<td>253,943</td>
<td>22,756</td>
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<tr>
<td>Manly Hospital</td>
<td>94.6%</td>
<td>50,813</td>
<td>45,947</td>
<td>281,630</td>
<td>17,366</td>
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<tr>
<td>Mona Vale Hospital</td>
<td>88.2%</td>
<td>40,765</td>
<td>36,209</td>
<td>82,061</td>
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<tr>
<td>Royal North Shore Hospital</td>
<td>99.3%</td>
<td>183,414</td>
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<td>1,203</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>– Coorabel/Moorong</td>
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<td></td>
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<tr>
<td>Ryde Hospital</td>
<td>90.0%</td>
<td>40,891</td>
<td>36,681</td>
<td>150,594</td>
<td>20,003</td>
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<tr>
<td>Coral Tree Family Centre</td>
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<tr>
<td>Central Coast Community Health</td>
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<td></td>
</tr>
<tr>
<td>Royal Rehabilitation –</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Weemala Nursing Home</td>
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</tr>
<tr>
<td>Northern Sydney Home</td>
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<tr>
<td>Nursing Service</td>
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<td></td>
</tr>
<tr>
<td>Manly Waters Private Hospital</td>
<td>89</td>
<td>88</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sydney Haematology</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Oncology Centre</td>
<td>364</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Northern Sydney &amp; Central</strong></td>
<td><strong>94.9%</strong></td>
<td><strong>621,661</strong></td>
<td><strong>547,044</strong></td>
<td><strong>2,972,595</strong></td>
<td><strong>209,902</strong></td>
<td><strong>1,391,985</strong></td>
</tr>
</tbody>
</table>

**NOTES:**

1. Inpatients activity data are not directly comparable to previous years’ published data in the following ways:
   - The Health Information Exchange (HIE) data were used except for The Children’s Hospital at Westmead, Sydney South West and North Coast where Department of Health Reporting System (DOHRS) data were used for bed days due to issues with these data in the HIE;
   - The number of separations includes care type changes. All historical data were recalculated using the same method and source of data.
2. Includes services contracted to the private sector.
3. Acute average length of stay = (Acute Bed Days)/(# Acute Separations)
4. Daily average of inpatients = Total Bed Days/365
5. The bed occupancy rate includes only June data and covers only major facilities (peer groups A1a to C2). This is not comparable with earlier reports as bed occupancy previously contained information for a full year and included community and non-acute facilities. The following bed types are excluded from all occupancy rate calculations: Emergency Departments, Delivery Suites, Operating Theatres and Recovery Wards. From 2004/05 Residential Aged Care, Confused and Disturbed Elderly, Community Residential and Respite activity was also excluded.
6. The Justice Health inpatients data were not available and are not included.
7. Acute separation is defined by service category of acute or newborn.
8. Emergency Department attendances are based on DOHRS and Emergency Department Information System (EDIS) and are not comparable to previous years’ data as pathology and radiology services performed in Emergency Departments are excluded from 2004-05 data.
9. Non-Admitted Patients Service data for the Justice Health were provided directly by Justice Health rather than through DOHRS for other Area Health Services.
10. Inpatients data for 2000-01 are incomplete due to the introduction of the HIE in 2000.
### Beds and Bed Equivalents and Bed Occupancy, June 2005

(Beds in Emergency Departments, Delivery Suites, Operating Theatres and Recovery Rooms are excluded)

#### Comparison of data

<table>
<thead>
<tr>
<th>HOSPITAL/FACILITY</th>
<th>JUNE 05 BED COUNT – ALL BEDS INCLUDING BED EQUIVALENTS</th>
<th>GENERAL HOSPITAL UNITS</th>
<th>NURSING HOME UNITS</th>
<th>COMMUNITY RESIDENTIAL</th>
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**NOTES:**

The numbers of available beds presented reflect the average for June 2005 and are not comparable with information from previous years as these were based on average available beds for a full financial year. Since March 2005, the bed information previously obtained from Department of Health Reporting System (DOHRS) was replaced by a new beds collection, which provided more detailed information on bed type and availability. Owing to the limited period that the new bed collection has been in place, it is not possible to provide an average number of beds for the year.

**Beds in Emergency Departments, Delivery Suites, Operating Theatres and Recovery Rooms are excluded.**

A bed equivalent is the estimated additional bed capacity arising from services provided to reduce a patient’s period of stay in hospital or from initiatives that provide alternatives to an admission to hospital. The number of bed equivalents is not comparable with those in the 2003-04 Annual Report, as these were derived based on admissions reclassified to non-inpatients.

Data on such activity are no longer collected.
Corporate Governance Statements for Northern Sydney Central Coast Health

The Chief Executive is responsible for the corporate governance practices of Northern Sydney Central Coast Health. This statement sets out the main corporate governance practices in operation throughout the financial year, except where indicated.

The Chief Executive

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

The Chief Executive is committed to better practices contained in the Guide on Corporate Governance, issued by the NSW Department of Health.

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

• Setting strategic direction
• Ensuring compliance with statutory requirements
• Monitoring performance of the Area Health Service
• Monitoring financial performance of the Area Health Service
• Monitoring the quality of health services
• Industrial relations/workforce development
• Monitoring clinical, consumer and community participation
• Ensuring ethical practice

Strategic Direction

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

Code of Ethical Behaviour

The Chief Executive and the Area Health Service has adopted a Code of Ethical Behaviour to guide all employees and contractors in carrying out their duties and responsibilities. The Code covers such matters as: responsibilities to the community, compliance with laws and regulations and ethical responsibilities.

Risk Management

The Chief Executive is responsible for supervising and monitoring risk management by the Health Service, including the Service’s system of internal controls. The Chief Executive has mechanisms for monitoring the operations and financial performance of the Service. The Chief Executive receives and considers all reports of the Service’s External and Internal Auditors and, through the Audit Committee, ensures that audit recommendations are implemented.

There is in place a risk management plan for the Health Service.

Committee Structure

The Area Health Service has a committee structure in place to enhance its corporate governance role. These committees meet regularly, have defined terms of reference and responsibilities and are evaluated against agreed performance indicators.

Quality Committee

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

Audit Committee

The Chief Executive has established an Audit Committee. This committee is independently chaired by Mr. Greg Anderson. The Audit Committee meets four times per year. The objectives of the Audit Committee are to:

• Maintain an effective internal control framework
• Review and ensure the reliability and integrity of management and financial information systems
• Review and ensure the effectiveness of the internal and external audit functions
• Monitor the management of risks to the Health Service
Finance and Performance Committee

The Chief Executive has established a Finance and Performance Committee. This committee is chaired by the Chief Executive. The Finance and Performance Committee meets monthly. The objectives of the Finance and Performance Committee are to:

• Examine budget allocations
• Monitor overall financial performance in accordance with budget targets
• Develop and maintain an efficient, cost effective finance function and information systems
• Ensure appropriate financial controls are in place
• Manage funds effectively

The Chief Executive complies with the provisions of the Accounts and Audit Determination for Health Services issued by the NSW Department of Health.

Performance Appraisal

The Chief Executive has ensured there are processes in place to:

• Monitor progress of the matters and achievements of targets contained within the Performance Agreement between the Chief Executive and the Director-General of the NSW Department of Health
• Regularly review the performance of the Area Health Service through the Annual Governance Review process

Corporate Governance Statement

This statement reflects the corporate governance arrangements in place with Northern Sydney Central Coast Health.

30 June 2005
Dr Stephen Christley,
Chief Executive, NSCCH

This statement is a fair and true account of the corporate governance arrangements

30 June 2005
Ms Louise Derley,
Director Internal Audit, NSCCH
List of Facilities

Central Coast Health Service

Gosford Hospital
PO Box 361 Gosford NSW 2250
Tel: +61 2 4320 2111

Wyong Hospital
Pacific Highway Hamlyn Terrace 2259
PO Box 4200 Lakehaven NSW 2263
Tel: +61 2 4394 8000

Woy Woy Hospital
Ocean Beach Road Woy Woy NSW 2256
PO Box 183 Woy Woy NSW 2256
Tel: +61 2 4344 8444

Long Jetty Healthcare Centre
Wyong Road Killarney Vale NSW 2261
PO Box 88 Long Jetty NSW 2261
Tel: +61 2 4336 7700

Kincumber Community Health Centre
Rear of Kincumber Shopping Village Kincumber NSW 2251
Tel: +61 2 4369 2355

Lake Haven Community Health Centre
Stratford Avenue Lake Haven NSW 2263
Tel: +61 2 4393 7777

Long Jetty Community Health Centre
Wyong Road Killarney Vale NSW 2261
(adjacent to Long Jetty Healthcare Centre)
Tel: +61 2 4336 7800

Erina Community Health Centre
169 The Entrance Road Erina NSW 2250
Tel: +61 2 4367 9600

Mangrove Mountain Community Health Centre
RMB 1640 Nurses Road Mangrove Mountain NSW 2250
Tel: +61 2 4373 1249

Toukley Community Health Centre
Hargraves Street Toukley NSW 2263
Tel: +61 2 4396 5111

Woy Woy Community Health Centre
Ocean Beach Road Woy Woy NSW 2256
(adjacent to Woy Woy Hospital)
Tel: +61 2 4344 8432

Wyong Community Health Centre
Pacific Highway Hamlyn Terrace NSW 2259
(adjacent to Wyong Hospital)
Tel: +61 2 4394 8229

Wyong Central Community Health Centre
38A Pacific Highway Wyong NSW 2259
Tel: +61 2 4356 9300

Child & Family Health
Gateway Centre 237 Mann Street Gosford 2250
Tel: +61 2 4328 7900

Hornsby Ku-ring-gai Health Service

Hornsby Ku-ring-gai Hospital
Palmerston Road Hornsby NSW 2077
Tel: +61 2 9477 9123

Berowra Community Health Centre
123 Berowra Waters Road Berowra Heights NSW 2082
Tel: +61 2 9456 3344

Brooklyn Community Health Centre
Corner Brooklyn & Dangar Streets Brooklyn 2083
Tel: +61 2 9985 7717

Drug & Alcohol Community Service – Hornsby
Low Road, Gate 4 Entrance, Hornsby Hospital campus
Hornsby NSW 2077
Tel: +61 2 9477 9567

Galphon Community Health Centre
17 Arcadia Road Galston NSW 2157
Tel: +61 2 9653 2235

Hillview – Turramurra
1334 Pacific Highway Turramurra
Tel: +61 2 9449 9144

Hornsby Child & Family Health Centre
59 Florence St Hornsby NSW 2077
Tel: +61 2 9476 4797, 9476 4787

Pennant Hills Community Health Centre
5 Fisher Avenue Pennant Hills
Tel: +61 2 9481 0022

Richard Geeves Centre – Turramurra
10 Murrua Road North Turramurra
Tel: +61 2 9488 8694

Wahroonga Rehabilitation Centre
Cnr Stuart and Illoura Streets, Wahroonga
Tel: +61 2 9487 1699

Wiseman’s Ferry
Old Northern Road, Wiseman’s Ferry
Tel: +61 2 4566 4423

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Northern Beaches Health Service
Manly Hospital
150 Darley Road Manly NSW 2095
PO Box 465 Manly NSW 1695
Tel: +61 2 9976 9611

Mona Vale Hospital
18 Coronation Street Mona Vale NSW 2103
PO Box 81 Mona Vale NSW 1660
Tel: +61 2 9998 0333

Brookvale Early Intervention Centre
1 Brookvale Avenue Brookvale NSW 2100
Tel: +61 2 9938 5350

Dalwood Assessment Centre – Seaforth
Dalwood Avenue Seaforth NSW 2092
Tel: +61 2 9951 0300

Drug and Alcohol Service – Mona Vale
Building 3, Mona Vale Hospital Campus
Coronation Street Mona Vale NSW 2103
Tel: +61 2 9998 0360

Drug and Alcohol Service – Manly
14 Pittwater Road Manly NSW 2095
Tel: +61 2 9977 2666

Frenchs Forest Community Health Centre
Bantry Bay Road Frenchs Forest 2086
Tel: +61 2 9452 4244

Parkhill Cottage Day Centre
Off Collins Beach Road Manly
Tel: +61 2 9976 9559

Queenscliff Community Health Centre
Corner Lakeside Crescent and Palm Avenue
Queenscliff NSW 2096
Tel: +61 2 9466 2500

Sexual Health Service – Manly
8-18 Whistler St Manly NSW 2095
Tel: +61 2 9977 3588

Royal North Shore and Ryde Health Service
Royal North Shore Hospital
Pacific Highway St Leonards NSW 2065
Tel: +61 2 9926 7111

Ryde Hospital
Deniston Road Eastwood NSW 2122
Tel: +61 2 9874 0199

Northern Sydney Home Nursing Service (NSHNS)
Cameron Building Macquarie Hospital
Wicks Road North Ryde NSW 2133
Tel: +61 2 9887 5444

Adolescent Services – Ryde
51-53 Blaxland Road Ryde NSW 2112
Tel: +61 2 9807 6677

Aged Care & Rehabilitation Royal North Shore Hospital
Building 12 Royal North Shore Hospital Campus
Pacific Highway St Leonards NSW 2065
Tel: +61 2 9926 8705

Assertive Recovery in the Community Team (ARC)
55 Hercules Street Chatswood NSW 2067
Tel: +61 2 9448 3270

Bilingual Services – Ryde
39 - 41 Fourth Avenue Eastwood NSW 2122
(Ryde Hospital campus)
Tel: +61 2 9858 7876

Chatswood Day Centre for Aged Care
36 Hercules Street Chatswood NSW 2067
Tel: +61 2 9412 3694

Child & Family Health Services
36 Hercules Street Chatswood NSW 2067
Tel: +61 2 9414 0260

Child & Family Psychiatry
Level 2 Building 36, (Block 4)
Royal North Shore Hospital Campus
Tel: Pacific Highway St Leonards NSW 2065
+61 2 9926 8905

Child Assessment Centre
46 Hercules Street Chatswood NSW 2067
Tel: +61 2 9448 3182

Child, Family & Baby Health
44 Hercules Street Chatswood NSW 2067
Tel: +61 2 9448 3155

Community Mental Health
Block 3 Royal North Shore Hospital Campus
Pacific Highway, St Leonards NSW 2065
Tel: +61 2 9448 3250
Drug & Alcohol Community Service – Herbert Street Clinic
Building 8 Royal North Shore Hospital Campus
Herbert Street St Leonards NSW 2065
Tel: +61 2 9926 7765

Drug & Alcohol Community Service – Chatswood
13 Albert Ave Chatswood NSW 2067
Tel: +61 2 9448 3284

Drug & Alcohol Community Service – Ryde
37 Fourth Avenue Eastwood NSW 2122
Tel: +61 2 9858 0776

Drug & Alcohol Liaison – Herbert Street Clinic
Building 8 Royal North Shore Hospital Campus
Herbert Street St Leonards NSW 2065
Tel: +61 2 9926 7276

Early Childhood Health Centre
42 Hercules Street Chatswood NSW 2067
Tel: +61 2 9448 3290

FPA Health (Family Planning) – Chatswood
47 Hercules St Chatswood NSW 2067
Tel: +61 2 9415 2700

Health Promotion & Education
Level 3 Block 4 Royal North Shore Hospital Campus
Pacific Highway St Leonards NSW 2065
Tel: +61 2 9926 7354

Interpreter Service – Royal North Shore Hospital
Vindin House, Royal North Shore Hospital Campus
Pacific Highway St Leonards NSW 2065
Tel: +61 2 9926 7560

Mobile Community Mental Health Team
Block 3, Building 10, Royal North Shore Hospital Campus
Pacific Highway St Leonards NSW 2065
Tel: +61 2 9448 3250

Mosman Day Centre for Aged Care
7 Ellamatta Ave Mosman NSW 2088
Tel: +61 2 9968 1409

Ryde Community Health Service – Ryde Hospital
39-41 Fourth Avenue Eastwood NSW 2122
(In the grounds of Ryde Hospital)
Tel: +61 2 9874 0199

School Therapy Team
28 Holga St Chatswood NSW 2067
Tel: +61 2 9448 3155

Social Work Department – Ryde
Denistone Rd Eastwood NSW 2122
(Ryde Hospital campus)
Tel: +61 2 9858 7680

Macquarie Hospital
Wicks Road,
North Ryde NSW 2103
Tel: +61 2 9888 1222

Affiliated health organisations
Hope Healthcare Limited
Pallister House 97-115 River Road Greenwhich NSW 2065
PO Box 5084 Greenwhich NSW 2065
Tel: +61 2 9903 8201

Greenwich Hospital – Hope Healthcare Limited
97-115 River Road, Greenwhich NSW 2065
PO Box 5084 Greenwhich NSW 2065
Tel: +61 2 9903 8333

Neringah Hospital – Hope Healthcare Limited
4-12 Neringah Avenue South, Wahroonga NSW 2076
PO Box 42 Wahroonga NSW
Tel: +61 2 9488 2200

Graythwaite Nursing Home – Hope Healthcare Limited
10 Edward Street North Sydney 2060
PO Box 5084 Greenwhich NSW 2065
Tel: +61 2 9955 1115

Tom O’Neill Centre – Hope Healthcare Limited
10 Edward Street North Sydney 2060
PO Box 5084 Greenwhich NSW 2065
Tel: +61 2 9957 3224

Northern Beaches Palliative Care Service – Hope Healthcare Limited
Coronation Street Mona Vale NSW 2103
PO Box 81 Mona Vale NSW 2103
Tel: 9998 0222

Royal Rehabilitation Centre Sydney
59 Charles Street Ryde NSW 2112
PO Box 6 Ryde NSW 1680
Tel: +61 2 9807 1144

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Area Healthcare Services Plan

With the required formation of new Area Health Services in January 2005 each Area Health Service was asked to develop an Area Healthcare Services Plan. The Area Healthcare Services Plan is described in the Department of Health Document “Guide for Planning Services across NSW Health 2004” as an “overarching document identifying the key strategic directions for an Area Health Service, for a defined period, providing the clear foundation and detail for more planning and operational decision-making within the Area Health Service”.

The overall purpose of the Area Healthcare Services Plan is to:

• identify the key strategic directions for the development of safe and sustainable health services for the Area over the next five years
• document the range of health services provided across the new Area Health Service, including underlying service models, and identify important gaps and service issues

The Area Healthcare Services Plan will serve as an important resource document for Clinical Networks to acquaint them with their services and key priorities within them and provide a framework for more detailed service planning within clinical networks as they develop and help guide future funding decisions.

A draft Area Healthcare Services Plan has been submitted to the Department of Health according to identified guidelines. Detailed consultation with consumers, clinicians and other stakeholders is planned over the next 12 months.

This planning requirement provides an impetus to the Area to develop a more comprehensive and robust structure to guide service planning at a number of levels.

Clinical Network Plans

Five Area priorities were identified at a clinical services planning workshop in December 2004. They are:

• Cardiovascular Health
• Cancer Care
• Critical Care
• Aged Care & Rehabilitation
• Surgical Services

In addition, a plan for Mental Health services is nearing completion. Planning for the remainder of clinical networks will follow and should be complete in early 2006. These plans include Women’s Health Services, Gastro-intestinal Disease, Other Medical Services, Respiratory Medicine, Stroke and Neuroscience, Child and Youth Health.

Asset Strategic Plan

The Department of Health is appointing project directors shortly. These directors will translate Clinical Services Plans into an overarching strategic plan for NSCH.
KEY ISSUES AND EVENTS

• Increase in Cardiac Catheter Laboratory services from four to five days per week and advanced planning for commencement of pacemaker insertion as part of the DOH Sustainable Access Program.

• Equipment and staff obtained to commission a MRI service. Previously, inpatients were transferred to other facilities for this service.

• Introduction of the Northern Sydney Coastal Network to improve physician training.

• An early childhood nursing service for Aboriginal families with a newborn baby began in February 2005 to provide home visits, immunisation and clinic services.

• Women's, Children Family Health (WCFH) implemented vision screening for kindergarten children identified as ‘at risk’. Vision problems were found in 207 children, 51% termed significant.

• Nine (out of ten) paediatric guidelines implemented in the Emergency Department and WCFH is a pilot site for implementation by the Clinical Excellence Commission.

• The ‘day only’ maternity unit accommodates six to seven women, three days a week who would otherwise require admission to maternity ward.

• Implementation of psychosocial assessment and domestic violence screening for all women and their families who book for pregnancy care. 95% of all women are screened.

• Capsule endoscopy service commenced.

• Acute Care of the Elderly (ACE) ward opened.

• Interactive wound web site developed staff education.

• BiPAP service introduced in Acute Respiratory Ward.

• Introduction of thrombolysis treatment for patients with ischaemic stroke.

• Outpatients clinics for patients with trans-ischaemic attacks (TIA).

• Gosford Neurophysiology and Respiratory laboratories improved links and services to Wyong.

FUTURE DIRECTION WITHIN THE AREA NETWORK

• Develop and implement a new management structure for the Central Coast Health Service within NSCCH structure.

• Establish a 23 hour surgery unit.

• Implement updated Correct Patient-Correct Procedure-Correct Site policy.

• Meet surgical benchmarks.

• Relocate neurophysiology, respiratory investigation and cardiac diagnostic units and paediatric ward into refurbished facilities.

• Improve networking particularly in Cancer Services through the Cancer Institute.

• Further develop services provided by neurophysiology department.

• Develop a sleep disorder breathing service.

• Collaborate and network with other similar neonatal units in regard to the CPAP study.

• Complete ‘Walking Connections for Women’ program.

• Support all breastfeeding women who have a child admitted to Children’s Ward.

• Area-wide implementation of Obstetric, the new obstetric computer system.

• Provide ‘clinical supervision’ for all staff performing psychosocial assessments.

Woy Woy Hospital

Woy Woy Hospital provides non-acute and outpatient services to residents of the Peninsula and southern areas of the Central Coast. There is a 33 bed general unit for sub-acute medical and palliative care awaiting residential placement and dementia care. There is a 30 bed rehabilitation unit for neurological, general and geriatric patients. Woy Woy provides pharmacy, pathology, physiotherapy, aqua-physiotherapy, speech pathology, occupational therapy, nutrition and social work. Outpatient services include an ‘after hours medical service’, registered nurse review and referral, physiotherapy, aqua-physiotherapy, pacemaker clinic, liver clinic, harm minimisation team, dementia day care and support services.

The hospital occupancy rate was 88%. Length of stay was reduced by two days.

MAJOR GOALS AND OUTCOMES

IMPROVED THE PROVISION OF PATIENT CARE

With the introduction of a career Medical Officer to the General Unit patient falls have decreased by 60%, return of patients to the acute hospital have reduced by 46% and patient aggressive incidents have reduced by over 80%.

IMPROVED INFORMATION PROVIDED TO PATIENTS AND CARERS FOLLOWING DISCHARGE

A review of discharge information provided to patients leaving the rehabilitation unit and carers was performed in collaboration with the Carers’ Support Co-Coordinator. Gaps were identified and new information provided to overcome deficiencies.

CONTINUED CLOSE WORKING RELATIONSHIPS WITH THE LOCAL GENERAL PRACTITIONERS

The continuation of an ‘After Hours Medical Service’ was assured.
KEY ISSUES AND EVENTS

• 20 bed transitional care facility ($3.4 million) will be built on the Woy Woy Site
• Hospital Auxiliary raised more than $21,000 for hospital equipment
• Weekly ‘Pets as Therapy’ visits introduced
• Hospital Auxiliary operates hospital kiosk using voluntary workforce

FUTURE DIRECTION WITHIN THE AREA NETWORK

TO PROVIDE CARE THAT IS APPROPRIATE AND PATIENT CENTRED

• Develop multi-professional models of patient care that are appropriate and include patients and carers/family in care planning

TO PROVIDE SAFE AND APPROPRIATE CARE TO PATIENTS IN A COOPERATIVE ENVIRONMENT

• Continue involvement in Clinical Practice Development to enhance patient centred care in a supportive environment
• Continue refurbishment of ward area to provide safe areas for patients who wander or who display challenging behaviours

Wyong Hospital

Wyong Hospital is a 262 bed acute major metropolitan hospital providing a range of medical and surgical services, rehabilitation and specialty services including drug and alcohol, renal, stroke, mental health and cancer services. The hospital has recently undergone a major redevelopment, which will see the bed capacity increase to 315 beds when fully commissioned. This redevelopment was opened on 14th March 2005 and in addition to the acute services outlined above provides community health and outpatient services. The Wyong Emergency Department provides a level four service and is the busiest in its peer group and ninth busiest in NSW.

MAJOR GOALS AND OUTCOMES

• 22 additional medical beds commissioned in February 2005
• New perioperative unit with four operating theatres, two endoscopy units, two operating theatres and one endoscopy unit still to be commissioned
• Other facilities to be commissioned include: 16 surgical beds, 20-bed Short Stay Observation Ward, eight-bed High Dependency Unit, six-bed Coronary Care Unit and a 20-bed Transitional Care Unit
• Expansion and redevelopment of ED started in the 2005/06 financial year
• Wyong and Gosford Hospitals worked together to reduce Central Coast Health’s ‘long waits’ (patients waiting more than 12 months for elective procedures) to meet the DOH benchmarks
• Total admissions showed an increase of 3.6% with Emergency Department attendances reaching 41,094, a 3% increase on the previous year. However, the additional 22 medical beds allowed elective surgery throughput to be maintained

KEY ISSUES AND EVENTS

The Premier, the Hon Bob Carr, opened the Wyong Hospital Redevelopment on 14th March 2005. Celebrations were attended by 200 guests and staff including the Hon Morris Iemma, Minister for Health. Occupation of the new hospital took place between February and March 2005 and more than 200 people attended the Open Day on 5th February 2005.

FUTURE DIRECTION WITHIN THE AREA NETWORK

• Commissioning of Coronary Care Unit will begin mid September 2005
• Opening of 20 Transitional Care beds at the end of September 2005
• Introduction of 23 hour ward concept late September 2005

Long Jetty Healthcare Centre

Long Jetty Healthcare Centre is 46 bed sub-acute facility within the NSCCAHS. The Continuing Care Unit is a 30 bed unit specialising in aged care and palliative care services. Terilbah is a 16 bed unit for patients with dementia and associated behavioural problems.

MAJOR GOALS AND OUTCOMES

• 11% increase in total admissions for the year but overall length of stay reduced
• Net cost of service for the financial year was favourable
• Clinical practice development is being used to make changes and improve nursing practice. NUM Judy Evans has presented a paper “Brave New World” at the 5th International Conference in New Zealand
• Ladies Auxiliary gave a commitment of $40,000 for the financial year 2005/2006. The Auxiliary celebrated the 50th year of service
• Sue Bruce, Director of Nursing/Executive Officer, left Long Jetty to join NSCCH Workforce Unit
Hornsby Ku-ring-gai Health Service

Hornsby Ku-ring-gai Hospital

Hornsby Ku-ring-gai Hospital (HKH) is a teaching hospital of the University of Sydney and provides in-patient services including intensive care, orthopaedic, general medical, surgical, obstetric, mental health, paediatric and emergency services. Outpatient services include physiotherapy, occupational therapy and social work, as well as community health, dental and podiatry clinics, child, adolescent and family health, drug and alcohol, health promotion and rehabilitation and aged care.

ACHS accreditation of the facility is current until the end of 2008.

**MAJOR GOALS AND OUTCOMES**

**IMPROVING PATIENT ACCESS**

- Major improvements in access block, ambulance off-stretcher times
- Six-bed High Dependency Unit opened
- Emergency Medical Unit beds increased
- Stroke Unit established
- Reduction in patients waiting over 12 months for elective surgery (120 patients reduced to one only)
- Reductions of 50% in wait times for Aged Care Assessment team, speech pathology, home program service and outpatient physiotherapy

**REDEVELOPMENT PLANS**

- Building works have begun on $20.934 million building to house ED, Paediatric and Obstetric services
- Construction begun in September 2005 and to be completed by September 2006 will include four-bed psychiatric emergency centre
- On-going program of capital works will improve patient and staff amenities including $1.1 million refurbishment of Leighton Lodge for Aged Care Services and $6 million 12-bed mental health intensive care unit

**KEY ISSUES AND EVENTS**

**QUALITY**

- HKHS underwent an organisational wide survey by the Australian Council on Health Care Standards (ACHS) and received four years accreditation
- Three finalists in the NSW Health Baxter Awards including the overall winner plus two category winners
- Three commendations in the Northern Sydney Health Quality Awards

- Emergency Department Nurse Practitioner, Jane O’Connell, is the state's first authorised Nurse Practitioner. Jane led a team who developed benchmark guidelines for the Nurse Practitioner role. The guidelines will now be used as a state-wide benchmark. NSCCH is one of the few Area Health Services to have an authorised Nurse Practitioner working within endorsed guidelines

**WORKING WITH OUR COMMUNITY**

- HKHS consulted with the community to develop, improve and evaluate business planning, clinical services, mental health, aged care, test ordering, website development, paediatrics, capital works, volunteers, communications, stroke services and multicultural issues

**FUTURE DIRECTION**

- We will deliver the best health outcomes for our community through timely, equitable, safe and appropriate health care
- We will participate in the new NSCCH Clinical Services Plan to create better working environments for staff and ensure each patient’s journey through our health service is smooth, safe and of the highest quality
- We are committed to quality improvement
- We will work with NSCCH on master plan for the redevelopment of HKH
Northern Beaches Health Service

Manly Hospital

Manly is a major metropolitan hospital (Level 4) providing critical care, emergency medicine, obstetric, medical, psychiatric, surgical and orthopaedic services. Non-acute services include oncology, aged care rehabilitation, drug and alcohol services, stroke management, cardiac rehabilitation and podiatry. Community health includes child, adolescent and family services, drug and alcohol, sexual health, HIV prevention, mental health, dental health and health promotion.

MAJOR GOALS AND OUTCOMES

- Patient Flow Unit established to assist the patient’s journey through hospital. Two nurses support, monitor and problem solve on clinical issues
- Ten bed Emergency Medical Unit (EMU) located near ED has dramatically reduced patient length of stay
- Acute Care of the Elderly (ACE) Program implemented to provide a share care program (acute medicine and aged care)
- Seven additional acute beds were opened in the Surgical (four) and Medical (three) wards
- Mobile intensifier installed in Operating Theatres and transmits live images for orthopaedic, vascular, pacemaker and general surgical procedures
- Reduction in access block to well below NSW Health target

KEY ISSUES AND EVENTS

- $2m allocated for the expansion of the Intensive Care Unit
- General X-ray room installed
- Refurbishment of ED ($500,000) to relocate resuscitation room, create a dedicated paediatric assessment room and a mental health observation room
- Renovations to the Aged Care Assessment and Rehabilitation Unit
- New satellite hot water systems and steam generators and redistribution of hot water and steam services led to cost reduction
- Refurbishment of Aged Care day hospital
- Lockdown of hospital after hours enhanced security and safety for patients and staff
- Relocation and refurbishment of the transit unit

Mona Vale Hospital

Mona Vale Hospital is a major metropolitan hospital (Level 4) providing Emergency, day surgery, operating theatres, medical, surgical, intensive care, paediatric, maternity, orthopaedic, assessment and rehabilitation services, physiotherapy, occupational therapy, speech pathology, dental services, drug and alcohol outpatient services.

MAJOR GOALS AND OUTCOMES

- Off stretcher times approaching best practice
- No patients waiting more than 12 months for elective surgery
- Reduction in access block to well below NSW Health target
- Acute Care of the Elderly (ACE) pilot project implemented
- 11 additional beds opened in Orthopaedic (six) and Surgical (five) wards
- SUMO (Safe Use of Medications Outside the Hospital) project won an award for innovative ideas and project outcomes
- Orthopaedic Trauma Clinic established for post-operative review, assessment and follow up for public trauma patients

KEY ISSUES AND EVENTS

- Upper House Inquiry into Mona Vale Hospital – March 2005
- $2.9m allocated for Emergency Department upgrade
- $1.7m allocated to ‘Pathways Home’ Project to improve clinical and non-clinical service provision

FUTURE DIRECTION

Planning continues for the enhancement of health services on the Northern Beaches. Community representatives, health professionals and planners undertook a Value Management Study in May 2005. NSW Health identified the potential of all six sites.
Royal North Shore and Ryde Health Service

Royal North Shore Hospital

Royal North Shore Hospital (RNSH) is the major tertiary referral, research and teaching hospital in NSCCH. Clinical services include, but are not limited to, aged care and rehabilitation, cardiology, cardiothoracic surgery, critical care, drug and alcohol, emergency medicine, endocrine medicine and surgery, haematology, head and neck, ear, nose and throat, gastrointestinal, medical imaging, mental health, neurology, obstetrics and gynaecology, oncology, ophthalmology, orthopaedics and trauma, paediatrics, pathology, podiatry, respiratory medicine, renal medicine, surgical services, urology and vascular medicine.

