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Chairman’s Report

It is a privilege and pleasure to present the 49th Annual Report of the Central Coast Area Health Service and my first as its Chairman. For the first six months of the period covered by this Report the Chair was occupied by Mr. Neville Wallwork, OAM – I will return to this aspect later in this Report.

Throughout the 12 months there has been pleasing progress in the provision of health services for the citizens of the Central Coast and further details of these will be provided in the reports of the Chief Executive and other senior officers of the Service. However, a few highlights should be mentioned:

- In addition to the near-complete commissioning of Stage 3 developments at Gosford and Stage 2 at Wyong, a major construction project has been the conversion of one of the older buildings on the Gosford campus into a modern Children’s Ward. This major project has been largely in the hands of our own staff and is a tribute to their dedicated and skilled work.

- A program of Continuous Quality Improvement (CQI) has been embarked upon and has drawn an enthusiastic response from staff. Some 14 initial teams examined a wide range of existing practices and the stimulating discussions revealed many paths of improvement for patient services and administrative procedures.

- The year also saw the first implementation of a new management structure, moving from a traditional organisation to a divisional one. Passing greater responsibility “down the line” has improved health service efficiency and created increased staff satisfaction.

- An innovation of the CEO to hold monthly seminars for all staff with prominent speakers on health issues and policies from outside the region has been a valuable contribution to staff development.

From the point of view of the Board, it has not been an easy 12 months.

In July, 1992, the Minister revealed that he was considering an amalgamation of the Central Coast Area Health Service with that of the Hunter Area Board, staff and community reaction to this unexpected announcement was one of great concern.

Running in parallel with this was a review by the Officer of Public Management within the Premier’s Department into the role, accountabilities, and responsibilities of Boards and non-executive director positions, for all statutory authorities and advisory councils and authorities. There remain a number of unclear areas in this regard.

The proposed amalgamation was not proceeded with and in December, 1992, the re-appointment of those Board members with expired tenure was announced, with the sole exception of Neville Wallwork. The loss of Mr. Wallwork’s experience and dedicated leadership was deeply regretted by the Board and ultimately the people of the Central Coast, in discharging his duties as Chairman. An afternoon tea was held at Gosford Hospital for Neville and Iris Wallwork allowing staff to show their great appreciation for Neville’s support and care for them over the many years he served on the Board.

It is pleasing to record that despite the unsettling nature of the events described above, the provision of first class health services throughout the Area continued undiminished.
In February, 1993, it was possible for the Board to extend its sincere congratulations to Mr Graham McGuinness on his appointment to Chief Executive Officer after serving in an acting capacity for eight months.

In May, 1993, Dr. Stephen Christley was appointed to the position of Deputy CEO with a view of taking up duty early in the next financial year.

A further difficult matter facing the Board arose with the release of the Hungerford Determination in March, 1993, regarding the Visiting Medical Officers Case 1991-93. Whilst this was a State issue and not a local one, the implications of a possible withdrawal of VMO services occupied many hours of Board, Executive and Doctors' time with the potential for a return to the disruptive events of the mid 1980s. Some aspects of this dispute remain to be clarified although agreement on the majority of issues was reached through the mediating role of Mr Justice Street. I wish to express my sincere thanks to the Chairman of the Medical Board, Dr Damien Dwyer, for the endless hours he put into seeking solutions to this difficult matter and for the outstanding leadership he displayed.

In conclusion, may I say that one of the more rewarding aspects of the Chairman's role is to read the large number of thank you letters from grateful members of the public received during the year. Whilst there is always room for improvement in any organisation, patients and visitors speak highly of the kindness and caring attention they have received from staff. I wish to thank all our executive and staff for their dedicated service. In addition, it has been a pleasure to become more familiar with the work of a wide array of supporters (the Auxiliaries, Pink Ladies and volunteers) who give so generously of their time in both patient care support and fund raising. Our local members of Parliament, both State and Federal, have continued their keen interest in health matters on the Coast and we thank them for their support.

To the Hon. Ron Phillips, MP Minister for Health and Dr Bernie Amos, Director General of the Department of Health, and staff our thanks also for their commitment to equitable resource distribution and the health needs of our growing community.

My last thanks go to my fellow Directors who give generously of their time to Board duties and without whose support the role of Chairman would be impossible.

D. W. George
Chairman, Board of Directors
Chief Executive Officer's Report

It is with considerable pleasure that I am able to submit my first report as Chief Executive Officer of the Area Health Service in what has been a year of significant change and achievement.

Heading the change was the retirement of Neville Boyce, after having served as Chief Executive Officer for more than 29 years, and the departure of Neville Wallwork as Chairman of our Board of Directors. It goes without saying that I am indebted to both Nevilles for their guidance and support over the years and I trust I will measure up to their expectations.

Following the opening of our Stage III development at Gosford Hospital in April, 1992 the focus of attention turned to Wyong when in September, 1992 the Minister for Health, officially opened the 100 bed Stage II development. Despite some difficulties in the recruitment of Specialists the commissioning program has progressed and will culminate in early 1994 when the full Obstetric Service becomes operational.

As the 150 bed Wyong Hospital continues to increase its level of activity the impact it will have on the overall delivery of health services on the Central Coast will become even more significant.

Other building projects to have been undertaken during the year include the refurbishment of Medical Ward 1 at Gosford Hospital, the completion of a new Training & Development Centre and the opening of a new Respiratory Laboratory and Biomedical Engineering Department. Work also commenced on the construction of a new Children's Ward within the area previously occupied by the Gosford Obstetric Unit and this exciting project should be completed by September, 1993.

Perhaps the more significant changes to have taken place during the year were those to have impacted the managerial culture of the Area Health Service.

The introduction of an Area-wide divisional management structure represented a significant change to the management of our Services and has certainly been embraced with commitment and enthusiasm. This structure was also supported by the allocation of divisional budgets and a high level of delegated authority which have, in turn, led to a greater sense of financial and managerial responsibility.

All Divisions have worked toward putting together their first ever business plans which will prove to be a vital focal point in terms of future planning and resource allocation.

A further major change related to the very successful introduction of the Continuous Quality Improvement philosophy throughout the Area which has already identified a range of service and process improvements which, collectively, will enhance the quality of our patient care services. More than thirty multi-disciplined C.Q.I. project teams have been established and it should be fair to say the Central Coast is leading the State in terms of this innovative approach to problem solving.

The final challenge taken up by the Area during the year was the recognition of and the commitment to a stronger "Customer" focus. There is a great need for public authorities to be aware of and responsive to the community's needs and expectations and over the ensuing months a wide range of strategies will be introduced to enhance such an environment throughout all of the Area's facilities and services.

Against this background of change and challenge our entire staff, and I include the members of our Visiting Medical staff, have responded magnificently and I would extend my very sincere appreciation to all for their support and commitment, throughout the year. I have always shared the view that an organisation's greatest strength is its staff and, in this sense, high quality and cost effective services will continue to be our trademark.

This being my first year as Chief Executive Officer I must thank Don George
the new Chairman of our Board, and his fellow Directors for their guidance and support. The departure of Neville Boyce and Neville Wallwork certainly required some adjustment on the part of both the Board and myself and I would like to think this transition has progressed smoothly.

Finally to my fellow members of the Area Executive, Area Director of Nursing Bobbie Carter-Brown, Area Medical Superintendent Dr Rod Kennedy, and Director of Finance Phil Cowdery, I must both acknowledge and thank them for enthusiasm and commitment in what surely has been a most hectic but rewarding year.

Graham McGuinness,
Chief Executive Officer.
Medical Councils continue to function actively at Gosford, Wyong, Long Jetty and Woy Woy Hospitals. 1993 has again been an eventful year for those Councils.

Members continue to work hard in meeting the day to day demands of the 4 hospitals. In meeting those demands they remain conscious of the outstanding support they receive from the Resident Medical Staff, our Nursing colleagues, and Allied Health Departments, the Clerical and Hotel Support services, and indeed the entire CCAHS workforce. I remain impressed by the commitment to standards of excellence in an effort to best service the health needs of the Central Coast community. It is no accident that this Area Health Service continues to operate as the most efficient Area Health Service in the State.

On a more specific note five major challenges have confronted Area Medical Staff Executive Council and the Medical Councils during the course of the year.

The first challenge has been to meet the extra service demands provided by the provision of additional beds both at Gosford and particularly Wyong. The plethora of new appointments over the last 12 months is a testament to our determination to meet those demands. Further appointments to service Wyong, particularly in the areas of Orthopaedics, Urology, Obstetrics and Gynaecology, Anaesthetics, and Accident and Emergency have been approved, and hopefully will be filled in the near future. At the same time the Board and Area Executive are to be congratulated on their recognition of the “walk before run” principle. It does take time to upgrade services, particularly in the very major fashion that is occurring at Wyong. The community’s patience will be well rewarded by the development of units operating at high levels of excellence with a minimum of initial setbacks.

The second challenge has been to reduce waiting lists for elective surgery, and figures confirm very significant gains have been made in this regard.

The third challenge has been the introduction of Divisional Restructuring. The Medical Council has had a significant influence on the character of that restructuring which is designed to better marry the sometimes conflicting demands of clinical needs and available budget. Medical Divisional Heads are soon to be appointed. They will need the support of colleagues in what is clearly going to be a demanding role.

The fourth challenge has been the further progression towards Teaching Hospital status. The commitment of the Central Coast Area Health Service to this development remains very firm, as evidenced by the work of the Teaching Hospital Liaison Committee. Unfortunately, budgetary difficulties encountered by the University of Newcastle Medical School, with whom we are to be affiliated, has led to a delay in advertising the position of Clinical Dean. Hopefully, this will occur in the reasonably near future to enable us to handle the significantly increased student load envisaged for 1995.

The fifth challenge was unfortunately inflicted on the Medical Councils by external events, namely the Hungerford Determination. It is not my intention to go into the intricacies of the VMO contracts dispute, except to stress that as far as these Councils were concerned it was always an issue about patient care and not money. We would thank the local media for giving us a fair hearing in that regard, although we were obviously disappointed by the inability of many of the major media outlets in Sydney to do likewise. We applaud the decision by the Minister for Health to appoint Sir Laurence Street as a mediator to bring about a resolution of that dispute. We also applaud the very constructive way our AMA representatives and the Department of Health representatives approached the talks in Sir Laurence’s presence. An acceptable compromise appears to have been reached. Hopefully the lesson of
needing to approach such issues in a spirit of co-operation and not confrontation will never be forgotten.

I must pay special tribute to the Board and Area Executive. At all times communication channels have been open, and we have been given a fair hearing. We regret deeply the non appointment of Neville Wallwork as Chairman of the Board as Neville has been an incredible worker for the Central Coast Community and the CCAHS in particular. He is, and will always be a most valued friend to the Medical community.

One consolation is that Professor Don George is an outstanding replacement. The community should have great confidence in the Board. They should also have great confidence in the Area Executive, who I believe in their own performance set the standards for excellence that permeate the rest of the Central Coast Area Health Service.

Clinical Training Report

The Medical Council bids farewell to the following retirees and thanks them for their services:

Dr Jill Feather – Gosford, Director of Child & Family Health
Dr Douglas Arndt – Gosford, Visiting Associate Physician
Dr Sandra Smith – Gosford, Visiting Psychiatrist

Finally, I must thank both my Council Executive colleagues, whose support has at all times been invaluable, and my medical colleagues whose work plays such a vital role in meeting the health needs of the Central Coast community.

Dr Damien Dwyer,
Chairman Area Medical Staff Executive Council

Following completion of R.M.O. staffing and education facilities at the end of 1993.

Gosford and Wyong medical personnel are actively involved as Post Graduate Medical Council accreditors.

Gosford has more Family Medicine Programme trainees than any other hospital in N.S.W. and has developed a reputation for being an excellent G.P. training hospital.
Dr K S Badami and Tyron Low with patient after the first knee replacement at Wyong Hospital.
Community Served

The Central Coast Area Health Service encompasses the Local Government areas of Gosford and Wyong. The size of this area is 1854 square kms and is bounded by the Hawkesbury River to the south, Lake Macquarie to the north, the coastal fringe of the Pacific Ocean to the east and the mountainous terrain of the ranges to the west.

The distinctive physical features of the area are the waterways of the Brisbane Water and Tuggerah Lakes and the picturesque agricultural hinterland of Mangrove Mountain and Kulnura.

The Area's current resident population of 250,000, increases by about 10,000 each year, and is projected to reach 330,000, an increase of 40% by 2001.

Internal migration, mainly of retirees and young families and children, accounts for 85% of this population increase. The remaining 15% is accounted for by natural increase.
**CHARTER**

The Area Health Services Act 1986 defines the objectives of the Area Health Service as:

- To promote, protect and maintain public health and for that purpose to provide health services for the residents of its area.
- To achieve and maintain adequate standards of patient care and services.
- To adopt and implement all necessary measures (including systems of planning, management and quality control) as will best ensure the efficient and economic operation and use of resources in the provision of health services.
- To provide for the effective co-ordination of the planning, provision and evaluation of health services including services provided by the public and voluntary sectors.
- To establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services.

**MISSION**

To enhance the quality of life of the Central Coast community by improving their health status.

**PRIMARY GOALS**

Management

To manage resources effectively and efficiently, balancing and co-ordinating hospital and community services.

Service Development

To develop and ensure access to the range of services required to meet community needs.

Planning and Evaluation

To link planning and evaluation with service enhancement and monitoring of outcomes.

**Culture**

To engender a customer-focused culture concerned with delivering high quality services and valuing individual contributions.

**Communication**

To establish improved communication channels, which facilitate communication, needs identification, provision of feedback and service promotion.

**VALUES**

**Equity of access**

- we believe health care should be available to all.

**Caring for each other**

- the care we provide for patients, clients and staff is based upon respect and concern for their wellbeing and, while acknowledging their rights, also takes into account their responsibilities.

**Working together**

- co-operation, teamwork and mutual understanding are cornerstones for working with each other and with the community.

**Value for money**

- value means to us:
  - high standards of care
  - appropriate and effective services
  - efficient use of resources
  - being accountable for what we do

**Responsive to changing needs**

- we will respond to changing health needs by developing staff skills, enhancing services, introducing new techniques and technology, maintaining a balance of treatment and preventive services.
Management, Structure & Functions

AREA EXECUTIVE

Chief Executive Officer:
Mr Graham McGuinness
BHA, Grad.Dip. PM & IR, AFCHSE CHE

Deputy Chief Executive Officer:
Dr Stephen Christley (appointed May 1993 to commence July 1993)

Area Medical Superintendent:
Dr Rod Kennedy MB BS, DPH, DHA, FRACMA, FAFPHM

Director of Nursing Services:
Miss Roberta Carter-Brown, OAM, MBA, RGN, RMN, BA, DNA, DNE, FCNA, FCN (NSW), FINA (NSW & ACT)

Director of Finance:
Mr Phil Cowdery, Cert. Acc.

MAJOR FUNCTIONS

General Management: The Chief Executive Officer is appointed by the Governor under the powers of the Area Health Services Act and is responsible for the management of the affairs of the Area Health Service. The position can be viewed in the same light as that of an Executive Director of a company.

Finance and Budget: The Director of Finance is responsible for the provision of financial data to the Department of Health, the Board, Area Executive, and Divisional Managers and to ensure that all financial reporting requirements are met.

Medical Services: The Area Medical Superintendent organises and co-ordinates medical services, controls medical recruitment, monitors clinical privileges and provides advice on medical policy to the Board and Area Executive. The Area Medical Superintendent is also the Freedom of Information Officer.

Nursing Services: The Director of Nursing Services provides advice to the Board and Area Executive on matters relating to nursing. The Director of Nursing Services is responsible for researching the workforce needs in nursing and for undertaking reviews of nursing services. The Director of Nursing Services is also the Continuous Quality Improvement Co-ordinator.

Health Service Operations: The Deputy Chief Executive Officer is responsible for the management of Hospitals and Community Health Services.

