introduction

About Northern Sydney Central Coast Health

The Charter

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

Overview

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

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

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

Services

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

Third Schedule and other organisations affiliated with NSCCH are

- Hope Healthcare Group facilities in NSCCH – Neringah Hospital, Greenwich Hospital and Graythwaite Nursing Home.
- Royal Rehabilitation Centre Sydney, Ryde

Letter to the Minister

October 2005

Hon John Hatzeberg
Minister for Health
Parliament of NSW
Macquarie St, Sydney NSW 2000

Dear Minister,

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

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

Yours faithfully,

Dr Stephen Christley
Chief Executive

Northern Sydney Central Coast Health • 2004/2005 Annual Report
introduction continued

Chief Executive’s Year in Review

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

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

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

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

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

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

Clinical Redesign Program

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

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

Under the Sustainable Access Program we will receive funding to:

- Establish a Clinical Redesign Unit
- Obtain expert external assistance in system redesign
- Free up front line clinical staff
- Invite consumers to participate
- Facilitate skill transfer across the area and across NSW Health
- Deliver world class health care to our communities now but there is no doubt that we could simplify and improve how we deliver that care.

Success will mean an easier health ‘journey’ for patients and an improved working environment for our staff.

Northern Sydney Central Coast Health Goals

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

To Keep People Healthy

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

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

To Provide the Health Care that People Need

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

- Completed major building works at Gosford Hospital leading to improved patient access to Gosford ED, improved patient accommodation, cancer care, renal, surgery, outpatients, allied health, support and conference centre
- At Gosford there was an increase in Cardiac Catheterisation service and MRI service commenced
- Way Woy Hospital General Unit appointed medical officer and reduced patient falls by 60%, reduced return of patients to acute hospital by 45% and reduced aggressive incidents by patients by over 80%
- Wyong Hospital redevelopment increased bed capacity to 315
- Major improvement in access block and ambulances off-stretcher times at Hornsby Ku-ring-gai Hospital (HKH)
- Opened six bed High Dependency Unit (HDU) and established a Stroke Unit at HKH
- Reduced patients waiting over 12 months for elective surgery at HKH from 120 to one
- Established Emergency Medical Unit (EMU) and opened seven additional acute beds at Manly Hospital
- Implemented Acute Care of the Elderly (ACE) program at Manly
- Off stretcher times at Mona Vale approach best practice and 11 additional beds in orthopaedics and surgery were opened
- Time for a patient to be admitted through Royal North Shore Hospital (RNSH ED) decreased and patient flow through hospital improved
- Presentations to RNSH ED increased by five percent and admissions increased by 11% but the average time-to-be-seen in the ED improved by 1.5% and the average ED length of stay for patients being admitted to a ward was down by eight percent
- Opened four-bed Neurosurgical Step-Down Unit at RNSH to provide enhanced nursing and medical care to patients who have undergone neurological procedures and improved access for Neurosurgical patients. Despite some setbacks due to staff shortages, this project is now on track
- A 16 bed rehabilitation ward commenced in August 2004 at Gosford Hospital with focus on daily living activities, restoring mobility and prevention of further impairment
- Commissioned Wyong Mental Health Centre increasing Central Coast’s mental health services from 25 to 75 beds

To Deliver High Quality Health Services

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

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

We are good corporate citizens minimising our impact on the environment and participating in the broader community. We develop partnerships to make the most of our resources.

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

Thank you

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

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

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

Dr Stephen Chrisley
Chief Executive
Northern Sydney Central Coast Health
profile, purpose & goals

Northern Sydney Central Coast Area Health Service Profile

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

Affiliated organisations are Royal Rehabilitation Centre, Sydney, and Hope HealthCare North (Harrington and Greenville Hospitals, Greythwaite Nursing Home and Tom O'Neill Day Centre).

Location

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

Population

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

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

Multicultural Profile

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

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

Health Status of NSCCH residents

The mortality rate for NSCCH residents is significantly lower than for the whole of NSW, indicating a better health status. In 2003 there were 8,161 deaths among NSCCH residents.

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

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

Private Sector Services

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

- Large private hospitals offering a range of specialties and sophisticated clinical support services. Facilities include the Sydney Adventist Private Hospital (342 beds), the Mater Misericordiae Private Hospital (197 beds) and North Shore Private Hospital (176 beds).
- Smaller private hospitals with 30-130 beds providing general medical and surgical services. Facilities include North Gosford Private Hospital (129 beds) and Brisbane Waters Private Hospital (94 beds).
- Day procedure centres
- Specialist facilities such as Mt Wilga (rehabilitation) and Northside Clinic (mental health)

There are some 200 organisations across NSCCH, both private and not-for-profit, that together provide 5,945 high-care places, 4,413 low-care places and 1,670 community care places (as at June 2004).

NSCCAHS Third Tier Executive Structure

[Diagram showing the structure of NSCCAHS with the third tier executive structure, including roles such as Chief Executive Officer, Director of Nursing, Medical Director, and others.]

At 30 June 2004
profile, purpose & goals continued

Purpose
Northern Sydney Central Coast Health has developed its goals around the Area Health Service Strategic map, addressing the following:

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

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

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

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

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

4) To manage Health Service
   As a good corporate citizen:
   - we deliver the required community and patient outcomes with minimal environmental impact
   - we share in building a better society through participation in the broader community
   - we ensure that information decisions are informed by principles of best practice
   - we monitor by benchmarking
   - we develop partnerships with other agencies to maximise outcomes of available resources to best meet the needs of our communities

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

The implementation of a Balanced Scorecard system in 2005/2006 will assist with the reporting and monitoring of operational activities aligned with our strategic objectives.

In turn, this will assist with progress against the NSW Health's Performance Agreement and its Strategic and Business Plans.

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

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

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

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

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

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

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

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

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

MEASURE 1.1 (P.5)
Organisational structure agreed and staff appointed

MEASURE 1.2 (P.5)
The 2005/06 workplan is signed off by the Chief Executive

MEASURE 4.1 (P.8)
Designated Senior Complaints Officer appointed

MEASURE 4.2 (P.8)
System in place for the reporting of complaints
performance summary continued

**INDICATOR** | BASELINE | 04-05 TARGET | 04-05 RESULT | STATE RESULT | COMMENTS
--- | --- | --- | --- | --- | ---
**Access** | | | | | 
Inpatient beds and bed equivalents | 2,769 | 2,803 | 2,804 | | Target achieved
Off stretcher time – transfer of care to the ED >30 minutes from ambulance arrival (%) | 28 | 10 | 29 | 32 | 
Emergency Department – cases treated within ACEM benchmark times (%): | | | | | 
Traige 1 (within 2 minutes) | 100 | 100 | 100 | 100 | 
Traige 2 (within 10 minutes) | 61 | 80 | 63 | 75 | 
Traige 3 (within 30 minutes) | 55 | 75 | 59 | 60 | 
Traige 4 (within 60 minutes) | 63 | 70 | 66 | 65 | 
Traige 5 (within 120 minutes) | 86 | 70 | 86 | 87 | 
Access Block – ED patients not admitted to an inpatient bed within 8 hrs of commencement of active treatment (%) | 42 | 31 | 33 | 31 | 
Waiting times – booked medical and surgical patients: More than 30 days – categories 1 & 2 (number) | 202 | 173 | | | 
More than 12 months – categories 1, 2, 7 & 8 (number) | 1,029 | 601 | 551 | | 
Day only surgery – booked surgery patients admitted and discharged on same day (%) | 57 | 60 | 61 | 58 | Slightly below target
Day of surgery admission (DOSA) – booked surgery patients admitted on the day of surgery (%) | 87 | or | 92 | 89 | Target achieved
Weekend discharges – for overnight emergency medical patients (%) | 15 | 21 | 15 | 17 | 

**Financial and Asset Management**

| INTEGRATOR | BASELINE | 04-05 TARGET | 04-05 RESULT | STATE RESULT | COMMENTS
--- | --- | --- | --- | --- | ---
Net Cost of Service General Fund (General) – variance against budget (%) | NA | 0 | 0.99 | | Factors affecting the ability to meet benchmark include: increased activity at majority of our sites, funding issues relating to state-wide services and high cost services that have recently been introduced with limited funding. Strategies include improved governance structure and better understanding of accountability and responsibility through implementing a range of budget strategies and maximise all revenue opportunities throughout the Area.
Creditors – > 41 days as at the end of year (number) | NA | 0 | 4,921 | | 
Overall finance assessment | | | | | 
Major and Minor Works – variance against approved BP 4 capital allocation (%) | -0.6 | 0 | -39.7 | | 

**Mental Health**

| INTEGRATOR | BASELINE | 04-05 TARGET | 04-05 RESULT | STATE RESULT | COMMENTS
--- | --- | --- | --- | --- | ---
Acute adult readmission – within 28 days to same facility (%) | 12 | <=10 | 14 | 12 | Target achieved
Ambulatory contacts | 295,704 | 336,834 | 351,699 | | Target achieved
Acute overnight inpatient separations | 2,776 | 3,665 | 3,187 | | Target achieved
Non-acute overnight bed days | 59,397 | 59,397 | 62,815 | | Target achieved
Total Mental Health clinical staff (FTEs) | 15 | 1,002 | 992 | | Target achieved

**Aboriginal Health**

| INTEGRATOR | BASELINE | 04-05 TARGET | 04-05 RESULT | STATE RESULT | COMMENTS
--- | --- | --- | --- | --- | ---
First antenatal visit – before 20 weeks gestation (%): Aboriginal mothers | 85 | ▲ | 82 | 70 | Factors affecting the ability to meet benchmark include: lack of affordable medical service within Central Coast, shortage of bulk billing doctors. The Area is serviced by one doctor, one day per week for Aboriginal Community Health Services and affordable transportation. Strategies include analysis of all health promotion programs in particular Aboriginal hospital admissions to incorporate into Aboriginal Health Program. Sustain current programs with a view to increase awareness, and develop a strategy to increase access to care.
Non-Aboriginal mothers | 95 | ▲ | 95 | 88 | 
Potentially avoidable hospital admissions – 4 year change (age-adjusted rates per 100,000 population): Aboriginal | 2,165 | ▼ | 3,741 | 7,105 | 
Non-Aboriginal | 1,991 | ▼ | 1,868 | 2,316 | 
Aboriginal Housing for Health Program (target houses improved) | NA | NA | NA | | 
Optis Media screening – Aboriginal children aged 0-6 years (%) | NA | 50 | 32 | 42 | 

**Patient Safety**

| INTEGRATOR | BASELINE | 04-05 TARGET | 04-05 RESULT | STATE RESULT | COMMENTS
--- | --- | --- | --- | --- | ---
Unplanned overnight re-admission to hospital – within 28 days of discharge following booked surgery (%) ACMIS data, (Result July-December 2004) | NA | NA | | | 

**Consumer Satisfaction**

| INTEGRATOR | BASELINE | 04-05 TARGET | 04-05 RESULT | STATE RESULT | COMMENTS
--- | --- | --- | --- | --- | ---
Surveyed population rating their health care as "excellent, very good or good" (%): Emergency department | 81 | ▲ | 83 | 80 | Performance is consistent with the last 7 years results. Strategies include implementation of IMMS, improved incident reporting, management and use of satisfaction surveys.
Hospital inpatient | 94 | ▲ | 91 | 91 | 
Complaints resolved within 35 days (%) Result July-December 2004 | 83 | 80 | 79 | |
performance summary continued

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>BASELINE</th>
<th>04-05 TARGET</th>
<th>04-05 RESULT</th>
<th>STATE RESULT</th>
<th>COMMENTS</th>
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<td>Population Health</td>
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<td>Immunisation:</td>
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<td>Infants fully immunised –</td>
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<tr>
<td>at 12 to &lt;15 months (%)</td>
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<td>People aged 65 yrs+ immunised</td>
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<td>against:</td>
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<tr>
<td>Influenza – in the last 12 months (%)</td>
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<td>Pneumococcal disease – in the last 5 years (%)</td>
<td>48</td>
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<td><em>Chronic Disease Risk Factors</em></td>
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<td>Alcohol – risk drinking behaviour (%)</td>
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<td>▼</td>
<td>42</td>
<td>35</td>
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<tr>
<td>Smoking – daily or occasionally (%)</td>
<td>19</td>
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<tr>
<td>Overweight or obese (%)</td>
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<td>Physical activity – adequate (%)</td>
<td>50 ▲</td>
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<td>Fruit – recommended daily intake (%)</td>
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<td>Vegetables – recommended daily intake (%)</td>
<td>8</td>
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<td>Fall injuries – for people aged 65 yrs+ (age standardised hospital separation rate per 100,000 population):</td>
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<tr>
<td>Male</td>
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<td>3,098</td>
<td>2,862</td>
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<tr>
<td>Avoidable mortality – persons aged 75 and under (age-adjusted rate per 100,000 population):</td>
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<td>156 ▼</td>
<td>145</td>
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</tbody>
</table>

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

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

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

Strategies to enable benchmarks to be met include: Community strategies, particularly to increase strength and mobility of older people.

performance summary continued

Unplanned return to the operating theatre during the same admission

![Graph](image)

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

![Graph](image)

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

![Graph](image)

Low birthweight babies –
(Births with birthweight less than 2,500g %) NSCCAHs

![Graph](image)
### Selected Data for the Year ended June 2005 Part 1

<table>
<thead>
<tr>
<th>AREA HEALTH SERVICE</th>
<th>SEPARATIONS</th>
<th>PLANNED AS % OF TOTAL SEPARATION</th>
<th>% OF SAME DAY SEPARATION</th>
<th>TOTAL BED DAYS</th>
<th>AVERAGE LENGTH STAY (ACRE)</th>
<th>DAILY AVERAGE OF INPATIENTS</th>
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<tbody>
<tr>
<td>Macquarie Hospital</td>
<td>326</td>
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<td>5.2%</td>
<td>65,504</td>
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<td>912</td>
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<td>1.0%</td>
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<tr>
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<td>574</td>
<td>100.0%</td>
<td>1.0%</td>
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<td>13</td>
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<td>1,203</td>
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<td>100.0%</td>
<td>1,203</td>
<td>1.0</td>
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<td>Coral Tree Family Centre</td>
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<td>76.1%</td>
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<td></td>
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<td>364</td>
<td>100.0%</td>
<td>100.0%</td>
<td>364</td>
<td>1.0</td>
<td>1</td>
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<tr>
<td>Northern Sydney &amp; Central Coast</td>
<td>182,208</td>
<td>38.9%</td>
<td>41.8%</td>
<td>840,468</td>
<td>3.6</td>
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</table>

### Selected Data for the Year ended June 2005 Part 2

<table>
<thead>
<tr>
<th>AREA HEALTH SERVICE</th>
<th>OCCUPANCY RATE</th>
<th>ACUTE BED DAYS</th>
<th>ACUTE OVERNIGHT BED DAYS</th>
<th>NON-ADMITTED PATIENT SERVICES</th>
<th>ED ATTENDANCES</th>
<th>EXPENSES - ALL PROGRAM ($000)</th>
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<tr>
<td>Macquarie Hospital</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Gosford Hospital</td>
<td>100.4%</td>
<td>163,601</td>
<td>142,675</td>
<td>162,483</td>
<td>44,387</td>
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<td>–</td>
<td>–</td>
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<tr>
<td>Long Jetty Hospital</td>
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<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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</tr>
<tr>
<td>Woy Woy Hospital</td>
<td>99.3%</td>
<td>78,096</td>
<td>64,854</td>
<td>101,033</td>
<td>41,094</td>
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<tr>
<td>Nerringah Home of Peace Hospital</td>
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<tr>
<td>Hornsby and Ku-ring-gai Hospital</td>
<td>79.3%</td>
<td>62,425</td>
<td>56,387</td>
<td>253,943</td>
<td>22,756</td>
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<tr>
<td>Manly Hospital</td>
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<td>50,813</td>
<td>45,047</td>
<td>281,630</td>
<td>17,366</td>
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<td>88.2%</td>
<td>40,765</td>
<td>36,209</td>
<td>82,061</td>
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<td>183,414</td>
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<td>876,318</td>
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<td>1,203</td>
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<td>690,476</td>
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<td>–</td>
<td>–</td>
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<td>Sydney Haematology - Oncology Centre</td>
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<tr>
<td>Northern Sydney &amp; Central Coast</td>
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<td>621,661</td>
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<td>2,972,595</td>
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<td>1,391,985</td>
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</table>

**NOTES:**

1. Patients activity data are not directly comparable to previous years' published data in the following ways:
   - The Health Information Exchange (HIE) data were used except for The Children's Hospital at Westmead, Sydney South West and North Coast where Department of Health Reporting System (DOWHS) data were used for bed days due to issues with these data in the HIE. Inpatients activity data for previous years' data as pathology and radiology services performed Inpatients data for
   - The number of separations includes care type changes; All historical data were recalculated using the same method and source of data.
2. Includes services provided to the private sector.
3. Acute average length of stay = (Acute Bed Days)/(Acute Separations)
4. Daily average of inpatients = Total Bed Days/365
5. The bed occupancy rate includes only June data and covers only major facilities (see figures A1 to C2). This is not comparable with earlier reports as bed occupancy previously contained information for a full year and included community and non-acute facilities. The following bed types are excluded from all occupancy rate calculations: Emergency Departments, Delivery Suites, Operating Theatres and Recovery Wards.
6. June 2005 Justice Health inpatients data were not available and are not included.
7. Acute separation is defined by service category of acute or newborn.
8. Emergency Department attendances are based on DOWHS and Emergency Department Information System (EDIS) and are not comparable to previous years' data as pathology and radiology services performed in Emergency Departments are excluded from 2004-05 data.
9. Non-Admitted Patients Service data for the Justice Health were provided directly by Justice Health rather than through DOWHS as for other Area Health Services.
10. Inpatients data for 2000-01 are incomplete due to the introduction of the HIE in 2000.
performance summary continued

Beds and Bed Equivalents and Bed Occupancy, June 2005 (Beds in Emergency Departments, Delivery Suites, Operating Theatres and Recovery Rooms are excluded)

Comparison of data

<table>
<thead>
<tr>
<th>HOSPITAL/FACILITY</th>
<th>JUNE 05 BED COUNT - ALL BEDS INCLUDING BED EQUIVALENTS</th>
<th>GENERAL HOSPITAL UNITS</th>
<th>NURSING HOME UNITS</th>
<th>COMMUNITY RESIDENTIAL UNITS</th>
<th>OTHER UNITS</th>
<th>BED EQUIVALENTS</th>
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NOTES:
The numbers of available beds presented reflect the average for June 2005 and are not comparable with information from previous years as they were based on average available beds for a full financial year. Since March 2005, the bed information previously obtained from Department of Health Reporting System (DHRS) was replaced by a new beds collection, which provided more detailed information on bed type and availability. Owing to the limited period that the new bed collection has been in place, it is not possible to provide an average number of beds for the year.