Community health services include child, adolescent and family services, drug and alcohol, child protection, sexual health, HIV prevention, carer support, BreastScreen, mental health, dental health and health promotion.

Statewide service responsibilities include neonatal intensive care, pain management and research, severe burn injury, spinal cord injury, interventional neuro-radiology, cerebrovascular embolisation and the Sydney Simulation Centre.

MAJOR GOALS AND OUTCOMES

• RNS and Ryde Health Service (RNS & RHS) achieved two years accreditation from the Australian Council in Healthcare Standards (ACHS). This is the first accreditation for the combined health service and is one of the largest organisations ACHS has accredited

• Initiatives to reduce access block and waiting times in the Emergency Department (ED) resulted in a decrease in the time taken for a patient to be admitted and improved patient flow

• Despite presentations to ED increasing by five % and admissions increasing by 11% the average time-to-be seen in the Emergency Department improved by 13% and the average ED length of stay for patients being admitted to ward was down by eight %

• Benefits include better patient outcomes, timely and appropriate provision of diagnostic services, improved bed management and bed availability

• RNSH was one of four hospitals in NSW to participate in the National Institute of Clinical Studies Emergency Care Community of Practice project. The project aimed to improve mental health care in emergency departments by supporting clinicians from mental health and emergency departments to work together

• Four-bed Neurosurgical Step-Down Unit opened to provide enhanced nursing and medical care to patients who have undergone neurological procedures. Patients previously cared for in the Intensive Care Unit are now cared for in the Neurosurgical Unit. This has resulted in improved access for Neurosurgical patients. Staff shortages have seen two of these beds revert to ward beds. Targeted recruitment should see them reopen shortly

• 16 bed rehabilitation ward opened with a focus on daily living activities, restoring patient mobility, health promotion and the prevention of further impairment

• A new ‘day only’ service opened to improve access to care for cardiac patients

• Funding received for an extra ventilated cot for New Born Care Centre. This unit provides services to RNS and NSW and now has seven funded newborn ICU beds

• Introduction of the ‘Walking Assistance Program’ for patients awaiting admission to a rehabilitation facility. This program supports and promotes mobility for frail, elderly or significantly injured patients

• Construction of new car park for staff and visitors delivered additional 353 spaces

• Four-dimensional ultrasound purchased for Maternal Fetal Medicine Unit provides comprehensive images to assist detection of abnormalities

• Early Treatment of Myocardial Infarction (ETAMI) trial completed. Trial confirms that identifying myocardial infarction patients in the ambulance and transferring them direct to a regional heart centre (RNSH) significantly reduces the time to treatment and is likely to improve outcomes for the patient

• Service Reference Groups (Research, Education, Clinical Services, Engineering & Facilities, Non-Clinical Support and Community Health Services) established to support RNSH redevelopment

• In partnership with Sydney Water, RNSH implemented two major water saving strategies. Upgrading water reticulation systems and mechanical plant has delivered a 66.2 mega litre reduction in water usage per annum – equivalent to 27 Olympic swimming pools

• NSSCH Cancer Services website provides information on cancer treatment facilities available in Northern Sydney as well as general cancer information

• Divisions of Surgery and Clinical Support amalgamated to form the Division of Surgery & Anaesthesia resulting in improved management and coordination of surgical services

• RNS & Ryde Surgical Services Review completed in October 2004 and identified areas for improvement in management, service design and capacity
KEY ISSUES AND EVENTS

- Peter Abolfathi, Dr Tim Scott and Veronica Ware of the Quadriplegic Hand Research Unit at RNSH attracted worldwide interest as winners of the British Council ‘Eureka’ Prize for Inspiring Science with their innovative rehabilitation glove
- Media launches for The Australasian Tumour Bank, a research report on severe spinal cord injury in Australian football codes and a world first, the use of pre-implantation genetic diagnosis (PGD) to prevent rhesus factor 1 disease. The events attracted Australian and international media attention
- The management of a VRE outbreak was challenging but a well-coordinated team effort resulted in successful containment. Patients were relocated and isolated, limiting cross infection. The program of constant, vigilant and routine testing of ‘at risk’ patients proved effective in speedy identification and control

FUTURE DIRECTION

- Improve flow of patients through the hospital and reduce access block
- Develop stronger links between the Emergency Department, Patient Flow Unit and Nursing Unit Managers and improve communication between Admissions Department, Peri operative Unit and General Units
- Improve services to mental health patients via new nursing models of care
- Contain the spread of multi-resistance organisms through improved infection control education programs.
- Introduce project in the New Born Care Centre to reduce the length-of-stay for infants born at 27 to 29 weeks gestation
- Complete the trauma verification project and provide an overview of our ability to manage complex trauma patients from liaison with the ambulance service to discharge
- Instigate ‘Baby Friendly’ Hospital Initiative
- Develop clinical services plans in line with Clinical networks across NSCCHS

Ryde Hospital

Ryde is a metropolitan teaching hospital. Acute care services include critical care, emergency medicine, maternity, medical, surgical, ear, nose and throat, gynaecology, ophthalmology, plastics, urology and orthopaedic services. Non-acute services include aged care rehabilitation, diabetes management, cardiac rehabilitation and podiatry. Community health services include drug and alcohol, mental health, dental health, early childhood and health promotion services.

MAJOR GOALS AND OUTCOMES

- RNS & Ryde Surgical Services Review completed in October 2004. Review identified areas for improvement in management, service design and operating theatre capacity
- Improvements implemented at Ryde include: recruitment of clinical nurse educator in surgery; expansion of surgery services in breast cancer, varicose veins and thyroid; new rosters for nurses to maximise available theatre time; coding system to prioritise urgent cases and improved availability of on-call surgeons
- Rehabilitation and Assessment Unit (short term rehabilitation and assessment) refurbished to better cater for aged patients. There are four ‘acute care of the elderly’ beds. The focus is restoring function and independence and prevention of further impairment
- Patient flow managers employed to decrease amount of time it takes patients to be admitted to a ward and ensure efficient journey to discharge
- Electronic Discharge Referral System (eDRS) implemented in most wards. Electronic web database manages flow of patient information from admission to follow-up care in the community
- High-speed microwave link installed enabling medical images to be relayed directly to specialist radiologists for immediate review

KEY ISSUES AND EVENTS

- Diabetes service received $250,000 in extra funding to employ a dietitian, endocrinologist, podiatrist, receptionist and additional diabetes educator. An expanded Type 2 education program and clinical training for GPs will result
- Caseload Midwifery Program registered 227 births in first year of operation. Thirty mothers were transferred to RNSH for specialised support during labour. Mothers recorded high degree of satisfaction, no adverse outcomes. Service won Treasury Managed Fund Risk Management Award. The model developed at Ryde Hospital is now a benchmark for other services around Australia
- $1M computed tomography (CT) scanner installed

FUTURE DIRECTION

- Refurbish the Peri operative Unit and ED to provide improved patient supervision, modern patient treatment areas, a better functioning casualty area
- Consolidate aged care services in purpose-built facility
- Develop strong links between ED, Patient Flow Unit and Nursing Unit Managers
- Improve communications between Admissions, Peri operative Unit and general units
Other Health Services

PaLMS

Pacific Laboratory Medicine Services (PaLMS) is the pathology and laboratory medicine service of Northern Sydney Central Coast Health. Its mission, to provide a single, fully integrated quality pathology service linking all clinical facilities, remains at the forefront of its strategic planning.

With the recent amalgamation of Northern Sydney and Central Coast Area Health Services, the two formerly separate pathology services are in the process of integration so that PaLMS will operate across the entire Area Health Service as a single entity.

KEY ACHIEVEMENTS

- Implementation of pathology services to the redeveloped Gosford Hospital including a state-of-the-art pathology specimen rapid delivery system
- Continued commitment to improving access to pathology services in the community via accredited pathology collection centres at Chatswood, Dee Why, Neutral Bay and Willoughby. This is in addition to existing collection facilities at Gosford Hospital, Hornsby Ku-ring-gai Hospital, Manly Hospital, Mona Vale Hospital, Royal North Shore and North Shore Private Hospitals (St Leonards), Ryde Hospital and Wyong Hospital
- Increase in the number of medical practitioners receiving electronic delivery of reports. A secure electronic infrastructure has been developed that ensures rapid delivery while maintaining patient confidentiality. The options for report delivery are constantly reviewed and revised to meet the needs of requesting medical practitioners. Electronic delivery of reports contributes to continuity of care
- Continued improvement to clinical governance via the implementation of performance indicators including quality indicators. Working with the Royal College of Pathologists of Australasia and the NSW Health Department, senior PaLMS staff have played leading roles in the development of new Quality Assurance systems, including Clinical Indicators, Incident monitoring and Root Cause Analysis Quality Assurance
- Continuing contribution to the improvement of national practice of pathology, with a number of PaLMS staff being invited to serve on key national Policy committees of the Royal College of Pathologists of Australasia, the National Pathology Accreditation Advisory Council, and various specialist professional societies and associations in pathology
- PaLMS is in the process of further upgrading its existing accreditation to the new International Standard of ISO15189 (AS 4633) for all laboratories on all campuses throughout Northern Sydney Central Coast Area. By working with patients, doctors and the community PaLMS continues to pursue its mission of delivering a quality pathology service throughout Northern Sydney Central Coast Health

Public Health

Central Coast Public Health Unit

SUMMARY OF ACTIVITY INCLUDING RANGE OF SERVICES PROVIDED

The mission of the Public Health Unit (PHU) is to protect and promote the health of the people of the Central Coast through the provision of:

- services according to the Public Health Act 1991 and related legislation
- infectious disease surveillance and control
- immunisation services
- chronic disease surveillance
- environmental health monitoring, and
- promotion of a population health approach to service delivery

MAJOR GOALS AND OUTCOMES

TO MONITOR AND PREVENT INFECTIOUS DISEASES IN THE COMMUNITY SETTING

- Notifiable diseases
  Among residents of the Central Coast, there were 137 cases of pertussis, 4 cases of hepatitis A and 10 cases of meningococcal infection (7 group B, 2 group C, 1 untypable) requiring active follow up and intervention to limit the spread of disease. Other notifications include 9 cases of Ross River virus, 4 cases of Barmah Forest virus, 391 cases of Chlamydia, 378 cases of hepatitis C, 39 cases of pneumococcal disease and 7 cases of tuberculosis (managed by the Chest Clinic).
  - Q fever cluster
    The PHU, in conjunction with the Department of Agriculture, investigated a small cluster of Q fever cases locally.
  - Immunisation rates
    The Central Coast Immunisation Task Force continued to support the range of immunisation services provided to local residents. Using Australian Childhood Immunisation Register (ACIR) data, an active follow-up project of overdue vaccinations was commenced in December 2004. The June 2005 ACIR report placed vaccine coverage for children aged 12-15 months at 91% in Gosford LGA and 92% in Wyong LGA. Central Coast immunisation rates continue to be better than the state average.

TO MONITOR, ASSESS AND CONTROL THOSE FACTORS IN THE ENVIRONMENT THAT CAN AFFECT HUMAN HEALTH

- Arboviral disease
  Mosquito surveillance did not show any significant sustained increase in mosquito activity. Ross River virus and Barmah Forest virus notifications remained low.
- Legionella surveillance
  Central Coast Health cooling towers showed 99% compliance with the accepted performance measure. CCH warm water systems returned a 95% compliance rate and hydrotherapy pools 93%.

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- **Water quality**
  A study of 32 recreational water sites revealed *Vibrio vulnificus*, a pathogen which can cause human disease, in only one sample in one site.

- **Rural water supply**
  Central Coast public schools not serviced by a treated town water supply were tested for drinking water quality.

- **Air quality**
  The national standard for particulate matter (PM10) is 50 µg/m³ over a 24-hour period. During the past year, the annual average for Gosford and Wyong was 24.2 µg/m³ and 21.2 µg/m³ respectively. The maximum 24 hour level was 42.8 µg/m³ for Gosford and 70.3 µg/m³ for Wyong.

- **Tobacco control**
  Tobacco retail premises were inspected for compliance with tobacco advertising regulations, resulting in seven successful prosecutions. Monitoring of sales to minors was carried out in collaboration with the Central Coast Health Promotion Unit, with four prosecutions undertaken. Clubs and hotels were inspected under the Smoke Free Environment Act and seven notices issued for non compliance.

**TO IMPROVE HEALTH OUTCOMES FOR PEOPLE WITH DIABETES AND CARDIOVASCULAR DISEASE**

- **Diabetes**
  The PHU continues to facilitate the work of the Diabetes Management Steering Committee, and is coordinating an initiative to ensure that all Aboriginal patients admitted to Gosford Hospital are screened for diabetes.

- **Cardiovascular Disease**
  A prospective clinical audit of Cardiac Unit inpatients was conducted to determine if patients with acute coronary syndrome were managed according to evidence based guidelines. Three prevention programs (two walking groups and one nutrition program) managed by the PHU and based in general practice were implemented.

**TO UNDERTAKE PUBLIC HEALTH RESEARCH RELEVANT TO THE CENTRAL COAST COMMUNITY**

- **Iodine status**
  Data collection has been completed in a study to determine whether there is evidence of iodine deficiency in Central Coast pregnant women and their newborns. It will inform the National Iodine Nutrition Study and drive an evidence-based intervention campaign.

**KEY ISSUES AND EVENTS**

**WATER FLUORIDATION**

Fluoridation of a water supply is a proven safe, effective and cost-effective public health measure to help reduce tooth decay. The PHU continues to play an active role in the Central Coast Community Dental Health Forum’s lobbying to have the Gosford water supply fluoridated.

**IMMUNISATION**

In 2004, the school based Meningococcal C Vaccination Program was completed, with over 40,000 Central Coast school age children vaccinated. During 2005 the previous year’s pertussis vaccination program has been extended to Year 7 in addition to the ongoing hepatitis B vaccination of this age group.

**GLOBAL INFECTION DISEASES**

The PHU is actively involved in national and state pandemic plans to counter the threat of diseases such as SARS and avian influenza.

**FUTURE DIRECTIONS**

**INFECTION DISEASES**

- Continue to collaborate with state, national and international stakeholders to develop appropriate emergency management plans for epidemics and pandemics
- Closely monitor the development of emerging infectious diseases such as malaria, dengue fever and Japanese encephalitis, which are becoming more relevant with climate change
- Continue to improve both infectious diseases monitoring systems and data quality to improve the public health response
- Improve infectious diseases surveillance in residents and staff of aged care facilities to prevent outbreaks
- Provide an early warning system about important infectious diseases in the community to enhance patient care

**IMMUNISATION**

- new strategies to enhance service delivery across the mixed rural and urban population of the new area health service
- Provide information to providers and the community about rapidly changing immunisation schedule

**ENVIRONMENTAL HEALTH**

- Continue to develop an understanding of urban development and health, and develop a strategy for public health involvement
- Continue to work with the local Aboriginal community to develop a submission for the Housing for Health program

**ENHANCING THE HEALTH SYSTEM’S CAPACITY TO PREVENT ILLNESS**

- As part of cardiovascular disease risk factor management in the community, to develop and pilot projects

**DEVELOPING PARTNERSHIPS**

- To work with the new NSW Food Authority to effectively respond to food-borne illness outbreaks
- Continue to work with Newcastle University (Ourimbah) to model diabetes complications for Central Coast population and determine the likely impact of investment in early detection and treatment
- Repeat the 1998 primary schools physical activity survey to determine if improvement has occurred
Northern Sydney Public Health Unit

SUMMARY OF ACTIVITY INCLUDING THE RANGE OF SERVICES PROVIDED

The mission of the Public Health Unit (PHU) is to protect and promote the health of the people of the Northern Sydney Area through the provision of:

- services according to the Public Health Act 1991 and related legislation,
- infectious disease surveillance and control,
- immunisation services,
- environmental health monitoring and
- promotion of a population health approach to service delivery.

MAJOR GOALS AND OUTCOMES

TO MONITOR AND PREVENT INFECTIOUS DISEASES IN THE COMMUNITY SETTING

- Notifiable Diseases
  The Northern Sydney PHU had 3,532 cases of Notifiable Diseases reported, with many requiring follow-up investigation and provision of recommendations for control. This included 21 cases of Meningococcal Disease, two Measles cases, 541 Pertussis cases and 15 Hepatitis A cases. There were 94 outbreaks of disease investigated during the financial year including outbreaks of Pertussis, Influenza, viral gastro-enteritis, cryptosporidiosis and a cluster of two cases of Meningococcal Disease.

IMMUNISATION RATES

The June 2005 ACIR report placed vaccine coverage for children aged 12-15 months (age calculated at 31st March) at 91% for Hornsby LGA, 93% for Hunters Hill LGA, 90% for Ku-ring-gai LGA, 90% for Lane Cove LGA, 86% for Manly LGA, 92% for Mosman LGA, 90% for North Sydney LGA, 93% for Pittwater LGA, 91% for Ryde LGA, 90% for Warringah LGA and 95% at Willoughby LGA. Some of the Northern Sydney LGAs are doing better than the state average of 91%.

KEY ISSUES AND EVENTS

NOTIFIABLE DISEASES

- Public Health Unit involvement in outbreaks of influenza in residential care facilities has increased with a new state/national plan for managing outbreaks of respiratory illness in these settings. This has seen additional training for staff and a requirement for new plans to be developed at a local level to enable a sustainable response to these events.
- A cluster of two cases of Meningococcal Disease attending a single school led to antibiotic chemoprophylaxis clinics being held for 132 students who travel on the same bus as the two students.

IMMUNISATION

- School-based Immunisation
  The first team to conduct an immunisation program in schools through the Public Health Unit was formed. The program commenced in May in primary schools providing the meningococcal C vaccine to 40,000 primary school students. The program continued in high schools in 2005 offering hepatitis B vaccine and adult diphtheria/tetanus/pertussis to students in Year Seven.

IMMUNISATION UPDATES

Four successful immunisation updates were held – Oct 04, Nov 04, Dec 04 and May 05. More than 140 nurses attended across the four days.

FUTURE DIRECTIONS

INFECTIOUS DISEASES

- Staff at the Northern Sydney Public Health Unit are involved in the planning and development of a new, electronic notification system for Notifiable Disease in NSW involving laboratories and a new Notifiable Disease Database.
- PHU staff are involved in the development of an Area Influenza Pandemic Plan.

IMMUNISATION

- Recruit an Immunisation Officer to commence follow up of overdue children investigating both service provision and education resources
- Review the Northern Sydney Area Immunisation Advisory Committee to ensure stakeholder collaboration and education as the new immunisation schedule is initiated
- Continue to work with the Central Coast Immunisation Coordinator to develop a standardised approach for immunisation service delivery across NSCCH

ENVIRONMENTAL HEALTH

- Continue to develop an understanding of urban development and health
- Develop a hairdresser guideline for local government
- Produce a procedure guideline on dealing with new and existing brothels
- Participation and involvement in the Lane Cove Tunnel Project

DEVELOPING PARTNERSHIPS

- Work with the new NSW Food Authority to respond to food borne illness outbreaks
Health Promotion

SUMMARY OF ACTIVITY INCLUDING THE RANGE OF SERVICES PROVIDED
Projects implemented to address chronic disease health issues, injury prevention, and emotional and social health. Health Promotion teams worked with key organisations to address health issues.

MAJOR GOALS AND OUTCOMES

REDUCE CHILDHOOD OVERWEIGHT AND OBESITY
The Q4: ‘Live Outside the Box’ saw 25,000 Central Coast school students reduce junk food consumption, increase fruit and vegetable intake, increase physical activity and limit TV and computer use.

Schools have been implementing ‘Fresh Tastes@School’ Canteen Strategy. The Central Coast Primary School PDHPE Network is addressing physical activity and the Ryde Canteen Network has been established.

REDUCE TEENAGE SMOKING RATES
‘Out of the Smokescreen II’, funded by the Cancer Council NSW, was implemented across NSCCAHS and in a number of NSW, Canberra and South Australian locations.

INCREASE PHYSICAL ACTIVITY LEVELS
The Target 10,000 pedometer/walking project at Hornsby Ku-ring-gai Hospital saw 73 staff walk more than 13,000km in four weeks.

INCREASE RATES OF BREASTFEEDING
Consultations with the Chinese Community have been held for the ‘Breastfeeding Amongst Chinese Women’ Project.

REDUCE THE MORBIDITY AND MORTALITY ASSOCIATED WITH FALLS
Health Promotion helped implement the NSW Falls Prevention Policy with Falls Seminars and displays, highlighting the number of major and minor traumas sustained through falls. Other preventative activity included education, strength training and fitness programs.

KEY ISSUES AND EVENTS

TOBACCO CONTROL
Results of the ‘Out of the Smokescreen I’ project published in the international journal, Tobacco Control. Anti-smoking advertisements shown to protect teenagers against the promotional effects of tobacco use in feature films.

The Chinese Australian Tobacco & Health Network presented with a NSW Health Multicultural Communication Award for 2005 for Bilingual Training Flipchart

FALLS PREVENTION
‘Staying Active, Staying Safe’ – basic exercises to prevent falls launched. Requests for the resource now coming from other parts of NSW.

CHILDHOOD OBESITY
‘Q4: Live Outside the Box’ received recognition and requests from schools throughout NSW.

Twenty two Northern Sydney schools received grants totalling $15,000 to implement ‘healthy’ projects including vegetable gardens, purchase sports equipment, ‘lunch that lifts’ and dealing with depression in teenagers. The project has established links between state, independent and Catholic schools, parent associations, Child and Family Health, Nutrition and Health Promotion.

FUTURE DIRECTION
Health Promotion will continue to address childhood obesity, smoke-free environments and the continuing implementation of the NSW Falls Prevention Policy.
Mental Health

SUMMARY OF ACTIVITY, INCLUDING THE RANGE OF SERVICES PROVIDED
NSCCH Mental Health Services are provided to our communities through a range of clinical services covering Acute In-Patient, Non-Acute In-Patient, Community Ambulatory and Community Residential support. A mix of these services is available for people of all ages with specialist services for children, adolescents and older people.

MAJOR GOALS AND OUTCOMES
NEW BEDS ON CENTRAL COAST
The Wyong Mental Health Centre became fully operational from January 2005 increasing the Central Coast’s Mental Health Services from 25 to 75 beds. There is now increased access to adult mental health inpatient beds (35 beds) and inpatient care for older people (15 beds).

SERVICE MODEL PLAN
A Service Plan for Area Mental Health Services to 2016 is in the final stages of development. The Service Plan has been developed with participation from consumers, carers, non-government organisations, community and staff. The project was one of the first joint undertakings between Central Coast and Northern Sydney Area Health Services in 2004.

Ryde Community Mental Health Services, jointly with Mercy Life, were acknowledged in Hansard for their work on a ‘living conditions’ project that saw an increase and extension of funding to assist people living in substandard environments. A Community Treatment Order (CTO) project reduced the number of people on CTOs by 40%. A CTO education and support group process is popular and well attended.

MEDICAL EMERGENCY TEAM
A Medical Emergency Team was established in Macquarie Hospital to respond to medical emergencies around the clock. Training was provided to medical and nursing staff, two defibrillators purchased and frequent drills undertaken to ensure the correct response to medical emergencies.

MENTAL HEALTH FIRST AID COURSE
The Mental Health First Aid Course has been introduced on the Central Coast as a result of consultation with community and NGOs who identified a specific need for education and training on mental health issues. Feedback is positive.

PARTNERSHIP WITH ARAFMI, RAFT AND GP SHARED CARE
Partnership with ARAFMI, RAFT and GP Shared Care has developed a Train the Trainer program for multi-family group training. This two year program for families aims to provide education around problem solving, management of all aspects of the illness and developing a recovery approach with the families of clients with schizophrenia.

KEY ISSUES AND EVENTS
ACHS ACCREDITATION SURVEY
Northern Sydney Area Mental Health Services underwent an organisation-wide survey in September 2004, achieving accreditation for two years.

NUMERICAL PROFILE
Northern Sydney Area Mental Health Services achieved 72.9% in the Numerical Profile May 2005.

DIRECTOR APPOINTED
Dr Nick O’Connor appointed Director of NSCCH Mental Health Services on June 1 2005.

HOSPITAL SYMPOSIUM
The inaugural Macquarie Hospital Symposium was conducted on site on 2 December 2004. More than 160 clinicians attended sessions covering the two themes of “Treatment Dilemmas in Chronic Mental Illness” and “Substance Abuse in Psychosis”. This will now become an annual event at a larger venue.

CLINICAL SUPERVISION SYMPOSIUM
A Symposium for nursing staff from across the Area was held at Macquarie Hospital on 20 June 2005. This was highly successful as the launch of a strategy to ensure nurses have regular access to clinical supervision to align nursing with their allied Health and medical colleagues.

FUTURE DIRECTION
Planning is underway for a Mental Health Intensive Care Unit at Hornsby Hospital and Psychiatric Emergency Care Centres for both Hornsby and Wyong Hospitals.

NSCCH Mental Health has established family and carer support, integrated perinatal care and support for parents with a mental illness amongst the top priorities for 2005-06.

MENTAL HEALTH NEED MET (%) NSCCAHS

SOURCE: DOHRS (Acute inpatient, Non acute inpatients)
National Survey of Mental Health Services (Ambulatory care)
CONTACT: Director, Centre for Mental Health 9391 9299
Aboriginal Health

SUMMARY OF ACTIVITY
The key role of the Aboriginal Health Unit is to liaise with Aboriginal patients, clinical staff and family members and, where necessary, act as advocate for patients and their families.

MAJOR GOALS AND OUTCOMES
• Establishment of an Aboriginal Mental Health Liaison Committee. The Committee developed four major strategies for the Northern Sydney area
• With Women’s Health Unit, organised a Koori Women’s Health Network meeting to highlight cervical screening for Koori women
• Developed and launched the ‘Koori Family Matters’ brochure, in partnership with Drug and Alcohol Services, Northern Sydney Health and the Premiers Department

KEY ISSUES & EVENTS
• NAIDOC Week Celebrations July 2004 included raising the Aboriginal flag at RNSH and celebrating the week with didgeridoo music and a tasting of bush jams during morning tea
• Launch of the Drug & Alcohol pamphlet at Hornsby RSL. Aboriginal dancers and traditional didgeridoo music entertained guests

FUTURE DIRECTION
• The amalgamation of Nunyara Aboriginal Health (Central Coast) and Aboriginal Health Unit (Northern Sydney) as one Aboriginal Health Unit
• Development of a tool for clinicians to help them communicate well with Aboriginal patients. Once developed, it is anticipated that it will be piloted at RNSH

Division of Community & Allied Health (Central Coast), Allied Health Services (Northern Sydney Health)

SUMMARY OF ACTIVITY INCLUDING THE RANGE OF SERVICES PROVIDED
The Division of Community & Allied Health (previously Central Coast Health) and the three sector Allied Health groupings (previously Northern Sydney Health) provide a wide range of inpatient, outpatient and community based medical, therapy and counselling services to children, young people and adults across the NSCCH area.

Whilst service structures are configured differently across the previous two sub-areas, major areas of services delivery include the following: Aboriginal Health; Alcohol & Other Drug (AODS); Amputee Clinic; Audiology; Community Nursing including Adult Day Care, Continence Services, Dementia Care, Diabetes Education, Extended Day Care, Generalist Services, Stomal Therapy, TB Surveillance and Wound Management; Community Outreach and Rehabilitation Services; Oral Health; Geriatric Medicine; Pain Service; Mental Health; Multicultural Health; all areas of in-patient care, Nutrition/Dietetics; Occupational Therapy; Orthotics; Palliative Care; Pharmacy; Physiotherapy; Podiatry; Psychology; Rehabilitation Services; HIV & Sexual Health; Social Work; Speech Pathology; Violence, Abuse & Neglect (VAN – Central Coast Health) Services including Sexual Assault, Child Protection Family Service (PANOC) and Domestic Violence Protection Team; adult Sexual Assault Services (Northern Sydney Health) and Youth Health.

Library/knowledge services are also provided at the Royal North Shore and Ryde Hospital sites.

MAJOR GOALS AND OUTCOMES
IMPLEMENT A CANNABIS CLINIC SERVICE
Funding was provided for a Cannabis Clinic service to operate from community health centres.

FURTHER DEVELOP A COMPREHENSIVE WOUND MANAGEMENT SERVICE
Developed by Community Nurses, the system is being reviewed by all other Area Health Services for implementation. The service has achieved world standard healing times, clinical outcomes trend data and cost savings. Community Nursing participated in a major state-wide telehealth research project taking wound management into doctors’ surgeries electronically.
ESTABLISH A CHRONIC DISEASE SELF-MANAGEMENT PROGRAM
The ‘Better Health Self Management’ Course has been established for persons with a chronic illness. Leaders have been trained and accredited and rollout has begun.

CONDUCT A ‘LIVING WITH STROKE’ FORUM FOR CLIENTS, CARERS AND HEALTH PROFESSIONALS.
A successful forum was conducted during ‘Stroke Week’ with 200 consumers, carers and professionals attending.

IMPLEMENT THE ‘END OF LIFE’ CLINICAL PATHWAY.
The pathway and education package has been developed by the Palliative Care Team and is fully implemented.

CONTINUE TO RECRUIT ALLIED HEALTH POSITIONS AS PART OF THE WYONG AND GOSFORD HOSPITALS’ DEVELOPMENT.
Allied health staff has been recruited to the newly commissioned Wyong Hospital expansion.

ENSURE EFFECTIVE INTEGRATION OF ALLIED HEALTH SERVICES ACROSS THE NORTHERN BEACHES HOSPITAL AND COMMUNITY HEALTH SERVICE AREA.
Planning and implementation is complete.

ESTABLISH AN INTEGRATED ALLIED HEALTH DIVISIONAL STRUCTURE AND MANAGEMENT PROCESS ACROSS ROYAL NORTH SHORE AND RYDE HOSPITAL SITES.
Planning and implementation is complete.

INCREASE PARTICIPATION OF ALLIED HEALTH STAFF IN POST-GRADUATE RESEARCH PROGRAMMES.
Achieved through access to dedicated research funds.

ESTABLISH A PROFESSORIAL CLINICAL ACADEMIC POSITION IN PHARMACY SERVICES AT ROYAL NORTH SHORE HOSPITAL.
Achieved following negotiations between the NSCCH area and the University of Sydney.

PROVIDE, IN PARTNERSHIP WITH THE NORTHERN CLINICAL SCHOOL, LEADERSHIP IN THE DEVELOPMENT OF AN INTER-PROFESSIONAL UNDERGRADUATE LEARNING PROGRAM.
The University of Sydney and NSCCH plan to extend this innovative program.

ESTABLISH INTEGRATED AND EVIDENCE BASED ALLIED HEALTH PRACTICE IN NSW SEVERE BURN SERVICE AND SPINAL INJURIES SERVICE.
Partnerships developed across Area Health Services and significant progress made in developing allied health evidence based practice guidelines particularly in treatment of severe burn injury.

CONTRIBUTE TO DEVELOPMENT AND DELIVERY OF SUSTAINABLE ACCESS PROGRAM ACROSS ALL SITES.
Allied health departments are establishing service delivery to respond to access-block issues.

CONTRIBUTE TO DEVELOPMENT OF GOVERNANCE AND ORGANISATIONAL STRUCTURES FOR THE NSCCH.
Allied health managers and clinicians have contributed at the sector, area and state levels.