Management of Clinical Divisions and Support Divisions: The Triumvirates of the Clinical Divisions comprise a Divisional Medical Manager, a Divisional Nurse Manager and a Business Manager. The Business Managers have responsibilities for more than one Division.

The Triumvirates of the Clinical Divisions and the Directors of the Support Divisions have area wide responsibility for policies, budgets, protocols, staff development and standards.

Group Hospital Site Management: Group Hospital Site Management are responsible for the day to day operations of the site. They coordinate the activities of the Divisions on site and negotiate with the Divisions on clinical and financial matters as required.

MAJOR MANAGEMENT COMMITTEES:

Area Executive Committee: The Area Executive meets weekly to determine Area policies and management strategies and to review the performance of the service as a whole.

Divisional Executive Committee: Meets monthly to discuss policies, service and equipment enhancements, Area-wide issues and inter-divisional issues and make recommendations to the Area Executive.

Attended by Representatives from Area Executive, each Clinical and Support Division and Site Managements.
Area Organisation Chart

BOARD

Area Medical Staff Executive Council

Chief Executive Officer

Internal Audit

Area Executive

Director of Finance

Area Medical Superintendent/
Director of Community &
Public Health

Deputy CEO/
Director of Health Service
Operations

Director of Nursing Services

Management of Hospital Sites

Responsible for day-to-day operations of the site

Gosford
Wyon
Long Jetty
Woy Woy

Triumvirates of Clinical Divisions
(Medical, Nurse & Business Manager)

Responsible for area policies, budgets, protocols, standards and staff development

Surgery
Anaesthetics
Critical Care
Obstetrics
Medicine & Paediatrics
Community & Public Health/Child Health
Rehabilitation & Geriatrics
Mental Health
Diagnostic & Pharmacy
Allied Health

Directors of Support Divisions

Responsible for area policies, budgets, protocols, standards and staff development

Finance
Corporate Services
Human Resources
Hotel Services
Area Committee Structure

BOARD

- Finance,
- Audit,
- Ethics,
- House,
- Planning & Development,
- Patient Care Review
  (Infection Control, Area Q.I. & Drug),
- Medical Appointments Advisory
  (Credentials)

AREA EXECUTIVE

- Director of Finance
- Director of Nursing Services
- Area Medical Superintendent
- Chief Executive Officer

  - Nursing Executive,
  - Senior Nurse Managers,
  - Clinical Nurse Specialist
  - Grading,
  - Nurses Scholarship,
  - Nursing Research.

  - Waste Management,
  - Clinical Service,
  - General Clinical
  - Training (via DMS),
  - Blood Transfusion

  - Clinical Equipment,
  - Occupational Health & Safety,
  - Area Executive Quality
  - Improvement,
  - Information & Resource Centre,
  - Divisional Executive.
Quality Improvement

This year has seen an increase in the number of Quality Improvement activities being conducted throughout the Central Coast Area Health Service.

Whilst it is important to carry on with Quality Assurance activities to maintain standards of care or service, many departments are also becoming involved in Continuous Quality Improvement Activities.

The difference in these two aspects of Quality management is:

- **Quality Assurance** is a process used to evaluate the quality of patient care or departmental performance against preset standards.

- **Continuous Quality Improvement** is used to review processes with multidisciplinary teams allowing opportunities for improvement of all the services provided to the community.

Many departments of the Central Coast Area Health Service are now using a combination of Quality Assurance and Quality Improvement, with the aim of providing the highest quality service to all customers.

The results of these activities are reported to the Area Quality Improvement Committee and to The Board of Directors via the Patient Care Review Committee.

The Central Coast Area Health Service underwent an Accreditation Survey, conducted by the Australian Council of Healthcare Standards (ACHS) in May 1992. Although the Area Health Service was only granted a one year accreditation status, due to some aspects of Environmental/Fire and Safety Issues not meeting all the standards, all other areas were commended for the improvements in their service, as well as their commitments to the provision of quality care.

*Helen Merkenhof with patient and family at Way Way Rehabilitation Unit.*
Nursing Report

The Nursing Division set a number of goals for 1992/93 and are pleased many of them have been attained.

1. Planning for a skilled workforce became a major objective due to the increase in the number of beds at both Gosford and Wyong campus. A number of staff development programs for specialist areas have been conducted and were well attended, for example:
   - Surgical Nursing  
   - Acute Care Nursing  
   - Medical Nursing

   Curricula have been developed for a number of specialised courses to maintain a skilled nursing force over the next five years, such as:
   - Operating Theatre  
   - Paediatrics  
   - Gerontology

2. Promotion and monitoring excellence in patient care, has meant a wide variety of quality improvement programs have been carried out throughout all the nursing areas. These have allowed us to continually monitor the care delivered to patients and clients and to improve our nursing practice.

   Enhancement of the education experience of nursing, thereby improving nursing care, has seen the commencement of the midwifery education programme being fully conducted by the Central Coast Area Health Service.

   Previously a combined course had been conducted with the Northern Area Midwifery School, an association which has been most beneficial to the Central Coast. With expansion of the Central Coast Area Health Service a new curriculum was developed for the Central Coast which was accredited by the New South Wales Nurses’ Registration Board in June 1993. Our first 12 students under this course commenced on 21 June 1993.

   The Enrolled Nurse Training Program continues to educate our enrolled nurses who attend TAFE College at North Sydney for the theoretical component of their course.

   All nursing staff are to be congratulated on their commitment to patient care and the standard of nursing practice.

Congratulations to all the Senior Nurse Managers who have mastered the changes in their role and responsibility extremely well.

Enrolled Nurse Graduands 1992/93
Amanda Black  
Charmayne Mepstead  
Vickie Murray  
Tanya Woolfe/Traynor

Wendy Fuller  
Jane Ramsay  
Donna Wardrop

Midwifery Graduands 1992/93
Shirley Binks  
Alice Burt  
Annette Carter  
Judith Cooper  
Lisa DeLazzari  
Karen Fuge  
Margaret Germon  
Rowena Henson  
Raija Krauss  
Cheryl Norman  
Catherine Pearson  
Deborah Souness  
Suzanne Voros  

Jane Bowden  
Jenny Carroll/Stamel  
Leisa Cassidy  
Lynn Davis  
Christena Fitzpatrick  
Leanne Fusarelli  
Denise Harper  
Dyan James  
Eleanor Neisler  
Sarah Paterson  
Leonie Rich  
Terry Titherington  
Lisa Younie
Sue Clayton (left) with patient at Long Jetty Hospital.
Clinical Divisions

DIVISION OF ALLIED HEALTH

Goals for the Division 92/93

The Division of Allied Health comprises the following departments: Nutrition, Occupational Therapy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology. While each department achieved specific profession based goals, the overall Division has worked towards achieving the following goals:

- evaluating and improving on current patient management practices to ensure appropriate utilisation of resources, thereby improving access to treatment, both within the hospital and in the community;
- enhancing services to additional patients resulting from expansion of beds at Gosford and Wyong Hospitals.

Highlights of the Division 92/93

Early in the year staffing for Nutrition, Social Work, Occupational Therapy and Physiotherapy was enhanced as the additional beds opened at Gosford and Wyong Hospitals.

Equipment enhancements were much appreciated by Occupational Therapy and Physiotherapy. Generous donations of physiotherapy equipment were received from the Long Jetty Hospital Auxiliary, the Long Jetty Combined Pensioners Association, the Ettalong Hospital Auxiliary, and the Woy Woy Branch of the Arthritis Foundation.

All Allied Health Staff have responded with enthusiasm to the challenges of the year. Peter Carstairs, a Clinical Psychologist with the Child Health Service was the originator of the idea of pooling counselling resources to provide a formal staff counselling service. The Staff Counselling Service is to be congratulated for its dedication during the year. A Senior Social Worker at Gosford, Ms C. Mackson, has been accepted on the Australian Association of Social Workers National Standing Committee on Health.

All departments have experienced an increase in demand for services, for example, Psychology reports an upsurge in attention deficit disorders in children, and referrals for anxiety disorders and eating disorders continue to be high.

The Social Work Department responded to ongoing hospital and community requests for crisis intervention, critical incident stress debriefing and the need for after-hours support groups.

The community dietitians continue to blaze the trail for community nutrition in N.S.W. The Caring for Children Project is near completion and besides benefiting Central Coast children, has impacted on the whole of N.S.W. through:

- Production and distribution, to Child Care Centres, of the book – “Caring for Children; Food, Nutrition and Fun Activities”.
- Train the Trainer programs to implement nutrition workshops for cooks and directors of Child Care Centres.
- Development of a nutrition checklist to be used by the Department of Community Services as a nutrition monitoring tool in Child Care Centres.
- Involvement in curriculum development for the first TAFE course for cooks in child care.

Occupational therapy staff have enhanced work evaluations to further assist injured workers in preparing for return to work. Provision of therapy to inpatient and community clients was reviewed to improve efficiency.

Physiotherapy has focused on investigating activities which will assist in the management of patients with chronic pain by providing ongoing hydrotherapy, group education and exercise sessions. In addition, Paediatric Physiotherapists have commenced a service in the nursery of positioning and handling to encourage optimal motor development in newborn babies.
DIVISION OF ANAESTHETICS

The highlight for 1992/93 was the commissioning of the Wyong Hospital Operating Theatres on 14 September 1992 to address the elective surgery needs for Wyong Shire residents. There was an overall increase of 10.6% in operating theatre cases.

Additional sessions in Ophthalmology, Urology, Ear Nose & Throat and Vascular surgery as well as new sessions in Plastic Surgery were introduced. Purchase of laparoscopic surgery equipment enabled an increase in the number of minimally invasive procedures.

On 7 October 1992, an Acute Pain Service was introduced. Up to 30 June 1993, 496 patients received these services.

The Division is involved in a Continuous Quality Improvement project which attempts to reduce the number of elective surgery cancellations.

DIVISION OF COMMUNITY AND PUBLIC HEALTH/CHILD & FAMILY HEALTH

The Division of Community and Public Health was created with the restructure of the Central Coast Area Health Service in 1992. Led by the Area Medical Superintendent and Public Medical Officer of Health, Dr Rod Kennedy, the Division comprises a wide array of professional staff from a variety of teams including • Palliative Care • Dental Services • Drug and Alcohol • Community Nursing (including Nursing Specialists in Continence, Diabetes, Stomal Therapy) • HIV and Sexual Health • Public Health • Health Promotion • Chest Clinic • Confused Elderly • Day Care, Extended Care • Staff Health • Sexual Assault Services • Women’s Health • Adolescent Services • Family and Child Health.

The Family and Child Health Team are to be merged with the Paediatric Inpatient Services later in 1993 to form a new Division, more in keeping with the Area’s Divisional Structure.

The rationale for existence of the Division of Community and Public Health is to take such actions as will lead to improving the health of the people of the Central Coast.

It will influence and encourage individuals and organisations to adopt and sustain healthy practices, to use health services wisely, and to make decisions to improve social and physical environments and health self-actualisation status.

Roy Gilmore, Manager (right), with client at the Extended Care Workshop, Long Jetty.
This Division concerns itself with the health of the whole population and will place such population issues on the agenda for other health service providers. Its functions range from being mainly treatment orientated to primary health promotion focussed. What binds us together, however, is the capacity and aim to improve health on an individual, targeted group and whole population level.

During the past year, many highlights and achievements were recorded. Perhaps the one most reflective of cross fertilisation of ideas and combined effort would have been the development of the Central Coast Area Health Service's Domestic Violence Policy, launched in June by the Hon. Chris Hartcher. With the appointment of a Domestic Violence Coordinator in 1993 and with further liaison, networking, training and co-ordination of services from within and outside our organisation, this significant social and health problem will become a major focus in coming years.

We continue to be leaders in Health Promotion activities with action and collaboration being essential ingredients in either changing unhealthy life practices or in promoting healthy ones.

Wonderful co-operation has been received from a host of organisations, services and the media this year in dealing with issues such as sun protection, child poisoning prevention, alcohol risk, safer sexual practices and the hazards of smoking, to name a few.

Networking and liaison with other services has continued to be a major facet, particularly in caring for clients within their own homes. A pilot scheme in the Wyong Shire, incorporating community nursing and both Government and non-Government providers of community services, has heralded a new era of open co-operation between services. Titled "Fact, Fiction and Reality", this program aimed at demystifying and simplifying the links between services. It highlighted the communication and connections required to provide better client care and, in so doing, served to promote an improved and more customer orientated attitude between services. The spirit of co-operation engendered through these co-joint ventures has been most rewarding, albeit at times confronting and challenging.

Maintaining a healthy environment also requires co-operation and joint action. Our Environmental Health Team and Food Inspectors play a vital monitoring and early detection role in the areas of the environment, food quality and monitoring of infectious diseases.

Funding enhancements from a variety of sources enabled the Division to establish new services and to improve others. The Drug and Alcohol team ensures our developing Drug and Alcohol Services are maintained at the highest quality. A special acknowledgment should go to Keith Taylor, Team Leader, who has expertly co-ordinated the Drug and Alcohol team prior to the appointment of a Medical Director.

New staffing in Sexual Assault, Women's Health, Community Nursing, Sexual Health, Chest Clinic and Staff Health has enhanced our capacity to deal with the demands of a growing population; particularly one which exhibits those special need characteristics now clearly recognised as influencing health status such as • high aged population • high child population • high proportion of unemployment and welfare entitlement recipients • poor transport.
infrastructure • high commuter population
• rapid population growth and high proportion of low income and single parent families.

Health Outreach Services had a major impact on their respective target groups throughout the year. The establishment of our Youth Health Outreach Team (YHOT) has proved that innovation in taking important health messages and life skills support to the streets is extremely successful in servicing adolescents. In recognising the mobile YHOT has enhanced healthy links with homeless and “at risk” youth, it is now evident that our top priority is to establish a Youth Health Centre, where young people can readily access physical and mental health services.

The Needle and Syringe Exchange Program is now firmly established and continues to promote harm minimisation throughout its clientele. During 1993, the extension of this program into mainstream services will continue with the establishment of Accident and Emergency Departments as points of exchange.

With the growing number of entitlement cardholders in the community, provision of Dental Services has become a priority issue. The new Dental Clinic at Wyong Hospital has had its first full year of operation, making services more accessible to Wyong Shire residents.

Participation in the Early Childhood Injury Prevention Program has addressed the potential for avoiding injuries in the 0-5 years age group. All Early Childhood Centres are raising parents’ awareness of potential hazards, and media campaigns addressing injury and poisoning are ongoing.

We have seen a continuation of tremendous commitment and achievements from staff who have shared both individual and team successes. Our division is based on multi-disciplinary and collective effort without which we could not succeed. All staff are to be congratulated on their contributions in 1992/93.

Two special staff members cannot go unnoticed, however. Dr Jill Feather, who was instrumental in creating and directing the Child and Family Health Team, has resigned to continue her studies after seventeen years of dedicated service. Dr Tony Ellerton, Director of Dental Services, is to retire in September 1993. These two staff epitomise our “Caring for the Coast” slogan and we wish them every possible happiness.

Our division looks forward to the future with great enthusiasm and confidence. Our determination to improve the quality of service is strong as are the challenges before us.

DIVISION OF CRITICAL CARE

The commissioning of the new Emergency Ward at Wyong and the installation of new monitoring equipment at Gosford have significantly improved the facilities available for the care of Emergency patients on the Central Coast. The opening of the new Intensive Care and Cardiac Units as well as the installation of Telemetry equipment and Echo Cardiography services has provided a major advance in the management of the critically ill and of cardiac patients in particular. The College of Anaesthetists inspected the Intensive Care Unit and a most favourable report was received. Recognition for vocational Registrar Training in Intensive Care was given.

The appointment of new staff for both Wyong and Gosford Critical Care areas has increased the expertise available to care for patients with serious illnesses, particularly in Emergency Services, where a 6.5% increase in patients seen and a 15% increase in Admissions has occurred.