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

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

Data on such activity are no longer collected.

Corporate Governance Statements for Northern Sydney Central Coast Health

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

The Chief Executive

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

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

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

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

Strategic Direction

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

Risk Management

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

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

Committee Structure

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

Quality Committee

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

Audit Committee

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

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

Code of Ethical Behaviour

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

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

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

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

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

- Monitor progress of the matters and achievements of targets contained within the Performance Agreement between the Chief Executive and the Director-General of the NSW Department of Health
- Regularly review the performance of the area health service through the annual governance review process

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

30 June 2005
Dr Stephen Christley
Chief Executive, NSCCH

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

30 June 2005
Ms Louise Derley
Director Internal Audit, NSCCH

List of Facilities
Central Coast Health Service
Gosford Hospital
PO Box 361 South Gosford NSW 2250
Tel: +61 2 4320 2111

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

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

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

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

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

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

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

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

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

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

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

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

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

Northern Sydney Central Coast Health • 2004/2005 Annual Report

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

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

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

Drug & Alcohol Community Service – Hornsby
135 Pacific Highway Turramurra
Tel: +61 2 9477 9567

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

Hillview – Turramurra
23-33 Pacific Highway Turramurra
Tel: +61 2 9489 9144

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

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

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

Waroona Rehabilitation Centre
Cnr Stuart and Illawura Streets, Waroona
Tel: +61 2 9487 1699

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

Northern Beaches Health Service
Manly Hospital
150 Darley Road Manly NSW 2095
PO Box 485 Manly NSW 1655
Tel: +61 2 9976 9611

Mona Vale Hospital
18 Coronation Street Mona Vale NSW 2103
PO Box 81 Mona Vale NSW 1660
Tel: +61 2 9958 0333

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

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

Drug and Alcohol Service – Mona Vale
Building 3, Mona Vale Hospital Campus
Coronation Street Mona Vale NSW 2103
Tel: +61 2 9958 0360

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

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

Parkhill Cottage Day Centre
Off Collins Beach Road Manly
Tel: +61 2 9970 9559

Queenscliff Community Health Centre
Corner Lakeside Crescent and Falim Avenue
Queenscliff NSW 2096
Tel: +61 2 9466 2900

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

Royal North Shore and Ryde Health Service
Royal North Shore Hospital
Pacific Highway St Leonards NSW 2065
Tel: +61 2 9926 2111

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

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

Adolescent Services – Ryde
51-53 Blaxland Road Ryde NSW 2112
Tel: +61 2 9807 6877

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

Assertive Recovery in the Community Team (ARC)
55 Hercules Street Chatswood NSW 2067
Tel: +61 2 9468 3270

Bilingual Services – Ryde
39-41 Fourth Avenue Eastwood NSW 2122
(Ryde Hospital campus)
Tel: +61 2 9958 7876

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

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

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

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

Child, Family & Baby Health
44 Hercules Street Chatswood NSW 2067
Tel: +61 2 9464 3155

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

health services continued

Drug & Alcohol Community Service – Jackson Street Clinic
Building 3 Royal North Shore Hospital Campus
Jackson Street St Leonards NSW 2065
Tel: +61 2 9926 7763

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

Drug & Alcohol Community Service – Ryde
37 Fourth Avenue Eastwood NSW 2122
Tel: +61 2 9807 0776

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

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

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

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

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

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

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

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

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

Social Work Department – Ryde
Derriston Road Eastwood NSW 2122
(Ryde Hospital campus)
Tel: +61 2 9818 7680

Maruepire Hospital
Wells Road,
North Ryde NSW 2103
Tel: +61 2 9888 1222

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

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

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

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

Tom O’Neill Centre – Hope Healthcare Limited
10 Edward Street North Sydney 2060
PO Box 5084 Greenwich NSW 2065
Tel: +61 2 9907 3224

Northern Beaches Palliative Care Service – Hope Healthcare Limited
Coronation Street Mona Vale NSW 2103
PO Box 81 Mona Vale NSW 2103
Tel: +61 2 9988 0222

Royal Rehabilitation Centre Sydney
59 Charles Street Ryde NSW 2112
PO Box 6 Ryde NSW 2110
Tel: +61 2 9887 1144

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health services continued

Area Healthcare Services Plan

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

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

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

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

A draft Area Healthcare Services Plan has been submitted to the Department of Health according to identified guidelines. Detailed consultation with consumers, clinicians and other stakeholders is planned over the next 12 months. This planning requirement provides an impetus to the Area to develop a more comprehensive and robust structure to guide service planning at a number of levels.

Clinical Network Plans

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

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

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

Asset Strategic Plan

The Department of Health is appointing project directors shortly. These directors will translate Clinical Services Plans into an overarching strategic plan for NSCCh.

Central Coast Health Service

Gosford Hospital

Gosford Hospital is the principal referral and teaching hospital for the Central Coast Sector. Gosford Hospital provides inpatient services including coronary and intensive care, general medical, neurology, renal, geriatrics, general surgical, obstetrics, mental health, paediatric and emergency services. Outpatient services include allied health, dental, podiatry, child, adolescent and family health, cardiac rehabilitation, drug and alcohol.

MAJOR GOALS AND OUTCOMES

REDUCTION OF WAITING TIMES FOR UROLOGY PATIENTS

A urology ambulatory clinic was established in November 2004. This clinic has allowed an increase in the number of simple procedures such as cystoscopies. Average waiting time for these procedures has decreased from nine months to two weeks.

IMPROVEMENT OF PATIENT ACCESS TO THE EMERGENCY DEPARTMENT

The new Emergency Department has 26 beds, three resuscitation bays, more space around beds, greater privacy for patients during assessment and more comfortable interview areas for patient counselling, mental health patients and families. There is a separate Paediatric Emergency area. The security office is located adjacent to the department.

IMPROVEMENT OF PATIENT ACCOMMODATION

The major part of building work under the Health Access Plan was completed resulting in the commissioning of Cancer Care, Renal (Haemodialysis) and Surgical wards. Outpatients Department, Allied Health facilities, support services facilities and Conference Centre.

ENHANCED SERVICE PROVISION BY MEDICAL IMAGING DEPARTMENT

Introduction of digital imaging, computed radiography and digital image distribution network to Gosford and commissioning of a Satellite Imaging Department co-located with ED.

REDUCTION OF DIAGNOSTIC DELAYS

A pneumon tube delivery system significantly reduces travel time of pathology specimens from wards and results in earlier availability of test results.

ENHANCEMENT OF CLINICAL CARE

The expansion of the Vascular Access Nurse role to include the insertion of PICC lines under image intensification.

KEY ISSUES AND EVENTS

- Increase in Cardiac Catheter Laboratory services from four to five days per week and advanced planning for commencement of pacemaker insertion as part of the DOH Sustainable Access Program
- Equipment and staff obtained to commission a MRI service. Previously, patients were transferred to other facilities for this service
- Introduction of the Northern Sydney Coastal Network to improve physician training
- An early childhood nursing service for Aboriginal families with a newborn baby begun in February 2005 to provide home visits, immunization and clinical services
- Women's, Children Family Health (WCHF) implemented vision screening for kindergarten children identified as 'at risk'. Vision problems were found in 207 children, 51% termed significant
- Nine (out of ten) paediatric guidelines implemented in the Emergency Department and WCHF is a pilot site for implementation by the Clinical Excellence Commission
- The 'day only' maternity unit accommodates six to seven women, three days a week who would otherwise require admission to maternity ward
- Implementation of psychosocial assessment and domestic violence screening for all women and their families who book for pregnancy care. 95% of all women are screened
- Capsule endoscopy service commenced
- Acute Care of the Elderly (ACE) ward opened
- Interactive wound web site developed staff education
- BPAP service introduced in Acute Respiratory Ward
- Introduction of thrombolytic treatment for patients with ischaemic stroke
- Outpatients clinics for patients with trans-isoemiac attacks (TIA)
- Gosford Neurophysiology and Respiratory laboratories improved links and services to Woy Woy

FUTURE DIRECTION WITHIN THE AREA NETWORK

- Develop and implement a new management structure for the Central Coast Health Service within NSCCh structure
- Establish a 23 hour surgery unit
- Implement updated Correct Patient-Correct Procedure-Correct Site policy
- Meet surgical benchmarks
- Relocate neurophysiology, respiratory investigation and cardiac diagnostic units and paediatric ward into refurbished facilities

health services continued

Woy Woy Hospital

Woy Woy Hospital provides non-acute and outpatient services to residents of the Peninsular and southern areas of the Central Coast. There is a 33 bed general unit for sub-acute medical and palliative care awaiting residential placement and dementia care. There is a 30 bed rehabilitation unit for neurological, general and geriatric patients. Woy Woy provides pharmacy, pathology, physiotherapy, aquatherapy, speech pathology, occupational therapy, nutrition and social work. Outpatient services include an 'after hours medical service', registered nurse review and referral, physiotherapy, aqua-physiotherapy, pacemaker clinic, laser clinic, harm minimisation team, dementia day care and support services. The hospital occupancy rate was 88%. Length of stay was reduced by two days.

MAJOR GOALS AND OUTCOMES

- IMPROVED ACCESS TO PATIENT CARE
- The introduction of a 'Day Only Midwifery Unit' for women requiring ambulatory care after delivery
- The continuation of an 'After Hours Medical Service'
- Further develop services provided by neurophysiology department
- Develop a sleep disorder breathing service
- Collaborate and network with other similar neonatal units in regard to the CPAP study
- Complete 'Walking Connections for Women' program
- Support all breastfeeding women who have a child admitted to Children's Ward
- Area-wide implementation of Obstetrics, the new obstetric computer system
- Provide 'clinical supervision' for all staff performing psychosocial assessments

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health services continued

KEY ISSUES AND EVENTS
• 20-bed transitional care facility (3.4 million) will be built on the Woy Woy Site
• Hospital Auxiliary raised more than $21,000 for hospital equipment
• Weekly 'Pettas as Therapy' visits introduced
• Hospital Auxiliary operates hospital kiosk using voluntary workforce

FUTURE DIRECTION WITHIN THE AREA NETWORK TO PROVIDE CARE THAT IS APPROPRIATE AND PATIENT CENTRED
• Develop multi-professional models of patient care that are appropriate and include patients and carers/family in care planning

TO PROVIDE SAFE AND APPROPRIATE CARE TO PATIENTS IN A COOPERATIVE ENVIRONMENT
• Continue involvement in Clinical Practice Development to enhance patient centred care in a supportive environment
• Continue refurbishment of ward area to provide safe areas for patients who wander or who display challenging behaviours

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

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

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

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

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

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

Hornsby Ku-ring-gai Health Service

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

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

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

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

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

We will deliver the best health outcomes for our community through timely, equitable, safe and appropriate health care

We will participate in the new NSCCH Clinical Services Plan to create better working environments for staff and ensure each patient’s journey through our health service is smooth, safe and of the highest quality

We are committed to quality improvement

We will work with NSCCH on master plan for the redevelopment of HKH

health services continued
Northern Beaches Health Service

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

MAJOR ISSUES
• Location

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

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

Royal North Shore and Ryde Health Service

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

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

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

MAJOR GOALS AND OUTCOMES
• RNS and Ryde Health Service (RNS & RHS) achieved two years accreditation from the Australian Council in Healthcare Standards (ACHS). This is the first accreditation for the combined health service and is one of the largest organisations ACHS has accredited
• Initiatives to reduce access block and waiting times in the Emergency Department (ED) resulted in a decrease in the time taken for a patient to be admitted and improved patient flow.
• Despite presentations to ED increasing by five % and admissions increasing by 11% the average time-to-be-seen in the Emergency Department improved by 13% and the average ED length of stay for patients being admitted to award was down by eight %
• Benefits include better patient outcomes, timely and appropriate provision of diagnostic services, improved bed management and bed availability
• RNSH was one of four hospitals in NSW to participate in the National Institute of Clinical Studies Emergency Care Community of Practice project. The project aimed to improve mental health care in emergency departments by supporting clinicians from mental health and emergency departments to work together

FOUR-BED Neurosurgical Step-Down Unit opened to provide enhanced nursing and medical care to patients who have undergone neurological procedures. Patients previously cared for in the Intensive Care Unit are now cared for in the Neurosurgical Unit. This has resulted in improved access for Neurosurgical patients. Staff shortages have seen these of these beds revert to ward beds. Targeted recruitment should see them reopen shortly.
• 16 bed rehabilitation ward opened with a focus on daily living activities, restoring patient mobility, health promotion and the prevention of further impairment
• A new "day only" service opened to improve access to care for cardiac patients
• Funding received for an extra ventilated cot for New Born Care Centre. This unit provides services to RNS and NSW and now has seven funded newborn ICU beds
• Introduction of the ‘Walking Assistance Program’ for patients awaiting admission to a rehabilitation facility. This program supports and promotes mobility for frail, elderly or significantly injured patients
• Construction of new car park for staff and visitors delivered additional 353 spaces
• Four-dimensional ultrasound purchased for Maternal Fetal Medicine Unit provides comprehensive images to assist detection of abnormalities
• Early Treatment of Myocardial Infarction (ETAMI) trial completed. Trial confirms that initiating myocardial infarction patients in the ambulance and transferring them direct to a regional heart centre (RNSH) significantly reduces the time to treatment and is likely to improve outcomes for the patient.
• Service Reference Groups (Research, Education, Clinical Services, Engineering & Facilities, Non-Clinical Support and Community Health Services) established to support RNSH redevelopment
• In partnership with Sydney Water, RNSH implemented two major water saving strategies. Upgrading water reticulation systems and mechanical plant has delivered a 66.2 mega litre reduction in water usage per annum – equivalent to 27 Olympic swimming pools
• NSCSS Cancer Services website provides information on cancer treatment facilities available in Northern Sydney as well as general cancer information
• Divisions of Surgery and Clinical Support amalgamated to form the Division of Surgery & Anesthesia resulting in improved management and coordination of surgical services
• RNS & Ryde Surgical Services Review completed in October 2004 and Identified areas for improvement in management, service design and capacity
health services continued

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

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

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

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

KEY ISSUES AND EVENTS
• Diabetes service received $250,000 in extra funding to employ a clinical dietitian, endocrinologist, podiatrist, receptionist and additional diabetes educator. An expanded Type 2 education program and clinical training for GPs will result
• Cased Medical Program registered 227 births in its first year of operation. Thirty mothers were transferred to Ryde for specialised support during labour. Mothers recorded high degree of satisfaction with service outcomes. Service won Treasury Managed Fund Risk Management Award. The model developed at Ryde Hospital is now a benchmark for other services around Australia
• $1M computed tomography (CT) scanner installed

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

Other Health Services

PalMS
PalMS (Pacific Laboratory Medicine Services) is the pathology and laboratory medicine service of Northern Sydney Central Coast Health. Its mission, to provide a single, fully integrated quality pathology service linking all clinical facilities, remains at the forefront of its strategic planning. With the recent amalgamation of Northern Sydney and Central Coast Area Health Services, the two formerly separate pathology services are in the process of integration so that PalMS will operate across the entire Area Health Service as a single entity.