DEVELOP ACROSS-HOSPITAL PRIORITY CRITERIA FOR DELIVERY OF PHYSIOTHERAPY SERVICES.
RNSH Physiotherapy developed priority criteria to ensure the effective, appropriate allocation of physiotherapy services.

PROVIDE OUTREACH CLINICAL LIBRARIANSHIP PROGRAM AT RYDE HOSPITAL.
The program has been evaluated and identified as successful in linking research findings to clinical decision making.

EVALUATE AND FURTHER DEVELOP LIBRARY/KNOWLEDGE SERVICE TRAINING/EDUCATION PROGRAMMES.
A major review and redesign of library service program has occurred.

INCREASE PARTICIPATION OF NUTRITION STAFF IN LECTURES AND SUPERVISION FOR UNDERGRADUATE AND MASTERS NUTRITION STUDENTS.
Increased participation in the education process is an example of Allied Health commitment.

ESTABLISH A HOME-BASED REHABILITATION SERVICE FOR PATIENTS UNABLE TO ATTEND THE HOSPITAL.
The Department of Speech Pathology, Manly Hospital responded to this community need.

ESTABLISH A COMMON PHARMACY INFORMATION SYSTEM ACROSS RNSH & RYDE HOSPITALS.
The achievement of this goal improves effectiveness and efficiency of pharmacy services.

PROVIDE DISASTER COUNSELLING SERVICES ACROSS NSW.
RNSH social workers are leaders in developing and contributing to the delivery of counselling/victim identification services across NSW.

KEY ISSUES AND EVENTS
• Speech Pathologists, Kylie Davies and Michelle Scalas developed a national Speech Pathology Australia position paper, ‘Dysphagia: Modified Barium Swallow’. This is the new governing guideline for this procedure.
• The Eating Disorders Early Intervention Outpatient Service is the only one of its kind in Australia and is regarded as a model of service provision outside of capital cities. The service advises NSW Mental Health on service development for NSW and team members presented at the Senate Select Committee on Mental Health.
• Young people were engaged as Youth Consultants to audit mainstream health services and general practices for ‘youth friendliness’

Northern Sydney Central Coast Health • 2004/2005 Annual Report 30
• Violence, Abuse and Neglect Services (VAN) published the inaugural 'Connextions Practice Xchange Journal' in conjunction with the Benevolent Society and Horizons Family Support Service. A Connextions Conference was attended by more than 200 Central Coast community workers. The conference highlighted research and methods for working in the areas of violence, abuse and neglect.

• 'Celebrate Safely' is an Alcohol & Other Drugs (AODS) media and marketing program on alcohol and 'at risk' youth. 'Celebrate Safely' Community Consultation Forum well attended and the ‘Celebrate Safely’ website received 225,781 'hits' during the year.

• Wyong Inpatient Detoxification Unit successfully introduced a smoke free policy, winning an award from the NSW Cancer Council.

• A playgroup for children whose parents are on opioid treatment was established to help parents learn about play behaviour and health care. The playgroup program was presented at two national conferences.

FUTURE DIRECTION

• Improve young people's access to health services through General Practice by increased consultation, provision of training and utilisation of the Youth GP Voucher Program

• Implement research into the needs of parents in relation to young people's cannabis use.

• Develop podiatry services with community nursing services for foot ulcer care and in conjunction with the Aboriginal Vascular Health project.

• Develop and implement a plan for the Central Coast Primary Health Care Network.

• Implement a practice development model of education to all community nursing teams.

• Develop an allied health workforce plan.

• Design and implement effective organisational and governance structures for allied health staff and resources.

• Contribute to development of NSCCH clinical networks.

• Improve links between NSH and CCH allied health services.

• Develop the research and teaching capacity of allied health staff.

• Develop evidence based practice across allied health services.

• Foster service and staff development partnerships between the health and education sectors.

Northern Sydney Home Nursing Service

SUMMARY OF ACTIVITY INCLUDING THE RANGE OF SERVICES PROVIDED

• Comprehensive nursing assessment

• Wound Care

• Chronic/complex care including respiratory and cardiac monitoring

• Medication management

• Palliative/terminal care

• Support, monitoring and health education

• Continence and catheter care

• Weekend Access Program – increased capacity to take acute weekend referrals and relieve weekend access block.

SERVICES PROVIDED

Admissions per month: 500-600

Occasions of service: 21,000 – 23,000 (approximately) per month targeting Northern Sydney residents particularly frail/aged and disabled.

Over 65 years: 80%

Occasions of service: 275,437

MAJOR GOALS AND OUTCOMES

CHRONIC AND COMPLEX CARE PROGRAM

Chronic and Complex Care Respiratory Program in partnership with Acute/Post Acute Care (APAC) and Pulmonary Rehabilitation.

NSHNS Respiratory Program outcomes to date:

• Program began in 2002

• 290 patients enrolled in program to date

• 870 emergency department presentations prevented

• 203 hospital admissions prevented

• 122 hospital readmissions prevented

• 4176 saved hospital bed days.

SAP FUNDING – NSHNS WEEKEND ACCESS PROGRAM

• Program began 1 July 2005

• 140 patients admitted over weekend period from NSCCH acute sector

• 252 bed days saved to date/ target of 88 bed days per month

• 78 emergency presentations saved.
MANLY COMMUNITY NURSE CLINIC

- Clinic began 2003, four hours per week, targeting disadvantaged and homeless in Manly
- 615 presentations to date

KEY ISSUES AND EVENTS

- To maintain current level of service despite $1.5 million funding shortfall due to state nursing award increases (not funded by HACC)
- To continue flexible and responsive approach to needs of Northern Sydney residents

FUTURE DIRECTION

- Realise potential to increase co-operation between community services to prevent hospital admissions and maintain people in their own home
- Be an integral part of ‘Hospital Avoidance’ Program
- Develop closer ties with APAC
- Develop ‘one number’ access point and joint referral and admission processes

Nursing and Midwifery Services

SUMMARY OF ACTIVITY

NSCCH Nursing and Midwifery is responsible for providing professional leadership, clinical governance and educational opportunities to support the development and capabilities of 4500 nurses and midwives.

MAJOR GOALS AND OUTCOMES

NEW GRADUATE NURSES AND OPPORTUNITIES FOR POSTGRADUATE STUDIES

New graduate nurses (215) were recruited via the NSW Nursing Consortium. NSCCH market share is 20% of all new graduates recruited via the NSW Nursing Consortium. A postgraduate marketing strategy increased the number of nurses in Postgraduate Graduate Certificate Courses offered by UTS.

TEN (TRAINEE ENROLLED NURSE) EDUCATION PROGRAM INCREASED PLACES AVAILABLE IN 2005

NSCCH agreed with NSW Health to train 251 Enrolled Nurses in 2005 calendar year. In financial year 04/05 210 TENs commenced the course

ENROLLED NURSES ABLE TO ADMINISTER MEDICATIONS

254 Enrolled Nurses completed the Attainment/Conversion Course – Medication Administration and are now eligible for endorsement with the Nurse and Midwives Board.

RETURNING TO WORK OPPORTUNITIES

The Re-Connect Strategy and the Returning to Practice program facilitates re-entry into the nursing workforce. These programs are a continuing success story with retention rates of 80% for program participants.

CLINICAL LEADERSHIP PROGRAM (CLP)

The CLP, sponsored by the Nursing and Midwifery Office, supports and promotes practice development. NSCCH appointed a local facilitator and had four nursing/midwifery leaders and two from Mental Health and Allied Health.

KEY ISSUES AND EVENTS

IMAGE OF NURSING – SILENCE TO VOICE SEMINAR SEPTEMBER 2004

Thirty nurse leaders and nurse champions from Northern Sydney Health attended a Suzanne Gordon workshop entitled “From Silence to Voice.” Ms Gordon, who is based in the USA, writes about political culture, women’s issues, nursing, and health care. This workshop was designed to help NSH nurses raise the profile of the profession and provide nurses with skills to articulate their professional nursing story at unit, hospital and national level.
Boundary changes have provided an opportunity to draw upon nursing and midwifery clinical, management and educational expertise to add value to the communities we serve.

Ninety nurses from NSCCH attended a Models of Care Road Show hosted by NSCCH in collaboration with the NSW Health. The workshops allowed for sharing of experiences and the impetus to think about nurses’ roles and practice.

In April 2005 the mental health targeted strategy was launched in print and electronic media.

Guidelines for the NP position in the Emergency Department of Hornsby Hospital were endorsed in May 2005 and will now serve as NSW benchmark. NSCCH is one of the few Area Health Services to have an authorised Nurse Practitioner working within endorsed guidelines.

Finalise and release new nursing and midwifery Strategic Plan for NSCCH.

Models of Care – Identify, facilitate, lead and actively participate in models of care opportunities which recognise the changing needs of healthcare and the workforce.

Nurse Practitioner Project – Establish a NSCCH Nurse Practitioner steering committee to support the development and implementation of appropriate guidelines for Nurse Practitioners.

Streamline our processes for the training of Enrolled Nurses.

Nursing and midwifery practice to be research and evidenced based.

Develop innovative marketing strategies to promote NSCCH as the ‘employer of choice’ for nursing and midwifery.

Area Child and Family Health (Northern Sydney)

Child and Family Health Services provide community based services to support children and families via prevention and early intervention from a population health perspective. Northern Sydney Child and Family Health includes the following services and programs:

- Area Directorate
- Families First
- Child Protection Service
- Dalwood Early Intervention Program
- Chatswood Assessment Centre (Developmental Disability)
- Sector-based Child and Family Health Services in Hornsby Ku-ring-gai, Northern Beaches and Royal North Shore & Ryde

Updates on each of these services/programs for 2004/05 are provided below.

Area Child and Family Health (Northern Sydney) – Area Directorate

The C&FH Area Directorate is responsible for Area policy, planning and budget to ensure consistent child and family health policy and practice across Northern Sydney Health. The Area Directorate includes an Area Clinical Nurse Consultant (CNC) for Early Childhood Health, providing professional support for Area Child and Family Health nursing practice.

Major Goals and Outcomes

- Provision of an Area Child and Family Health Professional Development in-service program
- Development and distribution of a Child and Family Health Newsletter
- Development of the Area CNC role within Northern Sydney Child and Family Health Service
- Development of an Area Child and Family Health Nurses’ Study Network
- Development of a Professional Structure for Child and Family Health Nurses

Key Issues and Events

- Appointment of one other Clinical Nurse Consultant (RNS/Ryde sector)
- Participation in State Child & Family Health CNC Network

Future Direction

- Continue and strengthen links with Central Coast C&FH
- Research and quality projects
Families First
NSH is progressively implementing universal postnatal health home visiting and enhancing the sustained home visiting service offered to families who need extra support in the antenatal period or up to two years after the birth of a baby. NSH is introducing universal psychosocial assessment in the antenatal and postnatal periods.

MAJOR GOALS AND OUTCOMES
• Provision of universal health home visiting was increased from 60% to 80% of all families with a newborn in 2004/05
• Development of clinical practice guidelines for Health Home Visiting
• Piloting of these guidelines in Northern Beaches Sector
• Training and support for Child and Family Health Nurses involved in home visits
• Development of a training program for nurses completing postnatal psychosocial assessment

KEY ISSUES AND EVENTS
• Employment of an Area Integrated Perinatal & Infant Care (IPC) Project Officer.
• Stage 1 of antenatal psychosocial assessment in Hornsby Ku-ring-gai sector by December 2005.
• Provision of two Family Partnership Training courses and training of four additional staff.
• Fax machines to all Early Childhood Health Centres for maternity discharge summaries.
• Participation in NSW Health State Families First Network and State IPC Network.
• Auspice of two Families First interagency projects.
  (1) The Early Language Development Project – strategies to support early language development and target and coordinate speech pathology services across the region.
  (2) The Professional Development and Interagency Orientation Project – looking at improving skills and knowledge of staff working with children and families in the areas of child development, attachment theory and working holistically with families.

FUTURE DIRECTION
• Implementation of complete health home visiting service model across NSH
• Development of clinical practice guidelines for antenatal psychosocial assessment and gradual implementation across all NSH maternity units
• Development of a joint Northern Sydney & Central Coast Families First annual training program including psychosocial assessment training and family partnership training
• Development of information systems to support transfer of information from maternity to community health to support continuum of care in the perinatal period
• Development of information systems to support data collection

Child Protection Service (NSCPS)
NSCPS provides designated tertiary Physical Abuse and Neglect of Children (PANOC) and Child Sexual Assault services across the Northern Sydney sectors of NSCCH. This includes the provision of a twenty-four hour forensic medical and crisis counselling response to children under sixteen years (and their non-offending caregivers) who have experienced sexual assault.

Assessment, longer term therapeutic interventions, court preparation, support and assistance with victims’ compensation are provided to those children and their care givers where the Department of Community Services (DoCS) has substantiated medium to medium-high risk of harm from physical, sexual, emotional abuse or neglect.

The service provides consultation and support to health workers in the Northern Sydney area in relation to child protection matters and issues related to interagency practice.

The CPS duty worker is the central contact point in Northern Sydney for Section 248 requests for information received from DoCS and supports medical records and health staff in their responses.

MAJOR GOALS AND OUTCOMES
• To ensure that children who have experienced child abuse or neglect and their caregivers have access to high quality, evidence-based assessment, counselling and support
• To support NS management and workers in fulfilling child protection legislative responsibilities
• To provide comprehensive and accessible child protection education and resources.
• To promote awareness of welfare, wellbeing and safety issues for children within the health service and the Northern Sydney community
• To develop and promote skilled and respected interagency practice in relation to child protection in Northern Sydney.

KEY ISSUES AND EVENTS
• NSW Health Child Protection Service Plan (2004-2007) implemented
• Development of outcomes research strategy for NSCPS
• Maintaining support of community groups such as Cornucopia Committee
• Development of service agreements with partners within the Health service

FUTURE DIRECTION
• Work with DoCS and Joint Investigation Response Team (JIRT) to streamline access to services for children and families
• Increase level of consumer consultation
Dalwood Early Intervention Program
The Dalwood Early Intervention Program is a tertiary program assisting vulnerable families who are experiencing difficulties in the care and parenting of their children between two years of age and school entry. The service caters for 45 families and provides:

• An early intervention preschool program
• Family counselling
• Parent/child interaction playgroup (4-6 weeks)
• Volunteer home visiting
• Supported playgroup (year round) for vulnerable families with children under three years.

MAJOR GOALS AND OUTCOMES
CASE LOAD
In 2004/05, 40 families participated in the Dalwood Early Intervention Program with 40 children over two year of age attending the preschool centre and five children under two receiving home-based early intervention services. Just over 50% were involved with DoCS due to child protection concerns and several others were not yet allocated. 90% had language delays and 85 per cent had emotional and behavioural issues. Thirty-five were from a CALD background.

"CHILD’S PLAY" SPONSORSHIP PROJECT
This fund raising project was established to meet the need for designated Speech Pathology and Clinical Psychology service. Via a range of fundraising initiatives $94,000 was raised and a further $80,000 committed. As a result, therapists’ hours were increased to 20 hours per week each.

SUPPORTED PLAYGROUP
An inter-service planning committee was established to develop and coordinate a supported playgroup program for vulnerable families with children under three years of age. The group is now six months old and has a client base of seven to ten families.

UNDER 2S PROGRAM
This program was developed to provide services for families with children less than two years of age. Five places have been made available for younger children who receive early childhood education services via teacher home visiting combined with a weekly playgroup program. These families also have access to other standard services including family counselling, parent education and support groups and volunteer home visiting. Both Speech Pathology and Occupational Therapy services have also been made possible via consultation and home visiting.

KEY ISSUES AND EVENTS
DOCS EARLY INTERVENTION FUNDING
The service partnered with two non-government organisations to submit two applications for DoCS Early Intervention funding. Both applications look at expanding the Dalwood Early Intervention service model.

FUTURE DIRECTION
SUMMARY OF SERVICE PLANS FOR 2005
• Implement routine outcome measurement procedures including standardised assessment of Family Functioning, Brigance developmental assessments and Goal Attainment Scaling
• Implement and evaluate teacher home visiting services
• Implement and evaluate supported playgroup program
• Enhance special education focus in classroom programming
• Expand parent education services to include range of evidence-based group therapy models
• Investigate and pilot specific services and programs for fathers
• Develop service agreements with NSH Child Protection service and Manly DoCS team
• Fundraising
  – Child’s Play sponsorship for speech pathology and clinical psychology services
  – Art Therapy funding
  – Renovation of therapy unit

health services continued
Chatswood Assessment Centre

Chatswood Assessment Centre is a tertiary level service for children with a developmental delay. The Centre provides support, resources and information to families and runs special needs playgroups.

In 2004/05 the Centre received 179 referrals and conducted 163 diagnostic developmental assessments. The service also provided caseworker follow-up and conducted 30 sessions of special needs playgroups for 70 children.

MAJOR GOALS AND OUTCOMES

In addition to playgroups for children with a developmental delay, the Centre hosted two community playgroups for fathers as carers and Chinese mothers.

The Centre produced a brochure on Developmental Delay for broad distribution and conducted a school placement seminar for parents of children with a disability.

KEY ISSUES AND EVENTS

• Maintenance of high professional standards – frequent visiting speakers, regular journal reviews and attendance at relevant professional meetings
• Updating of testing equipment and expertise to latest editions
• Regular teaching commitments for medical and psychology students
• Use of developmental screening questionnaires

FUTURE DIRECTION

• Investigate diagnostic interview for Autism Spectrum Disorders
• Develop brochure on Intellectual Disability and Language Disability
• Consider service implications of re-development proposals

Affiliated Health Care Organisations

Hope Healthcare Limited

Pallister House
97-115 River Road, Greenwich 2065
(PO Box 5084)
Greenwich NSW 2065
Telephone 9903 8201 Facsimile 9437 4829
Website – www.hopehealthcare.com.au

Chief Executive Officer: William H McLaren

Hope Healthcare is an Affiliated Health Organisation. All our facilities are Recognised Health Establishments, listed in Schedule 3 to the Health Services Act 1997 and operate as part of the public health care system.

The health and community services provided by Hope Healthcare to the community covered by Northern Sydney Central Coast Area Health include those operating out of:

• Greenwich Hospital
• Neringah Hospital
• Graythwaite Nursing Home
• Northern Beaches Palliative Care Service
• Community and Aged Services (Dementia & Disability) based at Greenwich.

The four core service specialities are Palliative Care, Aged Care and Rehabilitation, Aged Care Psychiatry, and Community and Aged Care.

GROWING OUR SERVICE DELIVERY IN THE COMMUNITY

Community outreach services in Palliative Care have been a part of the function of all of the hospitals for many years. The option of hospital admission always remains particularly if the demands of care at home are beyond what carers can provide. However, most patients spend only short periods of time in hospital in order to sort out difficulties.

Hope Healthcare plans to further develop community services Palliative Care services.

• On the Northern Beaches we have recruited more community nursing staff and will recruit more allied health staff for community outreach.
• In the Greenwich area an extra staff member has been appointed to the ‘community-nursing’ team.

Other specialist health services have also developed community outreach work. For example an innovative community rehabilitation service for house-bound disabled persons enables them to come to outpatient therapy at Greenwich Hospital.

Hope Healthcare is the provider of COMPACK packaged services in the Lower North Shore area. This service has grown significantly since 2004 indicating a significant demand for community support by those wishing to return home following acute hospital care.
Greenwich Hospital
97-115 River Road, Greenwich NSW 2065
(PO Box 5084)
Telephone 9903 8333
Facsimile 9437 4829

Greenwich Hospital provides a range of palliative care services, rehabilitation services, respite care and aged care mental health services to residents of Northern Sydney particularly, but not limited, to Royal North Shore and Ryde Health Service areas.

Palliative care services are provided on an in and outpatient basis to residents of Mosman, Willoughby, North Sydney, Lane Cove, Ryde and Hunters Hill. Inpatient services only are provided to Manly residents.

The community palliative care service provides continuity of care and works with hospitals to provide consultations and liaison with specialists and the Sydney Home Nursing Service.

Rehabilitation services operate in close association with the Aged Care and Rehabilitation Services of Royal North Shore Hospital (RNSH) and Community Health Services. Multi-disciplinary care is provided on an in and outpatient basis.

Home Based Rehabilitation and the Day Therapy Units are growing. Patients are referred to the Day Therapy by local medical officers, Greenwich Hospital, RNSH Department of Aged Care and Rehabilitation, Home Based Rehabilitation and other hospitals.

Home Based Rehabilitation treated 246 patients in 2004/05. The referral base widened to include Sydney, Ryde, St Vincent’s, Manly and Mona Vale Hospitals as well as Greenwich and RNSH.

Aged care mental health assessment and treatment services are provided at the Riverglen Unit to communities within the Area. These include:

- inpatient aged care mental health services to NSH
- psychiatrist/registrar on-call services within the Ryde/Hunters Hill local government areas
- therapy to patients from Macquarie Hospital as well as other patients
- suicide prevention program for the NSH population aged over 65

Respite care services are provided to the chronically disabled and frail elderly through the Geriatric Day Centre at Greenwich, the Tom O’Neill Centre Dementia Day Centre at North Sydney (NSW Health and HACC funded), and the Dementia in the Home Service. The Geriatric Day Centre and the Dementia Day Centre are funded through NSCCCH with part of the funds for the Dementia Day Centre coming from Home and Community Care (HACC). Dementia in the Home Service is not funded by NSCCCH.

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Neringah Hospital
4-12 Neringah Avenue South, Wahroonga 2076
(PO Box 42, Wahroonga NSW 2076)
Telephone 9488 2200 Facsimile 9488 2268

Neringah Hospital provides in/outpatient palliative care services to the population of Northern Sydney, particularly those residing within the Hornsby and Ku-ring-gai local government areas. Inpatient palliative care services are also provided to residents of Manly, Pittwater and Warringah. Referrals are accepted for clients from other geographical areas who are receiving radiotherapy treatment within Northern Sydney, and for clients from other areas where suitable services are not available.

Neringah Hospital provides specialist services by supporting the local General Practitioners who are the main link in the chain of community care.

Patients are managed at home and are supported by a multidisciplinary team including occupational and physiotherapists, chaplains, volunteers and social workers. If more acute symptom management or support is required admission to the inpatient unit is available.

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Graythwaite Nursing Home
10 Edward Street North Sydney 2060
(PO Box 5084, Greenwich NSW 2065)
Telephone 9955 1115 Facsimile 9922 7362

Graythwaite is a 28 bed Adjusted Fee Residential Aged Care Facility, owned by NSW Health and managed by Hope Healthcare.

Graythwaite provides residential care in 75-80% of the available beds and respite care in the remainder. It functions in conjunction with the RNSH Aged Care & Rehabilitation Medicine Department and receives referrals from the NHIRS section of that department for placement of residents from the local government areas of North Sydney, Mosman, Willoughby and Lane Cove.

Northern Beaches Palliative Care Service
The Cottage
Coronation Street, Mona Vale 2103
(PO Box 81, Mona Vale NSW 2103)
Telephone 9998 0222 Facsimile 9979 7221

Northern Beaches Palliative Care Service (NBPCS) has an interdisciplinary team working in consultation with general practitioners and Northern Sydney Home Nursing Service (NSHNS) and cares for those who live Manly, Warringah, and Pittwater.

Over the past year the cottage has been refurbished to improve the space where patients and their families meet with the Palliative Care Team and participate in a support group. A tranquil garden area will soon be available. This project has been possible through the generous, kind and tireless work of volunteers and staff of Hope Healthcare and Mona Vale Hospital.

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Community and Aged Care Services

Community and Aged Services provide a range of services delivered in the home or in day centres. This means continuity of care in the form of assistance and flexible support for the frail aged, younger people with disabilities and their carers.

The range of community programs includes:

Lower North Shore Community Options
Individual case management to support and coordinate services for people with complex health needs who reside in the local government areas of North Sydney, Mosman, Lane Cove and Willoughby.

Tom O’Neill Centre
10 Edward Street, North Sydney 2060
(PO Box 5084, Greenwich NSW 2065)
Telephone 9957 3224 Facsimile 9954 4621

Dementia specific services to support both carers and dementia clients via the Day Centre and two respite programs (In Home Respite and Flexible Carers Respite Solutions) as well as a carers’ support group. The Saturday program conducted at Tom O’Neill Centre provides socialisation opportunities for younger people with early stage dementia and respite for their carers.

Greenwich Day Centre
Based on the Greenwich campus, it provides a social setting for frail aged people who have difficulty being involved in other community activities.

Innovative Care Rehabilitation Service (ICRS) pilot program
ICRS enables patients over 70 to be discharged with community service and slow stream rehabilitation support. Referral hospitals – RNSH, Greenwich Hospital, Royal Rehabilitation Centre, Sydney Hospital and Ryde Hospital.

COMPACK Program
Case management to support clients with complex needs discharged from RNSH to home.
Royal Rehabilitation Centre
Sydney
59 Charles Street, Ryde NSW 2112
(PO Box 6, Ryde 1680)
Telephone 9807 1144 Facsimile 9809 6071
www.royalrehab.com.au

Chief Executive Officer: Peter Williamson

The Royal Rehabilitation Centre Sydney (RRCS) is a 117-bed Centre offering specialist rehabilitation programs for adults with disabilities arising from spinal cord injury, occupational injury, orthopaedic injury and illness, traumatic brain injury and neurological loss, age related illness and disease, burns and multi-trauma. These programs are also offered through outreach programs run by the Spinal Outreach Service and the Brain Injury Community Rehabilitation Team. The home-based Rehabilitation Service and Pulmonary Rehabilitation offer services to clients in their own homes.

The Centre also provides community and residential services for people with significant disabilities through the Extended Care Service and personal care services in private homes through a Community Integration Program.

MAJOR GOALS AND OUTCOMES
• The major focus of RRCS continues to be planning towards a new state-of-the-art rehabilitation facility on its present site with rezoning of the current site to support this goal
• Discussions continue with NSCCH in development of specialist in-reach services at Royal North Shore Hospital and beyond, as well as new ambulatory and community based programs within the Service catchment area

KEY ISSUES AND EVENTS
• The Centre has a new directorate structure and is progressing with defining the model for service delivery to ensure the organisation structure and work practices better reflect the new approach to client services
• RRCS hosted a delegation from the Malaysian Ministry of Health, exploring future relationships with the Centre in the design and provision of integrated rehabilitation and disability facilities and services in Malaysia
• RRCS hosted visits from United Arab Emirates examining the Australian Government’s legislative framework and policies on rehabilitation and disability service and a Vietnamese delegation studying burns care
• The Centre launched a new corporate image to support business, marketing and community objectives

FUTURE DIRECTIONS
• RRCS continues to work towards the rezoning and development of the Concept Facility Design Brief which includes accommodation for organisations currently located on site (Technical Aid to the Disabled, Youthsafe, NSW Wheelchair Sports Association, Northern Sydney Health Seating Clinic, Brain Injury Association NSW and three academic research units)
• A feasibility study has commenced to explore the aged care sector and opportunities for the Centre to develop services or provide training and education in the aged care service sector
• Negotiations to integrate the CDDS Specialist Medical Clinic into the Centre’s Outpatient clinic have been successful. This Specialist Clinic will greatly enhance our capability in providing specialist consultancy advice and training to General Practitioners as well as clinical interventions and treatment to community clients with complex health and disability support needs

RRCS Activity

<table>
<thead>
<tr>
<th></th>
<th>01/02</th>
<th>02/03</th>
<th>03/04</th>
<th>204/05</th>
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<tr>
<td>Total</td>
<td>29,213,221</td>
<td>31,062,927</td>
<td>35,198,915</td>
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</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Admissions/ Separations</td>
<td>535</td>
<td>496</td>
<td>535</td>
<td>421</td>
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<tr>
<td>Occupied bed days</td>
<td>40,079</td>
<td>38,173</td>
<td>36,669</td>
<td>35,322</td>
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<tr>
<td>Average LOS (days)</td>
<td>74.2</td>
<td>51.5</td>
<td>42.7</td>
<td>49.58</td>
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<tr>
<td>Occasions of service</td>
<td>8,393</td>
<td>9,204</td>
<td>13,595</td>
<td>19,189</td>
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<tr>
<td>FTE Employees</td>
<td>402</td>
<td>411</td>
<td>424</td>
<td>410</td>
</tr>
</tbody>
</table>
Capital Procurement

It has been a busy year for asset management, asset maintenance and capital projects staff and contractors. In addition to normal workloads, there have been challenges presented by amalgamation of the Area Health Services and also the broader Shared Services Reform agenda.

There have been many achievements and the assets and capital projects staff are to be congratulated on their outstanding work.

Asset Management and Maintenance

Asset Management Services provides support to NSCCH by maintaining services to facilities and equipment supporting health service delivery, and supporting the development of new infrastructure, being capital works.

Project Management System ‘Prolog’ is now used to track commitments and payment for all capital works projects. A previously ad-hoc tracking system was substantially improved to provide accurate and user-friendly reporting and reconciliation.

Northern Sydney Health

The southern sectors of NSCCH have implemented an Intranet based web site that provides staff standardised procedural documents.

With the emphasis on safety, capital procurement has developed a standard ‘Contractor Handbook and Induction Process’ that applies across all facilities. This enables contractors to understand safety and procedural requirements, enhancing the safety of contractors, staff and visitors.

A major upgrade occurred on the Hornsby Ku-ring-gai Hospital campus with replacement of outdated electrical supply systems. This was a great achievement where Area and hospital engineers managed a complete upgrade over two days without a problem.

Central Coast Health

Apart from day to day maintenance, many minor projects were completed during the past year. Projects include a new IV fluid store, a new bed store at Long Jetty and construction of new workstations to Woy Woy Hospital wards. There were renovations to Woy Woy bathrooms, Gosford Hospital Ward 1, Gosford Biomedical, Gosford Pathology office, and Gosford’s staff clinic.

A new computer-based maintenance system was implemented across all Central Coast sites improving the remote requests system, asset registers and maintenance programs.

Asset Management updated many programs and policies regarding Occupational Health and Safety, Risk Assessments and Work Method Statements. An appliance testing and bed maintenance program was implemented.

With the completion of the new building work at Gosford and Wyong, Asset Management directed significant resources to commission the buildings and to ensure the smooth transition of services into that new accommodation.

MAJOR PROJECTS

CENTRAL COAST HEALTH ACCESS PLAN ($212M)

Construction progress over the past years at Gosford and Wyong Hospitals has delivered three new facilities with improved services and surroundings for patients.

The new Mental Health facility at Wyong Hospital accepted its first patient in June 2004, and is now operating at 50-bed capacity. This service is new to Wyong Shire.

Work on the new main buildings was completed in December 2004. The hospital opened its new services and facilities in January 2005.

At Gosford, the construction of new facilities was completed in May 2005. The hospital commenced delivering services as each level of the building was completed and the final level, Operating Theatres, was commissioned in June.

Both hospitals are now refurbishing existing accommodation to complete the overall Health Access Plan strategy for Wyong and Gosford Hospitals.

ROYAL NORTH SHORE HOSPITAL AND CHS REDEVELOPMENT STAGE 2 ($415.4M BUDGET)

MAIN REDEVELOPMENT ($407.4M)

The Services Procurement Plan for the project was completed and the document submitted to the NSW Department of Health for approval. The Project Definition Phase is now in progress and significant resources will be engaged on the project. Early works including the demolition of Building 13 (old Maternity) and the relocation of steam boilers will commence in the near future.

ROYAL NORTH SHORE HOSPITAL CAR PARK EXTENSION ($8.0M)

This project is nearing completion with the handover and project completion due in September 2005. This extension will provide 353 additional parking spaces, two new lifts and an upgrade to parking on Reserve Road.
ROYAL NORTH SHORE HOSPITAL AND CHS REDEVELOPMENT STAGE 1 & 1A ($54.646M)

The refurbishment of accommodation for the NSW Severe Burn Injury Service in Intensive Care at Royal North Shore Hospital will be completed by March 2006. The opening of this state-of-the-art accommodation for the intensive care and management of adult patients with severe burn injury will complement the Burn Injury Unit. This will complete the re-organisation of the Statewide Adult Severe Burn Injury Services as recommended under GMTT recommendations.