Renal services have been especially enhanced with development of Acute Dialysis Services in the Intensive Care Unit and guidelines in place for dialysis of in-patients and more seriously ill patients in the Renal Unit.
DIVISION OF DIAGNOSTICS
AND PHARMACY

The Division's goals for the year were to provide the Central Coast population with a comprehensive, diagnostic, pharmacy and blood donor service. The departments within the Division providing this wide range of services includes Biochemistry, Haematology, Immunohaematology, Microbiology, C.T. Scan, Radiology, Mortuary, Pharmacy and Blood Bank.

Introduction of new or upgraded diagnostic procedures were made during the year to improve the range of services available on the Central Coast. Procedures such as diagnostic angiogram and angioplasty are now available. New equipment was also introduced for patients requiring Hepatitis B antibody and Human T-Cell Leukemic Virus examinations.

The Radiology Department developed a comprehensive interventional service as well as upgraded screening and general x-ray equipment. With the expansion of Wyong Hospital, Pharmacy, Radiology and Pathology services were enhanced to meet local needs.

The Pathology Department has become involved in meeting the requirements of a Pathology Information System which will improve access by medical staff of pathology results. A significant instrument upgrade has enabled the department to meet the 30% increase in workload.

Accreditation of the Blood Bank was obtained during the year. There was a 60% increase in blood donations on the Central Coast.

There was an expansion of duties and services within the Pharmacy Department associated with increased activity levels. Continuous Quality Improvement activities were undertaken with significant improvement in discharge prescription dispensing and delivery. Other major initiatives undertaken included introduction of a computerised inventory system and a continuous review of the drug distribution system to achieve maximum efficiency in service delivery.

DIVISION OF MEDICINE
AND PAEDIATRICS

The Division of Medicine and Paediatrics comprises the following departments: General Medicine, Renal Medicine, Family Medicine Program, Paediatrics, Children's Ward, Medical Oncology, Gastroenterology, Neurophysiology, Respiratory Laboratory, Biomedical Engineering and Internal Ambulance. Some of the goals for the Division included a continuing commitment to a high standard of patient care by achieving improved efficiency in early discharge planning and providing the highest quality of respiratory and neurophysiological testing.

Highlights for the Year

The Children's Ward has had a very busy year especially during the winter months with an increase in bed occupancy. Relocation and refurbishment of the Medical Wards, Biomedical Engineering and the Respiratory Physiology Laboratory has provided improved patient care environments. The Children's Ward relocation and refurbishment is eagerly anticipated and will provide increases in patient care areas as well as parent's quarters.

Improvements in technological equipment within the Neurophysiology Department offers clients access to an improved and in depth diagnostic service. Additional staffing within Biomedical Engineering has ensured that patient care equipment is evaluated and keeps pace with modern medical technology.

Respiratory Physiology has experienced an increase in activity with respiratory patients accounting for high proportion of inpatient admissions. The appointment of an Adult Asthma Educator should impact on education and follow-up for this patient group and enhance quality of care.

With the opening of additional beds at Wyong Hospital, the Internal Ambulance service has been very active in transporting patients in a safe and caring fashion.
DIVISION OF MENTAL HEALTH

Community aspects of Mental Health have continued to be the focus of development. Collaborative projects with non-Government organisations promote access to services and ensure that the most appropriate programs are being carried out for the people who most need them. The activities for Mental Health Week in October 1992 provided opportunities for people with mental illness to participate in community activities through an Art Exhibition in the Wyong Council Chambers and various sports and recreation events.

Bindaree Living Skills Centre was honoured by the Association of Relatives and Friends of the Mentally Ill (A.R.A.F.M.I.) with the Marjery Johnson Award, an annual award to an individual or service for outstanding work for the mentally ill and their families.

The Mental Health Acute Care Service continues to provide a high quality, rapid response and short term care for people with mental illness in the community. The Service covers the entire Central Coast and provides a 24-hour professional service to clients and their families. Close liaison is maintained with Mandala Clinic, the inpatient unit.

Mandala Clinic has been visited by many groups from other New South Wales hospitals, from interstate and overseas to study the procedures developed to manage psychiatric disorders in the acute and sub-acute phases. In an integrated service, acute care can only be effective if there is suitable follow up to maintain the improvement made in hospital, and to prevent further acute episodes. This function continues to be carried out to a high standard by nurses, psychologists, social workers and occupational therapists working in the six Community Health Centres and two Living Skills Centres on the Central Coast. Close liaison is maintained with general practitioners as the overall co-ordinators of the clients' health care in the community.

Craft at Kalinda Living Skills Centre.
DIVISION OF OBSTETRICS

The Obstetric services continue to promote the Community Midwife Program and early discharge for mothers and this continues to be very popular with the community. Open days are now available for expectant mothers and families to visit the Obstetric Unit to familiarise themselves with the areas within the Unit.

There has been an increase of 8.5% in the number of deliveries compared to the 1991/92 and the new facilities within Gosford Hospital for both mothers and babies have proved to be very popular.

DIVISION OF REHABILITATION AND GERIATRICS

The Division's goal has been to reduce disability and arrange support for Central Coast residents who have disabilities and for their carers.

To this end five inpatient rehabilitation places were opened at Wyong Hospital. To help ensure the effectiveness of the Woy Woy and Wyong Rehabilitation Units the "Functional Independence Measure" was introduced. This is a multidisciplinary assessment tool.

To carry on the process of rehabilitation for amputees after leaving hospital, an Amputee Clinic has commenced at Wyong Hospital and this has been a great asset to the community. Outpatient rehabilitation programs for people who have suffered heart attacks, lung diseases, arthritis and back pain are continuing to expand.

The Aged Care Assessment Team earned the authority to approve government nursing home subsidies. This has made the process of entering a nursing home smoother for those Central Coast residents and their families who are facing this difficult time.

The Division has worked towards easing the transition from hospital to the community for those patients who require community support services. Links with other organisations and government agencies who provide community support are always being sought and maintained to make life easier for our disabled Central Coast citizens.

DIVISION OF SURGERY

The Division of Surgery has had a most rewarding year with the average occupancy at Gosford over 85%. The successful introduction in August 1992 of a 5 day ward has had great benefits for patients requiring hospitalisation for less than 5 days. Specialised services for Ophthalmology and ENT are provided in this area.

Brochures have been designed for patients admitted to the 5 day ward to outline the facilities available and other relevant information.

Within the Day Surgical Unit a programme of patient follow up by telephone has proved most successful. Patients who may require further information after they have been discharged are contacted by the staff in Day Surgical Ward so that they may ascertain if the patient is managing after their procedure.
DIVISION OF CORPORATE SERVICES


Communications

The Central Coast Area Health Service is the only Area in the State to have its own wide area paging system now fully operational covering the entire Area Health catchment area. We are now working towards linking our wide area paging with major Sydney teaching hospitals to increase coverage and significantly reduce paging costs.

Planning & Service Development

The State and Commonwealth health authorities have recognised the importance of developing a Casemix Classification system for domiciliary care. Community Nursing, Planning & Service Development and our Computer Department are working towards this goal.

Corporate Projects

The Corporate Projects Department continues to provide an internal consultancy service to management by participating in various projects.

The In House Television Service has expanded to 483 television sets, following the installation of an additional 100 sets at Gosford Hospital and 150 sets at Wyong Hospital. A new satellite dish was installed to provide doctors with access to the Rural Doctors' Satellite Network.

Information & Resource Centre

Health professionals need an efficient and effective Information Service and Resource Centre to assist them in their clinical work: in solving patient care problems, diagnosing difficult cases, interpreting and evaluating findings, developing treatment plans and management protocols, assessing new drugs or drug interactions, and providing patient education. Management staff increasingly need to avail themselves of information which supports decision making, staff training, and quality improvement. The Information & Resource Centre provides these services.

The introduction of a CD-Rom network, developed and maintained by the Resource Centre, will allow all staff access to the very latest information sources at any time.

Sponsorship by Visiting Medical Officers of various journal titles, saving $7000, permits expenditure on additional titles.

Micromedex is an information system which provides full text clinical information for medical, pharmacy, and medical library staff, recently installed in Accident & Emergency and highly valued by medical staff.

Computer Services

The Computer Services Department manages the data centre facilities for the Central Coast Area Health Service.

An Executive Information System continues to be developed by the Department which will enable selected information to be downloaded onto micro-computers. This system will allow detailed analysis of selected information from other computer programs.

A multidisciplinary team completed an implementation planning study for the Cerner Pathology program.

Considerable demands continue to be placed on the Computer Services Department in the area of training as the Area Health Service continues to experience rapid growth in computerisation.

Public Relations & Marketing

This year saw the establishment of the Public Relations & Marketing Department incorporating Public Relations, Fundraising, Desktop Publishing and Audio-Visual Unit.

The Department developed and launched the Area’s first direct-mail fundraising programme with a target of $100,000 for the new Children’s Ward. The Appeal is an outstanding success receiving generous public support.
The second phase of the Corporate Identity Programme was launched, incorporating the “Who Cares? We Care!” media campaign. The “Who Cares for You in More Than 100 Ways?” Directory of Health Services leaflet was mailed to all households on the Central Coast.

The Corporate Identity Programme improved the community’s knowledge and awareness of the Central Coast Area Health Service. A community telephone survey indicated an increase in awareness regarding the existence of the Central Coast Area Health Service and the services provided.

DIVISION OF FINANCE

Recurrent Budget 1992/93

On 5 August 1992 our General Fund Recurrent Budget details were received from the Department of Health.

The total payments budget was $122,754,055.

The following savings were required through Efficiency Gains:

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<th>Efficiency Gains</th>
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Total Savings Required $1,444,000

This target was achieved through initiatives set by the Area.

The following Enhancement/Growth Funds were included:

- Capital Driven Enhancements for Gosford Stage 3 and Wyong Stage 2 Development $21,000,000

With the effective use of resources, the Area was able to acquire a favourable cash result for the financial year ended 30 June 1993.

Total Revenue budget for the year was $14,382,578

The Area exceeded this budget and was able to retain funds of $407,970, to be used for the continued enhancement of services within the Area.

Capital Funds

The Department of Health, by way of special grants, provided the following funds:

1. Gosford Hospital Stage 3 Development $2,700,000
2. Wyong Hospital Stage 2 Development $2,500,000
3. Gosford Echocardiography/Telemetry System $376,000
4. Gosford A & E Monitoring Systems $160,000
5. Oracle Financial Systems $1,781,000
6. Oracle Materials Management Systems $106,000
7. Cerner Pathology Lab System $59,000
8. Neurophysiology Equipment $120,000

Divisional Budgeting

The 1992/93 financial year saw the introduction of Divisional and Departmental budgeting. This has involved the dedication of budgets based on staff numbers, goods & services and various interdepartmental charges. The first year has allowed the monitoring and evaluation of this process. The process has been continued and expanded for the 1993/94 financial year.

Implementation of Oracle Financials

The past year has been very busy with the implementation of Oracle Financials commencing in January 1993 and going live in July 1993. The new system replaced Hosfin which was obsolete and which would not be supported by the Department of Health after July 1994. Oracle also handles accrual accounting which was required on a monthly basis from 1 July 1993.

Oracle includes the modules of General Ledger, Accounts Payable, Purchasing, Inventory and Materials Management. Because Oracle Systems did not have the Materials Management module ready, the Area went live with a contingency workaround so that cost centre departments could still be debited with the cost of their Store requisitions. Materials Management is now planned to go live approximately 1 January 1994.
DIVISION OF HOTEL SERVICES

This financial year was a year of service review, change and facility upgrade. Reviews were conducted during the year in the following areas:

- Security Service
- Food Services
- Linen Service
- Review the future of Gosford’s Coal-Fired Boilers and analyse future options for steam and heat generation
- Fleet Management and Transport Operations
- Review utility costs
- Energy review of Gosford Hospital

As a result of the favourable outcome of these reviews, recommended improvements and cost efficiencies will be implemented during 1993-94.

The Domestic Services Department has undergone substantial change during the year. Four former classifications of Wardsperson, Cleaner, Porter and Ward Assistant have been broadbanded into a single classification of Patient Support Assistant. Patient Support Assistants are now located within each ward or unit working beside clinical staff. This change in work organisation and broad-banding has produced considerable financial savings and improved services for patients and nurses.

The Linen Service will be exposed to market competition during 1993/94. The Department of Health is requiring all NSW Area Health Services/Hospitals to call competitive tenders for linen services.

Energy costs during the year have been reduced by $110,000 through power factor correction and tariff changes.

The Maintenance Department has undertaken many improvements to our facilities, including:

- Refurbishment of Medical Ward 1 at Gosford Hospital
- Commencement of the conversion of the previous Maternity and Labour Wards to a new Paediatric Ward, expected completion date August 1993.
- The previous Sterilising Department was converted to accommodation for a Respiratory Investigation Unit, Biomedical Engineering Workshop and storage areas.
- Conversion of staff amenities area to a staff training facility and construction of a function/training room.
- Refurbishment of the Gosford Hospital Kiosk.
- Upgrade Long Jetty Hospital to meet NSW Fire Brigade Standards.
- Refurbishment of the proposed Medical Ward 4 and of Surgical Ward 3.

Contractors were engaged during the year:

- Upgrade the electrical supply to the Gosford Medical Block.
- Air-conditioning of Woy Woy Hospital.
- High painting and roof repairs at Gosford.
- Conversion of a Gosford Surgical Ward to a Cardiac Stepdown Ward.
- Construct a bridge link from the southern carpark to the new Gosford Stage 3 building.
- Asbestos removal.
DIVISION OF HUMAN RESOURCES

Total Staff

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The marked increase in staff from June 1992 to June 1993, was due to the opening of:
(a) Stage 3 at Gosford Hospital which saw an increase of an additional 120 beds.
(b) Stage 2 at Wyong Hospital which saw an increase of an additional 100 beds.

Personnel and Industrial Relations

Policies and Practices

These are contained within the Area’s Human Resources Policy and Procedure Manual. Policies include:
- Recruitment and Selection
- Equal Employment Opportunity
- Training and Development
- Performance Management/Appraisal
- Grievance/Dispute Resolution
- Industrial Relations
- Discrimination and Harassment
- Occupational Health and Safety
- Occupational Rehabilitation
- General Employment Conditions.

Policy Manuals are held within each Division/Department of the Area for Managers, Supervisors and Staff to peruse.

Equal Employment Opportunity

Equal Employment Opportunity is designed to:
(a) eliminate and ensure the continued absence of discrimination in employment on the grounds of race, sex, marital status, physical impairment and
(b) to promote equal opportunities for people of the four target groups i.e. Women, Aboriginals, people from a Non-English Speaking Background and people with a Physical Disability.

EEO aims to maintain equity in employment. It means that employment practices will be merit based, free of discrimination and all staff will have equal access to promotional and training opportunities.

Target 1

To ensure that EEO principles are integrated into the Corporate and strategic Planning Process.

Achievement – The Area’s EEO Management Plan, Policy and Principles has been forwarded to our Planning and Services Unit for integration into the Areas Corporate Plan.

Target 2

Continue development of the Human Resource Management System for maintaining employee data and statistics.

Achievement – Development has continued on the Datapower System to expand its capability to record and report required information and statistics.

Target 3

All relevant statements of duty to include appropriate responsibility/accountability for EEO.

Achievement – Standardised EEO and Occupational Health and Safety responsibilities have been issued to all Divisions/Departments for inclusion into employee’s duty statements.

Target 4

Revise Personnel Policy and Procedure Manual to meet EEO and effective Personnel Practice requirements.

Achievement – Division of Human Resources Policy Manual has been revised and rewritten in conjunction with the Office of the Director of Equal Opportunity in Public Employment (ODOPE) and Applied Recruitment, Training & Development (ARTD) consultants.

Target 5

To ensure all staff throughout the Area have equitable access to attend training courses.