KEY ACHIEVEMENTS
• Implementation of pathology services to the redeveloped Gosford Hospital including a state-of-the-art pathology specimen rapid delivery system
• Continued commitment to improving access to pathology services in the community via accredited pathology collection centres at Chatswood, Dee Why, Neutral Bay and Willoughby. This is in addition to existing collection facilities at Gosford Hospital, Hornsby Ku-ring-gai Hospital, Mount Hospital, Mona Vale Hospital, Royal North Shore and North Shore Private Hospitals (St Leonards), Ryde Hospital and Wyong Hospital
• Increase in the number of medical practitioners receiving electronic delivery of reports. A secure electronic infrastructure has been developed that ensures rapid delivery while maintaining patient confidentiality. The options for report delivery are constantly reviewed and revised to meet the needs of requesting medical practitioners. Electronic delivery of reports contributes to continuity of care
• Continued improvement to clinical governance via the implementation of performance indicators including quality indicators. Working with the Royal College of Pathologists of Australasia and the NSW Health Department, senior PalMS staff have played leading roles in the development of new Quality Assurance systems, including Clinical Indicators, Incident monitoring and Root Cause Analysis Quality Assurance
• Continuing contribution to the improvement of national practice of pathology, with a number of PalMS staff being invited to serve on key national Policy committees of the Royal College of Pathologists of Australasia, the National Pathology Accreditation Advisory Council, and various specialist professional societies and associations in pathology
• PalMS is in the process of further upgrading its existing accreditation to the new International Standard of ISO 15189 (65 46343) for all laboratories on all campuses throughout Sydney Central Coast Area. By working with patients, doctors and the community PalMS continues to pursue its mission of delivering a quality pathology service throughout Northern Sydney Central Coast Health

Public Health

Central Coast Public Health Unit

SUMMARY OF ACTIVITY INCLUDING RANGE OF SERVICES PROVIDED
The mission of the Public Health Unit (PHU) is to protect and promote the health of the people of the Central Coast through the provision of:
• services according to the Public Health Act 1991 and related legislation
• infectious disease surveillance and control
• immunisation services
• chronic disease surveillance
• environmental health monitoring, and
• promotion of a population health approach to service delivery

MAJOR GOALS AND OUTCOMES

TO MONITOR AND PREVENT INFECTION DISEASES IN THE COMMUNITY SETTING
• Notifiable diseases
Among residents of the Central Coast, there were 137 cases of pertussis, 4 cases of hepatitis A and 10 cases of meningococcal infection (7 group B, 2 group C, 1 untypeable) requiring active follow-up and intervention to limit the spread of disease. Other notifications include 9 cases of Ross River virus, 4 cases of Barmah Forest virus, 391 cases of Chlamydia, 578 cases of hepatitis C, 67 cases of nontuberculous mycobacterial disease and 7 cases of tuberculosis (managed by the Chest Clinic)
• Q fever cluster
The PHU, in conjunction with the Department of Agriculture, investigated a small cluster of Q fever cases locally.
• Immunisation rates
The Central Coast Immunisation Task Force continued to support the range of immunisation services provided to local residents. Using Australian Childhood Immunisation Registration (ACIR) data, an active follow-up project of overdue vaccinations was commenced in December 2004. The June 2005 ACIR report placed vaccine coverage for children aged 12-15 months at 91% in Gosford LGA and 92% in Wyong LGA. Central Coast immunisation rates continue to be better than the state average.

TO MONITOR, ASSESS AND CONTROL THOSE FACTORS IN THE ENVIRONMENT THAT CAN AFFECT HUMAN HEALTH
• Arboviral disease
Mosquito surveillance did not show any significant sustained increase in mosquito activity. Ross River virus and Barmah Forest virus notifications remained low
• Legionella surveillance
Central Coast Hospital plumbing towers showed 99% compliance with the accepted performance measure. CCH warm water systems retained a 95% compliance rate and hydrotherapy pools 93%
health services continued

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

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

- **Air quality**
  The national standard for particulate matter (PM 10) is 50µg/m³ over a 24-hour period. During the past year, the annual average for Gosford and Wyong was 24.2µg/m³ and 21.2µg/m³ respectively. The maximum 24 hour level was 42.8µg/m³ for Gosford and 30.9µg/m³ for Wyong.

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

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

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

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

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

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

**KEY ISSUES AND EVENTS**

**WATER FLUORIDATION**
Fluoridation of a water supply is a proven safe, effective and cost-effective public health measure to help reduce tooth decay.

**IMMUNISATION**

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

**GLOBAL INFECTIOUS DISEASES**

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

**FUTURE DIRECTIONS**

**INFECTIONOUS DISEASES**

- Continue to collaborate with state, national and international stakeholders to develop appropriate emergency management plans for epidemics and pandemics.

- Closely monitor the development of emerging infectious diseases such as malaria, dengue fever and Japanese encephalitis, which are becoming more relevant with climate change.

- Continue to improve both infectious diseases monitoring systems and data quality to improve the public health response.

- Improve infectious diseases surveillance in residents and staff of aged care facilities to prevent outbreaks.

- Provide an early warning system about important infectious diseases in the community to enhance patient care.

**IMMUNISATION**

- New strategies to enhance service delivery across the mixed rural and urban population of the new area health service.

- Provide information to providers and the community about rapidly changing immunisation schedule.

**ENVIRONMENTAL HEALTH**

- Continue to develop an understanding of urban development and health, and develop a strategy for public health involvement.

- Continue to work with the local Aboriginal community to develop a submission for the Housing for Health program.

**ENHANCING THE HEALTH SYSTEM'S CAPACITY TO PREVENT RISKS**

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

**DEVELOPING PARTNERSHIPS**

- To work with the new NSW Food Authority to effectively respond to food-borne illness outbreaks.

- To continue to work with Newcastle University (Olarinbahi) to model diabetes complications for Central Coast population and determine the likely impact of investment in early detection and treatment.

- To repeat the 1998 primary schools physical activity survey to determine if improvement has occurred.

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Northern Sydney Public Health Unit

**SUMMARY OF ACTIVITY INCLUDING THE RANGE OF SERVICES PROVIDED**

**PUBLIC HEALTH OUTCOMES FOR PEOPLE WITH IODINE DEFICIENCY IN RESIDENTIAL CARE FACILITIES**

**SUMMARY OF PUBLIC HEALTH OUTCOMES**

- Staff at the Northern Sydney PHU had 3,532 cases of Notifiable Diseases reported, with many requiring follow-up investigation and provision of recommendations for control. This included 21 cases of Meningococcal Disease, two Mumps cases, 541 Pertussis cases and 15 Hepatitis A cases.

- There were 94 outbreaks of disease investigated during the financial year including outbreaks of Pertussis, Influenza, viral gastro-enteritis, cryptosporidiosis and a cluster of two cases of Meningococcal Disease.

**IMMUNISATION RATES**

The June 2004 ACR report placed vaccine coverage for children aged 12-15 months (age calculated at 31st March) at 91% for Hornsby LGA, 93% for Hunters Hill LGA, 90% for Ku-ring-gai LGA, 86% for Manly LGA, 82% for Mosman LGA, 90% for North Sydney LGA, 93% for Pittwater LGA, 91% for Warringah LGA, 95% at Ku-ring-gai LGA, 95% at Willoughby LGA. Some of the Northern Sydney LGAs are doing better than the state average of 91%.

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Northern Sydney Public Health Unit

**KEY ISSUES AND EVENTS**

**NOTIFIABLE DISEASES**

- Public Health Unit involvement in outbreaks of influenza in residential care facilities has increased with a new state/ national plan for managing outbreaks of respiratory illnesses in these settings. This has seen additional training for staff and a requirement for new plans to be developed at a local level to enable a sustainable response to these events.

- A cluster of two cases of Meningococcal Disease attending a single school led to antibiotic chemoprophylaxis clinics being held for 132 students who travelled on the same bus as the two students.

**IMMUNISATION**

- **School-based Immunisation**
  The first term to conduct an immunisation program in schools through the Public Health Unit was formed. The program commenced in May in primary schools providing the meningococcal C vaccine to 40,000 primary school students.

- The program continued in 2005 in 90% of public schools and 70% of private schools. In 2005, hepatitis B vaccine and anti-diptheria/tetanus/pertussis to students in Year Seven.

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

**FUTURE DIRECTIONS**

**INFECTIOUS DISEASES**

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

- PHU staff are involved in the development of an Area Influenza Pandemic Plan.

**IMMUNISATION**

- Recruit an immunisation Officer to commence follow up of overseas children investigating both service provision and education resources.

- Review the Northern Sydney Area Immunisation Advisory Committee to ensure stakeholders collaboration and education in the new immunisation schedule is initiated.

- Continue to work with the Central Coast Immunisation Coordinator to develop a standardised approach for immunisation service delivery across MGCCH.

**ENVIRONMENTAL HEALTH**

- Continue to develop an understanding of urban development and health.

- Develop a strategy dealing with new and existing brownfield sites.

- Participate in the Lane Cove Tunnel Project.

**DEVELOPING PARTNERSHIPS**

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

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Health services continued

Health Promotion

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

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

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

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

INCREASE PHYSICAL ACTIVITY LEVELS
The Target 10,000 pedometer/walking project at Hornsby Ku-ring-gai Hospital saw 72 staff walk more than 13,000km in four weeks.

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

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

KEY ISSUES AND EVENTS
TOBACCO CONTROL
Results of the 'Out of the Smokecreen II' project published in the international journal, Tobacco Control. Anti-smoking advertisements shown to protect teenagers against the promotional effects of tobacco use in feature films.

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

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

CHILDHOOD OBESITY
'Out of the Smokecreen II' received recognition and requests from schools throughout NSW.
Twenty two Northern Sydney schools received grants totaling $15,000 to implement 'healthy' projects including vegetable gardens, purchase sports equipment, 'lunch that Lifts' and dealing with depression in teenagers. The project has established links between state, independent and Catholic schools, parent associations, Child and Family Health, Nutrition and Health Promotion.

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

Mental Health

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

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

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

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

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

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

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

Aboriginal Health

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

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

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

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

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

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

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

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

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

FURTHER DEVELOP A COMPREHENSIVE WOUND MANAGEMENT SERVICE
Developed by Community Nurses, the system is being reviewed by all other Area Health Services for implementation. The service has achieved world standard healing times, clinical outcomes trend data and cost savings. Community Nursing participated in a major state-wide telehealth research project, taking wound management into doctors' surgeries electronically.

EVALUATE AND FURTHER DEVELOP EVIDENCE BASED ALLIED HEALTH SERVICES THROUGH THE ESTABLISHMENT OF THE CANNABIS CLINIC AND THE COMPREHENSIVE WOUND MANAGEMENT SERVICE
Partnerships developed across Area Health Services and significant progress made in developing allied health evidence based practice guidelines particularly in treatment of severe burn injury.

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

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

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

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

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

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

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

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

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

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

health services continued
health services continued

• Violence, Abuse and Neglect Services (VAN) published the inaugural "Connections Practice Exchange Journal" in conjunction with the Benevolent Society and Horizons Family Support Services. A Connections Conference was attended by more than 200 Central Coast community workers. The conference highlighted research and methods for working in the areas of violence, abuse and neglect.

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

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

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

FUTURE DIRECTION

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

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

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

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

• Implement a practice development model for the Central Coast Pharmacist Care Network.

• Develop an allied health workforce plan.

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

• Contribute to development of NSCCH Clinical Networks.

• Improve links between NSH and CCH allied health services.

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

• Develop evidence based practice across allied health services.

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

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Northern Sydney Home Nursing Service

SUMMARY OF ACTIVITY INCLUDING THE RANGE OF SERVICES PROVIDED

• Comprehensive nursing assessment

• Wound Care

• Chronic/complex care including respiratory and cardiac monitoring

• Medication management

• Palliative/terminal care

• Support, monitoring and health education

• Continence and catheter care

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

SERVICES PROVIDED

Admissions per month: 500-600

Over 65 years: 80%

Over 275,437 occasions of service during the year.

MAJOR GOALS AND OUTCOMES

CHRONIC AND COMPLEX CARE PROGRAM

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

NSHS Respiratory Program outcomes to date:

• Program began in 2002

• 290 patients enrolled in program to date

• 870 emergency department presentations prevented

• 203 hospital admissions prevented

• 122 hospital readmissions prevented

• 4176 saved hospital bed days.

SAP FUNDING – NSHS WEEKEND ACCESS PROGRAM

• Program began 1 July 2005

• 140 patients admitted over weekend period from NSCCH acute sector

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

• 78 emergency presentations saved

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Nursing and Midwifery Services

SUMMARY OF ACTIVITY

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

MAJOR GOALS AND OUTCOMES

NEW GRADUATE NURSES AND OPPORTUNITIES FOR POSTGRADUATE STUDIES

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

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

NSCCH agreed with NSW Health to train 251 Enrolled Nurses in 2005 calendar year. In financial year 2004/05 TEN commenced the course.

ENROLLED NURSES ABLE TO ADMINISTER MEDICATIONS

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

RETURNING TO WORK OPPORTUNITIES

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

CLINICAL LEADERSHIP PROGRAM (CLP)

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

KEY ISSUES AND EVENTS

IMAGE OF NURSING – SILENCE TO VOICE SEMINAR

SEPTEMBER 2004

Thirty nurse leaders and nurse champions from Northern Sydney Health attended a Suzanne Gordon workshop entitled "From Silence to Voice." Ms Gordon, who is based in the USA, writes about political culture, women's issues, nursing, and health care. This workshop was designed to help NSH nurses raise the profile of the profession and provide nurses with skills to articulate their professional nursing story at unit, hospital and national level.
health services continued

STRUCTURAL REFORM – FAMILIATION OF AREA HEALTH SERVICES JUNE 2005

Boundary changes have provided an opportunity to draw upon nursing and midwifery clinical, management and educational expertise to add value to the communities we serve.

CHANGING MODELS OF CARE – MODELS OF CARE ROADSHOW FEBRUARY 2005

Ninety nurses from NSCH attended a Models of Care Roadshow. The workshops allowed for sharing of experiences and the impetus to think about nurses’ roles and practice.

RETURNING TO WORK – MENTAL HEALTH RE-CONNECT STRATEGY LAUNCH APRIL 2005

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

SCOPE OF PRACTICE/NURSE PRACTITIONER (NP) ENDORSEMENT OF GUIDELINES FOR EMERGENCY NP MAY 2005

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

FUTURE DIRECTION

NURSING & MIDWIFERY STRATEGIC PLAN

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

SCOPE OF PRACTICE

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

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

NP training – Streamline our processes for the training of Enrolled Nurses.

RESEARCH AND EVIDENCED BASED PRACTICE

Nursing and midwifery practice to be research and evidenced based.

RECRUITMENT & RETENTION

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

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

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

MAJOR GOALS AND OUTCOMES

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

KEY ISSUES AND EVENTS

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

FUTURE DIRECTION

- Continue and strengthen links with Central Coast C&FH
- Research and quality projects

Families First

NSH is progressively implementing universal postnatal health home visiting and enhancing the sustained home visiting service offered to families who need extra support in the antenatal period or up to two years after the birth of a baby. NSH is introducing universal psychosocial assessment in the antenatal and postnatal period.

MAJOR GOALS AND OUTCOMES

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

KEY ISSUES AND EVENTS

- Employment of an Area Integrated Perinatal & Infant Care (IPC) Project Officer
- Stage 1 of antenatal psychosocial assessment in Hornsby Ku-ring-ga sector by December 2005
- Provision of two Family Partnership Training courses and training of four additional staff
- Fax machines to all Early Childhood Health Centres for maternity discharge summaries
- Participation in NSW Health State Families First Network and State IPC Network
- Auspice of two Families First interagency projects.

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

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MAJOR GOALS AND OUTCOMES

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

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

FUTURE DIRECTION

- Continue and strengthen links with Central Coast C&FH
- Research and quality projects

Child Protection Service (NSCPS)

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

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

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

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

MAJOR GOALS AND OUTCOMES

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

KEY ISSUES AND EVENTS

- Development of outcomes research strategy for NSCPS.
- Maintaining support of community groups such as Cornucopia Committee.
- Development of service agreements with partners within the Health service.

FUTURE DIRECTION

- Work with DoCS and Joint Investigation Response Team (JIRT) to streamline access to services for children and families.
- Increase level of consumer consultation.
Dalwood Early Intervention Program

The Dalwood Early Intervention Program is a tertiary program assisting vulnerable families who are experiencing difficulties in the care and parenting of their children between two years of age and school entry. The service caters for 45 families and provides:

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

**MAJOR GOALS AND OUTCOMES**

**CASE LOAD**

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

**KEY ISSUES AND EVENTS**

**DOCS EARLY INTERVENTION FUNDING**

The service partnered with two non-government organisations to submit two applications for DoCS Early Intervention funding. Both applications look at expanding the Dalwood Early Intervention service model.