HORNSBY KU-RING-GAI HOSPITAL – EMERGENCY, OBSTETRICS AND PAEDIATRICS INCLUDING PSYCHIATRIC EMERGENCY CENTRE ($20.934M)

In early 2005, the Department of Health approved the inclusion of a four-bed Psychiatric Emergency Centre in the new Emergency Department. This centre is one of four new units in NSW, providing a service to patients with psychiatric disorders who present to the Emergency Department.

Demolition works on the new building site were completed following relocation of departments to newly refurbished accommodation on the top floor of the Maternity Building and the Stores Building. The Medical Records Department is now in one consolidated location on campus in the Stores Building. Construction of the new building is expected to start in late October 2005 and be completed by October 2006.

PATHWAYS HOME PROGRAM – TRANSITIONAL CARE PROJECTS (VARIOUS) ($9.37M)

The Pathways Home Program is an Australian Government health initiative managed through the Department of Health to improve the post-acute health care for older persons in the community.

When the capital projects at Hornsby Ku-ring-gai ($1.1M), Ryde ($3.17M) and Mona Vale Hospitals ($1.7M) are complete in mid 2006, patients will access all ambulatory aged care services in one location. The ambulatory aged care service at Ryde Hospital will include a new Aged Care Day Therapy Centre for residents of Hunters Hill and the Lower North Shore.

A new residential facility for the Australian Government’s transitional aged care program will be built on Woy Woy Hospital’s site ($3.4M). This is the first facility of its type in NSW. This Program will provide older people who need residential accommodation an extended period of rehabilitation in a non-medical environment before returning to their home or hostel.

NORTHERN BEACHES HEALTH STRATEGY ($1.5M – PLANNING)

Technical site investigations were completed at the potential sites for the proposed new Manly Hospital. This information was collated and used to brief clinicians and community representatives who participated in a Value Management workshop. This workshop confirmed the criteria adopted and the short-listed sites and provided recommendations to the government on the way forward.

Capital Works

RNHS BUILDING 2 FAÇADE ($4.0M)

Substantial progress has been achieved with the repairs to the façade of Building 2. The works will be completed within the designated budget and have been incident free.

NORTHERN MENTAL HEALTH NETWORK PROJECT ($6.0M)

The draft NSCH Mental Health Service Plan is one of the first clinical services plans to be completed for the new area health service and is currently being finalised for submission to the Department of Health for approval.

A new Area-wide 12 bed Mental Health Intensive Care Unit has been approved for the Hornsby Ku-ring-gai Hospital site. Following a review of the hospital’s concept master plan to accommodate mental health requirements in the Hornsby area, the new facility will be built on the Lowe Road car park site. Early works to provide alternate car parking space on the hospital site and to prepare the site for the new building are due to be complete by early 2006 and the new building to be operational by end 2006.

HORNSBY KU-RING-GAI HOSPITAL COMMUNITY HEALTH PROJECT ($1.0M)

The Sydney Home Nursing Service for Hornsby Ku-ring-gai Health Service currently operates from Pullbrook Cottage. Work is in progress to relocate this service from Pullbrook Cottage to Leighton Lodge on the Hornsby Ku-ring-gai Hospital site by mid- 2006.

FIRE AND SAFETY WORKS

These works focussed on consolidating risk assessment processes and implementing a major replacement of an outdated energy substation on the Hornsby Ku-ring-gai Hospital campus. Safety issues identified in one community health facility were remedied by providing alternative accommodation.

ENVIRONMENT

An Energy Performance Contract was completed for Manly Hospital with the replacement of its centralised boiler with a decentralised plant. This contract provides significant environmental benefits of reduced water and gas consumption and financial savings of approximately $150,000 per annum.

The ‘Every Drop Counts’ initiative was commenced at Royal North Shore Hospital with water diversions and vacuum plant replacements generating annual water savings of 66 million litres.

ROYAL NORTH SHORE HOSPITAL BREASTSCREEN NSW ($0.4M)

An allocation of $0.40M has been made for refurbishment and possible extension to BreastScreen Cottage to improve service, storage and address occupational health and safety issues.
Corporate and Clinical Support

SUMMARY OF BUSINESS ACTIVITY
Non-clinical support services and clinical support business units of Medical Imaging, Sterilising and Biomedical Engineering

MAJOR GOALS AND OUTCOMES
• Expansion of ISO 9001:2000 certification in non-clinical areas
• Commence amalgamation of NSH & CCH Corporate and Clinical Support Services
• Commence closure of duplicated non-clinical services in warehousing and food production

KEY ISSUES AND EVENTS
First year of operation for the clinical support business units of Medical Imaging and Sterilising.

Commenced working with NSW Health in transition of non-clinical services to NSW Health Shared Corporate Services Program.

FUTURE DIRECTION
Fully integrate NSH and CCH Corporate and Clinical Support Services.

Manage transition of non-clinical services to NSW Health Shared Corporate Services Program.

Implement Area Pharmacy business unit.

GOSFORD FIXED SCREENING (BREASTSCREEN) ($1.0M)
This project involves the relocation of NSW BreastScreen services from unsuitable leased accommodation to the Gosford Hospital site achieving accreditation requirements and improving clinical linkages with radiography services.

SYDNEY DIALYSIS CENTRE EQUIPMENT ($0.479M)
Dialysis related equipment was purchased for the Sydney Dialysis Centre as part of an ongoing equipment replacement and upgrade program.

GATEWAY MENTAL HEALTH RENOVATION
Gateway Mental Health Project co-located Children and Young People Mental Health Services delivered from segregated accommodation into purpose-built leased accommodation in the Gosford central business district adjacent to shopping centre and major transport hubs. This is now in operation.

NSH RADIOTHERAPY ONCOLOGY ($0.15M)
Work associated with the installation of a new CT in Royal North Shore Hospital Radiation Oncology is now completed.

PALMERSTON BUILDING LVL 2 ($0.3M)
This project was initiated to provide enhanced facilities for the Area Community Mental Health Service on the Hornsby Hospital Campus. It is now complete.

MANLY EMERGENCY MEDICAL UNIT ($0.7M)
This project established an Emergency Medical Unit adjacent to the Emergency Department in Manly Hospital. This has significantly reduced access block to services, hence provides enhanced patient care. The project is complete.

RNSH ANGIOGRAPHY BIPLANE RADIOLOGY ($2.183M)
This project was for the replacement of the RNSH Biplane Neuro-Angiography Suite which included the purchase of the major equipment and building works. This is now complete.

RYDE TELEREPORTING ($0.1M)
As part of the Greater Metropolitan Transition Taskforce recommendations, $0.1m was allocated to Ryde Hospital to provide the necessary works and IT infrastructure to support the recently installed CT machine for the purposes of telereporting.
Corporate Communications

SUMMARY OF BUSINESS ACTIVITY
Corporate Communications provides an area wide service with particular responsibility for:

- Department and Ministerial briefings
- Media and issues management
- Public Relations activities
- Promoting the achievements of the Health Service and NSW Health.
- Managing fundraising and donation activities
- Organising functions and events including the launch of new services and facilities
- Producing staff, community and fundraising newsletters
- Write weekly column for North Shore Times
- Providing medical and promotional photographic services
- Providing an area-wide Graphic Design and Print service
- Managing the design and print requirements for health service publications
- Providing advice and support to departments and executive staff in areas such as communication, media, marketing and promotion, staff recruitment, functions and events
- Liaising with hospital volunteer groups, supporting their activities and assisting in maintaining a strong and effective volunteer force

MAJOR GOALS AND OUTCOMES

- Amalgamate Northern Sydney Public Affairs and Central Coast Corporate Communications into one Corporate Communications Unit
- A restructuring plan was developed and has resulted in centralised management, area-wide communication and Design and Print management procedures
- Organised Chief Executive forums to keep staff advised of progress of amalgamation
- Continue with the implementation of the NSCCH Corporate Identity Standards under state-wide guidelines found in NSW Health Corporate Identity Policy Directive
- Continue to develop and implement communication strategies for the redevelopment of Gosford, Wyong, Manly and Mona Vale Hospitals and the reconstruction of Royal North Shore Hospital

KEY ISSUES AND EVENTS
The Corporate Communications Unit initiated a major cost saving exercise in the production of printed materials throughout the Area Health Service. Procedures and policies have been put in place to better manage resources in this area. Savings are expected to be significant and ongoing.

The Central Coast Unit played a key communications role in promoting the redevelopment at Gosford and Wyong Hospitals by keeping staff, community and other stake-holders informed of progress. The two projects were completed this year.

The Northern Sydney Unit wrote the communications strategy to introduce the Ryde Caseload Midwifery program at Ryde Hospital. This program had a number of sensitive stakeholders and has since become a benchmark for similar services across NSW. It celebrated its first anniversary in April 2005.

The Northern Sydney Unit communicated site options for the proposed new Manly Hospital to the Northern Beaches community via major articles in local media including mud maps and an open letter from Chief Executive, Dr Stephen Christley.

FUTURE DIRECTION

- Develop internal and external communications strategies to facilitate the amalgamation process and achieve Area goals
- Review and expand electronic communication tools as a means of providing more cost effective communications
- Improve efficiency through consolidating and sharing resources and expertise
- Expand and make available a data-base of printed materials for Area wide use
- Produce an Area Wide staff newsletter
- Review the number and effectiveness of other newsletters within the Area
- Identify areas in Corporate Communications where cost savings can be achieved including: Design and Print Management; working as a single area wide unit as opposed to hospital based units; functions; promotions
- Implement and manage the NSW Health Corporate Identity Policy Directive
- Develop and implement fundraising strategies

health support services continued
Financial Services

SUMMARY OF BUSINESS ACTIVITY
Financial Services Division provides financial management information and accounting services for the Area Health Service. The service includes accounts payable, treasury and investment, taxation and general ledger functions. Analysis and reporting of performance is represented through the work of the budgeting and reporting functions.

MAJOR GOALS AND OUTCOMES
The Financial Services Division has successfully fulfilled the requirements of the Department of Health in providing timely and accurate financial forecasts and reports. The substantial standardisation of accounting policies, procedures and systems has led to ongoing development and enhancement of financial performance reporting. Revenue management has been a major focus. Development of new systems and procedures were instigated to capture all revenue due from chargeable services. This work is ongoing.

KEY ISSUES AND EVENTS
The major event and therefore challenge for the year was the formal merger of NSH and CCH. Reorganisation of every aspect of the new area health service’s operations and activities occurred during a period of higher than normal staff turnover. The finance team responded positively to the challenge. Their commitment and dedication enabled us to continue providing high quality services.

FUTURE DIRECTION
The amalgamation of systems and the development of a single, enhanced financial management information system across NSCCH are the clear priorities for financial services. Planning is underway to achieve this goal as part of a broader initiative for fewer and better systems across NSW Health during 2005/06.

Internal Audit

SUMMARY OF BUSINESS ACTIVITY
The role of the Internal Audit Unit is to provide assurance to the CEO and the Audit Committee on the effectiveness of NSCCH’s control environment in managing the risks associated with service provision and financial management.

During the year the Unit completed 36 reviews of various systems ranging from financial to operational systems including the newly established Mental Health facilities at Wyong. In addition to planned assignments 12 projects were undertaken in relation to special projects. The Unit also provided 50 hours of ethical training to staff.

MAJOR GOALS AND OUTCOMES
The major goals of the Unit during the past year were to increase fraud awareness and to improve the systems of reporting corrupt conduct and theft. The Unit, in conjunction with the Central Coast Health Security Department introduced a web based reporting system for staff to input information relating to thefts of staff, patient or visitor property. This system saw the notification relating to thefts reported to Internal Audit increase by 300%. The increase in reporting of this information allows better monitoring and assists in identifying system deficiencies. Fraud awareness was addressed through the introduction of new posters that were distributed across the Departments and introduction of training for managers in fraud prevention.

KEY ISSUES AND EVENTS
A major event for the Unit was the organising and presentation of fraud prevention training to 25 senior Managers. The training was provided by ICAC staff and was aimed specifically at the Health Sector.

FUTURE DIRECTION
The future direction of the Unit remains focused on addressing fraud awareness across the amalgamated Areas including raising awareness of the Unit across the Southern Sectors. Within the Unit itself, computer assisted techniques will be used to facilitate ongoing monitoring of some of the major financial systems.
Information Management Services
(Information Management & Technology Division)

SUMMARY OF BUSINESS ACTIVITY
The IM&T Division is responsible for setting the strategic direction for NSCCH Information Management and Technology needs. It provides support to the NSCCH clinical and corporate functions through infrastructure, customer service, information management implementation and development of clinical and business systems. IM & T integrates information and delivers it in a variety of mediums.

MAJOR GOALS AND OUTCOMES
• To complete the IM&T restructure required by the Area merger
• To identify and, where possible, amalgamate information systems
• To implement ‘eMR Link’ the Area wide patient administration, results reporting and unique patient identifier systems
• To work on Picture Archive Communication System (PACS) that will provide electronic images across the Area
• The Division successfully achieved ISO 9001:2001 accreditation

KEY ISSUES AND EVENTS
The Division is amalgamating the two divisions into one. There has been considerable progress in bringing teams together and rationalising the number of systems common across both Areas. This work is ongoing.

The Division successfully achieved ISO 9001:2001 accreditation. This internationally recognised qualification is based on the development of quality management systems to ensure systems and processes are in place to meet the requirements of clients. This certification was a major undertaking within the Division and highlights the dedication of the IM&T staff to the delivery of superior client service.

The Area successfully negotiated the implementation of a new Area wide Patient Administration System, the extension of Results Reporting and an Area wide unique patient identifier. These major initiatives are due for implementation in late 2006.

The IM&T team won the NSH 2004 Quality Awards for Information Management and the Finance, Shared Services & Performance Award for Excellence in Information Management.

FUTURE DIRECTION
The Division will focus on the completion of the IM&T restructure and continue to move forward with identifying and, where possible, amalgamating information systems that contain duplicated and/or ‘siloked’ information. This will provide a single repository of authenticated data for clinicians and managers.

At the same time the Division will implement the ‘eMR Link’ the new area wide patient administration, results reporting and unique patient identifier systems to enhance patient care across NSCCH. In addition work will continue on a new Picture Archive Communication System (PACS) that will provide electronic images across the Area. Information technology infrastructure will be enhanced to allow these systems to be deployed. There will also be further development in the mediums used to deploy information to internal and external clients. The ‘eMR Link’ will be launched at the inaugural Clinical Informatics Symposium in August 2005.
Executive Responsibilities

Chief Executive
Dr Stephen Christley

Director of Workforce Development
Adjunct Professor Jenny Becker

KEY ACCOUNTABILITIES
1. Workforce development and leadership
2. Development and monitoring of an Area Workforce Strategy
3. Workforce culture & alignment
4. Clinical service workforce plans
5. Management and use of workforce data
6. Aboriginal workforce participation
7. Human resource practice and industrial relations
8. Management and monitoring of the occupational health and safety of the workforce
9. Implement leadership strategy
10. Manage learning and development practice within the Area Health Service

Director of Clinical Governance
Dr Philip Hoyle

KEY ACCOUNTABILITIES
1. NSW Health Patient Safety & Clinical Quality system implementation
2. Establish and develop the Clinical Governance Unit
3. Analyse and report on the patient safety and clinical quality program
4. Contribute to the delivery of health services across the state by developing and maintaining linkages with other health services, the Department of Health, the Clinical Excellence Commission, Health Priority Taskforces and the Health Care Advisory Council as required by the Chief Executive
5. Oversee the Area complaints handling system
6. Guide development of the Area’s Integrated Risk Management system
7. Support to and liaison with the Area Health Advisory Council
8. Performance monitoring
9. Service agreements
10. Casemix/costing/commissioning
11. Service redesign (clinical redesign and sustainable excellence)

Director of Clinical Operations
Linda Smith

KEY ACCOUNTABILITIES
1. Management of the Area’s clinical services
2. Development and support of clinical networks
3. Effective operation of the Area’s hospitals and other health services
4. Implement systems to ensure operational and financial accountability
5. Develop policies and practices to enhance access to clinical services
6. Relationship with the tertiary education sector in the conduct of clinical teaching and research within the Area
7. Implement policies and practices, which provide clinician engagement in the management of clinical services and the development of inter-disciplinary clinical teams
8. Provision of CALD/Aboriginal Health services
Director of Nursing & Midwifery

*Kylie Ward (Acting)*

**KEY ACCOUNTABILITIES**

1. Responsible for the delivery of quality nursing and midwifery services that meet professional practice standards
2. Responsibility, authority and accountability for ensuring the provision of the appropriate clinical and educational systems of learning, practice and the professional development of nurses and midwives
3. Management of clinical nursing research
4. Development, implementation and promotion of additional Nurse Practitioner positions
5. Oversight and improvement of patient care processes within the Area, particularly with regard to patient flow.

Director of Finance

*Graeme Harding*

**KEY ACCOUNTABILITIES**

1. Development of sound policy, procedure and practices for the financial management of the organisation
2. Area’s budget and budget performance
3. Develop, initiate, implement and improve financial strategies
4. Liaise with External and Internal audit
5. Manage the special purpose and trust funds
6. Oversee and manage Pathology Services

Chief Information Officer

*Joe Abraham*

**KEY ACCOUNTABILITIES**

1. Ensure that effective and appropriate Information services are delivered throughout NSCCHS
2. Develop appropriate application of information technology and telecommunications services
3. Review and update Information Management and Technology strategic plan
4. Provide Information Support systems, including all Library Services and Medical Records Department across the Area

Director of Corporate and Clinical Support

*Greg Chase*

**KEY ACCOUNTABILITIES**

1. Manage and oversee the delivery of Non Clinical Support eg:
   - Food
   - Asset Services (excl. major capital works)
   - Security
   - Linen Production (PLS)
   - Cleaning
   - Linen Distribution
   - Waste Management
   - Supply (procurements, warehousing, printing, Better Health Centre)
   - Patient Transport
   - Child Care
   - Parking
   - NSEC
   - Legal Services
2. Manage and oversee Clinical Support eg:
   - Medical Imaging
   - Sterilising
   - Pharmacy
   - Biomedical Engineering
3. Externally, the position is the major Area Executive liaison point with NSW Health for the implementation of NSW Health Shared Corporate Services program. This involves the transitioning of most of the non-clinical services listed above into State-wide units run by Shared Corporate Services

Director of Corporate Communications

*Elizabeth Ambler*

**KEY ACCOUNTABILITIES**

1. Provide strategic leadership and direction to the Corporate Communications Unit, enabling the provision of high quality media, public relations, communications, publications internet/intranet, and graphic design services
2. Ensure a single point of accountability for issues managements in all its forms, including communications, media, advertising and marketing, as well as ministerial and parliamentary briefings
3. Development and implementation of effective communication strategies
4. Establishing and maintaining a high level corporate and public image for NSCCH, including the implementation of Corporate Standards.
**Staff Profile at 30 June 2005**

Number of Full Time Equivalent Staff Employed in the NSW Public Health System as at 30 June

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<thead>
<tr>
<th></th>
<th>JUNE 02</th>
<th>JUNE 03</th>
<th>JUNE 04</th>
<th>JUNE 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>894</td>
<td>913</td>
<td>960</td>
<td>1,010</td>
</tr>
<tr>
<td>Nursing</td>
<td>4,240</td>
<td>4,447</td>
<td>4,691</td>
<td>4,880</td>
</tr>
<tr>
<td>Corporate Administration</td>
<td>657</td>
<td>696</td>
<td>614</td>
<td>607</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>1,354</td>
<td>1,458</td>
<td>1,484</td>
<td>1,794</td>
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<tr>
<td>Hospital employees (eg Wardsmen, Technical Assts, &amp; Ancillary Staff)</td>
<td>2,009</td>
<td>2,135</td>
<td>2,332</td>
<td>2,409</td>
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<tr>
<td>Hotel Services</td>
<td>934</td>
<td>932</td>
<td>924</td>
<td>642</td>
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<tr>
<td>Maintenance &amp; Trades</td>
<td>136</td>
<td>127</td>
<td>133</td>
<td>120</td>
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<tr>
<td>Other</td>
<td>84</td>
<td>74</td>
<td>73</td>
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<tr>
<td>Total</td>
<td>10,308</td>
<td>10,782</td>
<td>11,210</td>
<td>11,560</td>
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</table>

Medical, Nursing & Allied Health staff as a proportion of all staff (%)

<table>
<thead>
<tr>
<th></th>
<th>JUNE 02</th>
<th>JUNE 03</th>
<th>JUNE 04</th>
<th>JUNE 05</th>
</tr>
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<tbody>
<tr>
<td>Total</td>
<td>62.9</td>
<td>63.2</td>
<td>63.6</td>
<td>66.5</td>
</tr>
</tbody>
</table>

NOTES:

In 2004, an independent review of corporate administration FTEs resulted in a more consistent application of the definition being applied by Health Services. As a result corporate administration figures for June 02, 03 and 04 have been adjusted accordingly.

**Equal Employment Opportunity**

Staff Numbers by Level as at 30 June 2005

<table>
<thead>
<tr>
<th>EMPLOYMENT BASIS</th>
<th>TOTAL STAFF (number)</th>
<th>RESPONSENTS MEN</th>
<th>WOMEN</th>
<th>ABORIGINAL PEOPLE &amp; TORRES STRAIT ISLANDERS</th>
<th>PEOPLE FROM RACIAL, ETHNOCULTURAL, RELIGIOUS MINORITY GROUPS</th>
<th>LANGUAGE FIRST SPoken AS A CHILD WAS NOT ENGLISH</th>
<th>PEOPLE WITH A DISABILITY</th>
<th>PEOPLE WITH A DISABILITY REquiring WORK RELATED ADJUSTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Full-time</td>
<td>7,553</td>
<td>81%</td>
<td>33%</td>
<td>67%</td>
<td>1.0%</td>
<td>13%</td>
<td>16%</td>
<td>3%</td>
</tr>
<tr>
<td>Permanent Part-time</td>
<td>4,235</td>
<td>81%</td>
<td>11%</td>
<td>89%</td>
<td>0.6%</td>
<td>9%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Temporary Full-time</td>
<td>661</td>
<td>79%</td>
<td>27%</td>
<td>73%</td>
<td>2.9%</td>
<td>11%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Temporary Part-time</td>
<td>501</td>
<td>79%</td>
<td>6%</td>
<td>94%</td>
<td>1.5%</td>
<td>10%</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>Contract – SES</td>
<td>13</td>
<td>77%</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract – Non SES</td>
<td>179</td>
<td>48%</td>
<td>22%</td>
<td>78%</td>
<td>1.2%</td>
<td>3%</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>Retained Staff</td>
<td>2,576</td>
<td>51%</td>
<td>26%</td>
<td>74%</td>
<td>1.4%</td>
<td>9%</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15,718</td>
<td>76%</td>
<td>25%</td>
<td>75%</td>
<td>1.1%</td>
<td>11%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Subgroup Totals</td>
<td>13,133</td>
<td>10,590</td>
<td>3,220</td>
<td>9,913</td>
<td>103</td>
<td>3,220</td>
<td>9,913</td>
<td>103</td>
</tr>
</tbody>
</table>

NOTE: The above statistics relate to the combine data for Northern Sydney Central Coast Health
Achievement from 2004/05 Equity Plan

AWARENESS OF THE PRINCIPLES OF EMPLOYMENT WAS RAISED THROUGH THE FOLLOWING METHODS:
- Equity plan developed and distributed to all Northern Sydney Health departments, services and program managers.
- A number of relevant equity strategies were incorporated into Hospital and Service Business Plans.
- A comprehensive EEO information module has been incorporated into each Hospital/Site Orientation program.
- Information on Equity principles is incorporated in the packages sent to job applicants and new employees.
- Bullying and harassment in the workplace courses continue to be conducted with 146 managers receiving training.

RECRUITMENT AND SELECTION PROCESSES WERE MONITORED TO ENSURE THE USE OF NON DISCRIMINATORY PRACTICES:
- All vacant positions were advertised in accordance with Recruitment and Selection policy.
- Advertisements were monitored for any direct or indirect discrimination in the content.
- Training courses were conducted in Staff Selection with 45 staff from Northern Sydney Health and 46 staff from Central Coast Area Health Service attending.
- Selection committee reports were reviewed for compliance and feedback given to conveners of panels where compliance improvements were required.

All position descriptions incorporate the employer responsibilities for fairness and equity through non discriminatory practices as well as ensuring that recruitment and selection is based on merit.

EQUITABLE ACCESS TO SERVICES, PROGRAMS AND ACTIVITIES FOR ALL STAFF:
- Employee Assistance Programs are available for all staff either through staff counsellors or through contracted external services.
- Interpreter services are available for all staff from Culturally and Linguistically Diverse (CALD) backgrounds.
- Training programs on managing grievances in the workplace continue to be offered.
- The Flexible Work Practices Policy has allowed staff with pressing family and caring responsibilities some flexibility to make temporary contracted changes to work routines.

RECRUITMENT AND RETENTION STRATEGIES FOR DISADVANTAGED EEO GROUPS:
- A number of Trainee enrolled nursing positions have been designated for Aboriginal and Torres Strait Island people.
- Aboriginal cultural awareness programs have been conducted on a formal basis as well as on request from specific services, eg. Mental Health, Drug and Alcohol unit.

PLANNED OUTCOMES FOR 2006

Increase the number of disabled apprenticeships offered in NSCCH.
Identify specific positions within NSCCH that would be suitable for people with a disability.
Increase the number of employment opportunities for Aboriginal and Torres Strait Island people.
Review, update and implement the Recruitment and Selection Policy.
Increase development opportunities for CALD women through the Spokeswomen’s Program.
Implement programs to ensure non discrimination of homosexual and transgender staff.

Risk Management and OHS Report

Occupational Health and Safety Activity

The merger of Central Coast Health and Northern Sydney Health ensured that the 2004/2005 year was focused on combining OHS and Workers Compensation services and evaluating OHS in each previous AHS in preparation for future changes to these systems.

The OHS Units in each sector began an evaluation of the OHS systems particularly Manual Handling prevention strategies. OHS projects in both AHS were merged where possible.

2004/05 PROJECTS INCLUDED
- Review of Manual Handling In-service Training Package for Managers
- Development of training material to ensure safe restraint of patients
- Review of OHS consultation processes across NSH by an external consultant. Results taken to OHS committees for action
- Six month study on patient handling incidents completed
- Increased immunization of staff across the AHS
- Influenza vaccination available to all staff
- Review the Workstation Planning and Purchase policy
- Completion of the three year Manual Handling Plan in Central Coast
- OHS input into refurbishments and design of new buildings

The seven Area Services in NSH were audited against the OHS&R Numerical Profile audit tool with an average score across the AHS of 61%.

There were no prosecutions for Northern Sydney Health under the Occupational Health and Safety Act in 2004. Central Coast Health had two current prosecutions which are now against the new Northern Sydney Central Coast Health.
2004/2005 Workers Compensation Performance Statement

The day to day management of workers compensation claims and processes was improved by the introduction of the Northern Sydney Workers Compensation Database to the Central Coast sector. This enabled claim staff to streamline payments and claim processing.

A review of the rehabilitation of employees following psychological illness was conducted in conjunction with the TMF Risk Management Unit using feedback from employees who had successfully returned to work. The results of the review will be used in 2005/2006 to improve rehabilitation strategies for this group of injured workers.

Early return to work remains a major feature of Northern Sydney Central Coast Health’s approach to supporting injured workers and minimising costs. Both AHS suffered an outbreak of a highly infectious viral gastrointestinal illness resulted in an unusual increase in claims numbers in the second half of 2004.

The 2005/2006 Deposit Premium calculation for Workers Compensation was $19.29 M excluding GST for Northern Sydney Central Coast Health. Under the Treasury Managed Fund this result provided a surplus for both Northern Sydney and Central Coast of $3.77 M. This is a workers compensation premium rate of 2.17% of salary and wages.

The Hindsight Premiums for 1998/1999 (5 years) and 2000/2001 (3 year interim) due in the 2003/2004 financial year were released in 2004/2005 with a combined surplus to NSCCH of $5.68M.

The 1999/2000 5 year hindsight adjustment and the 2001/2002 3 year interim hindsight adjustment due in 2004/2005 have not been released this financial year.

The Treasury Managed Fund claims performance as at 30 June 2005 for the 2004/2005 Fund Year for both AHS using the 2 AHS structures are shown in the table below.

<table>
<thead>
<tr>
<th>2004/2005 FUND YEAR PERFORMANCE INDICATOR</th>
<th>NSH</th>
<th>CCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. claims/100 FTE</td>
<td>8.52</td>
<td>10.00</td>
</tr>
<tr>
<td>Cost claims/FTE</td>
<td>$454.00</td>
<td>$561.00</td>
</tr>
</tbody>
</table>

Data source: NSW Treasury Managed Fund, as at 30 June 2005.

The tables below express claims for 2004/2005 as a percentage of the total by Accident Type and Occupational Group.

<table>
<thead>
<tr>
<th>ACCIDENT TYPE</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Stress</td>
<td>40%</td>
</tr>
<tr>
<td>Fall/Slip</td>
<td>17%</td>
</tr>
<tr>
<td>Hit by objects</td>
<td>15%</td>
</tr>
<tr>
<td>Motor Vehicle</td>
<td>9%</td>
</tr>
<tr>
<td>Exposure/Bites</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
<tr>
<td>Mental Stress</td>
<td>1%</td>
</tr>
</tbody>
</table>

Data source: NSW Treasury Managed Fund database as at 30 June 2005.

<table>
<thead>
<tr>
<th>OCCUPATION GROUP</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>44%</td>
</tr>
<tr>
<td>Hotel Services</td>
<td>27%</td>
</tr>
<tr>
<td>Medical/Support</td>
<td>14%</td>
</tr>
<tr>
<td>General Admin</td>
<td>10%</td>
</tr>
<tr>
<td>Maintenance</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Data source: NSW Treasury Managed Fund database as at 30 June 2005.

Other Insurances Risk Management

Claims processing and management for property and public liability are, at this stage, managed both separately and in a different manner in the two former area health services. It is expected that these functions will merge in 2005/2006, providing a single approach.
Education and training initiatives

Allied Health Teaching and Training

The further development of teaching and training within allied health and the further development of education and learning opportunities for allied health staff are important priorities for allied health departments and divisions and the NSCCH Allied Health Council.

At a structural level some significant developments have occurred.

- The position of Professor of Allied Health has been established, a partnership project between Newcastle University and the former CCH
- The position of Professor in Clinical Pharmacology has been established, a partnership between the University of Sydney and the former NSH
- An active partnership has been developed between the various learning and development units across NSCCH and an extensive learning needs analysis has been completed for allied health staff (former NSH)
- Allied health staff members have been strongly encouraged to participate in existing Area and other education programs
- Allied health staff have participated in and provided leadership to the development of an inter-professional education programme for undergraduate allied health, nursing and medical students
- Allied health staff, across all clinical and service areas, have been active in the provision of local in-service education and consultation

Teaching and Research

Northern Clinical School Report

The last twelve-month period has seen continued strong activity and growth in the Northern Clinical School, which is an academic unit of the Faculty of Medicine of the University of Sydney. The Clinical School acts as an interface between the Health Service and the University training sector in that it arranges educational activities for medical students, students of some other health disciplines, and medical postgraduate staff working in the southern sectors of NSCCH.

Undergraduate clinical teaching

Northern Clinical School has maintained a high reputation for outstanding teaching of medical students enrolled in the University of Sydney Medical Program. Student numbers have increased from around 60 to nearly 80 per year in the incoming Medicine 1 group. This gives a total number of students of around 280-300 over all four years of the course. Clinicians from all specialties are involved in conducting tutorials and lectures with students. Students visit the hospital one-day per week during Years 1 and 2, increasing to a more full time attendance in Years 3 and 4.

A highlight of the Clinical School program has been the Inter-professional Learning Initiative, which has been further expanded since its launch in 2003. This involves grouping students of medicine, nursing and various allied health professions into teams. Students learn together over a 3 to 4 week period, gaining insight into each other's roles and skills. This has been well evaluated by the students, and will be expanded across other teaching hospitals in the Faculty of Medicine in the coming years.