Achievement – All training courses are publicised throughout the Area’s Departments and Divisions. EEO records are maintained on staff attending courses and indicate all Divisions/Departments have had staff attend training course.
EEO statistics are attached. The Annual Report to Parliament on representation of EEO groups and EEO respondents are dated July 2nd, 1993, as the report on March, 31st, 1993, was not available.

Risk Management

Formed as part of the Division of Human Resources, the Risk Management Section was created as a result of need to devote resources fully to the management of staff injuries, Worker’s Compensation claims and rehabilitation, and the reduction and prevention of back injuries, (the major source of claims). Staffing within the section includes a Rehabilitation Co-ordinator, Back Care Training Co-ordinator, a Clerical Officer and the Risk Management Co-ordinator, acting as Section Manager and as the Occupational Health and Safety Co-ordinator for the Central Coast Area Health Service.

Major objectives of the Section were to provide closer liaison with injured workers and the Worker’s Compensation Fund Manager, and introduce an improved administrative control on claims and costs. The appointment of the Back Care Training Co-ordinator was seen as a positive step towards the reduction of back injuries. The Back Care Training Co-ordinator is responsible for training staff in lifting techniques and risk assessment of manual handling.

By Risk Management now providing regular reports to management on injury statistics and Worker’s Compensation claim performance, staff now have an increased awareness of Safety and Accident prevention.

The last half of 1992/93 saw the creation of a Staff Health Clinic and the appointment of a Staff Health Medical Officer and Staff Health Nurse. The Risk Management Section has worked closely with Staff Health in assessing workplace injuries, illnesses and their prevention.

The performance of the Managed Fund was an area for Risk Management to target specifically, especially in light of past fund distributions.

The final distribution for 1990/91, first distribution for 1991/92 and the motor vehicle distribution for 1991/92 all combined for a total deficit of $137,424. It appears now that by having total claim responsibilities within the Risk Management Section positive results will be possible for future distributions.
Training and Development Unit

As a result of the Training Needs Analysis conducted in May/June 1992, seven priority areas were identified. These areas were:
- Management Training
- Computer Training
- Communication Skills
- Conflict Resolution
- Report Writing
- Time Management
- Financial Management

Activities given Priority 1 in the training plan were in the area of Staff Selection, Sexual Harassment, Workshops for Women, Performance Appraisal, Occupational Health & Safety, Divisional Budgeting, Induction Programs and a Women's Advisory Committee. These areas have been addressed through the following initiatives:
- **Staff Selection**
  Three courses have already been conducted. Materials are currently being developed in house to conduct future courses.
- **Sexual Harassment**
  The first course was conducted 6th May 1993.
- **Workshops for Women**
  A Women in Management course was conducted on two occasions. A Conflict Resolution course for women and a Financial Management course for women were also held.
- **Performance Appraisal**
  Since January, regular courses in performance appraisal for appraisers and appraisees have been conducted.
- **Occupational Health & Safety**
  Courses have been conducted on a regular basis by Risk Management.
- **Divisional Budgeting**
  Several courses in Accounting for Non Accountants were conducted and began from the end of May.
- **Induction Program**
  The induction program conducted by the Human Resources division has been reorganised.
- **Women's Advisory Committee**
  A Committee called the Women's Issues Network has been formed to examine all issues affecting women in the Area Health Service. It meets on a monthly basis.
  Activities given Priority 2 in the training plan were in the area of Customer Service, Middle Management Training, Supervisor Training, Computer Training following detailed needs analysis, and Communication Skills. These areas have been addressed through the following initiatives:
- **Customer Service**
  Regular courses have been conducted in Customer Service encompassing Telephone Techniques, Face to Face contact, Positive Attitude and Dealing with Difficult Clients.
- **Middle Management**
  A detailed needs analysis has been conducted of both senior and middle management. Courses were planned to respond to this. A one day Executive Seminar was held on Situational Leadership. Further courses were planned on Situational Leadership and Team Building.
- **Supervisor Training**
  One five-day course has already been conducted and others are planned in First Line Management Skills.

- **Computer Training**
  A detailed needs analysis has been conducted and several courses are in place for July to December 1993.

- **Communication Skills**
  A course in Presentation Skills was conducted in April and one in Report Writing was conducted in May 1993.
  Activities given Priority 3 in the training plan were in the area of Report Writing, Conflict Resolution and Time Management. These areas have been addressed through the following initiatives:

  - **Report Writing**
    The first course was conducted in May 1993.

  - **Conflict Resolution**
    Two courses in Conflict Resolution Skills have already been conducted and another was planned for June 1993.

- **Time Management**
  The first Time Management course was conducted in May 1993.
  Additional courses have been conducted in the areas of Stress Management and Train the Trainer to meet needs which have emerged since the initial survey was conducted. A Staff Development Committee has also been formed in order to facilitate communication between the Training & Development Unit and the Divisions within the Health Service.
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<td>2089</td>
<td>191</td>
<td>57</td>
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<td>74.58</td>
<td>29.84</td>
<td>70.16</td>
<td>7.33</td>
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**Representative of EEO Groups by Salary Levels as at 27/93**
25 Years
Dr Janusz Paszkowski

20 Years
Beverley Hickey, Lyn Peters
Dr John Caska, Dr A J Coren
Dr Patricia Harrison, Dr John Harrison
Dr David O’Malley, Dr Brian Shaw
Cathy McQuade with client in the Physiotherapy Gym at Gosford Hospital
Hospitals

GOSFORD
Goals
With Gosford Hospital bed numbers now stabilised at over 450 we are looking forward to our progression to teaching hospital status with the University of Newcastle in the near future.

Our other major goal is to successfully implement a clinical divisional management structure which will more effectively cater for the demands of our large and complex health care organisation.

Highlights of the Year
Through a time of expanding bed numbers and services the Hospital has been fortunate in recruiting adequate numbers of staff particularly resident medical officers where there is a state wide shortage.

There is now a structural liaison between nursing administration and medical administration providing an effective basis for coordinated clinical site management at Gosford Hospital.

A concerted effort has been directed towards reducing the waiting lists for elective surgery. With the increase in surgical beds and rearrangement of some theatre sessions the number of patients on the waiting list has dropped by over 50% with an associated marked decrease in the average time before admission for operation. This trend is expected to continue into the next year.

LONG JETTY
The Confused and Disturbed Elderly Unit has now been operating for two-and-a-half years. The major benefits to residents from the Unit are realised in approximately two years. The C.A.D.E. Unit Christmas Dinner Dance for residents and relatives was a huge success.

Highlights of the Year
A decrease in the waiting list has occurred as a result of increased physiotherapy staffing for outpatient therapy.

Carols by Candlelight was again conducted by Long Jetty Hospital Auxiliary in the grounds of the hospital and was well supported by the local community.

Long Jetty Hospital continues to work closely with Community Nursing and assists in planning for patients to be able to return home with support.

Holiday periods remain busy for the General Practitioner Outpatients Service. Patients are referred on to Gosford Hospital for specialist medical services if required.

WOY WOY
Goals
The year at Woy Woy Hospital focussed on upgrading the patient care environment. Plans included air conditioning the general patient ward areas and re-designing the outpatient treatment area.

Highlights of the Year
Educational programs were introduced in a variety of areas during the year to further enhance the quality of patient care. A program for local visiting medical officers was introduced by Dr G. McDonald, Area Director of Emergency Services. A course to upgrade clinical skills for registered nurses was also introduced.

Improvements in direct patient care included the formation of multidisciplinary case management for stroke patients from admission to discharge home. Development of orientation booklets for patient and family members to the Rehabilitation Unit and the General Ward.

In the areas of patient treatment, a self-medication program for rehabilitation patients, a multidisciplinary team approach to hydrotherapy and assessing the risk of falls in the elderly were introduced.
WYONG

Goals

Wyong Hospital has been upgraded from a 50 bed hospital to a 150 bed hospital plus the necessary ancillary services.

The initial goals for the year were to commission the new facilities, arrange staffing and set policies and procedures for the new services.

Highlights of the Year

The main highlight of the year was the official opening of the new facilities by the Minister for Health, The Hon. R.A. Phillips, M.P. on 29 July, 1992. The opening created great local public interest and was a morale booster for the community which in many ways had worked for a number of years towards the upgrading of Wyong Hospital.

Other highlights over the year were the gradual opening and implementation of new wards, new services and the operating theatres.

All staff played a part in preparing Wyong Hospital for the opening.

Outstanding contributions were made by the domestic and gardening staff to prepare the hospital for the official opening. The catering staff did a magnificent job on the opening day catering for the 800 plus visitors.

The Hon. Ron Phillips, MP Minister for Health, at Wyong.
Fundraising and Voluntary Workers

Caring for the sick is a complex and expensive business. Even with the Area Health Service budget of over $120,000,000, which is provided by the government there still remains a need for increased funds for extra medical equipment and ancillary services.

The Central Coast Area Health Service has enjoyed the generous support of the community in providing additional resources to meet the growing demand for health services.

The excellent management of resources, people and programs has been the hallmark of efficiency within the Area’s health services. As a part of its ongoing commitment to government and community partnership in health care, the Area Executive established the Public Relations & Marketing Department to co-ordinate its corporate identity program including fundraising and development of corporate sector sponsorship.

With the new Children’s Ward scheduled to be opened in October, the department developed the Area’s first direct mailing fundraising program which sought donations for specific medical equipment for the new ward. $100,000 has been targeted to be raised from the generosity of the community and corporate sector.

These fundraising activities continue to supplement the Area’s operational budget in conjunction with the activities of our hospital auxiliaries and volunteers.

The PR & Marketing Department continues to provide resources to the various auxiliaries and volunteers who have so willingly supported the activities of our hospitals and health centres. Their generosity of time, effort and enthusiasm provide an ongoing source of support to patients and their relatives, to clients and health care staff. Their achievements exemplify the spirit of ‘Caring for the Coast.’

Members of the Wyong Hospital Auxiliary with Honour Bell award for fundraising achievement.
Hospital Auxiliary Office Bearers – 1992-93

Ettalong Beach
Mrs Gwen Morgan, President
Mrs Rose Hozack, Secretary
Mrs Jean Dewar, Treasurer

Gosford
Mrs Marion Fripp, President
Mrs Margaret Smith, Secretary
Mr Alwyn Fripp, Treasurer

Hardy’s Bay/Killcare
Mrs Phyl Woods, President
Mrs Shirley Battishall, Secretary
Mrs B. Touzel, Treasurer

Kincumber
Mrs Daphne Wasserman, President
Mrs Roma Alexander, Secretary
Mrs Rona Healy, Treasurer

Long Jetty
Mrs Thelma Peck, President
Mrs Norma Hall, Secretary
Mrs Ivy Gow, Treasurer

Ourimbah
Mrs Dot Preston, President
Mrs Nola Donohue, Secretary
Mrs Elvy Foott, Treasurer

Pink Ladies
Mrs Netta Montgomery, President
Mrs Yvonne Eames, Secretary
Mrs Dorothy Van Donk, Treasurer

Toukley
Mrs Marge Dobbins, President
Mrs Laura Wilson, Secretary
Mrs Margaret McDougal, Treasurer

Woy Woy Social Club
Miss Eileen Jones

Wyong
Mrs Peg Moloney, President
Miss Doris Colahan, Secretary
Mrs Sylvia Rowe, Treasurer