**FUTURE DIRECTION**

**SUMMARY OF SERVICE PLANS FOR 2005**

- Implement routine outcome measurement procedures including standardised assessment of family functioning, Brigance developmental assessments and Goal Attainment Scaling
- Implement and evaluate teacher home visiting services
- Implement and evaluate supported playgroup programs
- Enhance special education services in classroom programming
- Expand parent education services to include range of evidence-based group therapy models
- Investigate and pilot specific services and programs for fathers
- Develop service agreements with NSW Child Protection Service and Manly DoCS team
- Fundraising:
  - Child’s Play sponsorship for speech pathology and clinical psychology services
  - Art Therapy funding
  - Renovation of therapy unit

**FUTURE PLANS**

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

Chatswood Assessment Centre

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

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

**MAJOR GOALS AND OUTCOMES**

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

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

**KEY ISSUES AND EVENTS**

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

**FUTURE DIRECTION**

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

**KEY ISSUES AND EVENTS**

**DOCS EARLY INTERVENTION FUNDING**

The service partnered with two non-government organisations to submit two applications for DoCS Early Intervention funding. Both applications look at expanding the Dalwood Early Intervention service model.

**FUTURE DIRECTION**

**SUMMARY OF SERVICE PLANS FOR 2005**

- Implement routine outcome measurement procedures including standardised assessment of family functioning, Brigance developmental assessments and Goal Attainment Scaling
- Implement and evaluate teacher home visiting services
- Implement and evaluate supported playgroup programs
- Enhance special education services in classroom programming
- Expand parent education services to include range of evidence-based group therapy models
- Investigate and pilot specific services and programs for fathers
- Develop service agreements with NSW Child Protection Service and Manly DoCS team
- Fundraising:
  - Child’s Play sponsorship for speech pathology and clinical psychology services
  - Art Therapy funding
  - Renovation of therapy unit

**FUTURE PLANS**

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

Chatswood Assessment Centre

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

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

**MAJOR GOALS AND OUTCOMES**

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

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

**KEY ISSUES AND EVENTS**

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

**FUTURE DIRECTION**

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

**Affiliated Health Care Organisations**

**Hope Healthcare Limited**

Pallister House
97-115 River Road, Greenwich 2065
(PO Box 5086)
Greenwich NSW 2065
Telephone 9933 8201 Facsimile 9437 4829
Website – www.hopehealthcare.com.au
Chief Executive Officer: William H McLaren

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

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

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

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

**GROWING OUR SERVICE DELIVERY IN THE COMMUNITY**

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

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

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

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

Hope Healthcare is the provider of COMPACK packaged services in the Lower North Shore area. This service has grown significantly since 2004 indicating a significant demand for community support by those wishing to return home following acute hospital care.
health services continued

Greenwich Hospital
97-115 River Road, Greenwich NSW 2065
PO Box 5086
Telephone 9903 8333
Facsimile 9437 4829

Greenwich Hospital provides a range of palliative care services, rehabilitation services, respite care and aged care mental health services to residents of Northern Sydney particularly, but not limited to, Royal North Shore and Ryde Health Service areas. Palliative care services are provided on an in and outpatient basis to residents of Mosman, Willoughby, North Sydney, Lane Cove, Ryde and Hunters Hill. Inpatient services only are provided to Manly residents.

The community palliative care service provides continuity of care and works with hospitals to provide consultations and liaison with specialists and the Sydney Home Nursing Service. Rehabilitation services operate in close association with the Aged Care and Rehabilitation Services of Royal North Shore Hospital (RNSH) and Community Health Services. Multi-disciplinary care is provided on an in and outpatient basis.

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

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

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

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

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

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

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

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

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

Neringah Hospital

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
<th>Average available beds</th>
<th>Occupied Bed Days</th>
<th>Average length of stay (days)</th>
<th>Non-inpatient occasions of service</th>
<th>Same-day admissions (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/05</td>
<td>949</td>
<td>64</td>
<td>21,211</td>
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<td>64</td>
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<td>64</td>
<td>22,934</td>
<td>20.6</td>
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Graythwaite Nursing Home
10 Edward Street, North Sydney 2060
(PO Box 5084, Greenwich NSW 2065)
Telephone 9955 1115 Facsimile 9922 7362

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

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

Northern Beaches Palliative Care Service
The Cottage
Coronation Street, Mona Vale 2103
(PO Box 81, Mona Vale NSW 2103)
Telephone 9988 0222 Facsimile 9979 7221

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
<th>Average available beds</th>
<th>Occupied Bed Days</th>
<th>Average length of stay (days)</th>
<th>Non-inpatient occasions of service</th>
<th>Same-day admissions (%)</th>
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<tr>
<td>04/05</td>
<td>28</td>
<td>20</td>
<td>4,355</td>
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<td>4,787</td>
<td>3.4</td>
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</tbody>
</table>

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

The range of community programs includes:

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

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

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

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

Innovative Care Rehabilitation Service (ICRS) Non-program
ICRS enables patients over 70 to be discharged with community service and slow stream rehabilitation support.

Referral hospitals – RNSH, Greenwich Hospital, Royal Rehabilitation Centre, Sydney Hospital and Ryde Hospital.

COMPACK Program
Case management to support clients with complex needs discharged from RNSH to home.
health services continued

Royal Rehabilitation Centre
Sydney
59 Charles Street, Ryde NSW 2112
PO Box 6, Ryde 1680
Telephone 9807 1144 Facsimile 9809 6071
www.royalrehab.com.au

Chief Executive Officer: Peter Williamson

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

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

MAJOR GOALS AND OUTCOMES

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

KEY ISSUES AND EVENTS

- RRCS has a new inpatient model of care with deterioration structure and is progressing with defining the model for service delivery to ensure the organisation structure and work practices better reflect the new approach to client services.
- RRCS hosted a delegation from the Malaysian Ministry of Health, exploring future relationships with the Centre in the design and provision of integrated rehabilitation and disability facilities and services in Malaysia.
- RRCS hosted visits from United Arab Emirates examining the Australian Government's legislative framework and policies on rehabilitation and disability service and a Vietnamese delegation studying burns care.
- The Centre launched a new corporate image to support the design and provision of integrated rehabilitation and the Australian Government's legislative framework and also the broader Shared Services Reform agenda.
- There have been many achievements and the assets and capital projects staff are to be congratulated on their outstanding work.

FUTURE DIRECTIONS

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

RRCS Activity

<table>
<thead>
<tr>
<th></th>
<th>01/02</th>
<th>02/03</th>
<th>03/04</th>
<th>04/05</th>
</tr>
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<tbody>
<tr>
<td>Total Revenue</td>
<td>29,213,221</td>
<td>31,062,927</td>
<td>35,198,915</td>
<td>37,160,000</td>
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<tr>
<td>Admissions</td>
<td>535</td>
<td>496</td>
<td>535</td>
<td>421</td>
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<tr>
<td>Separations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupied bed days</td>
<td>40,079</td>
<td>38,173</td>
<td>36,669</td>
<td>35,322</td>
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<tr>
<td>Average LOS (Days)</td>
<td>74.2</td>
<td>51.5</td>
<td>42.7</td>
<td>49.58</td>
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<tr>
<td>Occasions of service</td>
<td>8,393</td>
<td>9,204</td>
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<td>19,189</td>
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<tr>
<td>PTE Employees</td>
<td>402</td>
<td>411</td>
<td>424</td>
<td>410</td>
</tr>
</tbody>
</table>

Capital Procurement

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

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

Asset Management and Maintenance

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

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

Northern Sydney Health

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

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

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

Central Coast Health

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

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

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

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

MAJOR PROJECTS

CENTRAL COAST HEALTH ACCESS PLAN ($212M)

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

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

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

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

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

ROYAL NORTH SHORE HOSPITAL AND CHS REDEVELOPMENT STAGE 2 ($415M BUDGET)

MAIN REDEVELOPMENT ($407M)

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

ROYAL NORTH SHORE HOSPITAL CAR PARK EXTENSION ($18M)

This project is nearing completion with the handover and project completion due in September 2005. This extension will provide 333 additional parking spaces, two new lifts and an upgrade to parking on Reserve Road.
Royal North Shore Hospital and CNS redevelopment stage 1 & 1A ($54.6M)

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

Hornsby Ku-ring-gai Hospital - Emergency Obstetrics and Pediatrics Including Psychiatric Emergency Centre ($20.9M)

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

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

Pathways Home Program - Transitional Care Projects Various ($5.3M)

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

When the capital projects at Hornsby Ku-ring-gai ($1.1M), Ryde ($3.2M) and Mona Vale Hospitals ($1.7M) are complete in mid 2006, patients will access all ambulatory aged care services in one location. The ambulatory aged care service at Ryde Hospital will include a new Aged Care Day Therapy Centre for residents of Hunters Hill and the Lower North Shore.

A new residential facility for the Australian Government’s transitional aged care program will be built on Woy Woy Hospital’s site ($3.1M). This is the first facility of its type in NSW. This Program will provide older people who need residential accommodation an extended period of rehabilitation in a non-medical environment before returning to their home or hostel.

Northern Beaches Health Strategy (0.1M – Planning)

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

Gosford Fixed Screening (BreastScreen) ($1.5M)

This project involves the relocation of NSW Breastscreen facilities from unsuitable leased accommodation to the Gosford Hospital site achieving accreditation requirements and improving clinical linkages with radiography services.

Sydney dialysis centre equipment ($6.47M)

Dialysis related equipment was purchased for the Sydney Dialysis Centre as part of an ongoing equipment replacement and upgrade program.

Gateway Mental Health Renovation

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

NSH radiotherpay oncology ($0.15M)

Work associated with the installation of a new CT in Royal North Shore Hospital Radiation Oncology is now completed.

Palmerston Building Lvl 2 ($0.3M)

This project was initiated to provide enhanced facilities for the Area Community Mental Health Service on the Hornsby Hospital Campus. It is now complete.

Manly emergency medical unit ($0.1M)

This project established an Emergency Medical Unit adjacent to the Emergency Department in Manly Hospital. This has significantly reduced access block to services, hence provides enhanced patient care. The project is complete.

Pathways Angiography Biplane Radiology ($2.18M)

This project was for the replacement of the Pathways Biplane Neuro-angiography Suite which included the purchase of the major equipment and building works. This is now complete.

Ryde Telereporting ($0.1M)

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

Corporate and Clinical Support

SUMMARY OF BUSINESS ACTIVITY

Non-clinical support services and clinical support business units of Medical Imaging, Sterilising and Biomedical Engineering

MAJOR GOALS AND OUTCOMES

• Expansion of ISO 9001:2000 certification in non-clinical areas

• Commence amalgamation of NSH & CCH Corporate and Clinical Support Services

• Commence closure of duplicated non-clinical services in warehousing and food production

KEY ISSUES AND EVENTS

First year of operation for the clinical support business units of Medical Imaging and Sterilising.

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

FUTURE DIRECTION

Fully integrate NSH and CCH Corporate and Clinical Support Services.

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

Implement Area Pharmacy business unit.
Corporate Communications

SUMMARY OF BUSINESS ACTIVITY

Corporate Communications provides an area wide service with particular responsibility for:

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

MAJOR GOALS AND OUTCOMES

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

KEY ISSUES AND EVENTS

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

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

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

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

FUTURE DIRECTION

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

Financial Services

SUMMARY OF BUSINESS ACTIVITY

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

MAJOR GOALS AND OUTCOMES

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

FUTURE DIRECTION

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

Internal Audit

SUMMARY OF BUSINESS ACTIVITY

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

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

MAJOR GOALS AND OUTCOMES

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

KEY ISSUES AND EVENTS

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

FUTURE DIRECTION

The future direction of the Unit remains focused on addressing fraud awareness across the amalgamated Areas including raising awareness of the Unit across the Southern Sectors. Within the Unit itself, computer assisted techniques will be used to facilitate ongoing monitoring of some of the major financial systems.
health support services continued

Information
Management Services
(Information Management & Technology Division)

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

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

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

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

The Area successfully negotiated the implementation of a new Area wide Patient Administration System, the extension of Results Reporting and an Area wide unique patient identifier. These major initiatives are due for implementation in late 2006.
The IM&T team won the NSW 2004 Quality Awards for Information Management and the Finance, Shared Services & Performance Award for Excellence in Information Management.

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

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

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

Director of Clinical Governance
Dr Philip Hoyle
KEY ACCOUNTABILITIES
1. NSW Health Patient Safety & Clinical Quality system implementation
2. Establish and develop the Clinical Governance Unit
3. Analyse and report on the clinical safety and governance quality program
4. Contribute to the delivery of health services across the state by developing and maintaining linkages with other health services, the Department of Health, the Clinical Excellence Commission, Health Priority Taskforces and the Health Care Advisory Council as required by the Chief Executive
5. Oversee the Area complaints handling system
6. Guide development of the Area’s Integrated Risk Management system

Director Population Health, Planning & Performance
Dr Paul Douglas
KEY ACCOUNTABILITIES
1. Strategic and business planning
2. Clinical services planning
3. Health protection
4. Health promotion
5. Consumer and community participation
6. Support to and liaison with the Area Health Advisory Council
7. Performance monitoring
8. Service agreements
9. Casemix/ costing/ commissioning
10. Service redesign (clinical redesign and sustainable excellence)

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

Director of Nursing & Midwifery
Kylie Ward (Acting)

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

Director of Corporate and Clinical Support
Greg Chase

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

Director of Corporate Communications
Elizabeth Ambler

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

our people continued

Staff Profile at 30 June 2005
Number of Full Time Equivalent Staff Employed in the NSW Public Health System as at 30 June

<table>
<thead>
<tr>
<th>NORTHERN SYDNEY &amp; CENTRAL COAST</th>
<th>JUNE 02</th>
<th>JUNE 03</th>
<th>JUNE 04</th>
<th>JUNE 05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>894</td>
<td>913</td>
<td>960</td>
<td>1,010</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>4,240</td>
<td>4,447</td>
<td>4,691</td>
<td>4,880</td>
</tr>
<tr>
<td>Corporate Administration</td>
<td>657</td>
<td>696</td>
<td>614</td>
<td>607</td>
</tr>
<tr>
<td>Allied Health Professional</td>
<td>1,354</td>
<td>1,458</td>
<td>1,484</td>
<td>1,794</td>
</tr>
<tr>
<td>Hospital employees (eg Ward iPad, Technical Asssts. &amp; Ancillary Staff)</td>
<td>2,009</td>
<td>2,132</td>
<td>2,332</td>
<td>2,499</td>
</tr>
<tr>
<td>Hotel Services</td>
<td>934</td>
<td>932</td>
<td>924</td>
<td>642</td>
</tr>
<tr>
<td>Maintenance &amp; Trades</td>
<td>136</td>
<td>127</td>
<td>133</td>
<td>120</td>
</tr>
<tr>
<td>Other</td>
<td>84</td>
<td>74</td>
<td>73</td>
<td>98</td>
</tr>
<tr>
<td>Total</td>
<td>10,308</td>
<td>10,782</td>
<td>11,210</td>
<td>11,560</td>
</tr>
<tr>
<td>Medical, Nursing &amp; Allied Health staff</td>
<td>62.9</td>
<td>63.2</td>
<td>63.6</td>
<td>66.5</td>
</tr>
</tbody>
</table>

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

Equal Employment Opportunity
Staff Numbers by Level as at 30 June 2005

<table>
<thead>
<tr>
<th>EMPLOYMENT BASIS</th>
<th>TOTAL STAFF</th>
<th>MEMBERS</th>
<th>WOMEN</th>
<th>ABORIGINAL PEOPLES &amp; TERRITORY ISLANDERS</th>
<th>PEOPLE FROM RACIAL, ETHNOCULTURAL MINORITY GROUPS</th>
<th>PEOPLE WITH A DISABILITY</th>
<th>PEOPLE REQUIRING WORK RELATED ADJUSTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Full-time</td>
<td>7,553</td>
<td>81%</td>
<td>32%</td>
<td>67%</td>
<td>1.0%</td>
<td>3%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Permanent Part-time</td>
<td>4,235</td>
<td>81%</td>
<td>11%</td>
<td>89%</td>
<td>0.6%</td>
<td>4%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Temporary Full-time</td>
<td>661</td>
<td>79%</td>
<td>22%</td>
<td>73%</td>
<td>2.9%</td>
<td>3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Temporary Part-time</td>
<td>501</td>
<td>79%</td>
<td>6%</td>
<td>54%</td>
<td>1.5%</td>
<td>2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Contract - SES</td>
<td>13</td>
<td>77%</td>
<td>23%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract - Non SES</td>
<td>179</td>
<td>48%</td>
<td>22%</td>
<td>78%</td>
<td>1.2%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Retained</td>
<td>99</td>
<td>48%</td>
<td>22%</td>
<td>78%</td>
<td>1.2%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Casual</td>
<td>2,576</td>
<td>51%</td>
<td>26%</td>
<td>74%</td>
<td>1.4%</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15,718</td>
<td>76%</td>
<td>25%</td>
<td>79%</td>
<td>1.1%</td>
<td>14%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Subgroup Totals
| Subgroup Totals     | 13,133      | 10,590  | 3,220 | 9,913 | 103 | 3,220 | 9,913 | 103 | 1,207 |

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

Awareness of the principles of employment was raised through the following methods:

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

Recruitment and selection processes were monitored to ensure the use of non-discriminatory practices:

- All vacant positions were advertised in accordance with recruitment and selection policy.
- Advertisements were monitored for any direct or indirect discrimination in the content.
- Training courses were conducted in Staff Selection with 45 staff from Northern Sydney Health and 46 staff from Central Coast Area Health Service attaining.
- Selection committee reports were reviewed for compliance and feedback given to conveners of panels where compliance improvements were required.
- All position descriptions incorporate the employer responsibilities for fairness and equity through non-discriminatory practices as well as ensuring that recruitment and selection is based on merit.