Special training facilities

Northern Clinical School also operates the Northern Clinical Skills Centre and the Pam McLean Cancer Communication Centre; both located at Royal North Shore Hospital. These are specialisation units for training in physical examination/procedural skills and clinical communication respectively. Programs have been made available to other health professional groups, junior medical officers and advanced trainees in surgery and other disciplines. The Clinical School also works collaboratively with the Sydney Medical Simulation Centre located at RNSH.

Postgraduate research training

Another important role of Northern Clinical School is to coordinate the supervision and training of postgraduate students undertaking research higher degrees through the University of Sydney. Numbers of such students have increased to around 100 on the RNSH Campus. In March 2005 a new postgraduate research student common room, “Common Room 31”, was opened by University senior academics and RNSH executive staff. NSCCH, RNSH and the University of Sydney made the common room possible.
Multiple teaching sites

Northern Clinical School also coordinates medical student teaching at a variety of other sites within the Area. Hornsby Ku-ring-gai and Manly Hospitals regularly take groups of students in the junior years, as well as students undertaking the clinical attachments and rotations of the latter years of the medical course. Ryde Hospital is also an active contributor to the medical student teaching program in Year 3. A variety of clinics, practices and private hospitals elsewhere within NSCCH also contribute.

There is a strong, cooperative and mutually beneficial relationship between Northern Clinical School, Royal North Shore Hospital and NSCCH administrations. This is cemented by regular lunch meetings between the Dean and representatives of the University with the senior executive staff of Royal North Shore Hospital and NSCCH.

Professor Michael Field
Associate Dean and Head, Northern Clinical School of the University of Sydney

Junior Medical Officers

JUNIOR MEDICAL STAFF EDUCATION (NSH)

The Junior Medical Staff education program at Royal North Shore Hospital is for Postgraduate Year 1 students in their first year out of university after completing a medical degree and Postgraduate Year 2 students in their second year out of university. The program covers clinical skills and professional development. The program is organised by the Royal North Shore Hospital’s Director of Clinical Training, the Department of Postgraduate Medical Education and Training Manager and Royal North Shore Hospital’s General Clinical Training Committee in consultation with the Directors of Clinical Training at secondment hospitals.

Education Programs

POSTGRADUATE YEAR 1 EDUCATION PROGRAM

The aim is to ensure that the junior medical staff learns information to improve clinical competence. It consists of three-and-a-half hours of teaching on a Thursday morning fortnightly.

POSTGRADUATE YEAR 2 EDUCATION PROGRAM

The aim is to improve the clinical skills of junior medical staff. The emphasis is on application of knowledge to improve clinical competency. The program consists of one whole day session each term. They are held on the fifth Wednesday of each term.

JUNIOR MEDICAL OFFICER EDUCATION FORUM

Forums provide a venue for Junior Medical Officers (JMOs) to present and discuss clinical cases. There are two presentations at each session. They give the presenter an opportunity to develop presentation skills in front of their peer group. Cases are usually common problems managed in the wards.

Junior Medical Officer Quality Assurance Meeting

These meetings provide an opportunity for JMOs to discuss relevant adverse patient outcomes. Cases relevant to JMOs are presented and discussed by the Department of Quality Assurance at RNSH.

Advanced Life Support Course for Interns

Interns are taught and credentialled in advanced life support skills. This course is incorporated into Intern orientation course.

JUNIOR MEDICAL OFFICER TRAINING (CCH)

The NSW Postgraduate Medical Council places doctors in their first and second postgraduate years at Gosford Hospital, Wyong Hospital is a secondment hospital.

In 2005, 37 first year and 30 second year doctors undertook training in Central Coast hospitals, with some spending time at Manning Base Hospital at Taree. The NSW Postgraduate Medical Council and the General Clinical Training Committees of the individual hospitals oversee training and supervision.

Gosford and Wyong Hospitals relied on a significant number of doctors from the United Kingdom to assist in the Emergency Department however both hospitals have experienced the benefits of the new Basic Physician Training networks. A network involving Royal North Shore Hospital, Manly, Mona Vale and Lismore has provided medical registrars to Gosford and a network involving John Hunter Hospital, Maitland, Mater and Tamworth has provided registrars to Wyong Hospital.

Significant improvements have occurred in psychiatry training. The expansion of the in-patient bed base at Wyong Hospital has seen an increase in consultants that has in turn stimulated registrar and resident medical officer teaching.

Resident Medical Officers may now progress from residency to registrar training posts in a wide variety of specialties. There is an active clinical teaching program including a ‘teacher on the Run’ program to encourage specialists, registrars and other medical staff interested in teaching.
Research

Research Chairman’s Report

The merger of the NSH and CCH has led to both opportunities and challenges within the newly formed NSCCH. To the credit of the Executive overseeing the merger, the researchers have had minimal if any disruption to their day-to-day activities and the research profile and productivity of the Area continues to grow.

In excess of eight million dollars has been invested in researchers in the NSCCH in 2004/5 by:

- the National Health and Medical Research Council
- the NSW Ministry of Science and Medical Research through targeted funding via the Cancer Institute and the Spinal Injuries Program
- other national and international bodies including the Australia Research Council and the USA National Institutes of Health
- philanthropic donations

Clearly such august bodies do not invest in research groups and areas of research that are unlikely to have an impact on health outcomes. We fully expect and are confident that our researchers will justify this investment by again translating key research findings into treatments that benefit not only our community in the Northern Sydney Central Coast area but communities world-wide. This is a significant responsibility for researchers and for NSCCH.

During this transition period we focussed on existing areas of key research strength whilst developing strategies to enhance research opportunities through the merger. This has been facilitated by the formation of an Area Research Business Unit. This is an innovative development in research at NSCCH, recognising the key role research plays in improving health outcomes for our community.

Commercialisation of research outcomes has also successful due to coordinated efforts of BioMed North. The vision of the Chief Executive, Dr Stephen Christley, of supporting a structure to accelerate research findings to a population waiting for improved treatments is reaping rewards.

Over the last 12 months researchers at Royal North Shore Hospital focussed on enhancing fund-raising efforts. These efforts are targeted at the development of a flagship Research Institute that will be nationally and internationally recognised for excellence in basic and translational research. We foresee that by bringing researchers together who are currently dispersed across a large campus, cross-fertilisation of research ideas, collaborations and efficiencies will result. The exponential growth in research activity in the Northern Research Hub has highlighted the need for a facility in which existing groups have the capacity to grow, and opportunities are provided for new groups wishing to join the Institute. The interaction between clinicians and scientists will allow gaps in disease prevention and treatment to be identified.

Ultimately, through the efforts of the researchers on the Royal North Shore Hospital site within the NSCCH, new therapies will be developed and offered to patients.

Researchers at Gosford hospital are working to define a strategy that will reduce the burden of vascular and chronic disease in the community. Clinical research forms the focus of research activity within the ‘Coast’ component of our area health service and contributes significantly to the research effort within the ‘Northern’ component. Clearly the merger of the research efforts will facilitate an integrated approach of ‘bench to bedside’ and I confidently predict this will translate into novel therapies being made available to our patients.

The support of our university partners, in particular The University of Sydney, The University of Technology, Sydney and The University of Newcastle must be acknowledged. Clearly, in the present environment, research is an exiting collaborative effort enhanced through the involvement and interaction with the university sector. We plan to explore opportunities to form partnerships with the private sector in research activities in 2005/6.

In summary, NSCCH has an expanding research profile, currently limited by the physical constraints of space and the numbers of staff to conduct research. NSCCH supports the vital and integral relationship between research and patient care. It is expected that with appropriate resources, our research efforts will exponentially increase. We will then be able to provide not only an increased expectation of living without illness but also improved treatment and quality of life for patients when acute or chronic illness occurs.

Professor Carol Pollock
NSCCH Chairman of Research

Detailed information regarding research in NSCCH is available in the CCH Research Report 2004 and the NSH Research Report 2004. The next CCH research report is due to be published April 2006. The next NSH research report is due to be published June 2006. A list of clinical trials can be found in this report’s Appendices.
## Official overseas travel by staff

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEPARTMENT</th>
<th>PURPOSE</th>
<th>COUNTRIES</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jenny King</td>
<td>Central Coast Nursing</td>
<td>Presented paper at 2nd International congress of Endocrinology Nursing</td>
<td>Lisbon, Portugal</td>
<td>Sponsorship + personal</td>
</tr>
<tr>
<td></td>
<td>Development Unit</td>
<td>and 12th International Congress of Endocrinology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reg Davis</td>
<td>Central Coast Mental Health</td>
<td>Presented paper at Biophysical Society Annual Meeting</td>
<td>USA</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2004 Winston Churchill Memorial Trust Travelling Fellowship, studying</td>
<td>New Zealand, USA and</td>
<td>Churchill Fellowship</td>
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<tr>
<td></td>
<td></td>
<td>the use of interactive multimedia in the promotion of mental health</td>
<td>United Kingdom</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>in schools. Presented paper at 3rd World conference on the promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>of mental health and prevention of mental and behavioural disorders,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Auckland, NZ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alvaro Garcia</td>
<td>Cardiology</td>
<td>Presented paper to 41st meeting of Australian &amp; NZ Society of Nephrology</td>
<td>New Zealand</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td>Tania Polhill</td>
<td>Nephrology</td>
<td>21s Australasian Podiatry Conference</td>
<td>New Zealand</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td>Clare Linton</td>
<td>Podiatry</td>
<td>World Congress Gastroenterology</td>
<td>Canada</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td>Dr Glenn Hawken</td>
<td>Gastroenterology</td>
<td>Training course for new software implementation within radiation</td>
<td>USA</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td>Dr Shaun Clifford</td>
<td>Radiation Oncology, RNS</td>
<td>oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr A McCormack</td>
<td>Endocrinology, RNS</td>
<td>Participated in meeting for overseeing PHD supervisor</td>
<td>USA</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td>Clare Davies</td>
<td>Paediatrics, RNS</td>
<td>Presented paper at Womens Health Association and Childrens Health</td>
<td>New Zealand</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Association conference</td>
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<td></td>
</tr>
<tr>
<td>Yvonne McCann</td>
<td>Womens &amp; Childrens Health, RNS</td>
<td>Presented paper at Womens Health Association and Childrens Health</td>
<td>New Zealand</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Association conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carol Martin</td>
<td>HIV, RNSH</td>
<td>Training program for health care workers</td>
<td>PNG</td>
<td>Sponsorship</td>
</tr>
<tr>
<td>Prof John Boulton</td>
<td>Research &amp; Training</td>
<td>Research Links</td>
<td>Sweden</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td>Prof. Martin Veysey</td>
<td>Research &amp; Training</td>
<td>Recruitment of UK doctors and attendance at British Medical Association</td>
<td>United Kingdom</td>
<td>SP&amp;T</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Careers Fair</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
our community

Working with clinicians and the community

Area Health Advisory Council

The Northern Sydney Central Coast Health Area Health Advisory Council will be established to facilitate the involvement of providers and consumers of health services, and other members of the local community, in the development of the Area Health Service policies, plans and initiatives for the provision of health services.

The Area Health Advisory Council will have the following functions:

a) to advise providers and consumers of health services and other members of the local community, about the Area Health Service's policies, plans and initiatives for the provision of health services

b) to seek the views of providers and consumers of health services, and of other members of the local community, as to the Area Health Service's policies, plans and initiatives for the provision of health services, and to advise the Chief Executive of the Area Health Service of those views

c) to discuss with the Chief Executive of the Area Health Service the operational performance targets set by any performance agreement

d) to advise the Chief Executive on how best to support, encourage and facilitate community, consumer and health service provider involvement in the planning of health services by the Area Health Service

e) to liaise with other Area Advisory Councils in relation to both local and State wide initiatives for the provision of health services

f) to publish reports (annually or more frequently) as to its work and activities

g) such other functions as are conferred or imposed on it by the regulations

Northern Sydney Central Coast Health Area Health Advisory Council

The members of the Northern Sydney Central Coast Area Health Advisory Council are:

Prof Carol Pollock – Chair
Dr Magdalen Ann Campbell
Dr Greg Fulcher
Mr Paul Tonkin
Mr Tom Limburg
Prof Margaret McMillan
Mr Paolo Totaro AM
Mr Darren Bowd
Mrs Georgia Sidoropoulos
Dr Scott Whyte
Ms Dianne Spragg
Dr Tony Carrozzi
Ms Nancy Ma

Members have been selected for their understanding of the health challenges facing NSW communities and their unique perspective on the issues confronting the area served by NSCCH.

The NSCCH Advisory Council is a crucial part of the State Government’s plans to ensure that local communities and clinicians play an integral role in the planning and development of health services.

The Council will work with the chief executive to ensure that clinicians, patients and the community are effectively engaged and consulted. Council members will play a crucial role in providing advice on issues such as health service planning and workforce development.

Professor Carol Pollock is associate director of the Kolling Institute. She served on the Board of Northern Sydney Area Health Service from 2002 to 2004. Prof Pollock chairs many committees within NSCCAHS, including intellectual property, area grants, research awards, research reference group, medical appointments and credentialing and the research committees. She is currently employed by the NSCCAHS and the University of Sydney as a clinician and researcher with significant administrative duties. Prof Pollock is founding director of BioMed North and is on the Board of Northern Medical Research Foundation, The Lincoln Foundation, the Pain Management Research Committee and the Andrew Olle Trust.

Dr Magdalen Ann Campbell is a GP in Pennant Hills. She is a member and former chair of the Hornsby Ku-ring-gai – Ryde Division of General Practice. She resides in Epping.

Dr Greg Fulcher is a former local GP. He is head of Endocrinology at Royal North Shore Hospital. Dr Fulcher is chair of the Royal North Shore Hospital Medical Staff Council. He is a member of the Diabetes Area Network. Dr Fulcher resides in Roseville.
Mr Paul Tonkin was chair of the Central Coast Area Health Care Quality Council and Medical Appointments Committee. He is a partner in a law firm on the Central Coast. Mr Tonkin is a former deputy chair of the Central Coast Area Health Service Board. Mr Tonkin resides in Woy Woy Bay.

Mr Tom Limburg is a volunteer at Royal North Shore Hospital Emergency Department and Oncology Unit. He is a retired partner of accounting firm Ernst and Young. Mr Limburg is a qualified chartered accountant. He resides in McMahons Point.

Professor Margaret McMillan is a registered nurse. She is deputy to the Pro Vice Chancellor at Newcastle University. Prof McMillan is a former Board member of Central Coast Area Health Service. She is editor of the Australian Journal of Advanced Nursing and is a past president of the NSW College of Nursing. Professor McMillan resides in Bateau Bay.

Mr Paolo Totaro AM is a past chair of the Northern Sydney Area Health Service Community Consultative Committee. He was also a past member of NSW Multicultural Health. Mr Totaro resides in Lovett Bay.

Mr Darren Bowd is a mental health nurse. He has Aboriginal health policy experience in South Australia and is an advocate for Aboriginal health care. Mr Bowd resides in Green Point.

Mrs Georgia Sidoropoulos is a member of the Aboriginal Advisory Committee and was involved in the development of the Aboriginal Health Strategic Plan from 1997 to 2001. She resides in Gosford.

Dr Scott Whyte is the head of the Department of Neurology Central Coast Health Service. He is a conjoint Senior Lecturer, University of Newcastle. Dr Whyte was previously a staff specialist, Department of Geriatric Medicine, Central Coast Health Service. Dr Whyte resides in Wamberal.

Ms Dianne Spragg is director Allied Health Central Coast Health Service. She has been a physiotherapist since 1989. Dianne has a Master of Public Health, University of Western Sydney. She resides in Killcare Heights.

Dr Tony Carrozzi is a specialist anaesthetist and visiting medical officer at Hornsby Hospital. He is chair, Senior Medical Staff Council, Hornsby and Kur-ring-gai Hospital. Dr Carrozzi resides in West Pennant Hills.

Ms Nancy Ma has more than 25 years experience in mass communication. Her education background is in business administration, personnel management and design management. She is a Trustee of the Australian Nursing Home Foundation. Ms Ma resides in Castlecrag.

Local Health Participation Groups

Our Community: Community Activity

Consumer and Community Participation processes within Northern Sydney Central Coast Health ensure consumer and community perspectives in planning, implementation and evaluation of health services. These processes aim:

- To ensure health services are delivered in a way that is responsive to consumer and community needs
- To monitor and evaluate the effectiveness of community participation

Prior to the amalgamation of the health services Northern Sydney Health had a peak consumer and community participation committee known as the Community Consultative Committee. Members involved in this committee had diverse backgrounds and the committee was involved in a combination of consumer and community participation initiatives. Consumers were also involved in the Area Health Service committee structure through participation in a range of other committees.

The Central Coast Health facilitated a series of Community Forums on Health, as well as a range of other consumer and community participation initiatives.

A Consumer and Community Engagement Framework has been developed for the merged Northern Sydney Central Coast Health area. The key features of this structure are:

- quarterly Consumer and Community Participation Committees in each Health Service
- annual Community Forums on Health in each Health Service

Patient feedback

NSCCH policies and procedures for patient feedback comply with the NSW Health Department “Better Practice Guidelines – Front-line Complaints Handling.”

There were 1427 letters of appreciation received this year. The letters were circulated to all relevant staff as well as the Patient Care Review Committees. These committees were sub committees of the previous Area Health Service Boards.

There were 2076 complaints (written and verbal). Patients and their relatives are encouraged to make staff aware of any concerns as soon as they arise so that action can be taken promptly to resolve issues. Each formal complaint is investigated and a response provided. Complaints are subsequently analysed by the Patient Care Review Committees and a report forwarded to the senior executive. Where appropriate, strategies are put in place to address an issue.
Community Activity

Fundraising – Northern Sydney

Royal North Shore Hospital

This year community and corporate support for Royal North Shore Hospital (RNSH) was significant. A total of $6.2 million was raised for clinical care, research and education. Of that amount $3.91 million was raised expressly for research.

RNSH thanks our generous supporters who have done much to keep us at the forefront of medical care. Highlight of the year was the overwhelming response to our dialysis appeals which reached well over the target of $196,000.

The appeals raised enough money to replace all the haemodialysis machines in the acute care dialysis clinic, as well as machines for Lanceley Cottage, our satellite dialysis service.

Major gifts totaling more than $2 million have enabled us:

- to buy new equipment for our world class diabetes service
- boost our busy aged care department with funding for academic positions
- provide scholarships for research at RNSH

Many local businesses donated time and effort to our fundraising efforts. RNSH acknowledges their support. These generous donors include:

- Serge Dansereau and The Bathers Pavilion at Balmoral, organized for the second year running, an exclusive lunch featuring special guest Ita Buttrose. Proceeds from the much-publicised event went to the Maternal Foetal Medicine Unit
- Shu Sugisaki, a long time supporter of RNSH, held the annual sports-themed dinner at his Sapporo Restaurant. Proceeds this year went to the Emergency Department for equipment

RNSH received $2,945,550 in bequests. The major bequest of $1,478,256 from the estate of Walter Hartwig benefited research in the Bill Walsh Cancer Research Laboratories.

The Kolling Institute was the beneficiary of the estate of Rob Watson who had been a long-time supporter of ovarian cancer research. Other major bequests were received from the estates of Elsie Mary Thompson (heart/lung research), Evelyn Hall (cancer research), Joan Audrey Glenwright (haematology research) and Frank Macklin White (Andrew Olle Memorial Trust).

The Andrew Olle Memorial Trust which was established nine years ago by friends and colleagues of the much-loved ABC broadcaster, continued to raise money for research in brain cancer. The Trust is now one of the major supporters of the Australasian Brain Tumour Bank in the Cancer Genetics Unit at the Kolling Institute.

Cansur, which raises funds for research into pancreatic and liver cancer, donated $80,000 for research salaries.

We are grateful for the on-going support of our two premier volunteer groups, the RNSH Ladies Committee and the Floral and Voluntary Services Committee who do so much to help patient care with their stalls and kiosks in the foyer of the main Hospital. This year, the Ladies Committee raised a total of $153,882. The Floral Ladies raised an additional $121,506.

The North Shore Heart Research Foundation contributed an additional $703,998 to RNSH while the Humpty Dumpty Foundation continued to support Children’s Services with funds raised at the Wimbledon Ball and the Balmoral Burn. RNSH is particularly appreciative of the support provided by Paul Francis and the Foundation which this year also directed funds to Community Health/Child and Family Health Services. Funds provided equipment, therapy materials and tests.

Hoc Mai (Australia Vietnam Medical Foundation)

Hoc Mai, which is based at RNSH and chaired by Professor Bruce Robinson, continued to expand its educational exchange program with Vietnam by involving other teaching hospitals of the University of Sydney and most recently, the University of Tasmania. This year Hoc Mai brought eight doctors and nurses from Vietnam to train at RNSH.

Eight second year medical students from the Northern Clinical School won scholarships to Vietnam and two other students from the University of Sydney won elective term scholarships.

The Foundation raised over $100,000 to build a hostel for the relatives of patients at Viet Duc hospital in Hanoi. The Governor of New South Wales, Her Excellency Professor Marie Bashir, will open the hostel in October.

In addition the Hoc Mai Foundation is funding a major education program in the remote province of Dien Bien which boasts one of the highest perinatal mortality rates in Asia. Professor Jonathan Morris from the Maternal Fetal Medicine Unit is part of this team. Hoc Mai raises money through events, grants and donations. Staff members at RNSH are also involved in an infection control program at Viet Duc, a 1000 bed surgical hospital in Hanoi.

Manly Hospital

The Fundraising Department held one direct mail appeal and one newsletter appeal during the year. Following an article in The Manly Daily the hospital received a donation of $30,000 to provide operating theatre equipment for breast cancer surgery. The hospital raised substantial funds via tours for visiting overseas medical personnel.

Donations: $142,015
Bequests: $3,500
Tours: $12,760
Appeal costs: $2,810

MANLY HOSPITAL AUXILIARY
The auxiliary holds regular meetings and card days and raised $5,800.

DALWOOD AUXILIARY
The auxiliary holds jumble sales, card days and trading tables and raised $55,000.
Mona Vale Hospital

Combined Hospital Auxiliaries remain our biggest supporters.

KIOSK AUXILIARIES:
- Colonoscope for Day Surgery ($20,000)
- ENT Drill for Theatres ($16,000)
- Digital Camera for Physiotherapy
- Pulse Oximeter for Assessment & Rehabilitation Unit

NARRABEEN/MONA VALE/NEWPORT AUXILIARY:
- Portable Ultrasound for the Emergency Department ($50,000)

Raine & Horne Newport, official hospital sponsors, donated more than $52,000 this year.

The Hon Bronwyn Bishop coordinated a major fundraiser for the Emergency Department in September 2004, raising $87,000 on one night. Max and Narelle Delmege donated $26,000 to purchase a portable ventilator for the department.

The Narrabeen Lakes Rotary Club donated $19,000 to purchase pulse oximeters for the Children’s Ward.

Hornsby Ku-ring-gai Health Service

Hornsby Ku-ring-gai Health Service enjoys the support of a vibrant and loyal community who continue to partner us in many fundraising projects.

Fundraising totalled $920,000 for 2004/05. Funds went directly to patient care initiatives.

We acknowledge the hard work and support of our staff, volunteers and individuals, community groups, organisations and companies whose loyalty and generosity help us provide the very best health care for our community.

Fundraising – Central Coast

Central Coast Health continues to enjoy a strong relationship with the local community as individuals, businesses and community groups donate or raise funds on our behalf.

Every donation helps us to enhance our services with additional medical and therapeutic equipment.

In particular, Children’s Services, Cancer Services and Critical Care are fortunate to have on board strong and loyal supporters.

- Radio 2GO’s ‘Give Me Five for Kids’ appeal set a new record this year raising $139,000 for sick and injured children.
  The appeal is well known in the community with many groups adopting ‘Give Me Five’ as their major fundraiser for the year
- Staff and customers of Central Coast Woolworths stores supported the annual Bandaged Bear appeal raising $25,000 for the Central Coast Children’s Fund.
- Central Coast enjoys the support and enthusiasm of other traditional donors. Keen golfers, Central Coast Taxis, put their way to raise thousands of dollars at their annual golf day while The Entrance Hotel Fishing Club hold a fundraising day to help the youngest members of our community.
- Regular donors include the Greek-Australian Association, Australian-Filipino Association, the Central Coast Real Estate Institute and many private individuals

Perfect weather and a good-sized swell ensured the annual Magoo Classic Longboard Competition had another great year. Organised by the Central Coast Malibu Boardriders Club the event has raised over $100,000 for cancer services since 1999.

Our partnership with New South Wales Fire Brigades on the Central Coast goes from strength to strength. Local firefighters have embraced support for critical care services this year providing $25,000 to support the purchase of specialised equipment to stabilise and treat burns patients in our Emergency Departments.

Research benefits from the fundraising activities organised by the CHARM (Central Coast Health & Research Management) Committee. This year’s ball had a Venetian theme and raised thousands of dollars for local vascular research. As our research efforts grow, the CHARM committee will play an increasingly important role in its funding.

Support from sponsors helped Central Coast Health to raise $25,000 through golf days conducted for Gosford, Wyong and Woy Woy hospitals as well as supporting the local Quality Awards.

Bequests continue to provide funds for clinical practice activities and hospital enhancement.

We appreciate the support of all our donors, old and new, and look forward to strengthening these relationships in the year ahead.
Ethnic Affairs Priority Statement (EAPS)

The Ethnic Affairs Priority Statement is a planning document incorporating the key ethnic affairs initiatives and priorities of government agencies.

ACHIEVEMENTS

- Implementation of cultural diversity training for staff
- Provision of face to face and telephone interpreting services for clients and staff of NSCCH and Home and Community Care Services (HACC)
- Facilitation of community development activities with refugee communities
- Translation of information on specific health services
- Provision of health information sessions to culturally and linguistically diverse (CALD) community groups
- Parenting classes for the Chinese community
- Consultations conducted with Serbian speaking parents regarding oral health needs of children
- Implementation of a survey to identify bilingual staff in mental health services
- Consultations conducted with CALD parents regarding child and family health service needs

FUTURE DIRECTION

- Further development of a Multicultural Health Service intranet site for staff
- Implementation of a Drug & Alcohol project with the Chinese community
- Provision of information sessions on EAPS responsibilities for managers
- Distribution of carer information kits in community languages
- Community development initiatives aimed at addressing health needs in the Tibetan community
- Review of multilingual signage in key clinical areas
- Tours of health facilities by CALD community groups
- Review of ethnicity data and Health Care Interpreter Service utilisation by clinical services

Links with Non-Government Organisations

Central Coast Health

Non-government organisations are vital partners in the provision of care and support to clients of our community and inpatient services as well as those people who may otherwise have become patients if it were not for these interventions. Our partnerships provide support and strength to both partners as we work together to provide services to the Central Coast community.

Northern Sydney Health

Non-government organisations play an important role in the delivery of services to improve and maintain the health of the people within the Northern Sydney Area and to the broader NSW population. In 2004-05 there were 22 funded non-government organisations within the Northern Sydney Area providing a diverse range of services including mental health, drug and alcohol, health promotion, women's health, HIV/AIDS support, community, dental and child and family. NSCCH is committed to building on and sustaining these partnerships.

General Practice Collaboration Unit

SUMMARY OF ACTIVITY

The General Practice Collaboration Unit is a joint-funded partnership with the Central Coast Division of General Practice (CCDGP) to provide effective collaboration and integrated service delivery between the organisations and local general practitioners.

MAJOR GOALS AND OUTCOMES

- To promote communication between NSCCH, CCDGP and General Practitioners
  Discharge referrals for patients discharged from Gosford and Wyong Hospitals are faxed to GPs or practices to ensure they receive information quickly. GPs may receive clinical documentation from hospital medical officers in the following disciplines – Paediatrics, Geriatrics, General Medicine, Neurology and Registration/Care Plans for Palliative Care. GPs and specialists communicate with each other in real time, deliver patient information for referral or provide feedback to enable integration of patient notes
- To facilitate collaboration between NSCCH and CCDGP and contribute to health service planning The GP Collaboration unit has assisted the integration of youth services by using resources and building on the growing relationship between local GPs and health services. Expand existing projects including Mind Matters Plus GP Phase II initiative, Youth GP Voucher project (Sexual Health), Adolescent Primary Health Clinics, Terrigal/Erina High School project, Youth Friendly Check List project and Youth Health Services
Benefits to date include:
- Expansion of GP Youth Voucher project to >15 youth centres
- Increase in mental health/adolescent medicine GP training
- ‘GPs 4 Young People’ brochure
- Referral pathways support GPs practicing near selected local high schools

**KEY ISSUES AND EVENTS**
- The merger of Central Coast and Northern Sydney Health Services and Central Coast, Northern Sydney, Manly Warringah and Hornsby Ku-ring-gai Divisions of General Practice will increase opportunities for communication between NSCCH and GP Collaboration
- The differences in communication between services that are ‘linked’ ‘coordinated’ or ‘integrated’. For services that are ‘linked’ information is provided when asked for and GPs ask when information is needed. When services are ‘coordinated’ information is defined and provided routinely in both directions. Services that are ‘integrated’ use a common record as part of daily joint practice and management.

**FUTURE DIRECTION**
- To participate with the combined Divisions of General Practice and NSCCH to continue and improve GP Collaboration and review indicators which may represent best practice continuity of care. This review may result in a change from a ‘linked’ model to a ‘coordinated’ model for those services working with GPs
- To cooperate with NSCCH Men’s Health Unit to implement a GP Men’s Health Primary Care Project on the Central Coast
- To implement a GP-supported Acute and Post Acute Care model in the community

**Our Volunteers**

There is a wide variety of volunteer roles throughout NSCCH. Some volunteers focus on fundraising; others perform valuable practical services throughout our hospitals and community health services. These roles have developed over time and reveal something of the nature and character of the individual hospitals that volunteers serve. Public Affairs and other hospital staff encourage, support and recognise the work volunteers do in providing their unique services. Some examples of the vital work and the roles they play in NSCCH include:
- Fundraising (eg Royal North Shore Hospital’s Ladies, and Floral and Services Voluntary Committees raised more than $320,000 in 2004/05 for patient equipment and amenities)
- Patient escorts, Emergency Department companions and welcomers
- Information and mail services, oncology drivers, ward grandparents, CANSUPPORT
- Kiosks and sub news agencies
- Linen services
- Trolley services to the bedside (toiletries, sweets and other small items)
- Patient library service
- Hospital museum custodians

Volunteers make an immense contribution to health care services. They display professionalism and a spirit of generous community service to our staff and patients alike and show the human face of health care to those who are ill or in distress.

**Chaplaincy**

Chaplains provide spiritual and practical help to patients when requested and often attend hospital Emergency Departments and Intensive Care Units as part of their duties. They counsel staff and visitors on request. Chaplains serve as members of Ethics Committees overseeing clinical and other research trials.