Acknowledgement of Donations – 1992-93

Abbey Plastics Pty Limited
Abbott AW & MT
Abercrombie D & M
Adams D & K
Adams Dr H F
Adams O
Adams P G
Adams S T
Addison E
Adel J.
Adlard A G
Alce E.
Alexander G
Alexander J & C
Alexander JS & A
Ali L S
Allan J
Allen J
Allen H R
Allen K
Almond E
Amon P & N.
Anderson D M
Anderson D T
Anderson E J
Anderson F M
Anderson H
Anderson J E
Anderson M F
Anderson N S
Andrews A H
Andrews C
Annett C A
Arbelo A & A
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Arkinstall K
Armesen M
Armstrong P
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Arnold D
Arrow J
Arundell B
Ashby Dr G G S
Atkinson V L
Aubrey FJ & RM
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Bastards
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Baker R
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Barry A
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Terrigal Trotters
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Bednai G N
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Bennetts L
Benson E E
Benson J
Bentley C R
Berg LG & M
Berghofer R G
Bergin BE
Berkeley Vale Mothers Club
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Binder G
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Blane R M
Boersig J A
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Bonner J J
Boral Montoro Pty Ltd
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Bottle C A
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Boundy W
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Bowman Mrs
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Breen D
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Britten AR & JM
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Brookefield M & ME
Brockett P J & WM
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Brooks D A
Brown A W
Brown B
Brown B.J
Brown C
Brown E J
Brown H.
Brown J
Brown K
Brown M & E
Brown M V
Brown R
Brown R M
Brown R P
Brown S E
Brownne Beryl
Brownne E P
Brownne M P
Bruce Dorothy
Bruce-Smith I.A. & S.A
Bryant E.
Bryant H C
Bryce G J
Brydson G & A
Buckingham J & L
Buckley J N & DM
Buckton Beny
Burke L
Burl W
Burn D J
Burne A W
Burton L
Burvill E M
Butcher Alan
Butler B J & M I
Butler J W
Butlers M A
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Cairns P J
Caldwell M E
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Cameron K A
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Cant I
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Carroll & Doukakis Drs
Carroll E
Carruthers R C & G O
Cartwright H H
Casey L C
Cashman B.
Castagni C G
Castle S J
Castles Beryl
Caust E R
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Central Coast Leagues Social Bowling Club
Central Coast Multiple Birth Association
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Chalk A M
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Chamberlain R & G
Chamberlain R.
Chambers J & I L
Chambers M
Chambers Mona
Chambers T.
Chambers V M
Champion A C
Champion M
Chapman, Estate of A.I.
Chapman, Estate of E.H.
Chapman G G
Chapman H M
Chapman M
Chappelow J
Chapple I G
Chay S
Cheeseman M
Cherry B
Chidgey C
Chiron Intra Optics
Citcoast Shower Screens
Clark EE & ML
Clark L
Clarke G E
Clarke Kerrie
Clarke L D
Clarkson Laraine M
Clayden J & Y L
Clements M T
Clifford VE
Clifton A J
Cochran M
Cochrane MJ & RL
Cochrane WA & DM
Codrington J M
Coffyn Arthur
Colgate E & J
Collath J.A.
Collins D
Collins M
Collins M.
Colyope C M
Combined Pensioners
Conaty D E
Condie H
Condon E M
Luckey B M
Luezzi F
Lynch B.
Lynch D M
Lynch R E
M Hale M
M Staff Lighting (Aust) P/L
Macdonald M A
Mackenzie M A
Mackie I J
Mackley K J
MacMasters Beach
Volunteer Bush Fire
Brigade
Madden PE & BF
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Macdonald G I
MacGowan Ursula M
McGowen J
McGranger J
McIlwaine G I
McIntyre Gilbert P
McKay J I
McKittrick S
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McMahon F C
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McMillan T M
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Mendel J E
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Metti J
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Mildwater D B
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Miles M
Miller J
Miller M
Miller R J
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Milne Helen M
Milne J
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Mitchell Mr
Mitchell S G
Moase RT & LM
Moir R & D
Molony N
Monti’s Ashore
Moore E M
Moore E M
Moore Edward V
Moore M F
Moore R
Moorehouse D
Morgan E H
Morgan J G
Morley B
Morris A L
Morrison C
Mortensen P
Morton Dr David
Moseley I
Moseley WA & DG
Moses R M
Mott C & A
Moulder E J
Moulton D & K
Moxey P M
Mugridge C R
Mullins D.
Munday G O
Munro A F
Murch C
Murphy D T
Murphy J F
Murton W.
Musgrove C
N Head S
Nagle J
Naividi K
Napoli J
Natale F
Naylor L F
Neilson M J
Nelson G
Nelson T
Nesbitt D C
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Nichorals J
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Nixon R H
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Nolan R
Norman A J
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Norman J
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O’Leary Nora
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O’Neill RJ & ME
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Oglesby C
Oliver Connie
Ollier B
Olsson K E
Olzomer T
Oncology Clinic
Onions J
Order of the Eastern Star
Order of the Eastern Star
- Gosford
Order of the Eastern Star
- Saratoga Chapter 204
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Organ B N
Orinan Karen L
Orman J S
Osborne K
Ostergaard A
Ostler L A
Ourimbah Hospital Auxiliary
Owe K C
Owens J E
Owens W G
P Rafter M
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Quinlan AB
Quirk L
R Kellie M
R Moore M
Rackham E
Rainbow W
Rattray A T
Ray R & B
Read M
Read P W
Read W G
Reardon C B
Redden V M
Redshaw P W
Reece R
Rees F & M
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Reeves H E
Reid Dr I D
Reid Margaret F
Reilly Edgar
Reilly J
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Reynolds P
Reynolds P
Richards C
Richards J A
Richards R
Richardson A J
Richardson B P & D R
Richardson RD
Richardson W D
Ridgeway Rollercoaster Fun Run
Ridley M E
Riedlinger T & F
Riley B
Rimes E
Rindlefleisch B
Ringshaug W
Ringstad J E
Ritchard I G & K M
Ritchie D & O
Rix Mr & Mrs S
Roads J R
Robb E
Robb M A
Robertson I D
Robertson Refrigeration
Robinson L
Robinson R
Robson Lillian
Roby T S
Rodger RB & LN
Rodgers S.
Rodwell M A
Roe HJ & RM
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Rogers L
Rogers P F
Rogers P W
Rolfe HG & PL
Rossi JH & R
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Rotary Club of Gosford Inc.
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Rushworth M J
Russell D J
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Ryan M L
Ryan O
S Murphy S
Saba E A
Sack R M
Saddler
Sadler
Sadler R
Sadler S L
Sale C
Salisbury K
Sanders N & E
Sanders S E & A
Sandt JT
Schuit J W
Schuller J G.
Schultz J
Scott A L
Scott B H
Scott J
Seabrook K F
Searle N
Sebastian A
Seckold R
Segaert D P
Segrave D
Selby W J
Selwyn B T
Senior C L
Shadbolt J.
Shailer Marcia
Sharpe JS & DL
Shaw J
Shaw J & M
Shayler J L
Sheaff J
Sheedy D
Sheehy Tracy
Sheley S
Shepherd B & J
Sheppard I J
Shearring D L
Sherwood R M
Sheils A J
Shoebridge F. & S.
Shorrock D M
Shortridge J & EB
Silvers S B
Simmons A
Simon L G
Simpson J & R
Simpson Lena
Sinclair C & JA
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Skates BG & LJ
Skeoch J D
Skepper A H
Sloggett A O
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Smedley M
Smeek V
Smith A
Smith A M
Smith G L
Smith I R
Smith K A. & A.M.
Smith L
Smith L C
Smith M/s
Smith N G
Smith S L
Snape S
Sneddon K M
Sneddon S
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Spence B G
Spencer C M
Spokes G M
Spratt J.
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Starr J L
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Stevens R A
Stevenson L
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Stiff M
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Stoddart J
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Stokes Sophie
Stone Clive
Stone D A
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Sullivan R G
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Tasker A & C
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Tate V
Taunton K M
Taylor D K
Taylor J
Taylor L
Taylor M M
Taylor P A
Taylor P F
Taylor R C
Taylor W L
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Thomas R S
Thompson B L
Thompson CR & J
Thompson G
Thompson L
Thompson T D
Thomson V
Thorpe A R
Thost I
Threlfo R
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Timmins M A
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Townsend K J
Toye J T
Trani Dr John
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Tregidgo E R
Trelease V
Tremlett JJ & ME
Trigg D
Trompp M E
Tucker G J
Turner C
Turner G E
Turner LJ & A
Turnham AT & IL
Turton E
Turton R
Umina Bch Country Womens Assoc
Unan J
Underhill M A
United Hospital Auxiliary
Toukley
Uptin GS & AM
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Van Gelder J
Vandenberg A
Vanderkolk M A
Vandersande B P & M P
Vanlennepe O A
Varcoe R
Vaterson M
Vella C
Vella Carmen
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Villa M A
Villasanti J & T
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Voigt B D.
Vrana A K
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Walker FB & BA
Walker K & J
Wall H
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Walton J A
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Ward V L
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Waters M
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Wheeler K
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Whitfield K
Whitten E & J
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Williams D
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Williamson LR & MM
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Wilson K M
Wilson S & JM
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Wisemantel G L
Witherspoon Glenn
Wolff A F
Wood, Allen, White Drs
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Wood W.
Wood JR &
Woodhouse James
Woodhouse N & L
Woodward Albert
Woolbank F
Woollard J & B
Woolmer K
Wortherboys R M
Worthington R
Wotberspoon Mavis
Woy Woy Early Birds
AA Sunday
Woy Woy Eastalong-Hardy’s
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Wymark L M
Wyong Amateur Swimming Club
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Wyong Hospital Auxiliary
Wyong RSL Women’s Bowling Club
Wyong Shire Meals on Wheels
Xyris Software
Yates J & A
Yates S C
Young L
Young VH

Gifts in Kind - 1992-93

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Big W
Brazier Alan
Bryant Patricia
Central Coast Handweavers & Spinners Guild
Cherry B
Daley Minnie
Davies Len ("Toys in Wood")
FAME Video Plus
K-Mart
Lemon Tree Gallery
McDonalds Restaurant
Medipac Pty Ltd
Squires M
Telecom
The 2/17th Royal NSW Regiment, Erina Depot
Toby Rose
Woolworths
Wyong Plaza Management
FINANCIAL STATEMENTS 92-93
## Central Coast Area Health Service

### General Fund

#### Operating Statement for the Year Ended 30th June 1993

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 1993 $'000</th>
<th>Actual 1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Related</td>
<td>3</td>
<td>95,840</td>
</tr>
<tr>
<td>Maintenance &amp; Working;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visiting Medical Officers</td>
<td></td>
<td>6,752</td>
</tr>
<tr>
<td>Goods &amp; Services</td>
<td>4</td>
<td>22,287</td>
</tr>
<tr>
<td>Repairs, Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&amp; Replacements (Minor Items)</td>
<td>2(e),5</td>
<td>4,476</td>
</tr>
<tr>
<td>Depreciation</td>
<td>2(f),14</td>
<td>6,699</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td></td>
<td>136,054</td>
</tr>
</tbody>
</table>

#### Operating Revenue

| | Actual 1993 $'000 | Actual 1992 $'000 |
| | | |
| User Charges | 6 | 14,161 | 11,683 |
| Donations & industry contributions | 7 | 900 | 2,343 |
| Other | 8 | 213 | 315 |
| Total Operating Revenues | | 15,274 | 14,341 |

#### (Loss)/Gain on sale of property, plant & equipment

| | Actual 1993 $'000 | Actual 1992 $'000 |
| | | |
| (Loss)/Gain on sale of property, plant & equipment | 9 | (99) | 0 |
| Net Cost of Services | | 120,879 | 86,285 |

#### Add

| | Actual 1993 $'000 | Actual 1992 $'000 |
| | | |
| NSW Health Cash Payments | | 121,807 | 99,172 |
| Less Revenue Remittances | | 14,574 | 11,876 |
| | | 107,233 | 87,296 |

#### Crown Acceptance of Superannuation Liability

| | Actual 1993 $'000 | Actual 1992 $'000 |
| | 2(b) | 6,184 | 0 |

#### Operating (Deficit)/Surplus

| | Actual 1993 $'000 | Actual 1992 $'000 |
| | | |
| Operating (Deficit)/Surplus | | (7,462) | 1,011 |
| NSW Health Dept. Capital Allocation | | 7,323 | 24,545 |
| Operating (Deficit)/Surplus after Capital Allocation | | (139) | 25,556 |
Central Coast Area Health Service  
Special Purpose & Trust Fund  
Operating Statement for the Year Ended 30th June 1993

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>Notes</th>
<th>Actual 1993 $'000</th>
<th>Actual 1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Related</td>
<td>3</td>
<td>757</td>
<td>645</td>
</tr>
<tr>
<td>Maintenance &amp; Working:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialists Fees</td>
<td></td>
<td>1,361</td>
<td>1,778</td>
</tr>
<tr>
<td>Goods &amp; Services</td>
<td>4</td>
<td>444</td>
<td>555</td>
</tr>
<tr>
<td>Repairs, Maintenance &amp; Replacements (Minor Items)</td>
<td>2(e),5</td>
<td>726</td>
<td>2,764</td>
</tr>
<tr>
<td>Accommodation Charges</td>
<td></td>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td>Donations</td>
<td></td>
<td>416</td>
<td>2,664</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0</td>
<td>94</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td></td>
<td>3,704</td>
<td>8,562</td>
</tr>
</tbody>
</table>

| Operating Revenue   |       |                   |                   |
| Accommodation Receipts |       | 49                | 55                |
| User Charges        | 6     | 2,115             | 1,734             |
| Donations & industry contributions | 7 | 1,150             | 4,516             |
| Interest            |       | 415               | 701               |
| Other               | 8     | 291               | 1,618             |
| **Total Operating Revenues** |       | 4,020             | 8,624             |

| Operating Surplus   |       | 316               | 62                |
Central Coast Area Health Service  
**Combined General Fund & Special Purpose & Trust Fund**  
Statement of Financial Position as at 30th June 1993

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>Actual 30 Jun 93 $'000</th>
<th>Actual 30 Jun 92 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>10</td>
<td>5,537</td>
<td>6,746</td>
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<tr>
<td>Receivables</td>
<td>11</td>
<td>3,016</td>
<td>3,022</td>
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<tr>
<td>Inventories</td>
<td>12</td>
<td>1,740</td>
<td>2,494</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>356</td>
<td>396</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>10,649</td>
<td>12,658</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant &amp; equipment</td>
<td>14</td>
<td>147,929</td>
<td>146,016</td>
</tr>
<tr>
<td><strong>Total Non-Current Assets</strong></td>
<td></td>
<td>147,929</td>
<td>146,016</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>158,578</td>
<td>158,674</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors &amp; Advances</td>
<td>15</td>
<td>4,878</td>
<td>5,880</td>
</tr>
<tr>
<td>Provisions</td>
<td>16</td>
<td>13,691</td>
<td>10,700</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>1,461</td>
<td>3,943</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>20,030</td>
<td>20,523</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>16</td>
<td>1,956</td>
<td>1,905</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td></td>
<td>1,956</td>
<td>1,905</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td>21,986</td>
<td>22,428</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Equity as at 1.7.91</td>
<td>18</td>
<td>110,628</td>
<td>63,956</td>
</tr>
<tr>
<td>Accumulated surplus/(deficit)</td>
<td>18</td>
<td>25,964</td>
<td>25,618</td>
</tr>
<tr>
<td>Reserves</td>
<td>18</td>
<td>0</td>
<td>46,672</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td>136,592</td>
<td>136,246</td>
</tr>
</tbody>
</table>
Central Coast Area Health Service

Combined General Fund & Special Purpose And Trust Fund

Statement of Cash Flows for the Year Ended 30th June 1993

<table>
<thead>
<tr>
<th>Note</th>
<th>1993 Inflows / (Outflows) $'000</th>
<th>1992 Inflows / (Outflows) $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Flow from Operating Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee related</td>
<td>(87,512)</td>
<td>(71,384)</td>
</tr>
<tr>
<td>Maintenance &amp; working</td>
<td>(36,934)</td>
<td>(35,219)</td>
</tr>
<tr>
<td>Grants &amp; subsidies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(124,446)</td>
<td>(106,603)</td>
<td></td>
</tr>
<tr>
<td>Receipts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>User Charges</td>
<td>16,455</td>
<td>13,336</td>
</tr>
<tr>
<td>Donations &amp; industry contributions</td>
<td>1,466</td>
<td>4,528</td>
</tr>
<tr>
<td>Other</td>
<td>968</td>
<td>2,689</td>
</tr>
<tr>
<td>Total Net Cash Used on Operating Activities</td>
<td>18,889</td>
<td>20,553</td>
</tr>
<tr>
<td>Cash Flow from Investing Activities</td>
<td>(105,557)</td>
<td>(86,050)</td>
</tr>
<tr>
<td>Purchases of property, plant &amp; equipment</td>
<td>(10,378)</td>
<td>(26,891)</td>
</tr>
<tr>
<td>Proceeds from the sale of property, plant &amp; equipment</td>
<td>1,121</td>
<td>0</td>
</tr>
<tr>
<td>Total Net Cash Flow on Investing Activities</td>
<td>(9,257)</td>
<td>(26,891)</td>
</tr>
<tr>
<td>Net Cash Outflow from Operating &amp; Investing Activities</td>
<td>(114,814)</td>
<td>(112,941)</td>
</tr>
<tr>
<td>Government Funding Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Health Department Cash Payments</td>
<td>121,807</td>
<td>99,172</td>
</tr>
<tr>
<td>NSW Health Department Capital Allocation</td>
<td>7,323</td>
<td>24,545</td>
</tr>
<tr>
<td>Revenue remittances to Department</td>
<td>(14,574)</td>
<td>(11,876)</td>
</tr>
<tr>
<td>Total Net Cash provided by NSW Health Department</td>
<td>114,556</td>
<td>111,841</td>
</tr>
<tr>
<td>Net Increase/(Decrease) in Cash</td>
<td>(258)</td>
<td>(1,100)</td>
</tr>
<tr>
<td>Opening Cash Balance</td>
<td>4,655</td>
<td>5,755</td>
</tr>
<tr>
<td>CLOSING CASH BALANCE</td>
<td>4,397</td>
<td>4,655</td>
</tr>
</tbody>
</table>

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Central Coast Area Health Service

Notes To and Forming Part of the Financial Statements 30 June 1993

1. The Area Reporting Entity

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

2. Summary of Significant Accounting Policies

The Area’s Financial Statements have been prepared in accordance with the requirements of the Public Finance and Audit Act 1983, Public Hospitals Act, 1929 its regulations and the NSW Health Department’s Accounts & Audit Determination and Accrual Accounting Standards and Procedures Manual. Statements of Accounting Concepts and Australian Accounting Standards have been applied except to the extent that they differ from the requirements of the Accrual Accounting Standards and Procedures Manual.

The Operating Statement and Statement of Financial Position have been prepared on an accrual basis and, except where stated, under the historical cost convention. The Statement of Cash Flows is prepared on a cash basis using the direct method.

As NSW Health Department budgets have been advised on a cash basis only, budget data has not been included in the Operating Statements and a comment on performance against the cash budget is provided in Note 22.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

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

(a) Employee Entitlements

These include estimated amounts expected to be paid to employees for their pro rata entitlement to long service and annual leave (including Annual Leave Loading) and are accrued annually at current pay rates having regard to the period of service. These amounts have been dissected between current and non current portions based on past experience. (Refer Note 16) Employee entitlements exclude the value of voluntary services provided. Note 23 refers.

(b) Superannuation Benefits

No employer Superannuation Expense was captured in 1991/92 in accordance with advice from Treasury/NSW Health Department that reporting was to be deferred until such time that accrual accounting was adopted by all Health Services. Accordingly, no comparative figures are available within the Operating Statement. The superannuation liability has been accepted by the State and non monetary funding is therefore shown in the Operating Statement.

The accounts do not include any expense in relation to employer superannuation payments for Visiting Medical Officers under the Superannuation Guarantee Administration Act as the extent to which the Service is liable to make such payments is still to be clarified. Refer to note 19 on Contingent Liabilities.
(c) Use of Outside Facilities
The Area uses a number of facilities owned and maintained mainly by the local authorities in the area to deliver community health services; no charges are raised by the authorities.

(d) Acquisition of Assets
The cost method of accounting is used for all acquisitions of assets. Cost is determined as the fair value of assets given up at the date of acquisition plus costs incidental to the acquisition.