Equitable access to services, programs and activities for all staff:

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

Recruitment and retention strategies for disadvantaged EEO groups:

- A number of trainee enrolled nursing positions have been designated for Aboriginal and Torres Strait Island people.
- Aboriginal cultural awareness programs have been conducted on a formal basis as well as on request from specific services, eg. Mental Health, Drug and Alcohol unit.

2004/05 Projects included:

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

The seven Area Services in NSH were audited against the OHS&R Numerical Profile audit tool with an average score across the AHS of 81%.

There were no prosecutions for Northern Sydney Health under the Occupational Health and Safety Act in 2004.

Central Coast Health had two current prosecutions which are now against the new Northern Sydney Central Coast Health.

Risk Management and OHS Report

Occupational Health and Safety Activity

The merger of Central Coast Health and Northern Sydney Health ensured that the 2004/05 year was focused on combining OHS and Workers Compensation services and evaluating OHS in each previous AHS in preparation for future changes to these systems.

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

2004/05 Funds Year

No. claims/100 FTE $ 8.52 $ 10.00

Cost Claims FTE $ 454.00 $ 561.00

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

The tables below express claims for 2004/05 as a percentage of the total by Accident Type and Occupational Group.

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

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

Other Insurances Risk Management

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

Allied Health Teaching and Training

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

At a structural level, some significant developments have occurred:

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

Teaching and Research

Northern Clinical School Report

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

Undergraduate clinical teaching

Northern Clinical School has maintained a high reputation for outstanding teaching of medical students enrolled in the University of Sydney Medical Program. Student numbers have increased from around 60 to nearly 90 per year in the incoming 2004 Medicine 1 group. This gives a total number of students of around 280-300 over all four years of the course. Clinicians from all specialties are involved in conducting tutorials and lectures with students. Students visit the hospital one day per week during Years 1 and 2, increasing to a more full time attendance in Years 3 and 4.

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

Special training facilities

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

Postgraduate research training

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

Multiple teaching sites

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

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

Professor Michael Field

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

Junior Medical Officers

JUNIOR MEDICAL STAFF EDUCATION (NSH)

The Junior Medical Staff education program at Royal North Shore Hospital is for Postgraduate Year 1 students in their first year out of university after completing a medical degree and Postgraduate Year 2 students in their second year out of university. The program covers clinical skills and professional development. This is a rotating program across the Northern Health Service. There is an active Clinical School, which has been further expanded since its launch in 2003. This involves grouping students of medicine, nursing and various allied health professions into teams. Students learn together over a 3 to 4 week period gaining insight into each others roles and skills. This has been well evaluated by the students, and will be expanded across other teaching hospitals in the Faculty of Medicine in the coming years.

Postgraduate Year 1 Education Program

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

Postgraduate Year 2 Education Program

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

JUNIOR MEDICAL OFFICER EDUCATION FORUM

The forum meets once monthly to present and discuss clinical cases. There are two presentations at each session. They give the presenter an opportunity to develop presentation skills in front of their peer group. Cases are usually common problems managed in the wards.

Multiple teaching sites

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

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

Education Programs

POSTGRADUATE YEAR 1 EDUCATION PROGRAM

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

POSTGRADUATE YEAR 2 EDUCATION PROGRAM

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

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The forum meets once monthly to present and discuss clinical cases. There are two presentations at each session. They give the presenter an opportunity to develop presentation skills in front of their peer group. Cases are usually common problems managed in the wards.
Research

Research Chairman's Report

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

in excess of eight million dollars has been invested in researchers in the NSCCH in 2004/05 by:
• the National Health and Medical Research Council
• the NSW Ministry of Science and Medical Research through targeted funding via the Cancer Institute and the Spinal Injuries Program
• other national and international bodies including the Australia Research Council and the USA National Institutes of Health
• philanthropic donations

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

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

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

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

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

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

The support of our university partners, in particular The University of Sydney, The University of Technology, Sydney and The University of Newcastle must be acknowledged. Clearly, in the present environment, research is an exciting collaborative effort enhanced through the involvement and interaction with the university sector. We plan to explore opportunities to form partnerships with the private sector in research activities in 2005/06.

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

Professor Carol Pollock NSCCH Chairman of Research

Detailed information regarding research in NSCCH is available in the NSCCH Research Report 2004 and the NSH Research Report 2004. The next NSH research report is due to be published June 2006. A list of clinical trials can be found in this report's Appendices.

Official overseas travel by staff

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

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

The Area Health Advisory Council will have the following functions:

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

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

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

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

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

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

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

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

Prof Carol Pollock – Chair
Dr Magdalen Ann Campbell
Dr Greg Fulcher
Mr Paul Tonkin
Mr Tom Limburg
Prof Margaret McMullan
Mr Pasco Totaro AM
Mr Darren Bovd
MRS Georgia Sidoropoulos
Dr Scott Whyte
Ms Dianne Spragg
Dr Tony Carrozzi
Ms Nancy Ma

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

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

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

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

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

Dr Greg Fulcher is a former local GP. He is head of Endocrinology at Royal North Shore Hospital. Dr Fulcher is chair of the Royal North Shore Hospital Medical Staff Council. He is a member of the Diabetes Area Network. Dr Fulcher resides in Roseville.

Mr Paul Tonkin was chair of the Central Coast Area Health Care Quality Council and Medical Appointments Committee. He is a partner in a law firm on the Central Coast. Mr Tonkin is a former deputy chair of the Central Coast Area Health Service Board. Mr Tonkin resides in Woy Woy Bay.

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

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

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

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

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

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

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

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

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

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

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

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

The Central Coast Health facilitated a series of Community Forums on Health, as well as a range of other consumer and community participation initiatives. A Consumer and Community Engagement Framework has been developed for the merged Northern Sydney Central Coast Health area. The key features of this structure are:

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

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

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

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

Fundraising – Northern Sydney

Royal North Shore Hospital

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

RNSH thanks our generous supporters who have done much to keep us at the forefront of medical care. Highlights of the year was the overwhelming response to our dialysis appeals which reached well over the target of $196,000. The appeal raised enough money to replace the haemodialysis machines in the acute care dialysis unit, as well as machines for Lancelot Cottage, our satellite dialysis service.

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

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

Many local businesses donated time and effort to our fundraising efforts, RNSH acknowledges their support.

These generous donors include:

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

RNSH received $2,945,550 in bequests. The major bequest over overseas medical personnel.

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

Mona Vale Hospital

Combined Hospital Auxiliaries remain our biggest supporters.

KIDS AUXILIARIES

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

NARRABEEN/VALENCIERS POOL AUXILIARY

- Portable Ultrasound for the Emergency Department ($50,000)

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

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

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

Hornby Ku-ring-gai Health Service

Hornby Ku-ring-gai Health Service enjoys the support of a vibrant local community who continue to partner us as in many fundraising projects.

Funds raised totalled $692,000 for 2004/05. Funds went directly to patient care initiatives.

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

Fundraising – Central Coast

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

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

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

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

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

Our partnership with New South Wales Fire Brigades on the Central Coast goes from strength to strength.

Local Firefights have embraced support for critical care services this year providing $25,000 to support the purchase of specialised equipment to stabilise and treat burned patients in our Emergency Departments.

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

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

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

We appreciate the support of all our donors, old and new, and look forward to strengthening these relationships in the year ahead.

Northern Sydney Central Coast Health • 2004/2005 Annual Report
Ethnic Affairs Priority Statement (EAPS)
The Ethnic Affairs Priority Statement is a planning document incorporating the key ethnic affairs initiatives and priorities of government agencies.

ACHIEVEMENTS
- Implementation of cultural diversity training for staff
- Provision of face to face and telephone interpreting services for clients and staff of NSCCH and Home and Community Care Services (HACC)
- Facilitation of community development activities with refugee communities
- Translation of information on specific health services
- Consultations provided for the Vietnamese, Afghani and Bangladeshi communities
- Implementation of cultural diversity training for staff
- Provision of face to face and telephone interpreting
- Translation of information on specific health services
- Referral pathways support GPs practising near selected local high schools

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

Our Volunteers
There is a wide variety of volunteer roles throughout NSCCH. Some volunteers focus on fundraising; others perform valuable practical services throughout our hospitals and community health services. These roles have developed over time and reveal something of the nature and character of the individual hospitals that volunteers serve. Public Affairs and other hospital staff encourage, support and recognise the work volunteers do in providing their unique services. Some examples of the vital work and the roles they play in NSCCH include:
- Fundraising (eg Royal North Shore Hospital’s Ladies, and Floral and Services Voluntary Committees raised more than $32,000 in 2004/05 for patient equipment and amenities)
- Patient escorts, Emergency Department companions and welcome
- Information and mail services, oncology drivers, ward grandparents, CANSUPPORT
- Kiosks and sub news agencies
- Linen services
- Trolley services to the bedside (biscuits, sweets and other small items)
- Patient library service
- Hospital museum custodians

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

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

Each hospital has a formal non-denominational chapel or quiet room for staff, patients and visitors. The Chaplains Department owners and maintain these areas and organise observances of religious holidays and celebrations including regular weekly services, Christmas and Easter observances, non-denominational services and spiritual responses to local, national and international events.
## Hospital auxiliaries

### Central Coast Health

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>PRESIDENT</th>
<th>SECRETARY</th>
<th>TREASURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOSFORD</td>
<td>Mrs Maureen Hurt</td>
<td>Mrs Jennifer Sims</td>
<td>Mrs Hazel Pankhurst (deceased)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Miss Lucy Sharp</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mrs Kerrie Fabinski</td>
</tr>
<tr>
<td>KINCUMBER</td>
<td>Mrs Peggy Horton</td>
<td>Mrs Roma Alexander</td>
<td>Mrs Sadie Cummings</td>
</tr>
<tr>
<td>LONG JETTY</td>
<td>Mrs Thelma Peck</td>
<td>Mrs Pat Wares</td>
<td>Mrs Betty Smith</td>
</tr>
<tr>
<td>OURIMBAH</td>
<td>Mrs Tori Brewster</td>
<td>Mrs Yvonne Smith</td>
<td>Miss Narelle Rodgers</td>
</tr>
<tr>
<td>WYD WYD</td>
<td>Mrs Marie Jackman</td>
<td>Ms Merle Menz</td>
<td>Mrs Shirley Cuppitt</td>
</tr>
<tr>
<td>WYONG</td>
<td>Mrs Teresa Oswald</td>
<td>Miss Doris Colahan</td>
<td>Mrs Beryl Williams</td>
</tr>
</tbody>
</table>

### Royal North Shore Hospital Ladies Committee

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>Jeanette Dowda</td>
</tr>
<tr>
<td>HON SECRETARY</td>
<td>Hope Wheatly</td>
</tr>
<tr>
<td>ASST HON SECRETARY</td>
<td>June Clark</td>
</tr>
<tr>
<td>HON TREASURER</td>
<td>Margaret Rogers</td>
</tr>
<tr>
<td>ASST HON TREASURER</td>
<td>Rosemary Morris</td>
</tr>
</tbody>
</table>

### Royal North Shore Hospital Floral & Services Voluntary Committee

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>Iris Burgess</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>Anne Green</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Val Burgess</td>
</tr>
<tr>
<td>TREASURER</td>
<td>Mr Merv Mills</td>
</tr>
<tr>
<td>ASSISTANT TREASURER</td>
<td>Anne Green</td>
</tr>
<tr>
<td>RAFFLES</td>
<td>Anne Green</td>
</tr>
<tr>
<td>PUBLICITY OFFICER</td>
<td>Graeme Chambers</td>
</tr>
</tbody>
</table>

### Mona Vale Hospital Kiosk Auxiliary Committee

<table>
<thead>
<tr>
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<th>NAME</th>
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</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>June Robson</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>Elizabeth Flood</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Myra O'Dwyer</td>
</tr>
</tbody>
</table>

### Manly Hospital Auxiliary

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>Marion Pedavac</td>
</tr>
</tbody>
</table>

### Dalwood Auxiliary

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
</tr>
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<tbody>
<tr>
<td>PRESIDENT</td>
<td>Tori Lynch</td>
</tr>
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### Ryde Hospital Pink Ladies

<table>
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<tr>
<th>TITLE</th>
<th>NAME</th>
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</thead>
<tbody>
<tr>
<td>PRESIDENT</td>
<td>Beth Stewart</td>
</tr>
<tr>
<td>SECRETARY</td>
<td>Nancy Woolman</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td>May Peters</td>
</tr>
<tr>
<td>TREASURER</td>
<td>Reg Walker</td>
</tr>
</tbody>
</table>

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Executive Summary

The audited financial statements presented for the Area Health Service recognise the amalgamation of the Area Health Services which had effect from 1 January 2005. For the period 1 January 2005 to 30 June 2005 the Net Cost of Services budget was $591.4 million against which the audited actuals of $582.1 million represents a favourable variation of 3.3% or $9.3 million of 1.6%.

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

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

<table>
<thead>
<tr>
<th></th>
<th>2004/05 ACTUALS</th>
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<th>2003/04 ACTUALS</th>
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<tr>
<td></td>
<td>$000</td>
<td>$000</td>
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<tr>
<td>Employee Related Expenses</td>
<td>855,465</td>
<td>858,231</td>
<td>770,503</td>
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<tr>
<td>Visiting Medical Officers</td>
<td>43,900</td>
<td>38,650</td>
<td>39,814</td>
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<td>Goods &amp; Services</td>
<td>355,089</td>
<td>330,139</td>
<td>348,606</td>
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<tr>
<td>Maintenance</td>
<td>47,388</td>
<td>53,514</td>
<td>35,198</td>
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<tr>
<td>Depreciation &amp; Amortisation</td>
<td>43,773</td>
<td>43,669</td>
<td>40,872</td>
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<td>Grants &amp; Subsidies</td>
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<td>11,385</td>
<td>10,573</td>
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<td>Borrowing Costs</td>
<td>73</td>
<td>251</td>
<td>54</td>
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<tr>
<td>Payments to Affiliated Health Organisations</td>
<td>34,744</td>
<td>33,099</td>
<td>32,182</td>
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<tr>
<td>Other Expenses</td>
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<tr>
<td>Total Expenses</td>
<td>1,393,709</td>
<td>1,368,938</td>
<td>1,277,802</td>
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<tr>
<td>Sale of Goods &amp; Services</td>
<td>238,746</td>
<td>231,424</td>
<td>237,453</td>
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<tr>
<td>Investment Income</td>
<td>7,427</td>
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<td>6,632</td>
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<td>Grants &amp; Contributions</td>
<td>26,026</td>
<td>16,414</td>
<td>30,581</td>
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<td>Other Revenue</td>
<td>2,214</td>
<td>5,234</td>
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<td>Total Revenues</td>
<td>274,423</td>
<td>257,234</td>
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<td>Gain/loss on Disposal of Non Current Assets</td>
<td>(335)</td>
<td>90</td>
<td>26</td>
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<tr>
<td>Net Cost of Services</td>
<td>1,119,621</td>
<td>1,111,614</td>
<td>996,134</td>
</tr>
</tbody>
</table>

The variations in the two years reported stem from budget adjustments and other movements as follows:

INCREASES 2004/05

$000

Employee Related Expenses (Award Increases) 84,962
Visiting Medical Officers 4,086
Maintenance 12,190
Grants and Subsidies 2,704
Other Variations 103,942

Program Reporting

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

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

Directions in Funding

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

In addition to the need to adopt AEIFRS the Area Health Services have the need to respond to several other significant challenges:

- the amalgamation of accounting and financial systems;
- the restructuring of corporate and business support services designed to generate funds to source further front line services.