Each hospital has a formal non-denominational chapel or quiet room for staff, patients and visitors. The Chaplains Department oversees and maintains these areas and organises observances of religious holidays and celebrations including regular weekly services, Christmas and Easter observances, non-denominational services and spiritual responses to local, national and international events.
our community continued

Hospital auxiliaries

Central Coast Health

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>PRESIDENT</th>
<th>SECRETARY</th>
<th>TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOSFORD</td>
<td>Mrs Maureen Hurt</td>
<td>Mrs Jennifer Sims</td>
<td>Mrs Hazel Pankhurst (deceased)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Miss Lucy Sharpe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mrs Kerrie Pabinski</td>
</tr>
<tr>
<td>KINCUMBER</td>
<td>Mrs Peggy Horton</td>
<td>Mrs Roma Alexander</td>
<td>Mrs Sadie Cummings</td>
</tr>
<tr>
<td>LONG JETTY</td>
<td>Mrs Thelma Peck</td>
<td>Mrs Pat Wares</td>
<td>Mrs Betty Smith</td>
</tr>
<tr>
<td>OURIMBAH</td>
<td>Mrs Tony Brewster</td>
<td>Mrs Yvonne Smith</td>
<td>Miss Narelle Rodgers</td>
</tr>
<tr>
<td>WOY WOY</td>
<td>Mrs Marie Jackman</td>
<td>Ms Merle Menz</td>
<td>Mrs Shirley Cuppit</td>
</tr>
<tr>
<td>WYONG</td>
<td>Mrs Teresa Oswald</td>
<td>Miss Doris Colahan</td>
<td>Mrs Beryl Williams</td>
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Royal North Shore Hospital Ladies Committee

<table>
<thead>
<tr>
<th></th>
<th>Jeanette Dowda</th>
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<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
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<tr>
<td>HON SECRETARY</td>
<td>Hope Wheatly</td>
</tr>
<tr>
<td>ASST HON SECRETARY</td>
<td>June Clark</td>
</tr>
<tr>
<td>HON TREASURER</td>
<td>Margaret Rogers</td>
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<tr>
<td>ASST HON TREASURER</td>
<td>Rosemary Morris</td>
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Royal North Shore Hospital Floral & Services Voluntary Committee

<table>
<thead>
<tr>
<th></th>
<th>Iris Burgess</th>
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<tr>
<td>PRESIDENT</td>
<td></td>
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<tr>
<td>VICE PRESIDENT</td>
<td>Anne Green</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Val Burgess</td>
</tr>
<tr>
<td>TREASURER</td>
<td>Mr Merv Mills</td>
</tr>
<tr>
<td>ASSISTANT TREASURER</td>
<td>Anne Green</td>
</tr>
<tr>
<td>RAFFLES</td>
<td>Anne Green</td>
</tr>
<tr>
<td>PUBLICITY OFFICER</td>
<td>Graeme Chambers</td>
</tr>
</tbody>
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Mona Vale Hospital Kiosk Auxiliary Committee

<table>
<thead>
<tr>
<th></th>
<th>June Robson</th>
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<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
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<tr>
<td>VICE PRESIDENT</td>
<td>Elizabeth Flood</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Myra O’Dwyer</td>
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Manly Hospital Auxiliary

<table>
<thead>
<tr>
<th></th>
<th>Marion Predavec</th>
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<tr>
<td>PRESIDENT</td>
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Dalwood Auxiliary

<table>
<thead>
<tr>
<th></th>
<th>Toni Lynch</th>
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<tbody>
<tr>
<td>PRESIDENT</td>
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Ryde Hospital Pink Ladies

<table>
<thead>
<tr>
<th></th>
<th>Beth Stewart</th>
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<tbody>
<tr>
<td>PRESIDENT</td>
<td></td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Nancy Woolman</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>May Peters</td>
</tr>
<tr>
<td></td>
<td>Margaret Chapman</td>
</tr>
<tr>
<td>TREASURER</td>
<td>Reg Walker</td>
</tr>
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Executive Summary

The audited financial statements presented for the Area Health Service recognise the amalgamation of the Area Health Services which had effect from 1 January 2005. For the period 1 January 2005 to 30 June 2005 the Net Cost of Services budget was $591.4 million against which the audited actuals of $582.1 million represents a favourable variation of 9.3 million or 1.6%.

In achieving the above result the Northern Sydney and Central Coast Area Health Service is satisfied that it has operated within the level of government cash payments and restricted operating costs to the budget available. It has also ensured that no general creditors exist at the end of the month in excess of levels agreed with the NSW Department of Health and, further, has effected all loan repayments within the time frames agreed.

Although the audited financial statements are presented for a six month period only, consistent with the establishment date of the Area Health Service, information is available for the twelve months ended 30 June 2005 compared with 2003/04 combined information for the previous Area Health Services, or parts thereof, that now comprise the Northern Sydney and Central Coast Area Health Service detailed below:

<table>
<thead>
<tr>
<th></th>
<th>2004/05 ACTUALS $000</th>
<th>2004/05 BUDGET $000</th>
<th>2003/04 ACTUALS $000</th>
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<tbody>
<tr>
<td>Employee Related Expenses</td>
<td>855,465</td>
<td>858,231</td>
<td>770,503</td>
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<tr>
<td>Visiting Medical Officers</td>
<td>43,900</td>
<td>38,650</td>
<td>39,814</td>
</tr>
<tr>
<td>Goods &amp; Services</td>
<td>355,089</td>
<td>330,139</td>
<td>348,606</td>
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<tr>
<td>Maintenance</td>
<td>47,388</td>
<td>53,514</td>
<td>35,198</td>
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<tr>
<td>Depreciation &amp; Amortisation</td>
<td>43,773</td>
<td>43,669</td>
<td>40,872</td>
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<tr>
<td>Grants &amp; Subsidies</td>
<td>13,277</td>
<td>11,385</td>
<td>10,573</td>
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<td>Borrowing Costs</td>
<td>73</td>
<td>251</td>
<td>54</td>
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<tr>
<td>Payments to Affiliated Health Organisations</td>
<td>34,744</td>
<td>33,099</td>
<td>32,182</td>
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<tr>
<td>Other Expenses</td>
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<tr>
<td>Total Expenses</td>
<td>1,393,709</td>
<td>1,368,938</td>
<td>1,277,802</td>
</tr>
<tr>
<td>Sale of Goods &amp; Services</td>
<td>238,746</td>
<td>231,424</td>
<td>237,453</td>
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<tr>
<td>Investment Income</td>
<td>7,437</td>
<td>4,162</td>
<td>6,632</td>
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<tr>
<td>Grants &amp; Contributions</td>
<td>26,026</td>
<td>16,414</td>
<td>30,581</td>
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<tr>
<td>Other Revenue</td>
<td>2,214</td>
<td>5,234</td>
<td>6,976</td>
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<tr>
<td>Total Revenues</td>
<td>274,423</td>
<td>257,234</td>
<td>281,642</td>
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<tr>
<td>Gain/Loss on Disposal of Non Current Assets</td>
<td>(335)</td>
<td>90</td>
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The variations in the two years reported stem from budget adjustments and other movements as follows:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Employee Related Expenses (Award Increases)</td>
<td>84,962</td>
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<tr>
<td>Visiting Medical Officers</td>
<td>4,086</td>
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<tr>
<td>Maintenance</td>
<td>12,190</td>
</tr>
<tr>
<td>Grants and Subsidies</td>
<td>2,704</td>
</tr>
<tr>
<td>Other Variations</td>
<td>–</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>103,942</td>
</tr>
</tbody>
</table>

Program Reporting

The Area Health Service reporting of programs is consistent with the ten programs of health care delivery utilised across NSW Health and satisfies the methodology for apportionment advised by the NSW Department of Health.

No comparisons are available in the audited statements although the table overleaf has been prepared comparing the combined results of the Northern Sydney and Central Coast Area Health Service and its former Area components for the full two year period 1 July 2003 to 30 June 2005.

Directions in Funding

As a result of the establishment of the new Area Health Services with effect from 1 January 2005 it has become necessary for each Area Health Service to prepare its financial statements utilising the Australian Equivalents to International Financial Reporting Standards (AEIFRS). Each Area Health Service is therefore twelve months in advance of the majority of Government agencies.

In addition to the need to adopt AEIFRS the Area has needed to respond to several other significant challenges:

- the amalgamation of accounting and financial systems;
- the restructuring of corporate and business support services designed to generate funds to source further front line services.
The 2005/06 Budget – the forthcoming year

The Northern Sydney and Central Coast Area Health Service received its 2005/06 allocation on 22 July 2005. The allocation is earmarked by the provision of additional funding to address:

- the provision of increased equivalent bed capacity to improve access block performance and provide sustainable management of elective surgery – it is expected that the funding provided will facilitate the establishment and opening of an additional 125 equivalent beds;
- the provision of more elective surgery to tackle existing waiting lists;
- the need to increase the number of intensive care beds and cots for adults, children and infants with 4 additional beds expected to open and operate in 2005/06;
- mental health service improvements including opening of additional beds at Royal North Shore Hospital;
- the continued enhancement of the delivery of cancer research and direct patient services;

The Northern Sydney and Central Coast Area Health Service will work with the NSW Department of Health in a major reform program that will focus on ensuring that each patient has the best possible journey through the health system. This will ensure that patient care is better coordinated, leading to improved patient outcomes and more efficient use of resources.

The Area Health Service amalgamations as announced by the Minister for Health on 27 July 2004 serve to better align population growth centres with existing centres of excellence and specialist medical expertise and also link areas of traditional clinical resource strength to areas of traditional shortage. In addition, the new Area Health Services will integrate a range of administrative and clinical systems, removing duplication and overlap with the savings being progressively invested in clinical services.

A major internal reform program has also been initiated to consolidate and share corporate and business support services across the public health system. These reforms are aimed at redirecting resources to frontline health care, while also improving the cost effectiveness, consistency and accessibility of support services across the State. The initial focus of these reforms is linen, food and IT systems and overall procurement practices, the approach being consistent with the NSW Government’s Shared Corporate Services Reform Strategy.

The Minister for Health has announced the following new capital works:

**Gosford Hospital**
- Mandala Mental Health Unit

**Manly Hospital**
- Intensive Care Unit
- East Wing Psychiatric Unit

**Mona Vale**
- Emergency Department

**Northern Sydney and Central Coast Dental Works/Equipment**

**Royal North Shore Hospital**
- High Dependency/Day Surgical Unit
- CT Scanner

**Ryde Hospital**
- Emergency Department
- Perioperative Unit
- Vital Sign Monitors

In addition the 2005/06 capital program also provides for the continuation of 2004/05 projects including:

**Hornsby Hospital**
- Obstetric/Paediatric and Emergency Units

**Royal North Shore Hospital**
- Building Facade Stage 2
- Redevelopment Stage 1
- Redevelopment Stage 2
Certification of Financial Statements for period ended 30 June 2005

The attached financial statements of the Northern Sydney and Central Coast Area Health Service for the six month period ended 30 June 2005:

i) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards, other authoritative pronouncements of the Australian Accounting Standards Board, Urgent Issues Group Consensus Views, the requirements of the Public Finance and Audit Act 1983 and its regulations, the Health Services Act 1997 and its regulations, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;

ii) Present fairly the financial position and transactions of the Northern Sydney and Central Coast Area Health Service; and

iii) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Chief Executive
Northern Sydney and Central Coast
Area Health Service
31 October 2005

Director of Finance
Northern Sydney and Central Coast
Area Health Service
31 October 2005
Independent Auditor’s Report

INDEPENDENT AUDIT REPORT

NORTHERN SYDNEY AND CENTRAL COAST AREA HEALTH SERVICE

To Members of the New South Wales Parliament

Audit Opinion Pursuant to the Public Finance and Audit Act 1983

In my opinion, the financial report of the Northern Sydney and Central Coast Area Health Service:

(a) presents fairly the Northern Sydney and Central Coast Area Health Service’s financial position as at 30 June 2005 and its financial performance and cash flows for the six months ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements, in Australia, and

(b) complies with section 45E of the Public Finance and Audit Act 1983 (the PF&A Act).

Audit Opinion Pursuant to the Charitable Fundraising Act 1991

In my opinion:

(a) the accounts of the Northern Sydney and Central Coast Area Health Service show a true and fair view of the financial result of fundraising appeals for the period ended 30 June 2005

(b) the accounts and associated records of the Northern Sydney and Central Coast Area Health Service have been properly kept during the period in accordance with the Charitable Fundraising Act 1991 (the CF Act) and the Charitable Fundraising Regulation 1998 (the CF Regulation)

(c) money received as a result of fundraising appeals conducted during the period has been properly accounted for and applied in accordance with the CF Act and the CF Regulation, and

(d) there are reasonable grounds to believe that the Northern Sydney and Central Coast Area Health Service will be able to pay its debts as and when they fall due.

My opinions should be read in conjunction with the rest of this report.

The Chief Executive Officer’s Role

The financial report is the responsibility of the Chief Executive Officer of the Northern Sydney and Central Coast Area Health Service. It consists of the statement of financial position, the statement of financial performance, the statement of cash flows, the program statement - expenses and revenues and the accompanying notes.

The Auditor’s Role and the Audit Scope

As required by the PF&A Act and the CF Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides reasonable assurance to Members of the New South Wales Parliament that the financial report is free of material misstatement.
My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Chief Executive Officer in preparing the financial report,
- examined a sample of the evidence that supports:
  (i) the amounts and other disclosures in the financial report,
  (ii) compliance with accounting and associated record keeping requirements pursuant to the CF Act, and
- obtained an understanding of the internal control structure for fundraising appeal activities.

An audit does not guarantee that every amount and disclosure in the financial report is error free. The terms ‘reasonable assurance’ and ‘material’ recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that the Chief Executive Officer had failed in his reporting obligations.

My opinions do not provide assurance:

- about the future viability of the Northern Sydney and Central Coast Area Health Service,
- that it has carried out its activities effectively, efficiently and economically,
- about the effectiveness of its internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

David Jones, FCA
Director, Financial Audit Services

SYDNEY
2 November 2005
Northern Sydney and Central Coast Area Health Service

INCOME STATEMENT
FOR THE SIX MONTHS ENDED 30 JUNE 2005

The accompanying notes form part of these Financial Statements

<table>
<thead>
<tr>
<th>Expenses</th>
<th>NOTES</th>
<th>ACTUAL 2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Related</td>
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<tr>
<td>Visiting Medical Officers</td>
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<tr>
<td>Goods and Services</td>
<td>5</td>
<td>183,386</td>
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<tr>
<td>Maintenance</td>
<td>6</td>
<td>23,377</td>
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<tr>
<td>Depreciation and Amortisation</td>
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<td>23,052</td>
</tr>
<tr>
<td>Grants and Subsidies</td>
<td>8</td>
<td>8,022</td>
</tr>
<tr>
<td>Finance Costs</td>
<td>9</td>
<td>53</td>
</tr>
<tr>
<td>Payments to Affiliated Health Organisations</td>
<td>10</td>
<td>16,612</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
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<td><strong>715,051</strong></td>
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<tr>
<td>Retained Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of Goods/Rendering of Services</td>
<td>11</td>
<td>117,435</td>
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<td>Investment Income</td>
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<td>3,775</td>
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<tr>
<td>Grants and Contributions</td>
<td>13</td>
<td>11,924</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>14</td>
<td>66</td>
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<tr>
<td><strong>Total Retained Revenue</strong></td>
<td></td>
<td><strong>133,200</strong></td>
</tr>
<tr>
<td>Gain/(Loss) on Disposal of Non Current Assets</td>
<td>15</td>
<td>(214)</td>
</tr>
<tr>
<td><strong>Net Cost of Services</strong></td>
<td></td>
<td><strong>582,065</strong></td>
</tr>
<tr>
<td>Government Contributions</td>
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</tr>
<tr>
<td>NSW Health Department Recurrent Allocations</td>
<td>2(d)</td>
<td>493,679</td>
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<tr>
<td>NSW Health Department Capital Allocations</td>
<td>2(d)</td>
<td>28,220</td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of employee superannuation benefits</td>
<td>2(a)</td>
<td>37,614</td>
</tr>
<tr>
<td><strong>Total Government Contributions</strong></td>
<td></td>
<td><strong>559,513</strong></td>
</tr>
<tr>
<td><strong>RESULT FOR THE YEAR FROM ORDINARY ACTIVITIES</strong></td>
<td></td>
<td><strong>(22,552)</strong></td>
</tr>
</tbody>
</table>
### Northern Sydney and Central Coast Area Health Service

#### STATEMENT OF CHANGES IN EQUITY

**FOR THE SIX MONTHS ENDED 30 JUNE 2005**

<table>
<thead>
<tr>
<th>NOTES</th>
<th>ACTUAL 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
</tr>
<tr>
<td>Net Increase/(Decrease) In Asset Revaluation Reserve</td>
<td>203,592</td>
</tr>
<tr>
<td>TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY</td>
<td>203,592</td>
</tr>
<tr>
<td>Result for The Year From Ordinary Activities</td>
<td>(22,552)</td>
</tr>
<tr>
<td>TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR</td>
<td>181,040</td>
</tr>
</tbody>
</table>

**EFFECT OF CHANGES IN ACCOUNTING POLICY AND CORRECTION OF ERRORS**

- Accumulated Funds
- Asset Revaluation Reserve

*The accompanying notes form part of these Financial Statements*
Northern Sydney and Central Coast Area Health Service

BALANCE SHEET AS AT 30 JUNE 2005

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>NOTES</th>
<th>ACTUAL 30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$’000</td>
</tr>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>17</td>
<td>28,748</td>
</tr>
<tr>
<td>Receivables</td>
<td>18</td>
<td>32,285</td>
</tr>
<tr>
<td>Inventories</td>
<td>19</td>
<td>12,468</td>
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<tr>
<td>Other Financial Assets</td>
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<td>61,251</td>
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<td>Other</td>
<td>23</td>
<td>6,272</td>
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<tr>
<td>Non Current Assets Held for Sale</td>
<td>24</td>
<td>872</td>
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<tr>
<td>Total Current Assets</td>
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<td><strong>141,024</strong></td>
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<tr>
<td></td>
<td>Non-Current Assets</td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>18</td>
<td>1,551</td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
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<td></td>
</tr>
<tr>
<td>– Land and Buildings</td>
<td>21</td>
<td>1,040,366</td>
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<tr>
<td>– Plant and Equipment</td>
<td>21</td>
<td>64,039</td>
</tr>
<tr>
<td>– Infrastructure Systems</td>
<td>21</td>
<td>40,045</td>
</tr>
<tr>
<td>Total Property, Plant and Equipment</td>
<td></td>
<td><strong>1,144,450</strong></td>
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<tr>
<td>Intangible Assets</td>
<td>22</td>
<td>150</td>
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<tr>
<td>Total Non-Current Assets</td>
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<td><strong>1,146,151</strong></td>
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<tr>
<td>Total Assets</td>
<td></td>
<td><strong>1,288,047</strong></td>
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</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>NOTES</th>
<th>ACTUAL 30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$’000</td>
</tr>
<tr>
<td>LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>26</td>
<td>83,215</td>
</tr>
<tr>
<td>Borrowings</td>
<td>27</td>
<td>2,813</td>
</tr>
<tr>
<td>Provisions</td>
<td>28</td>
<td>68,464</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
<td>1,622</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td></td>
<td><strong>156,114</strong></td>
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<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>27</td>
<td>8,096</td>
</tr>
<tr>
<td>Provisions</td>
<td>28</td>
<td>137,690</td>
</tr>
<tr>
<td>Other</td>
<td>29</td>
<td>8,827</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td></td>
<td><strong>154,613</strong></td>
</tr>
<tr>
<td>Total Liabilities</td>
<td></td>
<td><strong>310,727</strong></td>
</tr>
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<td>Net Assets</td>
<td></td>
<td><strong>977,320</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th>NOTES</th>
<th>ACTUAL 30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$’000</td>
</tr>
<tr>
<td>EQUITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>30</td>
<td>203,592</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td>30</td>
<td>773,259</td>
</tr>
<tr>
<td>Amounts recognised on equity relating to assets held for sale</td>
<td>24</td>
<td>469</td>
</tr>
<tr>
<td>Total Equity</td>
<td></td>
<td><strong>977,320</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these Financial Statements
## Northern Sydney and Central Coast Area Health Service

### CASH FLOW STATEMENT

**FOR THE SIX MONTHS ENDED 30 JUNE 2005**

### CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th>Payments</th>
<th>NOTES</th>
<th>ACTUAL 2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Related</td>
<td></td>
<td>(383,184)</td>
</tr>
<tr>
<td>Grants and Subsidies</td>
<td></td>
<td>(8,687)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>(265,522)</td>
</tr>
<tr>
<td><strong>Total Payments</strong></td>
<td></td>
<td><strong>(657,393)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receipts</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sale of Goods and Services</td>
<td></td>
<td>126,809</td>
</tr>
<tr>
<td>Interest Received</td>
<td></td>
<td>3,481</td>
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<tr>
<td>Other</td>
<td></td>
<td>29,690</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td></td>
<td><strong>159,980</strong></td>
</tr>
</tbody>
</table>

**Cash Flows From Government**

| NSW Health Department Recurrent Allocations |       | 491,304            |
| NSW Health Department Capital Allocations  |       | 28,220             |
| **Net Cash Flows from Government**         |       | **519,524**        |

**NET CASH FLOWS FROM OPERATING ACTIVITIES**

<table>
<thead>
<tr>
<th>NOTES</th>
<th>ACTUAL 2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>22,111</td>
</tr>
</tbody>
</table>

### CASH FLOWS FROM INVESTING ACTIVITIES

| Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems |       | 125                  |
| Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems        |       | (29,433)            |
| Purchases of Investments                                                                 |       | (5,007)             |
| **NET CASH FLOWS FROM INVESTING ACTIVITIES**                                          |       | **(34,315)**        |

### CASH FLOWS FROM FINANCING ACTIVITIES

| Proceeds from Borrowings and Advances                                                |       | 20,000              |
| Repayment of Borrowings and Advances                                                |       | (10,197)            |
| **NET CASH FLOWS FROM FINANCING ACTIVITIES**                                         |       | **9,803**           |

### NET INCREASE/(DECREASE) IN CASH

| Opening Cash and Cash Equivalents                                                   |       | 31,149              |
| **CLOSING CASH AND CASH EQUIVALENTS**                                               |       | **28,748**          |
| **NET INCREASE/(DECREASE) IN CASH**                                                 |       | (2,401)             |
## Financial Statements

Northern Sydney and Central Coast Area Health Service

**Program Statement – Expenses and Revenues**

For the six months ended 30 June 2005

<table>
<thead>
<tr>
<th>Service's Expenses and Revenues</th>
<th>Program 1.1*</th>
<th>Program 1.2*</th>
<th>Program 1.3*</th>
<th>Program 2.1*</th>
<th>Program 2.2*</th>
<th>Program 2.3*</th>
<th>Program 3.1*</th>
<th>Program 4.1*</th>
<th>Program 5.1*</th>
<th>Program 6.1*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005 $'000</td>
<td>2005 $'000</td>
<td>2005 $'000</td>
<td>2005 $'000</td>
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<td>2005 $'000</td>
<td>2005 $'000</td>
<td>2005 $'000</td>
<td>2005 $'000</td>
<td>2005 $'000</td>
</tr>
</tbody>
</table>

### Expenses

#### Operating Expenses

- **Employee Related**: 35,935 325 30,791 40,669 214,741 13,207 48,806 36,252 6,459 11,144 438,329
- **Visiting Medical Officers**: 165 0 1,148 533 16,593 1,949 553 338 314 627 22,220
- **Goods and Services**: 7,037 81 16,399 11,609 111,047 13,228 8,386 7,791 3,365 4,443 183,386
- **Maintenance**: 1,735 16 1,987 1,683 10,922 1,315 2,615 1,788 491 825 23,377
- **Depreciation and Amortisation**: 1,039 13 3,067 1,686 12,030 1,429 1,988 1,104 297 399 23,052
- **Grants and Subsidies**: 3,803 197 0 223 0 0 2,145 1,642 8 4 8,022
- **Finance Costs**: 3 0 5 4 28 1 7 4 1 0 53
- **Payments to Affiliated Health Organisations**: 101 0 0 0 0 0 1,166 15,259 0 86 16,612

**Total Expenses**: 49,818 632 53,397 56,407 365,361 31,129 65,666 64,178 10,935 17,528 715,051

### Revenue

- **Sale of Goods and Services**: 4,256 47 6,583 5,952 77,342 5,095 3,779 8,753 872 4,756 117,435
- **Investment Income**: 247 1 210 1,111 786 124 85 120 18 1,073 3,775
- **Grants and Contributions**: 1,387 92 549 393 653 595 194 781 1,777 5,503 11,924
- **Other Revenue**: 4 0 4 6 36 6 3 5 1 1 66

**Total Revenue**: 5,894 140 7,346 7,462 78,817 5,820 4,061 9,659 2,668 11,333 133,200

**Gain/(Loss) on Disposal of Non Current Assets**: (54) 0 (126) (1) (67) 0 37 (1) (2) 0 (214)

**NET COST OF SERVICE**: 43,978 492 46,177 48,946 286,611 25,309 61,568 54,520 8,269 6,195 582,065

*The name and purpose of each program is summarised in Note 16.*

*The program statement uses statistical data to 31 December 2004 to allocate the current period’s financial information to each program.*

*No changes have occurred during the period between 1 January 2005 and 30 June 2005 which would materially impact this allocation.*

The accompanying notes form part of these Financial Statements.
1. The Health Service Reporting Entity

The Northern Sydney and Central Coast Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005 and as such has presented its financial statements only for the six month period ended 30 June 2005. As a reporting entity the Health Service comprises the services previously provided by the former Northern Sydney and Central Coast Area Health Services.

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

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

These financial statements have been authorised for issue by the Chief Executive on 31 October 2005.

2. Summary of Significant Accounting Policies

The Health Service’s financial statements are a general purpose financial report which has been prepared on an accruals basis and in accordance with applicable International Financial Reporting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS), other authoritative pronouncements of the Australian Accounting Standards Board (AASB) where it is necessary to detail the scope and applicability of the International Standards in the Australian environment, Urgent Issues Group (UIG) Consensus Views and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

The Area Health Service’s financial statements are prepared for the six months ended 30 June 2005 and are therefore covered by AASB101, “Presentation of Financial Statements”, which requires the adoption of International Financial Reporting Standards for reporting periods beginning on or after 1 January 2005.

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

In the absence of a specific Accounting Standard, other authoritative pronouncements of the AASB or UIG consensus View is considered.

Except for property, plant and equipment, investment property and financial assets held for trading and available for sale which are measured at fair value, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

The financial report complies with Australian Accounting Standards, which include AEIFRS.

This is the first financial report prepared based on AEIFRS and no comparatives for the year ended 30 June 2004 are available due to the Area Health Service entity being established on 1 January 2005. Reconciliations of AEIFRS equity and profit or loss for 30 June 2005 to the previous accounting standards in accordance with AASB1 First-time Adoption of Australian Equivalents to International Financial Reporting Standards is not required.

Under AASB101, Clause 97, the creation of the new Northern Sydney and Central Coast Area Health Service occurred on 1 January 2005 resulted in an Administrative Restructure of prior Northern Sydney and Central Coast Area Health Service boundaries to form the new entity which is recognised during the reporting period. To assist users of these financial statements, note 2aa details the Assets and Liabilities taken up by the new entity on 1 January 2005. The comparisons in notes 19 to 44 will reflect figures from this table rather than the balance sheet on inception of the new entity.

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

a) Employee Benefits and Other Provisions

i) Salaries and Wages, Current Annual Leave, Sick Leave and On Costs (including non-monetary benefits)

Liabilities for salaries and wages, current annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees’ services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

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

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

The outstanding amounts of worker’s compensation insurance premiums and fringe benefits which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.
ii) Non Current Annual Leave, Long Service Leave and Superannuation

Long Service Leave is measured on a short hand basis at an escalated rate of 6.95% above the salary rates immediately payable at 30 June 2005 for all employees with five or more years of service. This escalated rate takes into account measurement at present value in accordance with AASB 119 Employee Benefits adjusted for known wage rate increases and on costs. Non Current annual leave has been escalated by 3.4%.

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

The Health Service’s liability for superannuation is assumed by the Crown Entity. The Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as “Acceptance by the Crown Entity of Employee Benefits”.

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

iii) Other Provisions

Other provisions exist when: the agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

If the effect of the time value of money is material, provisions are discounted using a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability.

b) Insurance

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

c) Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.

d) Income Recognition

Revenue is recognised when the Area Health Service has control of the good or right to receive, it is virtually certain that the economic benefits will flow to the Area Health Service and the amounts of revenue can be measured reliably. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when the Area Health Service obtains control of the assets that result from them.

Patient Fees

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

Investment Income

Interest revenue is recognised as it accrues. Rent revenue is recognised in accordance with AASB117 “Leases”. Dividend revenue is recognised when the Area Health Service’s right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.
Use of Hospital Facilities
Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the NSW Health Department. Charges consist of two components:
- a monthly charge raised by the Area Health Service based on a percentage of receipts generated
- the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Area Health Service use in the advancement of the Area Health Service or individuals within it.

Use of Outside Facilities
The Area Health Service uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. The Area Health Service has not estimated the value of the benefit provided as it is not expected to be material.

Grants and Contributions
Grants and Contributions are generally recognised as revenues when the Health Service obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

NSW Health Department Allocations
Payments are made by the NSW Health Department on the basis of the allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Income Statement before arriving at the “Result for the Year from Ordinary Activities” on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Greenwich/Graythwaite Hospital, Nerringah Hospital, Royal Rehabilitation Centre, Sydney and St. Catherine’s Villa Hospital have only been included in the Income Statement prepared to the extent of the cash payments made to the Health Organisations concerned. The Area Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Goods & Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except:
- the amount of GST incurred by the Health Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
- receivables and payables are stated with the amount of GST included.

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows
Health Services recognise patient flows from acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient.

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

Inter State Patient Flows
Health Services recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2003/04 activity data using standard cost weighted separation values to reflect estimated costs in 2004/05 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the State/Territory providing the service is reimbursed by the benefitting Area.

The reporting adopted for both inter area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area’s resident population and disclose the extent to which service is provided to non residents.

The composition of patient flow revenue/expense is disclosed in Notes 4 and 10.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED 30 JUNE 2005

g) Receivables

Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.

h) Acquisition of Assets

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Health Service. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure.

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm’s length transaction.

Where payment for an item is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

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

i) Plant and Equipment

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

j) Depreciation

Depreciation is provided for on a straight line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Health Service.

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

<table>
<thead>
<tr>
<th>Asset Category</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>2.5% to 4.76%</td>
</tr>
<tr>
<td>Electro Medical Equipment</td>
<td>- Costing less than $200,000: 10.0%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>20.0%</td>
</tr>
<tr>
<td>Computer Software</td>
<td>20.0%</td>
</tr>
<tr>
<td>Infrastructure Systems</td>
<td>2.5%</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>10.0%</td>
</tr>
<tr>
<td>Plant and Machinery</td>
<td>10.0%</td>
</tr>
<tr>
<td>Linen</td>
<td>20.0%</td>
</tr>
<tr>
<td>Furniture, Fittings and Furnishings</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

k) Revaluation of Property, Plant & Equipment

Physical non-current assets are valued in accordance with the NSW Health Department’s “Guidelines for the Valuation of Physical Non-Current Assets at Fair Value”. This policy adopts fair value in accordance with AASB116, “Property, Plant & Equipment”. There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Health Services now amalgamated as the Northern Sydney and Central Coast Area Health Service.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset’s fair value is measured as its market buying price ie the replacement cost of the asset’s remaining service potential. The Health Service is a not for profit entity with no cash generating operations.

Each class of property is revalued every five years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date.

The Northern Sydney and Central Coast Area Health Service has had a revaluation completed for each class of land and buildings on 30 June 2005 by Graham Scrymgeour AAIP (certified practising valuer), NSW registration No 1578.
Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation is separately restated. Otherwise, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year from Ordinary Activities, the increment is recognised immediately as revenue in the Result for the Year from Ordinary Activities. Revaluation decrements are recognised immediately as expenses in the Result for the Year from Ordinary Activities, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve. As the Area Health Service was only established as at 1 January 2005 no asset revaluations reserves were brought forward at that date.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

l) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempted from AASB 136 Impairment of Assets and impairment testing. For an asset already measured at fair value, impairment can only arise if selling costs are material. In most cases, selling costs are immaterial.

m) Non Current Assets classified as Held for Sale

The Health Service has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

n) Intangible Assets

Computer software which is not integral to the related hardware is treated as an intangible asset and amortised over their useful lives.

The Health Service recognises intangible assets only if it is probable that future economic benefits will flow to the Health Service and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met. The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Health Service’s intangible assets, the assets are carried at cost less any accumulated amortisation. The Health Service’s intangible assets are amortised using the straight line method over a period of 5 years. In general, intangible assets are tested for impairment where an indicator of impairment exists.

o) Maintenance and Repairs

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

p) Inventories

Inventories are stated at cost. Costs are assigned to individual items of stock mainly on the basis of weighted average costs. Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.
q) Other Financial Assets

“Other financial assets” are generally recognised at cost, with the exception of Treasury Corp Hour Glass Facilities and Managed Fund Investments, which are measured at market value.