(e) Repairs & Maintenance
Repairs & Maintenance costs and minor renewals (items less than $5,000) are expensed as incurred. Maintenance costs include expenses on periodic overhaul of major items of plant, machinery and equipment.

(f) Depreciation
Depreciation is provided on a straight line basis against all depreciable assets so as to write off the depreciable amount of each depreciable asset as it is consumed over its useful life.

(g) 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.

(h) Use of Hospital Facilities
Specialist doctors with rights of private practice are charged a facility fee for the use of hospital facilities at rates determined by the NSW Health Department and applied to fees collected on behalf of the Specialists.

(i) NSW Health Department Cash Payments
Cash Payments are made by the NSW Health Department on the basis of the gross operating budget for 1992/93 for the Area as adjusted for approved supplementations mostly for employee award variations, and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the operating result on the basis that the allocation is earned in return for the health services provided in the Central Coast Area on behalf of the Department.

(j) Inventories
All inventories have been valued at the lower of cost and net realisable value. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.
(k) Property, Plant & Equipment

(i) Land & buildings are valued by independent valuers at 5 yearly intervals. Generally, land is valued on the basis of existing use and buildings on the basis of depreciated replacement cost.

(ii) Land & buildings which are owned by the Health Administration Corporation or the Crown and administered by the Area are deemed to be owned by the Area and are reflected as such in these financial statements.

(iii) Physical assets costing less than $5,000 in value are expensed in the year of acquisition.

(iv) Donated physical assets are capitalised and brought into account at market value if such value is $5,000 or more (see (iii) above).

(v) The recoverable amount test referred to in AAS 10, Accounting for the Revaluation of Non Current Assets, is deemed by the NSW Health Department to be inappropriate as the service potential of assets is generally not dependent on their ability to generate net cash inflows. In the case of Health Organisations, which are not for profit organisations, the service potential of assets is related to the ability to assist in the achievement of social service delivery objectives. The appropriate measure of asset values used was the written down replacement cost.

(l) NSW Health Department Capital Allocations

Capital Allocations made in the 1992/93 year have been treated as revenue in these financial statements being brought to account after the Operating Result.

(m) Research & Development Costs

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

(n) General Fund Revenues

General Fund Revenues have been remitted to the NSW Health Department.

(o) Reserves

No asset replacement reserves are maintained for the Central Coast Area Health Service.

(p) Change In Accounting Policy

The NSW Health Department has changed the policy in regard to the treatment of inventories of linen services in that they are now treated as part of property, plant and equipment. In complying with this new policy 1992 comparative figures have not been adjusted.
### 3. Employee Related Expenses

#### (General Fund)

*Employee related expenses comprise the following:*

<table>
<thead>
<tr>
<th>Note</th>
<th>Total 1993</th>
<th>Total 1992</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>75,658</td>
<td>63,222</td>
</tr>
<tr>
<td>Awards</td>
<td>2,843</td>
<td>1,376</td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>2(a) 2,566</td>
<td>(1,294)</td>
</tr>
<tr>
<td>Annual Leave</td>
<td>2(a) 6,990</td>
<td>6,247</td>
</tr>
<tr>
<td>Nursing Agency Payments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Workers Compensation Insurance</td>
<td>1,599</td>
<td>1,188</td>
</tr>
<tr>
<td>Superannuation</td>
<td>2(b) 6,184</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95,840</strong></td>
<td><strong>70,739</strong></td>
</tr>
</tbody>
</table>

#### (Special Purpose And Trust Fund)

*Employee related expenses comprise the following:*

<table>
<thead>
<tr>
<th>Note</th>
<th>Total 1993</th>
<th>Total 1992</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>745</td>
<td>643</td>
</tr>
<tr>
<td>Awards</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>2(a) 6</td>
<td>2</td>
</tr>
<tr>
<td>Annual Leave</td>
<td>2(a) 6</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Agency Payments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Workers Compensation Insurance</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Superannuation</td>
<td>2(a) 0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>757</strong></td>
<td><strong>645</strong></td>
</tr>
</tbody>
</table>
4. Goods & Services (General Fund)

(a) Expenses on Goods & Services comprise the following:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Supplies</td>
<td>2,147</td>
<td>2,147</td>
<td>1,506</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Supplies</td>
<td>3,949</td>
<td>3,949</td>
<td>3,025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical &amp; Surgical Supplies</td>
<td>4,232</td>
<td>4,232</td>
<td>3,346</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Service Departments</td>
<td>68</td>
<td>2,737</td>
<td>2,805</td>
<td>2,542</td>
<td></td>
</tr>
<tr>
<td>Fuel, Light &amp; Power</td>
<td>1,407</td>
<td></td>
<td>1,757</td>
<td>1,292</td>
<td></td>
</tr>
<tr>
<td>Domestic Charges</td>
<td>1,408</td>
<td></td>
<td>1,103</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>1,044</td>
<td>28</td>
<td>4,917</td>
<td>5,989</td>
<td>4,379</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,112</td>
<td>1,435</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19,740</td>
<td>22,287</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17,193</td>
<td></td>
</tr>
</tbody>
</table>

Administrative expenses include:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultancies</td>
<td>1</td>
<td>173</td>
<td>174</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>External Audit Fees – Audit Work</td>
<td>27</td>
<td></td>
<td>27</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Travelling – Overseas Fares</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Staff Training &amp; Development</td>
<td>239</td>
<td>239</td>
<td>121</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision for Bad &amp; Doubtful Debts</td>
<td>25</td>
<td>25</td>
<td>133</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td>200</td>
<td>200</td>
<td>151</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(b) General Fund Consultancy fees costing more than $30,000 are as follows:

<table>
<thead>
<tr>
<th>Consultant’s Name</th>
<th>Nature of Consultancy*</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coulson &amp; Associates Pty. Ltd.</td>
<td>Total Quality Improvement</td>
<td>54</td>
</tr>
<tr>
<td>Aust. Council Health Care Standards</td>
<td>Accreditation Survey</td>
<td>40</td>
</tr>
<tr>
<td>Food Management (NZ) Ltd.</td>
<td>Overview Operations &amp; Staffing</td>
<td>34</td>
</tr>
</tbody>
</table>

(c) Fees/other benefits paid to Area/Hospital Board members are disclosed hereunder:

Reimbursement of Travelling Expenses 5

Goods & Services (Special Purpose & Trust Fund)

(a) Expenses on Goods & Services comprise the following:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Supplies</td>
<td>122</td>
<td>122</td>
<td>555</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Charges</td>
<td>112</td>
<td>112</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>210</td>
<td>210</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>444</td>
<td>444</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>555</td>
<td></td>
</tr>
</tbody>
</table>

Administrative expenses include:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travelling – Overseas Fares</td>
<td></td>
<td></td>
<td>28</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Staff Training &amp; Development</td>
<td></td>
<td></td>
<td>47</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Provision for Bad &amp; Doubtful Debts</td>
<td>9</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Of Premises – Other</td>
<td></td>
<td></td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
5. Replacements, Maintenance & Repairs (General Fund)

*Expenses on replacements, maintenance and repairs comprise the following:*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovations &amp; Additional Works</td>
<td>2070</td>
<td>2070</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacements &amp; Additional Equipment less than $5,000</td>
<td>758</td>
<td>758</td>
<td>1537</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>1648</td>
<td>1648</td>
<td>1134</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>4,476</td>
<td>4,476</td>
<td>2,677</td>
</tr>
</tbody>
</table>

Replacements, Maintenance & Repairs (Special Purpose & Trust Fund)

*Expenses on replacements, maintenance and repairs comprise the following:*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovations &amp; Additional Works</td>
<td>0</td>
<td>0</td>
<td>42</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Replacements &amp; Additional Equipment less than $5,000</td>
<td>0</td>
<td>0</td>
<td>671</td>
<td>671</td>
<td>2,764</td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>726</td>
<td>726</td>
<td>2,764</td>
</tr>
</tbody>
</table>
6. User Charges (General Fund)

(a) User charges comprise the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Notes</th>
<th>1993 $'000</th>
<th>1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Fees</td>
<td>2(g)</td>
<td>11,206</td>
<td>10,330</td>
</tr>
<tr>
<td>Staff - Meals &amp; Accommodation</td>
<td></td>
<td>391</td>
<td>347</td>
</tr>
<tr>
<td>Use of Hospital Facilities</td>
<td>2(h)</td>
<td>1,086</td>
<td>1,006</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>1,478</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14,161</td>
<td>11,683</td>
</tr>
</tbody>
</table>

(b) User Charges revenue is comprised of:

<table>
<thead>
<tr>
<th>Source</th>
<th>1993 $'000</th>
<th>1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Health Department Entities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inner Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outer Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>14,161</td>
<td>11,683</td>
</tr>
<tr>
<td>Total</td>
<td>14,161</td>
<td>11,683</td>
</tr>
</tbody>
</table>

User Charges (Special Purpose & Trust Fund)

(a) User charges comprise the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Notes</th>
<th>1993 $'000</th>
<th>1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Fees</td>
<td>2(g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Use of Hospital Facilities</td>
<td>2(h)</td>
<td>2,115</td>
<td>1,734</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>2,115</td>
<td>1,734</td>
</tr>
</tbody>
</table>

(b) User Charges revenue is comprised of:

<table>
<thead>
<tr>
<th>Source</th>
<th>1993 $'000</th>
<th>1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Health Department Entities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inner Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outer Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>2,115</td>
<td>1,734</td>
</tr>
<tr>
<td>Total</td>
<td>2,115</td>
<td>1,734</td>
</tr>
</tbody>
</table>
Central Coast Area Health Service  
Schedule V  
Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>7. Donations &amp; Industry Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(General Fund)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Commission grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants; Newcastle University</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Donations Released From Special Purposes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Capital Expenditure</td>
<td>241</td>
<td>2,331</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation, Personal &amp; Other Services</td>
<td>645</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>900</td>
<td>2,343</td>
</tr>
<tr>
<td>Donations &amp; Industry Contributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Special Purpose &amp; Trust Funds)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Commission grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants; Newcastle University</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Donations Released From Special Purposes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Capital Expenditure</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation, Personal &amp; Other Services</td>
<td>1,150</td>
<td>4,516</td>
</tr>
<tr>
<td></td>
<td>1,150</td>
<td>4,516</td>
</tr>
<tr>
<td>8. Other Revenue (General Fund)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Revenue comprises the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Interest Revenue – Inner Budget Govt.Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest Revenue – Outer Budget Govt.Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest Revenue – Other</td>
<td>213</td>
<td>47</td>
</tr>
<tr>
<td>(b) Sundry Revenue – NSW Health Dept. Entities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>– Inner Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>– Outer Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>– Other</td>
<td>0</td>
<td>268</td>
</tr>
<tr>
<td></td>
<td>213</td>
<td>315</td>
</tr>
<tr>
<td>Other Revenue (Special Purpose &amp; Trust Fund)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Revenue comprises the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Sundry Revenue – NSW Health Dept. Entities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>– Inner Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>– Outer Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>– Other</td>
<td>291</td>
<td>1,618</td>
</tr>
<tr>
<td></td>
<td>291</td>
<td>1,618</td>
</tr>
</tbody>
</table>
### 9. Profit / Loss On Sale Of Assets (General Fund)

Profit/(Loss) on Disposal comprises the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profit on disposal of motor vehicles</td>
<td>90</td>
<td>0</td>
</tr>
<tr>
<td>Loss on disposal of linen</td>
<td>(189)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total (Profit)/Loss on disposal</strong></td>
<td>(99)</td>
<td>0</td>
</tr>
</tbody>
</table>

### 10. Current Assets-Cash

<table>
<thead>
<tr>
<th>Description</th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Cash at Bank</td>
<td>769</td>
<td>473</td>
</tr>
<tr>
<td>Deposits at Call</td>
<td>4,400</td>
<td>5,705</td>
</tr>
<tr>
<td>Short Term Deposits</td>
<td>360</td>
<td>561</td>
</tr>
<tr>
<td>Special Deposit Accounts</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><em>(remitted to Department of Health)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,537</td>
<td>6,746</td>
</tr>
</tbody>
</table>
### Central Coast Area Health Service

#### Schedule V

**Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)**

<table>
<thead>
<tr>
<th></th>
<th>Up to 30 Days</th>
<th>30-60</th>
<th>60-90</th>
<th>&gt;90</th>
<th>Total 1993</th>
<th>Total 1992</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11. Current Assets – Receivables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Fees – Compensables</td>
<td>994</td>
<td>119</td>
<td>108</td>
<td>183</td>
<td>1,404</td>
<td>1,617</td>
</tr>
<tr>
<td>– Other</td>
<td>159</td>
<td>120</td>
<td>24</td>
<td>42</td>
<td>345</td>
<td>254</td>
</tr>
<tr>
<td>1988/89 Funding Outstanding</td>
<td>1,286</td>
<td></td>
<td></td>
<td></td>
<td>1,286</td>
<td>1,286</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,153</td>
<td>239</td>
<td>132</td>
<td>1,511</td>
<td>3,035</td>
<td>3,157</td>
</tr>
<tr>
<td>Less Provision for Bad &amp; Doubtful Debts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
<td>135</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,153</td>
<td>239</td>
<td>132</td>
<td>1,511</td>
<td>3,016</td>
<td>3,022</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bad debts written off during the year against the provision for Bad &amp; Doubtful Debts are as follows:</td>
<td>148</td>
<td>136</td>
</tr>
</tbody>
</table>

*Accounts Receivable is comprised of:*
- NSW Health Department Entities | 1,286 | 1,286 |
- Inner Budget Govt. Agencies | 0 | 0 |
- Outer Budget Govt. Agencies | 0 | 0 |
- Other | 1,749 | 1,871 |

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,035</td>
<td>3,157</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12. Current Assets – Inventories</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td>629</td>
<td>308</td>
</tr>
<tr>
<td>Medical&amp;Surgical Supplies</td>
<td>715</td>
<td>625</td>
</tr>
<tr>
<td>Food&amp;Hotel Supplies</td>
<td>108</td>
<td>88</td>
</tr>
<tr>
<td>Engineering Supplies</td>
<td>212</td>
<td>144</td>
</tr>
<tr>
<td>Other including goods in transit</td>
<td>76</td>
<td>96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,740</td>
<td>1,261</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13. Current Assets – Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>89</td>
<td>95</td>
</tr>
<tr>
<td>Accrued Revenue</td>
<td>178</td>
<td>301</td>
</tr>
<tr>
<td>Other</td>
<td>89</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>356</td>
<td>396</td>
</tr>
</tbody>
</table>
## Central Coast Area Health Service

### Schedule V

**Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)**

### 14. (a) Property, Plant & Equipment

<table>
<thead>
<tr>
<th>Cost or Valuation</th>
<th>Plant &amp; Machinery</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td><strong>Const. in Plant &amp; Land Buildings Progress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. (a) Property, Plant &amp; Equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost or Valuation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance 1 July 1992</td>
<td>8,655</td>
<td>123,835</td>
<td>0</td>
</tr>
<tr>
<td>Revaluation Adjust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[see note 2(k)(ii)]</td>
<td>0</td>
<td>(1,708)</td>
<td>0</td>
</tr>
<tr>
<td>Capital Expenditure/ Donations [see note 2(k)(ii)&amp;(iii)]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1,763</td>
<td>2,622</td>
<td>4,154</td>
</tr>
<tr>
<td>*Inter Govt. Agency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disposals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Balance 30 June 1993</strong></td>
<td>8,655</td>
<td>123,890</td>
<td>2,622</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance 1 July 1992</td>
<td>0</td>
<td>1,697</td>
<td>0</td>
</tr>
<tr>
<td>Charge for the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[see note 2(f)]</td>
<td>0</td>
<td>4,174</td>
<td>0</td>
</tr>
<tr>
<td>Adjustment for disposals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfers to Inner/ Outer Budget Govt. Agencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revaluation Adjust.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adjustment for New Acquisitions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td><strong>Balance 30 June 1993</strong></td>
<td>0</td>
<td>5,871</td>
<td>0</td>
</tr>
<tr>
<td>Carrying Amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 June 1993</td>
<td>8,655</td>
<td>118,019</td>
<td>2,622</td>
</tr>
</tbody>
</table>

(i) Land & Buildings include land owned by the NSW Health Department and administered by the Area Health Service [see note 2(k)(ii)]

(ii) Property, Plant & Equipment have been depreciated from not later than one month following acquisition.