The variations in the two years reported stem from budget adjustments and other movements as follows:

INCREASES 2004/05

$000

Employee Related Expenses (Award Increases) 84,962
Visiting Medical Officers 4,086
Maintenance 12,190
Grants and Subsidies 2,704
Other Variations 103,942

The 2005/06 Budget – the forthcoming year

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

- the provision of increased equivalent bed capacity to improve access block performance and provide sustainable management of elective surgery – it is expected that the funding provided will facilitate the establishment and opening of an additional 125 equivalent beds;
- the provision of more elective surgery to tackle existing waiting lists;
- the need to increase the number of intensive care beds and costs for adults, children and infants with 4 additional beds expected to open and operate in 2005/06;
- mental health service improvements including opening of additional beds at Royal North Shore Hospital;
- the continued enhancement of the delivery of cancer research and direct patient services;
- the Northern Sydney and Central Coast Area Health Service will work with the NSW Department of Health in a major reform program that will focus on ensuring that each patient reserving the best possible journey through the health system. This will ensure that patient care is better coordinated, leading to improved patient outcomes and more efficient use of resources.

The Area Health Service amalgamations as announced by the Minister for Health on 27 July 2004 serve to better align population growth centres with existing centres of excellence and specialist medical expertise and also link areas of traditional clinical resource strength to areas of traditional medical expertise and also link areas of shortage.

A major internal reform program has also been initiated to consolidate and share corporate and business support services across the public health system. These reforms are aimed at redirecting resources to frontline health care, while also improving the cost effectiveness, consistency and accessibility of support services across the State. The initial focus of these reforms is clinical, food and IT systems and overall procurement processes, the approach being consistent with the NSW Government's Shared Corporate Services Reform Strategy.
Certification of Financial Statements for period ended 30 June 2005

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

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

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

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

Chief Executive
Northern Sydney and Central Coast Area Health Service

31 October 2005

Director of Finance
Northern Sydney and Central Coast Area Health Service

31 October 2005

Independent Auditor's Report

INDEPENDENT AUDIT REPORT

NORTHERN SYDNEY AND CENTRAL COAST AREA HEALTH SERVICE

To Members of the New South Wales Parliament

Audit Opinion Pursuant to the Public Finance and Audit Act 1983

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

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

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

Audit Opinion Pursuant to the Charitable Fundraising Act 1991

In my opinion:

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

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

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

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

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

The Chief Executive Officer's Role

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

The Auditor's Role and the Audit Scope

As required by the PF&A Act and the CF Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides reasonable assurance to Members of the New South Wales Parliament that the financial report is free of material misstatement.
Independent Auditor’s Report continued

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

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

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

My opinions do not provide assurance:

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

Audit Independence

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

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

David Jones
Director, Financial Audit Services

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

### STATEMENT OF CHANGES IN EQUITY

FOR THE SIX MONTHS ENDED 30 JUNE 2005

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

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

- Accumulated Funds
- Asset Revaluation Reserve

---

### BALANCE SHEET AS AT 30 JUNE 2005

<table>
<thead>
<tr>
<th>NOTES</th>
<th>ACTUAL 30 JUNE 2005 '000</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSETS</td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>28,748</td>
</tr>
<tr>
<td>Receivables</td>
<td>32,285</td>
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<tr>
<td>Inventories</td>
<td>12,468</td>
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<td>Other Financial Assets</td>
<td>61,251</td>
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<tr>
<td>Other</td>
<td>6,272</td>
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<tr>
<td>Non Current Assets Held for Sale</td>
<td>141,024</td>
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<tr>
<td>Total Current Assets</td>
<td>141,896</td>
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<tr>
<td>Non-Current Assets</td>
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<tr>
<td>Receivables</td>
<td>1,551</td>
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<tr>
<td>Property, Plant and Equipment</td>
<td>1,040,366</td>
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<tr>
<td>- Land and Buildings</td>
<td>64,039</td>
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<td>- Plant and Equipment</td>
<td>40,045</td>
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<tr>
<td>- Infrastructure Systems</td>
<td>1,144,450</td>
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<td>Intangible Assets</td>
<td>150</td>
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<tr>
<td>Total Non-Current Assets</td>
<td>1,146,151</td>
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<tr>
<td>Total Assets</td>
<td>1,288,047</td>
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<td>LIABILITIES</td>
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<tr>
<td>Current Liabilities</td>
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<tr>
<td>Payables</td>
<td>83,215</td>
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<tr>
<td>Borrowings</td>
<td>2,813</td>
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<tr>
<td>Provisions</td>
<td>68,464</td>
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<td>Other</td>
<td>1,622</td>
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<tr>
<td>Total Current Liabilities</td>
<td>156,114</td>
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<tr>
<td>Non-Current Liabilities</td>
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<tr>
<td>Borrowings</td>
<td>8,096</td>
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<tr>
<td>Provisions</td>
<td>137,690</td>
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<td>Other</td>
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<tr>
<td>Total Non-Current Liabilities</td>
<td>154,613</td>
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<tr>
<td>Total Liabilities</td>
<td>310,727</td>
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<tr>
<td>Net Assets</td>
<td>977,320</td>
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<tr>
<td>EQUITY</td>
<td></td>
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<tr>
<td>Reserves</td>
<td>203,592</td>
</tr>
<tr>
<td>Accumulated Funds</td>
<td>773,259</td>
</tr>
<tr>
<td>Amounts recognised on equity relating to assets held for sale</td>
<td>976,851</td>
</tr>
<tr>
<td>Total Equity</td>
<td>977,320</td>
</tr>
</tbody>
</table>

---

The accompanying notes form part of these Financial Statements
## CASH FLOW STATEMENT
FOR THE SIX MONTHS ENDED 30 JUNE 2005

### NOTES

**Actual 2005**

<table>
<thead>
<tr>
<th>CASH FLOWS FROM OPERATING ACTIVITIES</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments:</td>
<td></td>
</tr>
<tr>
<td>Employee Related</td>
<td>(383,184)</td>
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<tr>
<td>Grants and Subsidies</td>
<td>(8,687)</td>
</tr>
<tr>
<td>Other</td>
<td>(265,522)</td>
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<tr>
<td>Total Payments</td>
<td>(857,393)</td>
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<tr>
<td><strong>Receipts</strong></td>
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<tr>
<td>Sale of Goods and Services</td>
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<tr>
<td>Interest Received</td>
<td>3,481</td>
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<tr>
<td>Other</td>
<td>29,690</td>
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<tr>
<td>Total Receipts</td>
<td>159,980</td>
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<tr>
<td><strong>Cash Flows From Government</strong></td>
<td></td>
</tr>
<tr>
<td>NSW Health Department Recurrent Allocations</td>
<td>491,304</td>
</tr>
<tr>
<td>NSW Health Department Capital Allocations</td>
<td>28,220</td>
</tr>
<tr>
<td>Net Cash Flows from Government</td>
<td>519,524</td>
</tr>
</tbody>
</table>

**NET CASH FLOWS FROM OPERATING ACTIVITIES**  
35  
22,111

**CASH FLOWS FROM INVESTING ACTIVITIES**  
Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems  
125  

Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems  
(29,433)  

Purchases of Investments  
(5,007)  

**NET CASH FLOWS FROM INVESTING ACTIVITIES**  
(34,315)  

**CASH FLOWS FROM FINANCING ACTIVITIES**  
Proceeds from Borrowings and Advances  
20,000  

Repayment of Borrowings and Advances  
(10,197)  

**NET CASH FLOWS FROM FINANCING ACTIVITIES**  
9,803  

**NET INCREASE/(DECREASE) IN CASH**  
Opening Cash and Cash Equivalents  
(2,401)  

**CLOSING CASH AND CASH EQUIVALENTS**  
31,149  
28,748  

### Service's Expenses and Revenues

<table>
<thead>
<tr>
<th>Program</th>
<th>2005 $'000</th>
<th>2005 $'000</th>
<th>2005 $'000</th>
<th>2005 $'000</th>
<th>2005 $'000</th>
<th>2005 $'000</th>
<th>2005 $'000</th>
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<th>2005 $'000</th>
<th>2005 $'000</th>
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<th>2005 $'000</th>
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<tr>
<td>1*</td>
<td>35,935</td>
<td>325</td>
<td>30,791</td>
<td>40,669</td>
<td>214,741</td>
<td>13,207</td>
<td>48,806</td>
<td>36,252</td>
<td>6,459</td>
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<td>2</td>
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<td>533</td>
<td>16,593</td>
<td>1,949</td>
<td>553</td>
<td>338</td>
<td>314</td>
<td>627</td>
<td>22,220</td>
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<td>3</td>
<td>7,037</td>
<td>81</td>
<td>16,399</td>
<td>11,609</td>
<td>111,047</td>
<td>13,228</td>
<td>8,386</td>
<td>7,791</td>
<td>3,365</td>
<td>4,443</td>
<td>183,386</td>
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<td>1,988</td>
<td>1,104</td>
<td>291</td>
<td>399</td>
<td>23,052</td>
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<td>6</td>
<td>3,803</td>
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<td>223</td>
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<td>1,642</td>
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<td>8,022</td>
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<td>5</td>
<td>4</td>
<td>28</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>53</td>
<td></td>
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<tr>
<td>8</td>
<td>101</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,166</td>
<td>15,259</td>
<td>0</td>
<td>86</td>
<td>16,614</td>
<td></td>
</tr>
</tbody>
</table>

**Total Expenses**  
49,818  
632  
53,397  
56,407  
366,361  
31,129  
65,666  
64,178  
10,935  
17,528  
715,051

**Total Revenue**  
5,894  
140  
7,034  
7,662  
78,817  
5,820  
4,061  
9,659  
2,668  
11,332  
133,200

**Net Cost of Service**  
43,978  
492  
46,177  
48,946  
286,611  
25,309  
61,568  
54,520  
8,269  
6,195  
582,085

*The name and purpose of each program is summarised in Note 16.

The program statement uses statistical data to 31 December 2004 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2005 and 30 June 2005 which would materially impact this allocation.
The Northern Sydney and Central Coast Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005 and as such has presented its financial statements only for the six months period ended 30 June 2005. As a reporting entity the Health Service comprises the services previously provided by the former Northern Sydney and Central Coast Area Health Services.

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital Facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service.

The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

These financial statements have been authorised for issue by the Chief Executive on 31 October 2005.

2. Summary of Significant Accounting Policies

The Health Service’s financial statements are a general purpose financial report which has been prepared on an accruals basis, and in accordance with applicable International Financial Reporting Standards (which include Australian equivalents to International Financial Reporting Standards (AIFRS)), other authoritative pronouncements of the Australian Accounting Standards Board (AASB) where it is necessary to detail the scope and applicability of the International Standards in the Australian environment, Urgent Issues Group (UIG) Consensus Views and the requirements of the Health Services Act 1997 and its regulations including observation of the Accounts and Audit Determination for Area Health Services and Public Hospitals.

The Area Health Service’s financial statements are prepared for the six months ended 30 June 2005 and are therefore prepared in accordance with AASB 101, “Presentation of Financial Statements”, which requires the adoption of International Financial Reporting Standards for reporting periods beginning on or after 1 January 2005.

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

In the absence of a specific Accounting Standard, other authoritative pronouncements of the AASB or UIG consensus View is considered.

Except for property, plant and equipment, investment property and financial assets held for trading and available for sale which are measured at fair value, the financial statements are prepared in accordance with the historical cost convention. All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

The financial report complies with Australian Accounting Standards, which include AIFRS.

This is the first financial report prepared based on AIFRS and no comparatives for the year ended 30 June 2004 are available due to the Area Health Service entity being established on 1 January 2005. Reconciliations from AAP 1 First-time Adoption of AASB 1 to International Financial Reporting Standards is not required.

Under AASB101, Clause 97, the creation of the new Northern Sydney and Central Coast Area Health Service occurred on 1 January 2005 resulting in an Administrative Restructure of prior Northern Sydney and Central Coast Area Health Service boundaries to form the new entity which is recognised during the reporting period. To assist users of these financial statements note 2aa details the Assets and Liabilities taken up by the new entity on 1 January 2005. The comparisons in notes 19 to 44 will reflect figures from this table rather than the balance sheet on inception of the new entity.

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

a) Employee Benefits and Other Provisions

i) Salaries and Wages, Current Annual Leave, Sick Leave and On Costs (including non-monetary benefits)

Liabilities for salaries and wages, current annual leave and vesting sick leave and related on-costs are recognised and measured in respect of employees’ services up to the reporting date at nominal amounts based on the amounts expected to be paid when the liabilities are settled.

Employee benefits are dissected between the “Current” and “Non Current” components on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Unused non-vesting sick leave does not give rise to a liability as it is considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of worker’s compensation insurance premiums and fringe benefits which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

b) Borrowing Costs

Borrowing costs are recognised as expenses in the period in which they are incurred.

c) Insurance

The Health Service’s insurance activities are conducted through the NSW Treasury Managed Fund of self insurance for Government Agencies. The expense (premium) is determined by the Fund Manager based on past experience.

d) Income Recognition

Revenue is recognised when the Area Health Service has control of the good or right to receive, it is virtually certain that the economic benefits will flow to the Area Health Service and the amounts of revenue can be measured reliably.

Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

i) Non Current Annual Leave, Long Service Leave and Superannuation

Long Service leave is measured on a short hand basis at an escalated rate of 6.95% above the salary rates immediately payable as at 30 June 2005 for all employees with five or more years of service. This escalated rate takes into account payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

The Health Service’s liability for superannuation is assumed by the Crown Entity. The Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as non-monetary revenue item described as “Acceptance by the Crown Entity of Employee Benefits”.

The superannuation expense for the financial year is determined using the formula specified by the NSW Health Department. The expense for certain superannuation schemes (ie Basic Benefits and First State Super) is calculated as a percentage of the employee’s salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees’ superannuation contributions.

iii) Other Provisions

Other provisions exist when: the agency has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

The effect of the time value of money is material, provisions are discounted using a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability.

e) Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, the user charges. User charges are recognised as revenue when the Area Health Service obtains control of the assets that result from them.

f) 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.

g) Investment Income

Interest revenue is recognised as it accrues. Rent revenue is recognised in accordance with AASB 117 “Leases”.

h) Dividends Revenue is recognised when the Area Health Service’s right to receive payment is established.

i) Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.
financial statements
Northern Sydney and Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED 30 JUNE 2005

Use of Hospital Facilities
Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the NSW Health Department. Charges consist of two components:
• a monthly charge raised by the Area Health Service based on a percentage of receipts generated
• the residue of the Private Practice Trust Fund at the end of each financial year, such sum being credited for Area Health Service use in the advancement of the Area Health Service or individuals within it.

Use of Outside Facilities
The Area Health Service uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities. The Area Health Service has not estimated the value of the benefit provided as it is not expected to be material.

Grants and Contributions
Grants and Contributions are generally recognised as revenues when the Health Service obtains control over the assets comprising the contributions. Control over contributions is normally obtained upon the receipt of cash.

NSW Health Department Allocations
Payments are made by the NSW Health Department on the basis of the allocation for the Health Service as adjusted for approved supplements or salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the Income Statement before arriving at the "Result for the Year from Ordinary Activities" on the basis that the allocation is earned in return for the health services provided on behalf of the Department. Allocations are normally recognised upon the receipt of Cash.

General operating expenses/revenues of Greenwich/Greythwaite Hospital, Neringah Hospital, Royal Rehabilitation Centre, Sydney and St. Catherine's Villa Hospital have only been included in the Income Statement prepared to the extent of the cash payments made to the Health Organisations concerned. The Area Health Service is not deemed to own or control the various asset/abilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Goods & Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except:
• the amount of GST incurred by the Health Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
• receivables and payables are stated with the amount of GST included.

f) Inter Area and Interstate Patient Flows
Inter Area Patient Flows
Health Services recognise patient flows from acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

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

Inter State Patient Flows
Health Services recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and Territories. The expense and revenue values reported within the financial statements have been based on 2003/04 activity data using standard cost weighted separation values to reflect estimated costs in 2004/05 for acute weighted inpatient separations. Where treatment is obtained outside the home health service the State/Territory providing the service is reimbursed by the benefitting Area.

The reporting adopted for both inter area and interstate patient flows aims to provide a greater accuracy of the cost of service provision to the Area’s resident population and disclose the extent to which service is provided to non residents.

The composition of patient flow revenue/expense is disclosed in Notes 4 and 10.


financial statements
Northern Sydney and Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED 30 JUNE 2005

g) Receivables
Receivables are recognised and carried at cost, based on the original invoice amount less a provision for any uncollectable debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.

h) Acquisition of Assets
The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Health Service. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the specific requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructuring.

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm’s length transaction.

Where payment for an item is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted at an asset-specific rate.

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

i) Plant and Equipment
Individual items of plant & equipment costing $5,000 and above are capitalised.

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

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

<table>
<thead>
<tr>
<th>Asset Category</th>
<th>Annual % Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings</td>
<td>10.0%</td>
</tr>
<tr>
<td>Electro Medical Equipment</td>
<td>10.0%</td>
</tr>
<tr>
<td>Computer Equipment</td>
<td>20.0%</td>
</tr>
<tr>
<td>Computer Software</td>
<td>20.0%</td>
</tr>
<tr>
<td>Infrastructure Systems</td>
<td>2.5%</td>
</tr>
<tr>
<td>Plant and Machinery</td>
<td>10.0%</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>20.0%</td>
</tr>
<tr>
<td>Furniture, Fixtures and Furnishings</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

k) Revaluation of Property, Plant & Equipment
Physical non-current assets are valued in accordance with the NSW Health Department’s “Guidelines for the Valuation of Physical Non-Current Assets at Fair Value”. This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment”. There is no substantive difference between the fair value valuation methodology and the previous valuation methodology adopted by the Health Services now amalgamated as the Northern Sydney and Central Coast Area Health Service.