For non-current “other financial assets”, revaluation increments and decrements are recognised in the same manner as physical non-current assets.

For current “other financial assets”, revaluation increments and decrements are recognised in the Operating Statement.

r) Non Current Assets (or disposal groups) held for sale

A non-current asset (or disposal group) must be classified as held for sale where it satisfies strict criteria. Assets held for sale are measured at the lower of carrying amount and fair value less costs to sell; not depreciated; reclassified from non-current to current; and separately presented in the balance sheet. An impairment loss is recognised in profit or loss for any initial and subsequent write down from the carrying amount measured immediately before reclassification or re-measurement to fair value less costs to sell.

s) Financial Instruments

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

Information is disclosed in Note 39 in respect of the credit risk and interest rate risk of financial instruments. All such amounts are carried in the accounts at net fair value. The specific accounting policy in respect of each class of such financial instrument is stated hereunder.

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

**Cash**
Accounting Policies – Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.
Terms and Conditions – Monies on deposit attract an effective interest rate of approximately 5.05%.

**Receivables**
Accounting Policies – Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred. No interest is earned on trade debtors. Accounts are issued on 30 day terms.

**Investments**
Accounting Policies – Investments reported at cost include both short term and fixed term deposits, exclusive of Hour Glass funds invested with Treasury Corporation. Interest is recognised in the Income Statement when earned. Shares are carried at cost with dividend income recognised when the dividends are declared by the investee.
Terms and Conditions – Short term deposits have an average maturity of 129 days and effective interest rate of 5.61%.

**Trade and Other Payables**
Accounting Policies – Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.
Terms and Conditions – Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received.

**Borrowings**
Accounting Policies – Loans are carried at the principal amount. Interest is charged as an expense as it accrues.
Terms and Conditions – Non interest bearing loans of $10 million are repayable in annual instalments with the final instalment due on 30 June 2009.
Classes of instruments recorded at market value comprise:

**Hour Glass Investment Facilities**

The Health Service has investments in TCorp’s Hour Glass Investment facilities. The Health Service’s investments are represented by a number of units in managed investments within the facilities. Each facility has different investment horizons and comprises a mix of asset classes appropriate to that investment horizon. TCorp appoints and monitors fund managers and establishes and monitors the application of appropriate investment guidelines.

The Health Service’s investments are:

<table>
<thead>
<tr>
<th>30 JUNE 2005</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Facility</td>
<td>4,180,833.72</td>
</tr>
</tbody>
</table>

These investments are generally able to be redeemed by giving notice prior to 11:00am on a business day. The value of the investments held can decrease as well as increase depending upon market conditions. The value that best represents the maximum credit risk exposure is the net fair value. The value of the above investments represents the Health Service’s share of the value of the underlying assets of the facility and is stated at net fair value.

**Other**

There are no classes of instruments which are recorded at other than cost or market valuation.

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

**t) Payables**

These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest.

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

**u) Borrowings**

All loans are valued at current capital value

**v) Trust Funds**

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 36. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service’s own objectives, they are not brought to account in the financial statements.

**w) Budgeted Amounts**

As this is the first financial report prepared for the Northern Sydney and Central Coast Area Health Service and the results are for part of the 2004/05 financial year beginning 1 January 2005 and ended 30 June 2005, budget comparisons have not been provided. This is due to the significant retrospective payments for awards and other supplementations for the period 1 July 2004 to 31 December 2004 that occurred after 1 January 2005.

Budget comparisons for all Health Services will be included as part of the consolidated result for NSW Health Department.
2aa. Opening Balance sheets for comparative purposes

The Area Health Service’s financial statements are prepared as a new entity for the six months ended 30 June 2005 and are therefore covered by AASB101, Presentation of Financial Statements, Financial Reporting Standards.

Under these standards a new entity would not have items in its Balance Sheet at the start of the reporting period.

To assist users of these financial statements the following note details the Assets and Liabilities taken up by the new entity on 1 January 2005.

1 JANUARY 2005 BALANCES
(following Restructure) – for Comparative Purposes
$’000

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>148,212</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>1,569</td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>936,296</td>
<td></td>
</tr>
<tr>
<td>– Land and Buildings</td>
<td>844,805</td>
<td></td>
</tr>
<tr>
<td>– Plant and Equipment</td>
<td>57,935</td>
<td></td>
</tr>
<tr>
<td>– Infrastructure Systems</td>
<td>33,556</td>
<td></td>
</tr>
<tr>
<td>Total Property, Plant and Equipment</td>
<td>936,296</td>
<td></td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>139</td>
<td></td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td></td>
<td>938,004</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>1,086,216</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>170,759</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>822</td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>109,861</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>8,963</td>
<td></td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td></td>
<td>119,646</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td>290,405</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td>795,811</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated Funds</td>
<td>795,811</td>
<td></td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td>795,811</td>
</tr>
</tbody>
</table>
### 3. Employee Related

Employee related expenses comprise the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 S'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>325,967</td>
</tr>
<tr>
<td>Long Service Leave [see note 2(a)]</td>
<td>16,896</td>
</tr>
<tr>
<td>Annual Leave [see note 2(a)]</td>
<td>37,308</td>
</tr>
<tr>
<td>Sick Leave and Other Leave</td>
<td>7,437</td>
</tr>
<tr>
<td>Redundancies</td>
<td>374</td>
</tr>
<tr>
<td>Nursing Agency Payments</td>
<td>2,839</td>
</tr>
<tr>
<td>Workers Compensation Insurance</td>
<td>10,041</td>
</tr>
<tr>
<td>Superannuation [see note 2(a)]</td>
<td>37,446</td>
</tr>
<tr>
<td>Fringe Benefits Tax</td>
<td>21</td>
</tr>
</tbody>
</table>

The following additional information is provided:

- Maintenance staff costs included in Employee Related Expenses: 4,409

*Note 5 further refers.*
4. Goods and Services

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and Blood Products</td>
<td>6,220</td>
</tr>
<tr>
<td>Computer Related Expenses</td>
<td>2,999</td>
</tr>
<tr>
<td>Domestic Charges</td>
<td>8,374</td>
</tr>
<tr>
<td>Drug Supplies</td>
<td>23,744</td>
</tr>
<tr>
<td>Food Supplies</td>
<td>5,223</td>
</tr>
<tr>
<td>Fuel, Light and Power</td>
<td>3,375</td>
</tr>
<tr>
<td>General Expenses</td>
<td>17,918</td>
</tr>
<tr>
<td>Hospital Ambulance Transport Costs</td>
<td>2,200</td>
</tr>
<tr>
<td>Insurance</td>
<td>170</td>
</tr>
<tr>
<td>Inter Area Patient Outflows, NSW</td>
<td>52,650</td>
</tr>
<tr>
<td>Interstate Patient Outflows</td>
<td>1,338</td>
</tr>
<tr>
<td>Medical and Surgical Supplies</td>
<td>32,391</td>
</tr>
<tr>
<td>Postal and Telephone Costs</td>
<td>2,517</td>
</tr>
<tr>
<td>Printing and Stationery</td>
<td>2,997</td>
</tr>
<tr>
<td>Rates and Charges</td>
<td>1,950</td>
</tr>
<tr>
<td>Rental</td>
<td>896</td>
</tr>
<tr>
<td>Special Service Departments</td>
<td>8,881</td>
</tr>
<tr>
<td>Staff Related Costs</td>
<td>5,716</td>
</tr>
<tr>
<td>Sundry Operating Expenses</td>
<td>68</td>
</tr>
<tr>
<td>Travel Related Costs</td>
<td>3,759</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>183,386</strong></td>
</tr>
</tbody>
</table>

(a) Sundry Operating Expenses comprise:

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract for Patient Services</td>
<td>68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>68</strong></td>
</tr>
</tbody>
</table>

(b) General Expenses include:

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>582</td>
</tr>
<tr>
<td>Books and Magazines</td>
<td>676</td>
</tr>
<tr>
<td>Consultancies</td>
<td></td>
</tr>
<tr>
<td>– Operating Activities</td>
<td>509</td>
</tr>
<tr>
<td>– Capital Works</td>
<td>1,350</td>
</tr>
<tr>
<td>Courier and Freight</td>
<td>777</td>
</tr>
<tr>
<td>Auditor’s Remuneration – Audit of financial reports</td>
<td>129</td>
</tr>
<tr>
<td>Auditor’s Remuneration – Other Services</td>
<td>17</td>
</tr>
<tr>
<td>Legal Expenses</td>
<td>565</td>
</tr>
<tr>
<td>Membership/Professional Fees</td>
<td>978</td>
</tr>
<tr>
<td>Motor Vehicle Operating Lease Expense – minimum lease payments</td>
<td>2,130</td>
</tr>
<tr>
<td>Other Operating Lease Expense – minimum lease payments</td>
<td>4,032</td>
</tr>
<tr>
<td>Payroll Services</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>6,165</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,918</strong></td>
</tr>
</tbody>
</table>
Northern Sydney and Central Coast Area Health Service

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED 30 JUNE 2005

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

\[
\begin{array}{l|c}
\text{Area} & \text{2005 $'000} \\
\hline
\text{Central Sydney} & 17,105 \\
\text{Far West} & 11 \\
\text{Greater Murray} & 100 \\
\text{Hunter} & 4,202 \\
\text{Illawarra} & 231 \\
\text{Macquarie} & 89 \\
\text{Mid North Coast} & 290 \\
\text{Mid Western} & 149 \\
\text{New England} & 134 \\
\text{Northern Rivers} & 292 \\
\text{South Eastern Sydney} & 15,109 \\
\text{South West Sydney} & 961 \\
\text{Southern} & 119 \\
\text{The New Children’s Hospital} & 7,754 \\
\text{Wentworth} & 626 \\
\text{Western Sydney} & 5,478 \\
\hline
\text{Total} & 52,650 \\
\end{array}
\]

(d) Expenses for Interstate Patient Flows are as follows:

\[
\begin{array}{l|c}
\text{Region} & \text{2005 $'000} \\
\hline
\text{Australian Capital Territory} & 191 \\
\text{Northern Territory} & 48 \\
\text{Queensland} & 516 \\
\text{South Australia} & 110 \\
\text{Tasmania} & 35 \\
\text{Victoria} & 356 \\
\text{Western Australia} & 83 \\
\hline
\text{Total} & 1,339 \\
\end{array}
\]

5. Maintenance

\[
\begin{array}{l|c}
\text{2005 $'000} \\
\hline
\text{Repairs and Routine Maintenance} & 10,665 \\
\text{Other;} & \\
\text{Renovations and Additional Works} & 2,951 \\
\text{Replacements and Additional Equipment less than $5,000} & 9,761 \\
\hline
\text{Total} & 23,377 \\
\end{array}
\]

The value of Employee Related Expense (Note 3) applicable to Maintenance staff for the six months ended 30 June 2005 4,409
Northern Sydney and Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE SIX MONTHS ENDED 30 JUNE 2005

6. Depreciation and Amortisation

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation – Buildings</td>
<td>15,676</td>
</tr>
<tr>
<td>Depreciation – Leased Buildings</td>
<td>72</td>
</tr>
<tr>
<td>Depreciation – Plant and Equipment</td>
<td>6,208</td>
</tr>
<tr>
<td>Depreciation – Infrastructure Systems</td>
<td>1,081</td>
</tr>
<tr>
<td>Amortisation – Intangible Assets</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23,052</strong></td>
</tr>
</tbody>
</table>

7. Grants and Subsidies

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Government Organisations</td>
<td>4,424</td>
</tr>
<tr>
<td>Other</td>
<td>3,598</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,022</strong></td>
</tr>
</tbody>
</table>

8. Finance Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest on Bank Overdrafts and Loans</td>
<td>53</td>
</tr>
<tr>
<td><strong>Total Borrowing Costs</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>

9. Payments to Affiliated Health Organisations

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Recurrent Sourced</td>
<td></td>
</tr>
<tr>
<td>Greenwood/Graythwaite Hospital</td>
<td>5,069</td>
</tr>
<tr>
<td>Neringah Hospital</td>
<td>2,310</td>
</tr>
<tr>
<td>Royal Rehabilitation Centre, Sydney</td>
<td>9,265</td>
</tr>
<tr>
<td>St. Catherine’s Villa Hospital</td>
<td>95</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,739</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Capital Sourced</td>
<td></td>
</tr>
<tr>
<td>Royal Rehabilitation Centre, Sydney</td>
<td>(127)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(127)</td>
</tr>
</tbody>
</table>
Northern Sydney and Central Coast Area Health Service

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED 30 JUNE 2005

10. Sale of Goods/Rendering of Services

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Sale of Goods comprise the following:</td>
<td></td>
</tr>
<tr>
<td>Sale of Prosthesis</td>
<td>1,691</td>
</tr>
<tr>
<td>(b) Rendering of Services comprise the following:</td>
<td></td>
</tr>
<tr>
<td>Patient Fees [see note 2(d)]</td>
<td>38,934</td>
</tr>
<tr>
<td>Staff – Meals and Accommodation</td>
<td>1,367</td>
</tr>
<tr>
<td>Infrastructure Charge – Monthly Facility Fees [see note 2(d)]</td>
<td>9,701</td>
</tr>
<tr>
<td>– Annual Charge</td>
<td>2,873</td>
</tr>
<tr>
<td>Car Parking</td>
<td>2,018</td>
</tr>
<tr>
<td>Child Care Fees</td>
<td>754</td>
</tr>
<tr>
<td>Commercial Activities</td>
<td>9,385</td>
</tr>
<tr>
<td>Fees for Medical Records</td>
<td>87</td>
</tr>
<tr>
<td>Non Staff Meals</td>
<td>620</td>
</tr>
<tr>
<td>Linen Service Revenues – Other Health Services</td>
<td>812</td>
</tr>
<tr>
<td>Linen Service Revenues – Non Health Services</td>
<td>1,235</td>
</tr>
<tr>
<td>Services Provided to Non NSW Health Organisations</td>
<td>227</td>
</tr>
<tr>
<td>Patient Inflows from Interstate</td>
<td>1,112</td>
</tr>
<tr>
<td>Inter Area Patient Inflows, NSW</td>
<td>45,823</td>
</tr>
<tr>
<td>Other</td>
<td>796</td>
</tr>
<tr>
<td></td>
<td><strong>117,435</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:</td>
<td></td>
</tr>
<tr>
<td>Central Sydney</td>
<td>3,977</td>
</tr>
<tr>
<td>Far West</td>
<td>365</td>
</tr>
<tr>
<td>Greater Murray</td>
<td>448</td>
</tr>
<tr>
<td>Hunter</td>
<td>8,749</td>
</tr>
<tr>
<td>Illawarra</td>
<td>936</td>
</tr>
<tr>
<td>Macquarie</td>
<td>896</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>2,732</td>
</tr>
<tr>
<td>Mid West</td>
<td>1,667</td>
</tr>
<tr>
<td>New England</td>
<td>1,965</td>
</tr>
<tr>
<td>Northern Rivers</td>
<td>1,218</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>2,819</td>
</tr>
<tr>
<td>South Western Sydney</td>
<td>2,510</td>
</tr>
<tr>
<td>Southern</td>
<td>633</td>
</tr>
<tr>
<td>Wentworth</td>
<td>1,781</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>15,130</td>
</tr>
<tr>
<td></td>
<td><strong>45,823</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(d) Revenues from Patient Inflows from Interstate are as follows:</td>
<td></td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>230</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>34</td>
</tr>
<tr>
<td>Queensland</td>
<td>426</td>
</tr>
<tr>
<td>South Australia</td>
<td>45</td>
</tr>
<tr>
<td>Tasmania</td>
<td>28</td>
</tr>
<tr>
<td>Victoria</td>
<td>241</td>
</tr>
<tr>
<td>Western Australia</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td><strong>1,112</strong></td>
</tr>
</tbody>
</table>
11. Investment Income

2005 $’000

Interest 2,449
Lease and Rental Income 1,326

3,775

12. Grants and Contributions

2005 $’000

Clinical Drug Trials 285
Commonwealth Government grants 746
Industry Contributions/Donations 4,763
Mammography grants 1,976
Research grants 1,137
University Commission grants 69
Other grants 2,948

11,924

13. Other Revenue

2005 $’000

Other Revenue comprises the following:
Commissions 66

66

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

2005 $’000

Property Plant and Equipment 5,228
Less Accumulated Depreciation 4,889
Written Down Value 339
Less Proceeds from Disposal 125
Gain/(Loss) on Disposal of Property Plant and Equipment (214)

Total Gain/(Loss) on Disposal of Non Current Assets (214)

15. Conditions on Contribution

<table>
<thead>
<tr>
<th>PURCHASE OF ASSETS</th>
<th>HEALTH PROMOTION, EDUCATION AND RESEARCH</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
</tr>
</tbody>
</table>

Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date 636 12,192 22 12,850
Contributions recognised in amalgamated balance as at 1 January 2005 which were not expended in the current reporting period 1,659 53,575 159 55,393
Total amount of unexpended contributions as at balance date 2,295 65,767 181 68,243

Comment on restricted assets appears in Note 29
Program 1.1 – Primary and Community Based Services
Objective: To improve, maintain or restore health through health promotion, early intervention, assessment, therapy and treatment services for clients in a home or community setting.

Program 1.2 – Aboriginal Health Services
Objective: To raise the health status of Aborigines and to promote a healthy life style.

Program 1.3 – Outpatient Services
Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for ambulant patients in a hospital setting.

Program 2.1 – Emergency Services
Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 2.2 – Overnight Acute Inpatient Services
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 2.3 – Same Day Acute Inpatient Services
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program 3.1 – Mental Health Services
Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 – Rehabilitation and Extended Care Services
Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 – Population Health Services
Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 – Teaching and Research
Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

Cash and Cash Equivalents

<table>
<thead>
<tr>
<th>Description</th>
<th>30 June 2005 (S'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at bank and on hand</td>
<td>16,095</td>
</tr>
<tr>
<td>Demand deposits</td>
<td>12,653</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>28,748</td>
</tr>
</tbody>
</table>

Cash and Cash Equivalents assets recognised in the Balance Sheet are reconciled to cash at the end of the financial period as shown in the Cash Flow Statement as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>30 June 2005 (S'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents (per Balance Sheet)</td>
<td>28,748</td>
</tr>
<tr>
<td>Closing Cash and Cash Equivalents (per Cash Flow Statement)</td>
<td>28,748</td>
</tr>
</tbody>
</table>
## 18. Current/Non Current Receivables

<table>
<thead>
<tr>
<th>Description</th>
<th>30 June 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
</tr>
<tr>
<td>(a) Sale of Goods and Services</td>
<td>20,661</td>
</tr>
<tr>
<td>Leave Mobility</td>
<td>876</td>
</tr>
<tr>
<td>NSW Health Department</td>
<td>3,630</td>
</tr>
<tr>
<td>Goods and Services Tax</td>
<td>3,863</td>
</tr>
<tr>
<td>Other Debtors</td>
<td>978</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>30,008</td>
</tr>
<tr>
<td>Less Allowance for impairment</td>
<td>(1,135)</td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td>28,873</td>
</tr>
<tr>
<td>Prepayments</td>
<td>3,412</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32,285</td>
</tr>
<tr>
<td>(b) Bad debts written off during the reporting period – Current Receivables</td>
<td></td>
</tr>
<tr>
<td>– Sale of Goods and Services</td>
<td>1,096</td>
</tr>
<tr>
<td>– Other</td>
<td>31</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,127</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non Current</strong></td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>1,551</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,551</td>
</tr>
</tbody>
</table>

(c) Sale of Goods and Services includes:
- Patient Fees – Compensable                     | 1,297       |
- Patient Fees – Ineligible                      | 1,243       |
- Patient Fees – Other                           | 6,063       |

## 19. Inventories

<table>
<thead>
<tr>
<th>Description</th>
<th>30 June 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current – at cost</strong></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td>3,662</td>
</tr>
<tr>
<td>Medical and Surgical Supplies</td>
<td>7,479</td>
</tr>
<tr>
<td>Food and Hotel Supplies</td>
<td>711</td>
</tr>
<tr>
<td>Engineering Supplies</td>
<td>457</td>
</tr>
<tr>
<td>Other including Goods in Transit</td>
<td>159</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12,468</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Description</th>
<th>30 June 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current</strong></td>
<td></td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>51,333</td>
</tr>
<tr>
<td>Other</td>
<td>9,918</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>61,251</td>
</tr>
</tbody>
</table>
21. Property, Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Land and Buildings</strong></td>
<td></td>
</tr>
<tr>
<td>At Fair Value</td>
<td>1,677,430</td>
</tr>
<tr>
<td>Less Accumulated depreciation and impairment</td>
<td>(637,064)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,040,366</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plant and Equipment</strong></td>
<td></td>
</tr>
<tr>
<td>At Fair Value</td>
<td>169,332</td>
</tr>
<tr>
<td>Less Accumulated depreciation and impairment</td>
<td>(105,293)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>64,039</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infrastructure Systems</strong></td>
<td></td>
</tr>
<tr>
<td>At Fair Value</td>
<td>40,117</td>
</tr>
<tr>
<td>Less Accumulated depreciation and impairment</td>
<td>(72)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40,045</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Property, Plant and Equipment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>At Net Carrying Value</strong></td>
<td>1,144,450</td>
</tr>
</tbody>
</table>

**Property, Plant and Equipment – Reconciliations**

<table>
<thead>
<tr>
<th>2005</th>
<th>LAND $000</th>
<th>BUILDINGS $000</th>
<th>WORK IN PROGRESS $000</th>
<th>LEASED BUILDINGS $000</th>
<th>PLANT &amp; EQUIPMENT $000</th>
<th>INFRASTRUCTURE SYSTEMS $000</th>
<th>TOTAL $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at 1 January 2005</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amount transferred on 1 January 2005 from Administrative Resructure of Health Services</td>
<td>255,864</td>
<td>427,479</td>
<td>160,380</td>
<td>1,082</td>
<td>57,935</td>
<td>33,556</td>
<td>936,296</td>
</tr>
<tr>
<td>Additions</td>
<td>68</td>
<td>550</td>
<td>17,638</td>
<td>0</td>
<td>9,680</td>
<td>0</td>
<td>27,936</td>
</tr>
<tr>
<td>Disposals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(339)</td>
<td>0</td>
<td>(339)</td>
</tr>
<tr>
<td>Net revaluation increment less</td>
<td>62,282</td>
<td>133,974</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7,336</td>
<td>203,592</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>0</td>
<td>(15,672)</td>
<td>0</td>
<td>(72)</td>
<td>(6,209)</td>
<td>(1,081)</td>
<td>(23,034)</td>
</tr>
<tr>
<td>Reclassifications</td>
<td>2,432</td>
<td>170,306</td>
<td>(175,951)</td>
<td>6</td>
<td>2,973</td>
<td>234</td>
<td>0</td>
</tr>
<tr>
<td>Carrying amount at end of reporting period</td>
<td>320,646</td>
<td>716,637</td>
<td>2,067</td>
<td>1,016</td>
<td>64,040</td>
<td>40,045</td>
<td>1,144,451</td>
</tr>
</tbody>
</table>

(i) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(h)].

(ii) Land and Buildings were valued by Graham Scrymgeaur AAIP (certified practising valuer), NSW registration No 1578 for and on behalf of Global Valuation Services Pty Ltd, and is not an employee of the Health Service.
22. Intangible Assets

<table>
<thead>
<tr>
<th>SOFTWARE</th>
<th>EASEMENTS</th>
<th>OTHER MAJOR CATEGORIES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
</tbody>
</table>

At 30 June 2005

- Cost: 2,818
- Accumulated amortisation and impairment: (2,668)
- Net carrying amount: 150

Year ended 30 June 2005

- Net carrying amount at start of year: 0
- Amount transferred on 1 January 2005 from Administrative Restructure of Health Services: 139
- Additions: 26
- Amortisation: (15)
- Net carrying amount at end of year: 150

23. Current/Non Current Assets – Other

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$'000</td>
</tr>
<tr>
<td>Other</td>
<td>6,272</td>
</tr>
</tbody>
</table>

24. Non Current Assets (or disposal groups) held for sale

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets held for sale</td>
<td>$'000</td>
</tr>
<tr>
<td>Land and Buildings</td>
<td>872</td>
</tr>
</tbody>
</table>

Amounts recognised in equity relating to assets held for sale

- Property, plant and equipment asset revaluation increments/decrements: 469

Properties held for resale:

1. Land: Lot 469 Yakkalla St Bateau Bay NSW
   Former Bateau Bay Health Centre. Service now relocated to Long Jetty Health Care Centre. Demountable buildings that were on site have been sold. Land is vacant. Proposed timing of sale is unknown.

2. Land and Building: 4 Jennings Rd, Wyong NSW
   Former community mental health service. Service now relocated to Wyong Hospital site. Sale has occurred and settled 4th July 2005 for $250,000. Net proceeds after fees $242,902.
25. Restricted Assets

The Health Service’s financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

<table>
<thead>
<tr>
<th>Category</th>
<th>Brief Details of Externally Imposed Conditions including Asset Category affected</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Purposes</td>
<td>Purchase of Medical Equipment and Service Enhancement</td>
<td>30,290</td>
</tr>
<tr>
<td>Research Grants</td>
<td>Research</td>
<td>15,843</td>
</tr>
<tr>
<td>Private Practice Funds</td>
<td>Purchase of Medical Equipment and Training, Education and study expenses</td>
<td>22,110</td>
</tr>
</tbody>
</table>


26. Payables

<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$’000</td>
</tr>
<tr>
<td>Accrued Salaries and Wages</td>
<td>25,522</td>
</tr>
<tr>
<td>Payroll Deductions</td>
<td>7</td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>32,519</td>
</tr>
<tr>
<td>Other Creditors</td>
<td></td>
</tr>
<tr>
<td>– Capital Works</td>
<td>1,828</td>
</tr>
<tr>
<td>– Other</td>
<td>23,339</td>
</tr>
</tbody>
</table>


27. Current/Non Current Borrowings

<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$’000</td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>313</td>
</tr>
<tr>
<td>Other</td>
<td>2,500</td>
</tr>
<tr>
<td>Non Current</td>
<td></td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>596</td>
</tr>
<tr>
<td>Other</td>
<td>7,500</td>
</tr>
</tbody>
</table>

Other loans still to be extinguished represent monies to be repaid to the NSW Health Department. Final Repayment is scheduled for June 2010.

Repayment of Borrowings
(excluding Finance Leases)

<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>2,813</td>
</tr>
<tr>
<td>Between one and five years</td>
<td>8,096</td>
</tr>
</tbody>
</table>

### Current Employee benefits and related on-costs
- Employee Annual Leave: $57,602
- Employee Long Service Leave: $10,862

Total Current Provisions: $68,464

### Non Current Employee benefits and related on-costs
- Employee Annual Leave: $24,403
- Employee Long Service Leave: $113,287

Total Non Current Provisions: $137,690

### Aggregate Employee Benefits and Related On-costs
- Provisions – current: $68,464
- Provisions – non-current: $137,690
- Accrued Salaries and Wages and on costs (Note 26): $25,529

Total: $231,683

---

## 29. Other Liabilities

### Current
- Income in Advance: $271

(Note 1: Income in advance has been recognised as a consequence of the Northern Sydney Area Health Service entering into an agreement for the provision and operation of a private health facility on the St Leonard’s campus for a period of 50 year ending in the year 2046.)

- Other: $1,351

(Note 2: Other includes $805,690 of income from a clinical trial to be used in funding approved projects in future years, and other income in advance.)

Total: $1,622

### Non Current
- Income in Advance: $8,827

(Note 1: Income in advance has been recognised as a consequence of the Northern Sydney Area Health Service entering into an agreement for the provision and operation of a private health facility on the St Leonard’s campus for a period of 50 year ending in the year 2046.)

Total: $8,827
30. Equity

<table>
<thead>
<tr>
<th></th>
<th>ACCUMULATED FFUNDS</th>
<th>ASSET REVALUATION RESERVE</th>
<th>AVAILABLE FOR SALE RESERVES</th>
<th>TOTAL EQUITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Balance at the beginning of the financial reporting period</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>AASB 139 first–time adoption</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Changes in accounting policy</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Correction of errors</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Restated opening balance</strong></td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

**Changes in equity – transactions with owners as owners**

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount transferred on 1 January 2005 from Administrative Resstructure of Health Services</td>
<td>795,811</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount transferred on 1 January 2005</strong></td>
<td>795,811</td>
</tr>
</tbody>
</table>

**Changes in equity – other than transactions with owners as owners**

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result for the reporting period</td>
<td>(22,552)</td>
</tr>
<tr>
<td>Increment/Decrement on Revaluation of:</td>
<td>–</td>
</tr>
<tr>
<td>– Land and Buildings</td>
<td>196,256</td>
</tr>
<tr>
<td>– Infrastructure Systems</td>
<td>7,336</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(22,552)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at the end of the financial reporting period</strong></td>
<td>773,259</td>
</tr>
<tr>
<td></td>
<td>203,592</td>
</tr>
<tr>
<td></td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>976,851</td>
</tr>
</tbody>
</table>

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Health Service’s policy on the “Revaluation of Physical Non Current Assets” and “Investments”, as discussed in Note 2(k).

31. Commitments for Expenditure

**30 JUNE 2005**

(a) **Capital Commitments**

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

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>1,029</td>
</tr>
</tbody>
</table>

Total Capital Expenditure Commitments (including GST) | 1,029 |

(b) **Other Expenditure Commitments**

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

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>7,396</td>
</tr>
</tbody>
</table>

Total Other Expenditure Commitments (including GST) | 7,396 |

(c) **Operating Lease Commitments**

Future non-cancellable operating lease rentals not provided for and payable:

<table>
<thead>
<tr>
<th></th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>12,088</td>
</tr>
<tr>
<td>Later than one year and not later than five years</td>
<td>10,437</td>
</tr>
<tr>
<td>Later than five years</td>
<td>924</td>
</tr>
</tbody>
</table>

Total Operating Lease Commitments (including GST) | 23,449 |
32 Trust Funds

The Health Service holds trust fund monies which are used for the safe keeping of patients’ monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives.

The monies amount to: $4,503,000

The following is a summary of the transactions in the trust account:

<table>
<thead>
<tr>
<th></th>
<th>30 June 2005 $000</th>
<th>1 Jan 2005 $000</th>
<th>30 June 2005 $000</th>
<th>1 Jan 2005 $000</th>
<th>30 June 2005 $000</th>
<th>1 Jan 2005 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT TRUST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REFUNDABLE DEPOSITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRIVATE PRACTICE TRUST FUNDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cash Balance at the beginning of the financial reporting period

Amount transferred on 1 January 2005 from Administrative Resntructure of Health Services

Receipts

Expenditure

Cash Balance at the end of the financial reporting period

33 Contingent Liabilities

a) Claims on Managed Fund

Since 1 July 1989, the Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications.

The costs relating to such exceptions are to be absorbed by the Health Service. (Such contingent liabilities that each Health Service is aware of should be specified in this note. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Health Service.

b) Workers Compensation Hindsight Adjustment

Treasury Managed Fund normally calculates hindsight premiums each year. In regard to workers compensation the final hindsight adjustment for the 1998/99 fund year and an interim adjustment for the 2000/2001 fund year were not calculated until 2004/05. As a result, the 1999/2000 final and 2001/02 interim hindsight calculations will be paid in 2005/06.

c) Affiliated Health Organisations

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

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

Fundraising Activities

The Northern Sydney and Central Coast Area Health Service conducts direct fundraising in all hospitals under its control.