(iii) Discussions have been held with organisations as necessary and agreement has been reached in terms of reporting assets in the appropriate entity’s statement of financial position.

(iv) Linen Stock is now recorded as an asset as per departmental advice and as such attracts a depreciation charge as if it were a group service.
Central Coast Area Health Service

Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)

(b) Details of Inter Government agency transfers are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Land</th>
<th>Buildings</th>
<th>Constructions in progress</th>
<th>Plant &amp; Machinery</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Inner Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>From Outer Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>To Inner Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>To Outer Budget Govt. Agencies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

(c) Land holdings valued at over $500,000 together with a description of current or planned use, described and ranked according to the potential for alternative use are shown below:

<table>
<thead>
<tr>
<th>Property Description</th>
<th>Land Value ($'000)</th>
<th>Improvements Value ($'000)</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kincumber Health Centre</td>
<td>110</td>
<td>580</td>
<td>Health Centre</td>
</tr>
<tr>
<td>'Ward St Units</td>
<td>120</td>
<td>400</td>
<td>Staff Accommodation</td>
</tr>
<tr>
<td>Methodone Unit</td>
<td>140</td>
<td>494</td>
<td>Methodone Unit</td>
</tr>
<tr>
<td>The Entrance Health Services</td>
<td>140</td>
<td>115</td>
<td>Health Centre</td>
</tr>
<tr>
<td>Distribution Centre</td>
<td>255</td>
<td>1,100</td>
<td>Stock Warehouse</td>
</tr>
<tr>
<td>Mandala Clinic</td>
<td>380</td>
<td>3,540</td>
<td>Psych. Unit</td>
</tr>
<tr>
<td>Birrallee Post Natal Unit</td>
<td>470</td>
<td>2,193</td>
<td>Hospital</td>
</tr>
<tr>
<td>Wyong Hospital</td>
<td>500</td>
<td>24,892</td>
<td>Hospital</td>
</tr>
<tr>
<td>The Entrance-Long Jetty Hosp</td>
<td>550</td>
<td>4,149</td>
<td>Hospital</td>
</tr>
<tr>
<td>Woy Woy Hospital</td>
<td>1,800</td>
<td>4,457</td>
<td>Hospital</td>
</tr>
<tr>
<td>Gosford Hospital</td>
<td>2,800</td>
<td>80,589</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

Total                   7,235  122,509

In addition the Area Health Service/Hospital holds 17 additional properties individually valued @ less than $500,000. In aggregate the value of these properties is $2,746,000.

No properties were disposed of in the 1992/93 year.

(d) Land & Buildings which have been excluded from the Statement of Financial Position are as follows:

Details of Asset | Location
-----|-------
NIL

The cost of maintaining historic buildings/parks to which no value has been attributed in the Statement of Financial Position was zero for the year now reported.
Central Coast Area Health Service
Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)

<table>
<thead>
<tr>
<th>15. Creditors</th>
<th>1993 $'000</th>
<th>1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Bank Overdrafts</td>
<td>1,140</td>
<td>2,091</td>
</tr>
<tr>
<td>Refundable Deposits</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patient Trust Accounts</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Accrued Salaries &amp; Wages</td>
<td>1,145</td>
<td>1,286</td>
</tr>
<tr>
<td>Trade Creditors-Inner Budget Govt. Agencies</td>
<td>0</td>
<td>174</td>
</tr>
<tr>
<td>– Outer Budget Govt. Agencies</td>
<td>0</td>
<td>93</td>
</tr>
<tr>
<td>– Other</td>
<td>2,587</td>
<td>1,949</td>
</tr>
<tr>
<td>Capital Works</td>
<td>0</td>
<td>258</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,878</strong></td>
<td><strong>5,880</strong></td>
</tr>
</tbody>
</table>

The bank overdraft represents the cash book balance only.

(b) Trade Creditors up to 30 days | 2,587 | 2,497 |
Trade Creditors exceeding 30 days | 0 | 0 |

<table>
<thead>
<tr>
<th>16. Provisions</th>
<th>Opening Balance 1.7.92</th>
<th>Provision for the year</th>
<th>Payments during the year</th>
<th>Closing Balance 30.6.93</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Current</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Annual Leave</td>
<td>5,372</td>
<td>6,996</td>
<td>(5,444)</td>
<td>6,924</td>
</tr>
<tr>
<td>Employee Long Service Leave</td>
<td>5,328</td>
<td>2,519</td>
<td>(1,080)</td>
<td>6,767</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10,700</td>
<td>9,515</td>
<td>(6,524)</td>
<td>13,691</td>
</tr>
<tr>
<td>(b) Non – Current</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Long Service Leave</td>
<td>1,905</td>
<td>53</td>
<td>(2)</td>
<td>1,956</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,905</td>
<td>53</td>
<td>(2)</td>
<td>1,956</td>
</tr>
</tbody>
</table>
Cenh
....

Central Coast Area Health Service
Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)

17. Current Liabilities – Other

<table>
<thead>
<tr>
<th>Trust Accounts</th>
<th>1993 $'000</th>
<th>1992 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Dutt Staff Specialist Trust Account</td>
<td>499</td>
<td>424</td>
</tr>
<tr>
<td>Pathology Specialists Trust Account</td>
<td>125</td>
<td>126</td>
</tr>
<tr>
<td>Dr. Yip Staff Specialist Trust Account</td>
<td>189</td>
<td>92</td>
</tr>
<tr>
<td>G.A.S. Team Funds</td>
<td>0</td>
<td>83</td>
</tr>
<tr>
<td>Respiratory Equipment Trust Fund</td>
<td>29</td>
<td>0</td>
</tr>
<tr>
<td>Lipid Study Trust Fund</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Trust Accounts</strong></td>
<td><strong>892</strong></td>
<td><strong>725</strong></td>
</tr>
</tbody>
</table>

| Other Current Liabilities                          | 569        | 0          |

**Total Current Liabilities**                       **1,461**    **725**

<table>
<thead>
<tr>
<th></th>
<th>Opening Equity</th>
<th>Asset Revaluation</th>
<th>Reserves</th>
<th>Accumulated Surplus/ (Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>63,956</td>
<td>46,672</td>
<td>0</td>
<td>25,618</td>
</tr>
<tr>
<td>Adjustments</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>169</td>
</tr>
<tr>
<td>Operating result for the year</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>177</td>
</tr>
<tr>
<td>Transfers to/(from) reserves</td>
<td>46,672</td>
<td>(46,672)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110,628</strong></td>
<td>0</td>
<td>0</td>
<td><strong>25,964</strong></td>
</tr>
</tbody>
</table>

The transfers between Asset Revaluation Reserve and Opening Equity constitute the actions necessary to accurately reflect the Opening Equity at conversion to accrual accounting. Opening Equity is measured as the opening amount of net assets, being the difference between the amounts assigned to its assets and liabilities at the commencement of the first financial period in which accrual accounting is implemented.

The adjustment of $169,000.00 includes the following:

- Adjustment to Opening valuations of Gosford and Wyong buildings. In respect of payments under contract in the current year ($1,708,000)
- Minor provision adjustments re Diagnostic and Kiosk trading accounts $51,000
- Reclassification of Special Purpose accounts as at 30th June, 1993 $1,898,000

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Central Coast Area Health Service

Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)

19. Contingent Liabilities

The NSW Health Department, through the Treasury Fund, bears the liability for law suits actioned against hospitals.

A contingent liability exists in relation to employer superannuation payments for Visiting Medical Officers under the Superannuation Guarantee Administration Act. The extent to which the Service is liable to make such payments is still to be clarified, however the Department of Health made a payment on behalf of the Service to the State Superannuation Investment and Management Corporation prior to the required date of 14th August, 1993.

A matter which is presently before the Industrial Commission may require the Service to meet the expense of one days annual leave per year of service from 1988 for nursing and other staff. As the matter is yet to be finalised no estimate of the expense which may be involved has been determined.

20. Capital Works in Progress

(a) Capital Commitments

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

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>84</td>
<td>4,800</td>
</tr>
<tr>
<td>Between one and two years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Between two and five years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Later than five years</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Capital Expenditure Commitments</td>
<td>84</td>
<td>4,800</td>
</tr>
</tbody>
</table>

21. Program Statement

<table>
<thead>
<tr>
<th>Program</th>
<th>1993 (‘000)</th>
<th>1992 (‘000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 1.1</td>
<td>348</td>
<td>0</td>
</tr>
<tr>
<td>Program 1.3</td>
<td>762</td>
<td>83</td>
</tr>
<tr>
<td>Program 2.2</td>
<td>402</td>
<td>0</td>
</tr>
<tr>
<td>Program 2.3</td>
<td>122,530</td>
<td>14,110</td>
</tr>
<tr>
<td>Program 2.5</td>
<td>1,862</td>
<td>0</td>
</tr>
<tr>
<td>Program 2.8</td>
<td>4,952</td>
<td>117</td>
</tr>
<tr>
<td>Program 2.9</td>
<td>6,033</td>
<td>927</td>
</tr>
<tr>
<td>Total All Programs</td>
<td>136,889</td>
<td>15,237</td>
</tr>
<tr>
<td>Special Purpose &amp; Trust Fund</td>
<td>3,704</td>
<td>4,020</td>
</tr>
<tr>
<td>Total 30.6.93 (‘000)</td>
<td>140,593</td>
<td>19,257</td>
</tr>
</tbody>
</table>
Central Coast Area Health Service
Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)

22. Statement Of Cash Flows

(a) Budget Review

Budgets have been advised on a cash basis only and, accordingly, to establish budgetary performance it has been necessary to exclude accrual items.

The Gross Operating Payments result on a cash basis was favourable to budget by $924,848 and can be primarily attributed to non use of recurrent enhancement monies for Medical Ward 1 and conversion of Maternity Ward to Paediatric Ward.

Revenue performance was favourable to budget by $599,598.

Adjustments necessary to present performance on a cash basis are as follows:

(b) Reconciliation of Net Cash used in Operating Activities to Operating Result

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net (cost) of services/operating surplus (deficit)</td>
<td>(120,563)</td>
<td>(86,223)</td>
</tr>
<tr>
<td>Adjustments to non-cash items;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>6,699</td>
<td>3,508</td>
</tr>
<tr>
<td>Provision for annual leave &amp; long service leave</td>
<td>3,042</td>
<td>(1,301)</td>
</tr>
<tr>
<td>Provision for superannuation</td>
<td>6,184</td>
<td>0</td>
</tr>
<tr>
<td>Provision for doubtful debts</td>
<td>(116)</td>
<td>50</td>
</tr>
<tr>
<td>Devaluation Adjustment Of Plant &amp; Equipment</td>
<td>0</td>
<td>380</td>
</tr>
<tr>
<td>Loss On Disposal</td>
<td>99</td>
<td>0</td>
</tr>
<tr>
<td>Opening Equity Adjustment</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>15,941</td>
<td>2,637</td>
</tr>
</tbody>
</table>

| (Increase)/Decrease in receivables | 179 | (81) |
| (Increase)/Decrease in inventories | (479) | (958) |
| Increase/(Decrease) in creditors  | (635) | (1,425) |
|                                | (935) | (2,464) |

**Total Net Cash Used on Operating Activities**

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>1992</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(105,557)</td>
<td>(86,050)</td>
</tr>
</tbody>
</table>

(c) Cash Balances

For the purposes of the cash flow statement cash includes cash, monies held at call with a financial institution, petty cash, change floats, advance accounts and bank overdraft.

Closing cash balances comprise the following:

| Cash on hand | 8   | 7   |
| Cash at Bank | (371) | (1,618) |
| Deposits at Call | 4,400 | 5,705 |
| Short Term Deposits | 360  | 561  |
| Bank Overdraft    | 4,397 | 4,655 |
Central Coast Area Health Service  
Notes To and Forming Part of the Financial Statements 30 June 1993 (cont)

23. Voluntary Services

It is not possible to quantify the monetary value of voluntary services provided to the Central Coast Area Health Service. Voluntary services are provided by a wide range of people and community groups including Hospital Auxiliaries, Bus Drivers, Pink Ladies and other groups.

24. Third Schedule Hospitals

There are no third schedule hospitals within the Area Health Service.

25. Restricted Assets

(a) No contributions were recognised as revenues during the financial year in respect of which expenditure had yet to be made as at balance date in the manner specified by contributors.

(b) No contributions were recognised as revenues during the financial year which were provided specifically for expenditure over a future period.

(c) No contributions that were recognised as revenues during a previous financial year, were obtained for expenditure in respect of the current financial year.

(d) Contributions which were unexpended at balance date (including those received in prior years) included the following:

<table>
<thead>
<tr>
<th>Description of Transaction</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone Clinic</td>
<td>17</td>
</tr>
<tr>
<td>Children’s Ward Fund Raising Trust</td>
<td>22</td>
</tr>
<tr>
<td>Confused Elderly Donations</td>
<td>3</td>
</tr>
<tr>
<td>Rehabilitation Donation</td>
<td>6</td>
</tr>
<tr>
<td>Extended Day Care Donations</td>
<td>14</td>
</tr>
</tbody>
</table>


(a) The following entities are considered to be related parties:

- Grawill Motors Pty. Limited of which Mr. L. Graham is a director and has a substantial financial interest.

- G. Margin & Sons Pty. Limited of which Mr. B. Margin is a director and has a substantial financial interest.

(b) Name of Related Party | Description of Transaction | Terms and Conditions | Class of Related Party | Value of Transactions 1993 – $’000 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grawill Motors Pty. Limited</td>
<td>Purchase &amp; service of motor vehicles</td>
<td>Normal commercial terms &amp; conditions at Government Contract Prices.</td>
<td>Director related Entity</td>
<td>486</td>
</tr>
<tr>
<td>G. Margin &amp; Sons Pty. Limited</td>
<td>Purchase of Soft Drinks</td>
<td>Normal commercial terms &amp; conditions</td>
<td>Director related Entity</td>
<td>51</td>
</tr>
</tbody>
</table>
Certification of Accounts

"The attached Financed Statements of the Central Coast Area Health Service for the year ended 30 June 1993 have been prepared in accordance with the requirements of the Public Hospitals Act 1929, its regulation, the Accounts and Audit Determination and the Accrual Accounting Standards and Procedures Manual; and

present fairly the accounts of the health organisation; and

there are no circumstances which would render any particulars in the accounts to be misleading or inaccurate."

G McGUINNESS
Chief Executive Officer

P COWDERY
Director of Finance & Budget

Dated: Wednesday, 3 November, 1993
Auditor-General's Opinion
Central Coast Area Health Service

To Members of the New South Wales Parliament and Board of the Central Coast Area Health Service.

Scope
I have audited the accounts of the Central Coast Area Health Service for the year ended 30 June 1993. The preparation and presentation of the financial statements and the information contained therein is the responsibility of the Board of the Area Health Service. My responsibility is to express an opinion on these statements based on my audit as required by Sections 34 and 45F(1) of the Public Finance and Audit Act 1983.

My audit has been conducted in accordance with the provisions of the Act and Australian Auditing Standards to provide reasonable assurance as to whether the financial statements are free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with the requirements of the Public Finance and Audit Act 1983, and Australian accounting concepts and standards so as to present a view which is consistent with my understanding of the Central Coast Area Health Service's financial position, the results of its operations and its cash flows.

This audit opinion has been formed on the above basis.