Where available, fair value is determined having regard to the highest and best use of the asset on the basis of current market selling prices for the same or similar assets. Where market selling price is not available, the asset’s fair value is measured as its market buying price ie the replacement cost of the asset’s remaining service potential. The Health Service is not for profit entity with no cash generating operations.

Each class of property is revalued every five years and with sufficient regularity to ensure that the carrying amount of each asset in the class does not differ materially from its fair value at reporting date.

The Northern Sydney and Central Coast Area Health Service has had a revaluation completed for each class of land and buildings on 30 June 2005 by Graham Scrymgeour AAP (certified practicing valuer), NSW registration No 1578.
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
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Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

When revaluing non-current assets by reference to current prices for assets newer than those being revalued (adjusted to reflect the present condition of the assets), the gross amount and the related accumulated depreciation is separately restated.

Otherwise, any balances of accumulated depreciation existing at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reduces the carrying amount of an asset previously recognised as an expense in the result for the year from Ordinary Activities, the increment is recognised as revenue in the result for the year from Ordinary Activities that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are offset against each other. Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

Impairment of Property, Plant and Equipment

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise. Where an asset that has previously been revalued is disposed of, any balance remaining in the asset revaluation reserve in respect of that asset is transferred to accumulated funds.

Non Current Assets classified as Held for Sale

The Health Service has certain non-current assets which are held for sale. These assets are classified as non-current assets held for sale once their carrying amount has been reduced to an amount below which it is not probable that the asset will be sold for an amount equal to or greater than its net realisable value less costs to sell. The net realisable value less costs to sell is then measured on the basis of the proceeds that would be realised in a sale of the assets in their current condition and state of repair, taking into account any costs necessary to prepare the assets for sale.

Intangible Assets

Intangibles are stated at cost. Costs are assigned to individual items of stock mainly on the basis of weighted average costs. Obsolete items are disposed of in accordance with instructions issued by the NSW Health Department.
Classes of instruments recorded at market value comprise:

**Hour Glass Investment Facilities**

The Health Service has investments in TCorp's Hour Glass Investment facilities. The Health Service's investments are represented by a number of units in managed investments within the facilities. Each facility has different investment horizons and comprises a mix of asset classes appropriate to that investment horizon. TCorp appoints and monitors fund managers and establishes and monitors the application of appropriate investment guidelines.

The Health Service's investments are:

<table>
<thead>
<tr>
<th>30 JUNE 2005</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Facility</td>
<td>4,180,833.72</td>
</tr>
</tbody>
</table>

These investments are generally able to be redeemed by giving notice prior to 11:00am on a business day. The value of the investments held can decrease as well as increase depending upon market conditions. The value that best represents the maximum credit risk exposure is the net fair value. The value of the above investments represents the Health Service's share of the value of the underlying assets of the facility and is stated at net fair value.

**Other**

There are no classes of instruments which are recorded at other than cost or market valuation.

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

**t) Payables**

These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest.

Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

**u) Borrowings**

All loans are valued at current capital value.

**v) Trust Funds**

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 36. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

**w) Budgeted Amounts**

As this is the first financial report prepared for the Northern Sydney and Central Coast Area Health Service and the results are for part of the 2004/05 financial year beginning 1 January 2005 and ended 30 June 2005, budget comparisons have not been provided. This is due to the significant retrospective payments for awards and other supplementations for the period 1 July 2004 to 31 December 2004 that occurred after 1 January 2005.

Budget comparisons for all Health Services will be included as part of the consolidated result for NSW Health Department.
financial statements
Northern Sydney and Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE SIX MONTHS ENDED 30 JUNE 2005

3. Employee Related

Employee related expenses comprise the following:

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>325,967</td>
</tr>
<tr>
<td>Long Service Leave (see note 2(a))</td>
<td>16,896</td>
</tr>
<tr>
<td>Annual Leave (see note 2(a))</td>
<td>37,308</td>
</tr>
<tr>
<td>Sick Leave and Other Leave</td>
<td>7,457</td>
</tr>
<tr>
<td>Redundancies</td>
<td>374</td>
</tr>
<tr>
<td>Nursing Agency Payments</td>
<td>2,839</td>
</tr>
<tr>
<td>Workers Compensation Insurance</td>
<td>10,041</td>
</tr>
<tr>
<td>Superannuation [see note 2(a)]</td>
<td>37,446</td>
</tr>
<tr>
<td>Fringe Benefits Tax</td>
<td>21</td>
</tr>
</tbody>
</table>

The following additional information is provided:

Maintenance staff costs included in Employee Related Expenses: 4,409

Note 5 further refers.

4. Goods and Services

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood and Blood Products</td>
<td>6,220</td>
</tr>
<tr>
<td>Computer Related Expenses</td>
<td>2,999</td>
</tr>
<tr>
<td>Domestic Charges</td>
<td>8,374</td>
</tr>
<tr>
<td>Drug Supplies</td>
<td>23,744</td>
</tr>
<tr>
<td>Food Supplies</td>
<td>5,223</td>
</tr>
<tr>
<td>Fuel, Light and Power</td>
<td>3,375</td>
</tr>
<tr>
<td>General Expenses</td>
<td>17,918</td>
</tr>
<tr>
<td>Hospital Ambulance Transport Costs</td>
<td>2,200</td>
</tr>
<tr>
<td>Insurance</td>
<td>170</td>
</tr>
<tr>
<td>Inter Area Patient Outflows, NSW</td>
<td>52,650</td>
</tr>
<tr>
<td>Interstate Patient Outflows</td>
<td>1,338</td>
</tr>
<tr>
<td>Medical and Surgical Supplies</td>
<td>32,291</td>
</tr>
<tr>
<td>Postal and Telephone Costs</td>
<td>2,317</td>
</tr>
<tr>
<td>Printing and Stationery</td>
<td>2,967</td>
</tr>
<tr>
<td>Rates and Charges</td>
<td>1,950</td>
</tr>
<tr>
<td>Rental</td>
<td>896</td>
</tr>
<tr>
<td>Special Service Departments</td>
<td>8,881</td>
</tr>
<tr>
<td>Staff Related Costs</td>
<td>5,716</td>
</tr>
<tr>
<td>Sundry Operating Expenses</td>
<td>68</td>
</tr>
<tr>
<td>Travel Related Costs</td>
<td>3,759</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>183,386</strong></td>
</tr>
</tbody>
</table>

(a) Sundry Operating Expenses comprise:

- Contract for Patient Services: 68

(b) General Expenses include:

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>582</td>
</tr>
<tr>
<td>Books and Magazines</td>
<td>676</td>
</tr>
<tr>
<td>Consultancies</td>
<td></td>
</tr>
<tr>
<td>- Operating Activities</td>
<td>509</td>
</tr>
<tr>
<td>- Capital Works</td>
<td>1,350</td>
</tr>
<tr>
<td>Courier and Freight</td>
<td>777</td>
</tr>
<tr>
<td>Auditor's Remuneration – Audit of financial reports</td>
<td>129</td>
</tr>
<tr>
<td>Auditor’s Remuneration – Other Services</td>
<td>17</td>
</tr>
<tr>
<td>Legal Expenses</td>
<td>565</td>
</tr>
<tr>
<td>Membership/Professional Fees</td>
<td>978</td>
</tr>
<tr>
<td>Motor Vehicle Operating Lease Expense – minimum lease payments</td>
<td>2,130</td>
</tr>
<tr>
<td>Other Operating Lease Expense – minimum lease payments</td>
<td>4,032</td>
</tr>
<tr>
<td>Payroll Services</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>16,165</td>
</tr>
</tbody>
</table>

**Total**                                                | **17,918**|
financial statements
Northern Sydney and Central Coast Area Health Service
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED 30 JUNE 2005

(c) Expenses for Inter Area Patient Flows, NSW on an Area basis are as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Sydney</td>
<td>17,105</td>
</tr>
<tr>
<td>Far West</td>
<td>11</td>
</tr>
<tr>
<td>Greater Murray</td>
<td>100</td>
</tr>
<tr>
<td>Hunter</td>
<td>4,202</td>
</tr>
<tr>
<td>Illawarra</td>
<td>231</td>
</tr>
<tr>
<td>Macquarie</td>
<td>89</td>
</tr>
<tr>
<td>Mid North Coast</td>
<td>290</td>
</tr>
<tr>
<td>Mid Western</td>
<td>149</td>
</tr>
<tr>
<td>New England</td>
<td>134</td>
</tr>
<tr>
<td>Northern Rivers</td>
<td>292</td>
</tr>
<tr>
<td>South Eastern Sydney</td>
<td>15,109</td>
</tr>
<tr>
<td>South West Sydney</td>
<td>961</td>
</tr>
<tr>
<td>Southern</td>
<td>119</td>
</tr>
<tr>
<td>The New Children's Hospital</td>
<td>7,754</td>
</tr>
<tr>
<td>Wentworth</td>
<td>626</td>
</tr>
<tr>
<td>Western Sydney</td>
<td>5,478</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52,650</strong></td>
</tr>
</tbody>
</table>

(d) Expenses for Interstate Patient Flows are as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Capital Territory</td>
<td>191</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>48</td>
</tr>
<tr>
<td>Queensland</td>
<td>516</td>
</tr>
<tr>
<td>South Australia</td>
<td>110</td>
</tr>
<tr>
<td>Tasmania</td>
<td>35</td>
</tr>
<tr>
<td>Victoria</td>
<td>356</td>
</tr>
<tr>
<td>Western Australia</td>
<td>83</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,339</strong></td>
</tr>
</tbody>
</table>

5. Maintenance

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repairs and Routine Maintenance</td>
<td>10,665</td>
</tr>
<tr>
<td>Other;</td>
<td></td>
</tr>
<tr>
<td>Renovations and Additional Works</td>
<td>2,951</td>
</tr>
<tr>
<td>Replacements and Additional Equipment less than $5,000</td>
<td>9,761</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23,377</strong></td>
</tr>
</tbody>
</table>

The value of Employee Related Expense (Note 3) applicable to Maintenance staff for the six months ended 30 June 2005

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance</td>
<td>4,409</td>
</tr>
</tbody>
</table>

6. Depreciation and Amortisation

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation – Buildings</td>
<td>15,676</td>
</tr>
<tr>
<td>Depreciation – Leased Buildings</td>
<td>72</td>
</tr>
<tr>
<td>Depreciation – Plant and Equipment</td>
<td>6,208</td>
</tr>
<tr>
<td>Depreciation – Infrastructure Systems</td>
<td>1,081</td>
</tr>
<tr>
<td>Amortisation – Intangible Assets</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>23,052</strong></td>
</tr>
</tbody>
</table>

7. Grants and Subsidies

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Government Organisations</td>
<td>4,424</td>
</tr>
<tr>
<td>Other</td>
<td>3,598</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,022</strong></td>
</tr>
</tbody>
</table>

8. Finance Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest on Bank Overdrafts and Loans</td>
<td></td>
</tr>
<tr>
<td><strong>Total Borrowing Costs</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>

9. Payments to Affiliated Health Organisations

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Recurrent Sourced</td>
<td></td>
</tr>
<tr>
<td>Greenwich/Graythwaite Hospital</td>
<td>5,069</td>
</tr>
<tr>
<td>Neringah Hospital</td>
<td>2,310</td>
</tr>
<tr>
<td>Royal Rehabilitation Centre, Sydney</td>
<td>9,265</td>
</tr>
<tr>
<td>St. Catherine's Villa Hospital</td>
<td>95</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16,739</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Capital Sourced</td>
<td></td>
</tr>
<tr>
<td>Royal Rehabilitation Centre, Sydney</td>
<td>(127)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(127)</td>
</tr>
</tbody>
</table>
10. Sale of Goods/Rendering of Services

(a) Sale of Goods comprise the following:
- Sale of Prosthesis: 1,691

(b) Rendering of Services comprise the following:
- Patient Fees [see note 2(d)]
- Staff Meals and Accommodation: 1,367
- Infrastructure Charge – Monthly Facility Fees [see note 2(d)]
  - Annual Charge: 2,873
- Car Parking: 2,018
- Child Care Fees: 754
- Commercial Activities
- Fees for Medical Records: 9,385
- Non Staff Meals: 620
- Linen Service Revenues – Other Health Services: 812
- Linen Service Revenues – Non Health Services: 1,235
- Services Provided to Non NSW Health Organisations: 227
- Patient Inflows from Interstate: 1,112
- Inter Area Patient Inflows, NSW: 45,823
- Other: 796

Total: 117,435

(c) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:
- Central Sydney: 3,977
- Far West: 365
- Greater Murray: 448
- Hunter: 8,749
- Illawara: 936
- Macquarie: 896
- Mid North Coast: 2,732
- Mid West: 1,667
- New England: 1,965
- Northern Rivers: 1,218
- South Eastern Sydney: 2,819
- South Western Sydney: 2,510
- Southern: 633
- Wentworth: 1,781
- Western Sydney: 15,130

Total: 45,823

(d) Revenues from Patient inflows from Interstate are as follows:
- Australian Capital Territory: 230
- Northern Territory: 34
- Queensland: 426
- South Australia: 45
- Tasmania: 28
- Victoria: 241
- Western Australia: 108

Total: 1,112

11. Investment Income

Interest
Lease and Rental Income

Total: 3,775

12. Grants and Contributions

Clinical Drug Trials
Commonwealth Government grants
Industry Contributions/Donations
Mammography grants
Research grants
University Commission grants
Other grants

Total: 11,924

13. Other Revenue

Other Revenue comprises the following:
- Commissions: 66

Total: 66

14. Gain/(Loss) on Disposal of Non Current Assets

Property Plant and Equipment
Less Accumulated Depreciation
Written Down Value
Less Proceeds from Disposal
Gain/(Loss) on Disposal of Property Plant and Equipment
Total Gain/(Loss) on Disposal of Non Current Assets

Total: (214)

15. Conditions on Contribution

<table>
<thead>
<tr>
<th>PURCHASE OF ASSETS</th>
<th>HEALTH PROMOTION, EDUCATION AND RESEARCH</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
</tbody>
</table>

Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date: 636, 12,192, 22, 12,850

Contributions recognised in amalgamated balance as at 1 January 2005 which were not expended in the current reporting period: 1,659, 53,975, 159, 55,393

Total amount of unexpended contributions as at balance date: 2,295, 65,767, 181, 68,243

Comment on restricted assets appears in Note 29
Objective:
Program 1.2 - Aboriginal Health Services
Objective: To raise the health status of Aboriginals and to promote a healthy life style.

Program 1.3 - Outpatient Services
Objective: To improve, maintain or restore health through diagnosis, therapy, education and treatment services for patients in a hospital setting.

Program 2.1 - Emergency Services
Objective: To reduce the risk of premature death and disability for people suffering injury or acute illness by providing timely emergency diagnostic, treatment and transport services.

Program 2.2 - Overnight Acute Inpatient Services
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital on an overnight basis.

Program 2.3 - Same Day Acute Inpatient Services
Objective: To restore or improve health and manage risks of illness, injury and childbirth through diagnosis and treatment for people intended to be admitted to hospital and discharged on the same day.