All revenue and expenses have been recognised in the financial statements of the Northern Sydney and Central Coast Area Health Service. Fundraising activities are dissected as follows:

<table>
<thead>
<tr>
<th>INCOME RAISED</th>
<th>DIRECT EXPENDITURE</th>
<th>INDIRECT EXPENDITURE</th>
<th>NET PROCEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Appeals (In House)</td>
<td>561</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>Fetes</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Raffles</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Functions</td>
<td>40</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>608</td>
<td>63</td>
<td>0</td>
</tr>
</tbody>
</table>

Percentage of Income

100% 10.0% 0.0% 90.0%

Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc.
Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes:

<table>
<thead>
<tr>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase of Equipment</td>
</tr>
<tr>
<td>Purchase of Land &amp; Buildings</td>
</tr>
<tr>
<td>Research</td>
</tr>
<tr>
<td>Held in Special Purpose &amp; Trust Fund Pending Purchase</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

35. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
</tr>
<tr>
<td>Net Cash Flows from Operating Activities</td>
</tr>
<tr>
<td>Depreciation</td>
</tr>
<tr>
<td>Provision for Doubtful Debts</td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of Employee Superannuation Benefits</td>
</tr>
<tr>
<td>(Increase)/Decrease in Provisions</td>
</tr>
<tr>
<td>Increase /(Decrease) in Prepayments and Other Assets</td>
</tr>
<tr>
<td>(Increase)/Decrease in Creditors</td>
</tr>
<tr>
<td>Net Gain/(Loss) on Disposal of Property, Plant and Equipment</td>
</tr>
<tr>
<td>(NSW Health Department Recurrent Allocations)</td>
</tr>
<tr>
<td>(NSW Health Department Capital Allocations)</td>
</tr>
<tr>
<td><strong>Net Cost of Services</strong></td>
</tr>
</tbody>
</table>
36. 2004/05 Voluntary Services

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

- Chaplaincies and Pastoral Care
- Pink Ladies/Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Home Help & Patient Activities
- Patient & Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relative
- Counselling, Health Education, Transport,

37 Unclaimed Moneys

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

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

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

38. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Northern Sydney and Central Coast Area Health Service’s exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Balance Sheet date are as follows:

<table>
<thead>
<tr>
<th>FINANCIAL INSTRUMENTS:</th>
<th>FLOATING INTEREST RATE</th>
<th>FIXED INTEREST RATE</th>
<th>NON-INTEREST BEARING</th>
<th>TOTAL CARRYING AMOUNT AS PER BALANCE SHEET</th>
<th>WEIGHTED AVERAGE EFFECTIVE INTEREST RATE*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 JUNE 2005 $000</td>
<td>1 YEAR OR LESS</td>
<td>1 YEAR</td>
<td>5 YEARS</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>28,662</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>86</td>
</tr>
<tr>
<td>Receivables</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>40,108</td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>–</td>
<td>61,251</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>28,662</td>
<td>61,251</td>
<td>–</td>
<td>–</td>
<td>40,194</td>
</tr>
</tbody>
</table>

| Financial Liabilities   |                        |                     |                      |                                           |                                          |                          |                          |
| Borrowings – Other      | –                      | 313                 | 596                  | –                                         | 10,000                                   | 10,909                    |                          |
| Payables                | –                      | –                   | –                    | –                                         | 83,215                                   | 83,215                    |                          |
| Total Financial Liabilities | –                  | 313                 | 596                  | –                                         | 93,215                                   | 94,124                    |                          |

* Weighted average effective interest rate was computed on a semi-annual basis.

It is not applicable for non-interest bearing financial instruments.
38. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/or financial position failing to discharge a financial obligation thereunder.

The Northern Sydney and Central Coast Area Health Service’s maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty:

<table>
<thead>
<tr>
<th></th>
<th>Governments</th>
<th>Banks</th>
<th>Patients</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 June 2005 $000</td>
<td>9,567</td>
<td>19,116</td>
<td>8,602</td>
<td>28,887</td>
<td>61,251</td>
</tr>
<tr>
<td>30 June 2005 $000</td>
<td>12,251</td>
<td>80,367</td>
<td>8,602</td>
<td>28,887</td>
<td>130,107</td>
</tr>
</tbody>
</table>

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. At balance date receivables from these entities totalled 1,243.

c) Net Fair Value

As stated in Note 2(s) financial instruments are carried at cost with the exception of T Corp Hour Glass Facilities and Managed Fund Investments which are measured at market value.

The resultant values are reported in the Statement of Financial Position and are deemed to constitute net fair value.

d) Derivative Financial Instruments

The Northern Sydney and Central Coast Area Health Service holds no Derivative Financial Instruments.
39 Interest in Joint Venture

The Health Service has a 50% interest in the assets, liabilities and output of a joint venture arrangement, called Pacific Linen Services, for the washing and cleaning of linen.

The interest in the joint venture is included in the accounts as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses</td>
<td>3,265</td>
</tr>
<tr>
<td>Revenue</td>
<td>3,267</td>
</tr>
<tr>
<td>Result for the Year</td>
<td>2</td>
</tr>
</tbody>
</table>

### Current Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>1,017</td>
</tr>
<tr>
<td>Receivables</td>
<td>997</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>2,014</strong></td>
</tr>
</tbody>
</table>

### Non-Current Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and Buildings</td>
<td>97</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>2,630</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td><strong>2,727</strong></td>
</tr>
</tbody>
</table>

### Total Assets

<table>
<thead>
<tr>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,741</td>
</tr>
</tbody>
</table>

### Current Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payables</td>
<td>100</td>
</tr>
<tr>
<td>Provisions</td>
<td>203</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>303</strong></td>
</tr>
</tbody>
</table>

### Non-Current Liabilities

<table>
<thead>
<tr>
<th>Provisions</th>
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<tr>
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### Total Liabilities

<table>
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<td>697</td>
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### Net Assets

<table>
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<tr>
<th>Description</th>
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<tr>
<td>Equity</td>
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<tr>
<td>Joint Venture Drawings</td>
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<td><strong>Equity Total</strong></td>
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*End of Audited Financial Statements*
Freedom of information

Central Coast Health

NUMBER OF NEW FREEDOM OF INFORMATION REQUESTS FROM 1/7/04 TO 31/12/04

<table>
<thead>
<tr>
<th>FOI REQUESTS</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>New (includes transfers in)</td>
<td>3</td>
<td>4</td>
<td>7</td>
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<tr>
<td>Brought Forward</td>
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<tr>
<td>Total to be processed</td>
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<td>4</td>
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<tr>
<td>Completed</td>
<td>3</td>
<td>4</td>
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<tr>
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<tr>
<td>Withdrawn</td>
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<tr>
<td>Total Processed</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Unfinished (carried forward)</td>
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</tbody>
</table>

WHAT HAPPENED TO COMPLETED REQUEST

RESULT OF REQUEST | PERSONAL | OTHER | TOTAL |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Granted in full</td>
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<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Granted in part</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Refused</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deferred</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Completed</td>
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<td>7</td>
</tr>
<tr>
<td>No information available</td>
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MINISTERIAL CERTIFICATES ISSUED

Formal Consultations – Nil

AMENDMENT/NOTATION OF PERSONAL RECORDS

Nil

FREEDOM OF INFORMATION APPLICATIONS GRANTED IN PART OR REFUSED

<table>
<thead>
<tr>
<th>BASIS FOR PARTIAL ACCESS OR REFUSAL</th>
<th>PERSONAL</th>
<th>OTHER</th>
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</thead>
<tbody>
<tr>
<td>S19 (incomplete, wrongly addressed)</td>
<td>0</td>
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</tr>
<tr>
<td>S22 (deposit not paid)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (a1) diversion of resources</td>
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</tr>
<tr>
<td>S25 (1) (a) (exempt)</td>
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<tr>
<td>S25 (1) (b) (c) (d) info otherwise available</td>
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<tr>
<td>S28 (1) (b) (docs not held)</td>
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<tr>
<td>S24 (2) (exceed 21 day limit, deemed refusal)</td>
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<tr>
<td>S31 (4) (released to Medical Practitioner)</td>
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Total – 1 for 1/7/04 to 31/12/04

NB: The total need not reconcile with the refused requests total as there may be more then one reason cited for refusing an individual request.

Northern Sydney Health

NUMBER OF NEW FREEDOM OF INFORMATION REQUESTS FROM 1/7/04 TO 31/12/04

<table>
<thead>
<tr>
<th>FOI REQUESTS</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
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<tbody>
<tr>
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<tr>
<td>Completed</td>
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<td>3</td>
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<td>Transferred out</td>
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<tr>
<td>Total Processed</td>
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<td>Unfinished (carried forward)</td>
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WHAT HAPPENED TO COMPLETED REQUEST

RESULT OF REQUEST | PERSONAL | OTHER | TOTAL |
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
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<tr>
<td>Granted in part</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Refused</td>
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<td>1</td>
<td>2</td>
</tr>
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<tr>
<td>Completed</td>
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<td></td>
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</tr>
<tr>
<td>No information available</td>
<td>1</td>
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</table>

MINISTERIAL CERTIFICATES ISSUED

Formal Consultations – Nil

AMENDMENT/NOTATION OF PERSONAL RECORDS

Nil

FREEDOM OF INFORMATION APPLICATIONS GRANTED IN PART OR REFUSED

<table>
<thead>
<tr>
<th>BASIS FOR PARTIAL ACCESS OR REFUSAL</th>
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<tbody>
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<tr>
<td>S31 (4) (released to Medical Practitioner)</td>
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Total – 4 for 1/7/04 to 30/6/05

NB: The total need not reconcile with the refused requests total as there may be more then one reason cited for refusing an individual request.

COMPARISON WITH PRIOR REPORTING PERIOD

There is an increase in FOI applications compared to previous period.

Impact of activities on FOI requirements

The amalgamation of NSH and CCH have made the area boundaries greater and this has impacted on meeting 21 day deadline. It has been difficult to attend to attend to NSCCH area requests with in 21 days as there are many different departments and practices within the new area boundaries.

Major issues addressed in Freedom of Information applications during the reporting period

The non-personal applications were mainly relating to area activity information. The other applications were relating to personal information.
## Clinical trials

### Central Coast Health Service

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE/FACILITY</th>
<th>TITLE AND BRIEF DESCRIPTION OF RESEARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jonathan Sturm</td>
<td>Staff Specialist Neurologist NSCCH</td>
<td>Aortic Arch Related Cerebral Hazard</td>
</tr>
</tbody>
</table>
| Dr Denis Crimmins | VMO NSCCH | Phase 3 multi-centre, double blind, randomized, parallel group evaluation of the fixed combination torcetrapib/atorvastatin, administered orally, once daily (QD), compared with atorvastatin alone, on the occurrence of major cardiovascular events in subjects with coronary heart disease or risks equivalents. Study Number AS09104.
<p>| Dr Simon Roger | VMO NSCCH | Venofer Trial: Assessment of the use of Intravenous Iron Sucrose to Maintain Haemoglobin Levels and Delay the onset use of Erythropoietic Agents and/or Dialysis in stage 3/4 Chronic Kidney Disease. |
| Dr David Darnell | VMO NSCCH | A 24-week Randomized, Double-Blind, Parallel-Group, Placebo-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of Tesaglitazar Therapy when added to the Therapy of Patients with type 2 Diabetes Poorly Controlled on Sulphonylurea. |
| Dr Martin Veysey | Senior Lecturer in Medical Practice, Staff Specialist Gastroenterologist NSCCH | Multicentre Open Label Expanded Access Program of Peginterferon alfa-2a (Ro 25-310) Monotherapy and Combination Therapy with Ribavirin (R0 20-9963) in patients with Chronic Hepatitis C. BV16209 |
| Dr Brendan Gunlingam | Interventional Cardiologist NSCCH | A Multicentre, Randomized, Double-Blind, Parallel-Group, Placebo-Controlled Study of Pexelizumab in Patients with acute Myocardial Infarction Undergoing Primary Percutaneous Coronary Intervention |
| Dr Denis Crimmins | VMO NSCCH | Multicentre Open Label Expanded Access Program of Peginterferon alfa-2a (Ro 25-310) Monotherapy and Combination Therapy with Ribavirin (R0 20-9963) in patients with Chronic Hepatitis C. BV16209 |
| Dr Simon Roger | VMO NSCCH | Irbesartan versus placebo in combination with standard cardiovascular protection ACE-1 therapy with Ramipril for the treatment of albuminuria in hypertensive subjects at elevated cardiovascular risk. |
| Dr Denis Crimmins | VMO NSCCH | An 80 week, randomized, multi-centre, parallel-group, double-blind study of the efficacy and safety of atorvastatin 80 mg plus an acetylcholinesterase inhibitor versus an acetylcholinesterase inhibitor alone in the treatment of mild to moderate Alzheimer’s disease. |
| Dr Simon Roger | VMO NSCCH | Protocol Number 20010184: Trial to Reduce Cardiovascular Events with Aranesp Therapy (TREAT) |
| Dr Andrew Hill | Staff Specialist NSCCH | A randomised comparison of Angiomax (bivalirudin) versus Lovenox/Clexane (enoxaparin) in patients undergoing early invasive management for acute coronary syndromes without ST-segment elevation |
| Dr Campbell Tiley | Staff Specialist Pathology NSCCH | The ALLG AMLM13 Trial: High dose Cytarabine and Fludarabine without Anthracycline for patients with Core Binding Factor Acute Myeloid Leukaemia |
| Dr Campbell Tiley | Staff Specialist Pathology NSCCH | A phase II trial in patients with previously untreated acute promyelocytic leukaemia to evaluate the effects of adding Arsenic Trioxide to all trans Retinoic acid and Idarubicin for remission induction and to all trans Retinoic acid as consolidation. |
| Dr Simon Roger | VMO NSCCH | Protocol Number 20000178: A randomised, double-blind, placebo-controlled study to assess the efficacy and safety of Cinacalcet HCI in Chronic Kidney Disease (CKD) subjects not receiving dialysis. |
| Dr Jonathan Sturm | Staff Specialist Neurology NSCCH | A randomised, Observer-Blind, Placebo-Controlled, Dose-Escalation Study of Reconstituted High Density Lipoprotein (rHDL) in Patients with Acute Stroke |
| Dr Andrew Hill | Interventional Cardiologist NSCCH | Clinical Study No. M-INTG03-062/P03684: Early Glycoprotein IIb/IIIa Inhibition in Non ST-segment Elevation Acute Coronary Syndrome: A randomised, placebo-controlled trial evaluating the clinical benefits of early front-loaded Eptifibatide in the Treatment of Patients with Non-ST-segment Elevation Acute Coronary Syndrome |
| Dr Denis Crimmins | VMO NSCCH | A double-blind placebo-controlled multi-centre multi national phase III study to evaluate the safety and efficacy of Sarizoten HC1 1mg b.i.d in patients with Parkinsons Disease suffering from treatment-associated dyskinesia |</p>
<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>ROLE/FACILITY</th>
<th>TITLE AND BRIEF DESCRIPTION OF RESEARCH</th>
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<tr>
<td>Dr</td>
<td>James Rogers</td>
<td>VMO NSCCH</td>
<td>BEAUTIFUL – Effects of ivabradine on cardiovascular events in patients with stable coronary artery disease and left ventricular systolic dysfunction. A three-year randomised double-blind placebo-controlled international multicentre study</td>
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<tr>
<td>Dr</td>
<td>Campbell Tiley</td>
<td>Staff Specialist Pathology NSCCH</td>
<td>Phase III trial of combined immunotherapy with Fludarabine, Cyclophosphamide and Rituximab (FC-R) versus chemotherapy with Fludarabine and Cyclophosphamide (FC) alone in patients with previously untreated chronic lymphocytic leukaemia</td>
</tr>
<tr>
<td>Dr</td>
<td>Campbell Tiley</td>
<td>Staff Specialist Pathology NSCCH</td>
<td>A multicentre, phase III, open-label, randomized study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with Rituximab (Mabthera) after induction of response with chemotherapy plus Rituximab</td>
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<tr>
<td>Dr</td>
<td>Simon Roger</td>
<td>VMO NSCCH</td>
<td>Protocol BH18387: An open-label, multi-centre study to document the efficacy, safety and tolerability of long-term administration of RO0503821 in patients with chronic renal anaemia</td>
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<tr>
<td>Dr</td>
<td>Maged William</td>
<td>Cardiologist NSCCH</td>
<td>Follow up Serial Infusions of Natrecor (nesiritide) for the Management of Patients with Heart Failure – FUSION II</td>
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<tr>
<td>Dr</td>
<td>Jonathan Sturm</td>
<td>Staff Specialist Neurology NSCCH</td>
<td>The Third International Stroke Trial (IST-3)</td>
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<tr>
<td>Dr</td>
<td>Jonathan Sturm</td>
<td>Staff Specialist Neurology NSCCH</td>
<td>Randomised, double blind, placebo controlled, multi-centre, parallel groups confirmatory efficacy and safety trial of activated Recombinant Factor VII (NovoSeven/Nistase) in acute Intracerebral Haemorrhage</td>
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<td>Dr</td>
<td>David Darnell</td>
<td>VMO NSCCH</td>
<td>A 22-Week, Double-Blind, Parallel-Group, Multi-Centre, Placebo-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of Tesaglitazar Therapy when Administered as Monotherapy to drug-Naive Patients with Type 2 Diabetes</td>
</tr>
<tr>
<td>Dr</td>
<td>Denis Crimmins</td>
<td>VMO NSCCH</td>
<td>A randomised, double-blind, parallel-group, multi-national study to compare the effect on quality of life of Stalevo with levodopa/carbidopa in patients with Parkinson’s disease with no or minimal, non-disabling motor fluctuations</td>
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<tr>
<td>Dr</td>
<td>Denis Crimmins</td>
<td>VMO NSCCH</td>
<td>Retrospective data review procedures for confirmation of the clinical diagnostic features of vascular dementia in subjects who were enrolled in studies E2020-A001-307 or E2020-A001-308</td>
</tr>
<tr>
<td>Dr</td>
<td>Denis Crimmins</td>
<td>VMO NSCCH</td>
<td>A 1 year double blind randomised placebo controlled study of rasagiline 1mg and 2mg added to Aricept 10mg daily in patients with mild to moderate dementia of the Alzheimer’s type</td>
</tr>
<tr>
<td>Dr</td>
<td>David Darnell</td>
<td>VMO NSCCH</td>
<td>An Open-label, Multi-Centre and Long-Term Extension Study to Evaluate the Safety and Tolerability of oral Tesaglitazar 1mg in patients with Type 2 Diabetes Mellitus</td>
</tr>
<tr>
<td>Dr</td>
<td>Adam Winstock</td>
<td>Area Clinical Director, Drug Health Services and Conjoint Senior Lecturer, NDARC UNSW</td>
<td>A multi-centre consumer survey of those receiving methadone or buprenorphine in public clinics.</td>
</tr>
<tr>
<td>Ms</td>
<td>Christine Edwards</td>
<td>Research and Evaluation Coordinator NSCCH</td>
<td>Out of the Smokescreen II – Reducing smoking in young people 12-19 years</td>
</tr>
<tr>
<td>Professor</td>
<td>Brian Jolly</td>
<td>Director, Centre for Medical and Health Science Education Monash University</td>
<td>Assessment of Learning Needs in Postgraduate Medical Trainees: A learning Needs Analysis.</td>
</tr>
<tr>
<td>Professor</td>
<td>Christopher Martin</td>
<td>Head of Surgery, Nepean Hospital</td>
<td>Management of CBD stones at laparoscopic cholecystectomy: A NSW collaborative prospective randomised trial to access the value of transcystically inserted CBD stents to facilitate post-operative ERCP</td>
</tr>
<tr>
<td>Dr</td>
<td>Isabel Higgins</td>
<td>Assistant Dean, School of Nursing &amp; Midwifery, University of Newcastle</td>
<td>Determining the Needs of the relatives of the hospitalised elderly in order to enhance care</td>
</tr>
<tr>
<td>Mr</td>
<td>Gary Nolan</td>
<td>Principal Scientist, Respiratory Investigation Unit Manager NSCCH</td>
<td>Validation of the reference values for resistance and reactance in adults and children provided with the Jaeger IOS forced oscillation system</td>
</tr>
<tr>
<td>Dr</td>
<td>Martin Veysey</td>
<td>Senior Lecturer in Medical Practice and Staff Specialist NSCCH</td>
<td>Effect of proton pump inhibitors and genetic variation on B-vitamin bioavailability</td>
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<tr>
<td>Ms</td>
<td>Anne Louise Elsom</td>
<td>Clinical Nurse Consultant Grade 3 NSCCH</td>
<td>Evaluation of the Introduction of group clinical supervision for mental health nurses rostered within the in-patient mental health units of Central Coast Health around the parameters of job satisfaction, burnout and therapeutic optimism</td>
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<tr>
<td>TITLE AND BRIEF DESCRIPTION OF RESEARCH</td>
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<td>Asthma Morbidity Survey on the Central Coast</td>
<td>GP and Co-joint appointment Dept Medicine, University of Newcastle</td>
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<tr>
<td>The effect of a daily work-based exercise program on sick leave and work injuries in a food service department</td>
<td>Staff Physiotherapist, NSCCH</td>
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<tr>
<td>Central Coast Health Cardiovascular Disease Risk Factor Intervention Program</td>
<td>Director, Public Health Unit, NSCCH</td>
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<tr>
<td>Cervical Spine Mobilisation: Investigation of applied forces</td>
<td>Head, Discipline of Physiotherapy, University of Newcastle</td>
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<tr>
<td>The effect of manual therapy on complex regional pain syndrome type 1 (CRPS1) symptoms</td>
<td>Professor Allied Health, NSCCH</td>
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<tr>
<td>Elderly Suicide on the Central Coast 1994-2004: A Descriptive Analysis</td>
<td>Social Worker, NSCCH</td>
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<tr>
<td>How does Organisational type determine the knowledge management processes used by those organisations? A study relating to Central Coast Health, Master Foods Australia and Scholastic Australia</td>
<td>BA, CSU, MBA, University of Newcastle</td>
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<td>Compliance Issues raised with implementing the Medpass (Two Cal HN) program at Wyong and Long Jetty Hospitals</td>
<td>Senior Dietitian, NSCCH</td>
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<tr>
<td>An outcome evaluation of the treatment provided by The Canabis Clinic, Central Coast Health</td>
<td>Associate Professor, School of Behavioural Sciences, Psychology, University of Newcastle</td>
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<tr>
<td>Prospective Study of prognostic factors after orthopaedic trauma in motor vehicle occupants</td>
<td>Department Head, Orthopaedic Department, NSCCH</td>
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<tr>
<td>The phenomenon of “noisy head” in Post-Traumatic Stress Disorder</td>
<td>Senior Clinical Psychologist, NSCCH</td>
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<tr>
<td>An evaluation of concerns and self-perceived needs for primary carers of a person with cancer: A comparative study of female and male carers, leading to the development of supportive interventions.</td>
<td>Professor, School of Psychology, University of Western Sydney</td>
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<tr>
<td>Casual employment of health professionals: two way appraisal tools</td>
<td>Professor of Nursing, NSCCH</td>
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<tr>
<td>How Do We Measure Up? Children’s Heights and Weights 2005-2014</td>
<td>Community Nutritionist, NSCCH</td>
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<tr>
<td>The CRISP Study (Colonoscopy Research in Symptom Evaluation)</td>
<td>Professor of Epidemiology, University of Sydney</td>
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<tr>
<td>The implications of a pubic rami fracture for the mobility, functional independence and community participation of an older person</td>
<td>Physiotherapist, NSCCH</td>
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<tr>
<td>The effect of early surface electrical stimulation on upper limb function following stroke</td>
<td>Professor Allied Health, NSCCH</td>
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<tr>
<td>An exploration of how PSA roles contribute to enhanced patient experiences: Nursing and PSA perceptions</td>
<td>Manager, NSCCH</td>
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<tr>
<td>An evaluation of the Clinical Leadership Program (CLP) for health workers who work in the NSW HealthSystem</td>
<td>NSW Lead Facilitator, NSW Health/NSCCH</td>
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<tr>
<td>A focus group study of parents’ attitudes, enabling factors and barriers to potential participation in child weight management programs</td>
<td>Senior Public Health/Community Nutritionist, NSCCH</td>
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<tr>
<td>An epidemiological study of hospital admissions for varicella zoster virus (VSV) in Central Coast residents</td>
<td>Advanced Trainee in Public Health Medicine, WorkCover/NSCCH</td>
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<tr>
<td>Parent Experience of their Child’s Cannabis Use</td>
<td>Assistant Coordinator, NSCCH</td>
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<tr>
<td>The effect of patient narratives on health care workers’ attitudes towards elderly people in hospital</td>
<td>Clinical Nurse Consultant, Aged Care, NSCCH</td>
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<tr>
<td>Characterisation of maternal health on the Central Coast NSW 2002-2004</td>
<td>Nursing Unit Manager, NSCCH</td>
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Northern Sydney Central Coast Health • 2004/2005 Annual Report 102
### Hornsby Ku-ring-gai Health Service

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<th>AMOUNT ($)</th>
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<th>NO. OF PATIENTS IN TRIAL</th>
<th>PERIOD/ DURATION OF TRIAL</th>
<th>PURPOSE OF DRUG</th>
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### Royal North Shore and Ryde Health Service

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**Pharmacy**

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- **PHARMACEUTICAL COMPANY**: Novo Nordisk
- **30/06/05 CONTRIBUTION ($)**: 310
- **PATIENT/ CLIENT IN TRIAL**: Manufacturing Charges
- **PERIOD/ DURATION OF TRIAL**: Closed
- **PURPOSE OF DRUG**: Cardiology

### ICU Clinical Trial

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### Haematology

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### Renal Medicine

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### Clinical Oncology

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Endocrinology (Diabetes)

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</tr>
<tr>
<td>Detemir</td>
<td>NovoNordisk</td>
<td>61,655</td>
<td>9</td>
<td>Open</td>
<td>Endocrinology</td>
</tr>
</tbody>
</table>

Endocrinology (Bone Density)

<table>
<thead>
<tr>
<th>NAME OF TRIAL</th>
<th>PHARMACEUTICAL COMPANY</th>
<th>30/06/05 CONTRIBUTION ($)</th>
<th>PATIENT/CLIENT IN TRIAL</th>
<th>PERIOD/DURATION OF TRIAL</th>
<th>PURPOSE OF DRUG</th>
</tr>
</thead>
<tbody>
<tr>
<td>TSE424</td>
<td>Wyeth</td>
<td>24,400</td>
<td>7</td>
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<tr>
<td>DIVA Study</td>
<td>Roche</td>
<td>16,920</td>
<td>8</td>
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<tr>
<td>Novartis Protocol</td>
<td>GSK</td>
<td>20,054</td>
<td>1</td>
<td>Open</td>
<td>Bone density</td>
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</tbody>
</table>

Pain Management

<table>
<thead>
<tr>
<th>NAME OF TRIAL</th>
<th>PHARMACEUTICAL COMPANY</th>
<th>30/06/05 CONTRIBUTION ($)</th>
<th>PATIENT/CLIENT IN TRIAL</th>
<th>PERIOD/DURATION OF TRIAL</th>
<th>PURPOSE OF DRUG</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHER 3801</td>
<td>Mundipharma</td>
<td>10,000</td>
<td>32</td>
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<tr>
<td>NN1998/1496</td>
<td>Novo Nordisk</td>
<td>236,690</td>
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<td>Closed</td>
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<tr>
<td>Pregabalin</td>
<td>Pfizer</td>
<td>163,711</td>
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<td>Pain Management</td>
</tr>
<tr>
<td>Alvimopan</td>
<td>Glaxo</td>
<td>40,145</td>
<td>10</td>
<td>Open</td>
<td>Pain Management</td>
</tr>
<tr>
<td>Pregabalin</td>
<td>Quintiles</td>
<td>4,300</td>
<td>4</td>
<td>Closed</td>
<td>Pain Management</td>
</tr>
</tbody>
</table>
ACCESS BLOCK
The period of time a patient stays in the emergency department after the emergency department staff have completed their assessment and treatment prior to being admitted to a ward.

ACCREDITED
Officially recognised as meeting approved standards and committed to continuing improvement

ACHS EquiP
The Australian Council on Healthcare Standards Evaluation and Quality Improvement Program.

ACUTE/POST ACUTE CARE
Care by a team including nurses, physiotherapists, occupational therapists and aides who visit people in their homes to provide care that would otherwise have been provided in hospital.

ALLIED HEALTH
Health professionals other than doctors and nurses (eg: physiotherapists, social workers)

AVERAGE LENGTH OF STAY (ALOS)
The average number of days each admitted patient stays in a health service facility for each episode of care. It is calculated by dividing the total number of Occupied Bed Days for the period by the number of Actual Separations in the period.

ACUTE CARE
Care where the intent is one or more of the following: manage labour (obstetric), treat illness or injury or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function, and/or perform diagnostic or therapeutic procedures.

AMBULATORY CARE
Any form of care other than as a hospital inpatient. For example, chemotherapy can be administered to cancer patients during a short daytime stay in an Ambulatory Care Ward. An inpatient stay is not required.

BEST PRACTICE
Identifying and matching the best performance of others.

BED DAYS
The total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approx.) each day.

Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

CADE
Confused and Disturbed Elderly.

CARE PLAN
A management plan devised by a clinician for a patient at the start of their treatment and revised as required.

CASEMIX
Casemix is aimed at improving health service delivery (in terms of cost, equity and quality) through classification and data development, as well as research, analysis and information dissemination. (see Diagnosis Related Groups – DRGs).

CCH
Central Coast Health

CHARGEABLE PATIENTS
Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

CLINICAL PATHWAYS
Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of case.

CLINICAL INDICATOR
A measure of the clinical management and outcome of care. It is an objective measure of either the process or outcome of patient care in quantitative terms.

CLINICAL NURSE CONSULTANT (CNC)
A registered nurse who has achieved higher level qualifications, skills, and competencies in a community nursing speciality field such as gerontology, palliative care or diabetes management

COMMUNICABLE DISEASES
A disease which may be passed or carried from one person to another directly or indirectly.

CRITICAL CARE
The part of an acute care hospital staffed and equipped to care for patients who are seriously ill.

DIAGNOSIS RELATED GROUPS (DRGs)
The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 400 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

DoCS
The Department of Community Services

EDIS
Emergency Department Information System

FOI
Freedom of information

FTE
Full Time Equivalent.
GMTT
Greater Metropolitan Transition Taskforce

HACC
Home and Community Care

INPATIENT
A person admitted to hospital.

MEDICAL OFFICER
Doctors who work in the public and/or private sector at a senior level but do not hold a specialist or specialist training position.

MEDICAL SPECIALIST
Doctors who have extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.

NSCCH
Northern Sydney Central Coast Health

NSH
Northern Sydney Health

NON-ADMITTED PATIENTS OCCASIONS OF SERVICE (NAPOOS)
Services provided by a health service facility to clients/patients who receive those services without being an admitted client/patient at the time of receiving the services eg. Outpatient Department Services, Emergency Department Services, Community Health Services.

NUMERICAL PROFILE
A safety audit tool developed for use in health services.

NURSING HOME TYPE PATIENTS
Admitted patients of General Hospitals who have been accommodated in one or more hospitals for more than 35 days without a break exceeding seven days and no longer require acute care.

OFF-STRETCHER TIMES
The length of time between when a patient arrives at the Emergency Department by ambulance and when their care is transferred to a NSCCH Clinician.

PATIENT FLOW
The way a patient moves through the hospital from admission, into care and then discharge.

PROCUREMENT FEASIBILITY PLAN
A plan that identifies the most realistic way of providing quality health services to the community including a detailed review of alternatives. A PFP also examines the costs and benefits of the preferred solution.

PRINCIPAL REFERRAL HOSPITAL
An acute hospital treating 25,000 or more acute casemix weighted separations per annum.

QUALITY IMPROVEMENT
An improvement in the way we do things that results in better treatment, better outcomes, lower costs and reduced time in hospital.

QUALITY INDICATOR
A measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

REGISTRAR
A doctor working under the supervision of a consultant. Registrars are usually doctors undertaking accredited specialist training programs.

TRIAGE
A French word meaning ‘to sort out.’ The Triage System used in NSW hospitals Emergency Departments means patients are seen according to the urgency with which treatment is required – in other words ‘sickest seen first’.

VMO
Visiting Medical Officer

WAITING TIME
The waiting time is the amount of time (reported in days, weeks, months) that a patient has waited for admission to hospital. It is measured from the day the hospital receives a Recommendation for Admission form for the patient until the patient is admitted. People waiting for planned (elective) procedures
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Northern Sydney Central Coast Health acknowledges the commitment and effort of those listed below in the planning and preparation of this Annual Report.

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