Audit Opinion
In my opinion, the financial statements of the Central Coast Area Health Service consisting of:
- the General Fund Operating Statement;
- the Special Purposes and Trust Fund Operating Statement;
- the Statement of Financial Position;
- the Statement of Cash Flows; and
- the Notes to the Financial Statements;
comply with Section 45E of the Act and present fairly in accordance with Statements of Accounting Concepts and applicable Accounting Standards the financial position of the Central Coast Area Health Service as at 30 June 1993 and the results of its operations and its cash flows for the year then ended.

Also in my opinion the Patient and Staffing statistics accompanying the financial statements are in accordance with the accounts and records of the Central Coast Area Health Service.

L G Slack, FCPA
Assistant Auditor-General
(duly authorised by the Auditor-General of New South Wales under Section 45F(1A) of the Act)

SYDNEY
October 1993
NSW Health Department Audited Annual Return
For The Year Ended 30 June 1993
Total All Programs

HOSPITAL: Central Coast Area Health Service
Hospital Code: B240

1 Financial Details
Total Operating Payments 121,829,207
Less: Recoveries 14,982,176
Equals Net Operating Payments 106,847,031

2 General Statistics
Daily Record Book Bed Days 205,471
Bed Days of Newly Born Babies 10,020
Non-Inpatient Occasions of Service 518,537
Non-Inpatient Registrations 102,222
Day Only Bed Numbers 37

3 Operations Statistics
Number of Operating Theatres 8
Number of Operations Performed 14,492

4 Specific Statistics
Bed Days 1,262
Occasions of Service 256

Motor Accident
Act (NSW) 1988 Transcover

0 1

CERTIFICATE
I hereby certify that:
A The details contained in this return, excepting the Dissection of Financial Details by Program at Page 2, Operations Statistics, Non-Inpatient Registrations and Day Only Bed Numbers are a true and correct record of details which were reported to the NSW Health Department in the Monthly and Quarterly Management Reports for the year ended 30 June 1993;
B the financial details reported in the Monthly Management Report for the period ended 30 June 1993 were extracted from records which were maintained in accordance with the requirements of the NSW Health Department in relation to the Accounts and Audit Determination for Area Health Services and public hospitals; and
C The statistics reported in the Monthly and Quarterly Management Reports for the year ended 30 June 1993 were extracted from records which were maintained in accordance with specific instructions issued by the NSW Health Department.

G McGuinness
Chief Executive Officer
Dated: 7th October, 1993

L G Slack
Auditor
Dated: 7th October, 1993
## NSW Health Department Audited Annual Return
For The Year Ended 30 June 1993
Dissection of Financial Details by Program

**HOSPITAL:** Central Coast Area Health Service  
**Hospital Code:** B240

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Operating Payments $</th>
<th>Total Variance on Budget $</th>
<th>Recoveries $</th>
<th>Net Operating Payments $</th>
<th>Net Variance on Budget $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>347,742</td>
<td>(1,123)</td>
<td>0</td>
<td>347,742</td>
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Access – Principal Locations

Area Executive Unit
Holden Street, Gosford, 2250.
Postal Address: P.O. Box 361, Gosford, 2250.
Telephone: (043) 20 3220
Office Hours: 8.30 a.m. – 5.00 p.m.

Gosford Hospital
Holden Street, Gosford, 2250.
Postal Address: P.O. Box 361, Gosford, 2250.
Telephone: (043) 20 2111

Wyong Hospital
Pacific Highway, Kanwal, 2259.
Postal Address: P.O. Box 357, Wyong, 2259.
Telephone: (043) 93 8000

The Entrance/Long Jetty Hospital
Wyong Road, Killarney Vale, 2261.
Telephone: (043) 34 8888

Woy Woy Hospital
Ocean Beach Road, Woy Woy, 2256
Telephone: (043) 43 8444

Birralee – Post Natal Unit
Cnr Pacific Highway & Kinarra Avenue, Wyoming, 2250.
Telephone: (043) 20 3501

Community Health Centres:
Hours of operation:
8.30 a.m. to 5 p.m. Monday to Friday
- Gosford
  Stephen Street, Gosford, 2250
  Telephone: (043) 20 3311
- Wyong (Kanwal)
  Pacific Highway, Kanwal, 2259.
  (in the grounds of Wyong Hospital).
  Telephone: (043) 93 8270
- Toukley
  Hargraves Street, Toukley, 2263.
  Telephone: (043) 96 5111
- Bateau Bay
  Yakkalla Street, Bateau Bay, 2261.
  Telephone: (043) 32 5255
- Mangrove Mountain
  RMB 1640 Nurses Road,
  Mangrove Mountain, 2250.
  Telephone: (043) 73 1249
  (Restricted hours of operation)
- Kincumber
  Rear of Kincumber Shopping Village,
  Kincumber, 2251.
  Telephone: (043) 69 2355
- Woy Woy
  Ocean Beach Road,
  (adjacent to Woy Woy Hospital).
  Telephone: (043) 43 8432

Principal Legislation Administered

A large number of Acts are applicable to the operation of the Central Coast Area Health Service and on a wider scale of the functioning of health services in NSW, however, those most relevant to the Central Coast Area Health Service are:
- Area Health Services Act 1986
- Health Administration Act 1982
- Medical Practitioners Act 1938
- Mental Health Act 1983
- Notification of Births Act 1915
- Nurses Registration Act 1953
- Pathology Laboratories Accreditation Act 1987
- Pharmacy Act 1964
- Public Health (Amendment) Act 1937
Significant Committees

Board Committees:

**Patient Care Review Committee:**
This Committee is a means of communication between the various Divisions and Departments of the Central Coast Area Health Service and the Board, in relation to patient matters, review of patient complaints, and recommendation of action to be taken.
Representatives from the Board, Area Executive, Medical Staff Council, Medical and Nursing Staff.

**Finance Committee:**
Is responsible for providing advice to the Board on all aspects of financial planning for the Area Health Service including the provision of an Annual Budget. Also to monitor the financial performance of the Area Health Service.
Representatives from the Board, Area Executive and Finance Department.

**Ethics Committee:**
To consider and make definite recommendations upon all health care related proposals or issues referred; to ensure that approved projects are monitored, with a view to correcting anomalies or abandoning the project as necessary; and to comprise a forum for consideration of any ethical issue referred and to promote awareness, education and practise of optimal ethical standards among staff.
Representatives from the Board, Area Executive, Director of Medical Services, Medical Graduate with research experience, Lawyer, Minister of Religion, and Lay person.

**Audit Committee:**
To facilitate a reporting mechanism to the Board of the effectiveness of relevant controls and action taken on Internal and External Auditors’ findings.
Representatives from the Board, Area Executive, Finance Department, Internal and External Auditors.

**Area Planning Committee:**
- To provide advice to the Board on the health needs of the Area’s population;
- To ensure mechanisms are in place to develop or facilitate access to services to meet these health needs;
- To determine priorities for the provision of services;
- To develop strategies to ensure an appropriate balance in the provision of resources for prevention and treatment services.
Representatives from the Board, Area Executive, Community Health, Planning Unit and Medical Staff.

**Medical Appointments Advisory Committee:**
**Formulates and maintains:**
- A Definition of Terms prescribing the categories of appointments, and related conditions of services, offered from time to time;
- Specific policies and procedures for the consideration of appointment, reappointment and determination of clinical privileges of Medical Practitioners and Dentists above the rank of Registrar;
- Specific policies and procedures for peer review in the conduct of investigations, or disciplinary actions, relating to complaints levelled at a Medical or Dental appointee;
- Specific review processes relating to the current fitness and confidence held in any appointed Visiting Practitioner or Staff Specialist.
As appropriate, Representatives from the Board, Area Executive, Medical Staff Councils, appropriate Medical Staff College or body, associated Universities and appropriate Director of Medical Services.

**Credentials Sub-Committee:**
Provides advice to the Medical Appointment Advisory Committee on matters concerning clinical privileges of Visiting Practitioners and Staff Specialists.
Representatives include medical and dental qualified members of the Medical Appointments Advisory Committee.
House & Resources Committee:
- Monitors the maintenance of Hospital and Area Health Service grounds, buildings and equipment;
- Makes recommendations to the Board on minor works and replacements;
- Considers and recommends on budget inclusions for works, equipment, replacement and maintenance;
- Monitors the activity of the Hospitals and its services;
- Performs such other duties as may from time to time be determined by the Board.

Representatives from the Board, Area Executive and Medical Staff Councils.

Councils representing Medical Staff:

Medical Staff Councils:
A Medical Staff Council for a Hospital is composed of all Visiting Practitioners appointed to the Hospital, all Staff Specialists employed by the Area Health Service to work at the Hospital and all Staff Specialists with a non-hospital based appointment providing services associated with the Hospital. The Area Medical Superintendtendent or relevant Director of Medical Services is eligible to attend Medical Staff Council meetings in a non-voting capacity. The function of the Medical Staff Councils is to provide advice to the Area Medical Staff Executive Council on medical matters relating to the Hospitals for which the Councils were established.

Area Medical Staff Executive Council:
The Area Medical Staff Executive Council is comprised of representatives from the Medical Staff Councils within an Area Health Service. Rules apply as to the make up of the composition. The function of the Area Medical Staff Executive Council is to advise the Board on medical matters. This may include appropriate conditions of clinical practice, appropriate policies and practices regarding the clinical organisation of services, community health service needs, quality assurance programs, and the professional and ethical conduct of medical staff. The Council assists in the provision of efficient, effective and economic patient care services and manages a continuing education program for its members.
The Minister for Health has approved the Code of Conduct and Ethics for all staff working in the New South Wales Health Care System.

This Area Health Service has adopted the Code as documented in Circular 91/100, with some slight changes under the heading of “Outside Employment”.

**Introduction**

The people of New South Wales have a right to expect that all Government services are conducted with efficiency, impartiality and integrity. This obligation demands that all Health System staff perform their duties at a high standard and that there not be, nor seem to be, any conflict between their private activities and their official duties.

Some of the requirements which come under this Code of Conduct and Ethics are the subject of specific provisions of various Acts and Regulations. Some are generally acknowledged conventions which reflect community expectations of people employed in government services. Others are particular applications of general principles which are considered appropriate and necessary to ensure that integrity is maintained within Government employment. If there is any conflict between the Code and the provisions of any Act or Regulation, the latter provisions prevail.

**Conflict of Interest**

Staff should act in the general public interest and not in the interest of themselves or any other individual and they should be able to show that they have done so. In particular, official information should not be used to violate any confidentiality or privilege, or to gain improperly any kind of benefit or advantage of any person.

Staff should disclose in writing to a senior officer any pecuniary or other definite interest held by them which could lead to a potential conflict between personal interest and official duty.

Staff who exercise a regulatory, inspectional or other discretionary function in relation to members of the public should notify a senior officer when dealing with relatives and close friends and, wherever possible, disqualify themselves from the dealing.

Staff should be aware that Section 8(i) of the ICAC Act includes in the definition of Corrupt Conduct “any conduct of a public official or former public official that involves the misuse of information or material that he or she has acquired in the course of his or her official functions, whether or not for his or her benefit or for the benefit of any other person”.

**Misuse includes:**

(i) Speculation in shares on the basis of confidential information about the affairs of the business or of proposed Government actions.

(ii) Seeking to take advantage for personal reasons of another person on the basis of information about that person held in official records.

(iii) Gossiping on the basis of personal or other information held in official records, including medical records.

**Acceptance of Gifts or Benefits**

Staff must not directly or indirectly demand or receive from any person or organisation any gift, gratuity or remuneration of any kind, in respect of services performed, or to be performed, whether during working hours or not, in connection with their positions in the Health System. An offer of a gift should be politely declined and any unsolicited gift be promptly and publicly returned.
Personal and Professional Behaviour

Staff should refrain from any form of conduct, in relation to other staff or the public, intended to cause any person offence or embarrassment.

In the performance of their duties staff:

- should not wilfully disobey or wilfully disregard any lawful order given by any person having the authority to make or give the order. In cases of dispute, staff may appeal to the Chief Executive Officer against being required to carry out the order. However, as far as possible, they should comply with the order until the Chief Executive Officer decides on the appeal.
- should observe the strictest practices of honesty and integrity, and avoid conduct which could suggest any departure. This may include a duty to bring to notice dishonesty on the part of other staff.
- should ensure their work is carried out efficiently, economically and effectively, and that the standard of work reflects favourably on their organisation.
- should follow the policies of their organisation, whether or not they approve of these policies. Should an extreme situation arise in which a staff member finds a policy at major variance with his or her personal views, the matter should be discussed with a senior officer, the Department Head, Regional Director or the Chief Executive Officer with a view to having the situation resolved. If that is not possible, the staff member should consider requesting transfer to another position in which the conflict does not arise, or, as a last resort, resigning.
- must not seek to influence any person in order to obtain promotion, or other advantage.

Fairness

Staff should deal with issues or cases in a consistent, prompt, fair and non-discriminatory manner.

Public Comment and Disclosure of Official Information

Other than in the course of duty, or when called to give evidence in court, staff should not disclose or comment on matters relating to official business or government policies. This is particularly so where:

i) a new policy is proposed or a policy is under review;

ii) a comment is made as an employee rather than as a private citizen; or

iii) it might be inferred that a comment made is made by a person purporting to have specialised direct or official knowledge of the matter which is the subject of the comment.

Staff are, however, not prohibited from disclosing information which is either the subject of public knowledge or would be given to any member of the public seeking disclosure of that information.

Use of Facilities and Equipment

Staff should ensure that resources, funds, staff or equipment entrusted to them, are used effectively and economically in the course of their duties and not otherwise.

Unless permission has been granted, officers and employees must not use for private purposes the services of other officers and employees or official facilities. Where there are specific directions on the use of official facilities for private purposes or conditions for their use, these must be strictly complied with.
Outside Employment

Staff who wish to engage in any form of paid employment outside their official duties must obtain the prior approval of their Divisional Director/Manager or Departmental Manager. In cases of special concern, the approval of the CEO should be sought. The area would expect that any employee wishing to pursue outside employment would ensure that in doing so they do not compromise their position with the Area Health Service in any way. This would include their physical capacity to meet the demands of both positions and to ensure they do not use the Area’s time or facilities in relation to their other employment.

Political Participation

Staff who participate in political matters need to ensure that this involvement does not conflict with their responsibility to serve the government of the day in a politically neutral manner.

If a staff member becomes aware that a potential conflict has arisen or is likely to arise, then they should immediately inform the Chief Executive Officer.

Post Separation Employment

Staff who cease employment within the Health System should ensure that they do not accept employment or engage in activities which may cause doubts on their own integrity or that of the Health System.

Security of Official Information

All staff are to ensure that confidential and sensitive documents cannot be accessed by unauthorised persons. Such papers should be retained in secure storage overnight or when otherwise unattended. The Chief Executive Officer, and senior managers are responsible for seeing that premises are secure and that suitable arrangements are in place to maintain security of confidential and sensitive documents, including transferring these by hand when necessary. Where appropriate, the Chief Executive Officer and senior managers should ensure that confidential papers are tabled at Board meetings rather than circulated, and that any copies are collected and destroyed under supervision at the end of the meeting.

The deliberate release of confidential documents or information to unauthorised persons constitutes a serious offence.
Senior Executive Service Officers

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Brochures on various aspects of the FOI process including applications and the appeals process are available from:

FOI Officer
Central Coast Area Health Service
PO Box 361, Gosford NSW 2250
Telephone: (043) 20 3216

Information on the Central Coast Area Health Service

Enquiries on any aspect of the Central Coast Area Health Service may be directed in the first instance to the Public Relations Officer, telephone (043) 20 3221.
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</table>
Acknowledgement to Annual Report Committee:
The Annual Report Committee members' dedication and commitment in the production of this report is greatly appreciated.

*The Committee Members were:*
Miss R Carter-Brown (Chairperson)  L Dobson  D Livingstone  A Mundy
S Aldrick  M Henson  B McLeod  M Taylor
K Carroll  P Holloman  K Mullins

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