Program 3.1 - Mental Health Services
Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 - Rehabilitation and Extended Care Services
Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 - Population Health Services
Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 - Teaching and Research
Objective: To develop the skills and knowledge of the health workforce to support patient care and population health, to extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

18. Current/Non Current Receivables

<table>
<thead>
<tr>
<th>Description</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of Goods and Services</td>
<td>20,661</td>
<td></td>
</tr>
<tr>
<td>Leave Mobility</td>
<td>876</td>
<td></td>
</tr>
<tr>
<td>NSW Health Department</td>
<td>3,630</td>
<td></td>
</tr>
<tr>
<td>Goods and Services Tax</td>
<td>3,863</td>
<td></td>
</tr>
<tr>
<td>Other Debtor's</td>
<td>978</td>
<td></td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>30,008</strong></td>
<td></td>
</tr>
<tr>
<td>Less Allowance for Impairment</td>
<td>(1,135)</td>
<td></td>
</tr>
<tr>
<td><strong>Sub Total</strong></td>
<td><strong>28,873</strong></td>
<td></td>
</tr>
<tr>
<td>Prepayments</td>
<td>3,412</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,285</strong></td>
<td></td>
</tr>
</tbody>
</table>

(b) Bad debts written off during the reporting period
- Current Receivables
  - Sale of Goods and Services: 1,096
  - Other: 31

<table>
<thead>
<tr>
<th>Description</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Current Prepayments</td>
<td></td>
<td>1,551</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,551</td>
</tr>
</tbody>
</table>

(c) Sale of Goods and Services includes:
- Patient Fees - Compensable: 1,297
- Patient Fees - Ineligible: 1,243
- Patient Fees - Other: 6,063

19. Inventories

<table>
<thead>
<tr>
<th>Description</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current - at cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td>3,662</td>
<td></td>
</tr>
<tr>
<td>Medical and Surgical Supplies</td>
<td>7,479</td>
<td></td>
</tr>
<tr>
<td>Food and Hotel Supplies</td>
<td>711</td>
<td></td>
</tr>
<tr>
<td>Engineering Supplies</td>
<td>457</td>
<td></td>
</tr>
<tr>
<td>Other Including Goods in Transit</td>
<td>159</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12,468</strong></td>
<td></td>
</tr>
</tbody>
</table>

20. Current/Non Current Assets - Other Financial Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>51,333</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>9,918</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61,251</strong></td>
<td></td>
</tr>
</tbody>
</table>
21. Property, Plant and Equipment

<table>
<thead>
<tr>
<th>Land and Buildings</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Fair Value</td>
<td>1,677,430</td>
<td></td>
</tr>
<tr>
<td>Less Accumulated depreciation and impairment</td>
<td>(637,064)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,040,366</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plant and Equipment</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Fair Value</td>
<td>169,332</td>
<td></td>
</tr>
<tr>
<td>Less Accumulated depreciation and impairment</td>
<td>(105,293)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64,039</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infrastructure Systems</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Fair Value</td>
<td>40,117</td>
<td></td>
</tr>
<tr>
<td>Less Accumulated depreciation and impairment</td>
<td>(72)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40,045</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Property, Plant and Equipment</th>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Net Carrying Value</td>
<td>1,144,450</td>
<td></td>
</tr>
</tbody>
</table>

### Property, Plant and Equipment – Reconciliations

<table>
<thead>
<tr>
<th>2005</th>
<th>LAND $'000</th>
<th>BUILDINGS $'000</th>
<th>WORK IN PROGRESS $'000</th>
<th>LEASED BUILDINGS $'000</th>
<th>PLANT &amp; EQUIPMENT $'000</th>
<th>INFRASTRUCTURE SYSTEMS $'000</th>
<th>TOTAL $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying amount at 1 January 2005</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amount transferred on 1 January 2005 from Administrative Restructure of Health Services</td>
<td>255,864</td>
<td>427,479</td>
<td>160,380</td>
<td>1,082</td>
<td>57,935</td>
<td>33,556</td>
<td>936,296</td>
</tr>
<tr>
<td>Additions</td>
<td>68</td>
<td>550</td>
<td>17,638</td>
<td>0</td>
<td>9,680</td>
<td>0</td>
<td>27,936</td>
</tr>
<tr>
<td>Disposals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>(339)</td>
<td>0</td>
<td>(339)</td>
</tr>
<tr>
<td>Net revaluation increment less revaluation decrement</td>
<td>62,282</td>
<td>133,974</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7,336</td>
<td>203,592</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>0</td>
<td>(15,673)</td>
<td>0</td>
<td>(72)</td>
<td>(6,209)</td>
<td>(1,081)</td>
<td>(23,034)</td>
</tr>
<tr>
<td>Reclassifications</td>
<td>2,432</td>
<td>170,306</td>
<td>(15,951)</td>
<td>6</td>
<td>2,973</td>
<td>234</td>
<td>0</td>
</tr>
<tr>
<td><strong>Carrying amount at end of reporting period</strong></td>
<td><strong>320,646</strong></td>
<td><strong>716,637</strong></td>
<td><strong>2,067</strong></td>
<td><strong>1,016</strong></td>
<td><strong>64,040</strong></td>
<td><strong>40,045</strong></td>
<td><strong>1,144,451</strong></td>
</tr>
</tbody>
</table>

(1) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 20(a)].

(2) Land and Buildings were valued by Graham Scrymgeour AAP (certified practising valuer), NSW registration No 1578 for and on behalf of Global Valuation Services Pty Ltd, and is not an employee of the Health Service.

### Intangible Assets

22. Intangible Assets

<table>
<thead>
<tr>
<th>SOFTWARE</th>
<th>EASEMENTS</th>
<th>OTHER MAJOR CATEGORIES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>At 30 June 2005</td>
<td>2,818</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accumulated amortisation and impairment</td>
<td>(2,668)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net carrying amount</td>
<td>150</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Year ended 30 June 2005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net carrying amount at start of year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amount transferred on 1 January 2005 from Administrative Restructure of Health Services</td>
<td>139</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Additions</td>
<td>26</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amortisation</td>
<td>(15)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net carrying amount at end of year</td>
<td>150</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Current/Non Current Assets - Other

23. Current/Non Current Assets - Other

<table>
<thead>
<tr>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>6,272</td>
</tr>
<tr>
<td>Other</td>
<td>6,272</td>
</tr>
</tbody>
</table>

### Non Current Assets (or disposal groups) held for sale

24. Non Current Assets (or disposal groups) held for sale

<table>
<thead>
<tr>
<th>30 JUNE 2005</th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets held for sale</td>
<td></td>
</tr>
<tr>
<td>Land and Buildings</td>
<td>872</td>
</tr>
<tr>
<td>Amounts recognised in equity relating to assets held for sale</td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment asset revaluation increments/decrements</td>
<td>469</td>
</tr>
</tbody>
</table>

### Properties held for resale:

1. Land: Lot 469 Yakkalla St Bateau Bay NSW
   Former Bateau Bay Health Centre. Service now relocated to Long Jetty Health Care Centre. Demountable buildings that were on site have been sold. Land is vacant. Proposed timing of sale is unknown.

2. Land and Building: 4 Jennings Rd, Wyong NSW
   Former community mental health service. Service now relocated to Wyong Hospital site. Sale has occurred and settled 4th July 2005 for $250,000. Net proceeds after fees $242,902.
25. Restricted Assets

The Health Service's financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

<table>
<thead>
<tr>
<th>Category</th>
<th>Brief Details of Externally Imposed Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Purposes</td>
<td>Including Asset Category affected</td>
</tr>
<tr>
<td>Research Grants</td>
<td>Purchase of Medical Equipment and Service Enhancement</td>
</tr>
<tr>
<td>Private Practice Funds</td>
<td>Purchase of Medical Equipment and Training, Education and study expenses</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

26. Payables

<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$'000</td>
</tr>
<tr>
<td>Accrued Salaries and Wages</td>
<td>25,522</td>
</tr>
<tr>
<td>Payroll Deductions</td>
<td>7</td>
</tr>
<tr>
<td>Trade Creditors</td>
<td>32,519</td>
</tr>
<tr>
<td>Other Creditors</td>
<td></td>
</tr>
<tr>
<td>– Capital Works</td>
<td>1,828</td>
</tr>
<tr>
<td>– Other</td>
<td>23,339</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

27. Current/Non Current Borrowings

<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>$'000</td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>313</td>
</tr>
<tr>
<td>Other</td>
<td>2,500</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Non Current</td>
<td></td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>596</td>
</tr>
<tr>
<td>Other</td>
<td>7,500</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Other loans still to be extinguished represent monies to be repaid to the NSW Health Department. Final Repayment is scheduled for June 2010.

Repayment of Borrowings (excluding Finance Leases)

<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>2,813</td>
</tr>
<tr>
<td>Between one and five years</td>
<td>8,096</td>
</tr>
<tr>
<td>Total Borrowings at face value (excluding Finance Leases)</td>
<td><strong>10,909</strong></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Employee benefits and related on-costs</td>
<td></td>
</tr>
<tr>
<td>Employee Annual Leave</td>
<td>57,602</td>
</tr>
<tr>
<td>Employee Long Service Leave</td>
<td>10,862</td>
</tr>
<tr>
<td>Total Current Provisions</td>
<td><strong>68,464</strong></td>
</tr>
<tr>
<td>Non Current Employee benefits and related on-costs</td>
<td></td>
</tr>
<tr>
<td>Employee Annual Leave</td>
<td>24,403</td>
</tr>
<tr>
<td>Employee Long Service Leave</td>
<td>113,287</td>
</tr>
<tr>
<td>Total Non Current Provisions</td>
<td><strong>137,690</strong></td>
</tr>
<tr>
<td>Aggregate Employee Benefits and Related On-costs</td>
<td></td>
</tr>
<tr>
<td>Provisions – current</td>
<td>68,464</td>
</tr>
<tr>
<td>Provisions – non-current</td>
<td>137,690</td>
</tr>
<tr>
<td>Accrued Salaries and Wages and on costs (Note 26)</td>
<td>25,529</td>
</tr>
<tr>
<td></td>
<td><strong>231,683</strong></td>
</tr>
</tbody>
</table>

29. Other Liabilities

<table>
<thead>
<tr>
<th>Category</th>
<th>30 JUNE 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>Income in Advance</td>
<td>271</td>
</tr>
<tr>
<td>(Note 1: Income in advance has been recognised as a consequence of the Northern Sydney Area Health Service entering into an agreement for the provision and operation of a private health facility on the St Leonard's campus for a period of 50 year ending in the year 2046.)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Income in advance</td>
<td>1,351</td>
</tr>
<tr>
<td>(Note 2: Other includes $805,690 of income from a clinical trial to be used in funding approved projects in future years, and other income in advance.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>1,622</strong></td>
</tr>
<tr>
<td>Non Current</td>
<td></td>
</tr>
<tr>
<td>Income in Advance</td>
<td>8,827</td>
</tr>
<tr>
<td>(Note 1: Income in advance has been recognised as a consequence of the Northern Sydney Area Health Service entering into an agreement for the provision and operation of a private health facility on the St Leonard's campus for a period of 50 year ending in the year 2046.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>8,827</strong></td>
</tr>
</tbody>
</table>
### 30. Equity

<table>
<thead>
<tr>
<th>Description</th>
<th>Accumulated Funds</th>
<th>Asset Revaluation Reserve</th>
<th>Available for Sale Reserves</th>
<th>Total Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 June 2005 $000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at the beginning of the financial reporting period</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>AASB 139 first-time adoption</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Changes in accounting policy</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Correction of errors</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Restated opening balance</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Changes in equity – transactions with owners as owners</td>
<td>795,811</td>
<td>-</td>
<td>-</td>
<td>795,811</td>
</tr>
<tr>
<td>Amount transferred on 1 January 2005 from Administrative Restructure of Health Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>795,811</td>
<td>-</td>
<td>-</td>
<td>795,811</td>
</tr>
<tr>
<td>Changes in equity – other than transactions with owners as owners</td>
<td>(22,552)</td>
<td>-</td>
<td>-</td>
<td>(22,552)</td>
</tr>
<tr>
<td>Result for the reporting period</td>
<td>(22,552)</td>
<td>-</td>
<td>-</td>
<td>(22,552)</td>
</tr>
<tr>
<td>Increment/Decrement on Revaluation of:</td>
<td>-</td>
<td>196,256</td>
<td>-</td>
<td>196,256</td>
</tr>
<tr>
<td>- Land and Buildings</td>
<td>-</td>
<td>7,336</td>
<td>-</td>
<td>7,336</td>
</tr>
<tr>
<td>- Infrastructure Systems</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>(22,552)</td>
<td>203,592</td>
<td>-</td>
<td>181,040</td>
</tr>
<tr>
<td>Balance at the end of the financial reporting period</td>
<td>773,259</td>
<td>203,592</td>
<td>-</td>
<td>976,851</td>
</tr>
</tbody>
</table>

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets. This accords with the Health Service’s policy on the “Revaluation of Physical Non Current Assets” and “Investments”, as discussed in Note 20(a).

### 31. Commitments for Expenditure

#### (a) Capital Commitments
- Aggregate capital expenditure contracted for at balance date but not provided for in the accounts: Not later than one year $1,029
- Total Capital Expenditure Commitments (including GST) $1,029

#### (b) Other Expenditure Commitments
- Aggregate other expenditure contracted for at balance date but not provided for in the accounts: Not later than one year $7,396
- Total Other Expenditure Commitments (including GST) $7,396

#### (c) Operating Lease Commitments
- Future non-cancellable operating lease rentals not provided for and payable: Not later than one year $10,437
- Later than one year and not later than five years $2,349
- Total Operating Lease Commitments (including GST) $23,449

### 32 Trust Funds

The Health Service holds trust fund monies which are used for the safe keeping of patients’ monies, deposits on hired items of equipment and Private Practice Trusts. These monies are excluded from the financial statements as the Health Service cannot use them for the achievement of its objectives.

The monies amount to $4,503,000.

The following is a summary of the transactions in the trust account:

<table>
<thead>
<tr>
<th>Description</th>
<th>Patient Trust</th>
<th>Refundable Deposits</th>
<th>Private Practice Trust Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 June 2005 $000</td>
<td>406</td>
<td>0</td>
<td>4,131</td>
</tr>
<tr>
<td>1 Jan 2005 $000</td>
<td>369</td>
<td>715</td>
<td>3,136</td>
</tr>
<tr>
<td>30 June 2005 $000</td>
<td>542</td>
<td>771</td>
<td>3,328</td>
</tr>
<tr>
<td>1 Jan 2005 $000</td>
<td>170</td>
<td>89</td>
<td>2,362</td>
</tr>
<tr>
<td>30 June 2005 $000</td>
<td>426</td>
<td>679</td>
<td>3,306</td>
</tr>
<tr>
<td>1 Jan 2005 $000</td>
<td>406</td>
<td>715</td>
<td>4,131</td>
</tr>
</tbody>
</table>

### 33 Contingent Liabilities

#### a) Claims on Managed Fund
Since 1 July 1989, the Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if such except for employment related, discrimination and harassment claims that do not have statewide implications.

The costs relating to such exceptions are to be absorbed by the Health Service. Such contingent liabilities that each Health Service is aware of should be specified in this note. As such, since 1 July 1989, apart from the exceptions noted above no contingent liabilities exist in respect of liability claims against the Health Service. A Solvency Fund (now called Pre-Managed Fund Reserve) was established to deal with the insurance matters incurred before 1 July 1989 that were above the limit of insurance held or for matters that were incurred prior to 1 July 1989 that would have become verdicts against the State. That Solvency Fund will likewise respond to all claims against the Health Service.

#### b) Workers Compensation Hindsight Adjustment
Treasury Managed Fund normally calculates hindsight premiums each year. In regard to workers compensation the final hindsight adjustment for the 1996/97 fund year and an interim adjustment for the 2000/2001 fund year were not calculated until 2004/05. As a result, the 1999/2000 final and 2001/02 interim hindsight calculations will be paid in 2005/06.

#### c) Affiliated Health Organisations
Based on the definition of control in Australian Accounting Standard AAS24, Affiliated Health Organisations listed in Schedule 3 of the Health Services Act, 1997 are only recognised in the Department’s consolidated Financial Statements to the extent of cash payments made.

However, it is accepted that a contingent liability exists which may be realised in the event of cessation of health service activities by any Affiliated Health Organisation. In this event the determination of assets and liabilities would be dependent on any contractual relationship which may exist or be formulated between the administering bodies of the organisation and the Department.
34 Charitable Fundraising Activities

Fundraising Activities

The Northern Sydney and Central Coast Area Health Service conducts direct fundraising in all hospitals under its control. All revenue and expenses have been recognised in the financial statements of the Northern Sydney and Central Coast Area Health Service. Fundraising activities are dissected as follows:

<table>
<thead>
<tr>
<th>INCOME RAISED $000</th>
<th>DIRECT EXPENDITURE $000</th>
<th>INDIRECT EXPENDITURE $000</th>
<th>NET PROCEEDS $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeals (In House)</td>
<td>561</td>
<td>44</td>
<td>0</td>
</tr>
<tr>
<td>Fêtes</td>
<td>1</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Raffles</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Functions</td>
<td>40</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>608</td>
<td>63</td>
<td>0</td>
</tr>
</tbody>
</table>

Percentage of Income

100% 10.0% 0.0% 90.0%

Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc. Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.

The net proceeds were used for the following purposes: $000
- Purchase of Equipment 102
- Purchase of Land & Buildings
- Research
- Held in Special Purpose & Trust Fund Pending Purchase 443
- Total 545

The provision of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the Northern Sydney and Central Coast Area Health Service are considered appropriate and effective in accounting for all the income received in all material respects.

35. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities

<table>
<thead>
<tr>
<th>30 JUNE 2005 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cash Flows from Operating Activities 22,111</td>
</tr>
<tr>
<td>Depreciation (23,052)</td>
</tr>
<tr>
<td>Provision for Doubtful Debts (15)</td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of Employee Superannuation Benefits (37,614)</td>
</tr>
<tr>
<td>(Increase) / (Decrease) in Provisions (17,509)</td>
</tr>
<tr>
<td>Increase / (Decrease) in Prepayments and Other Assets (11,787)</td>
</tr>
<tr>
<td>(Increase) / (Decrease) in Creditors 5,539</td>
</tr>
<tr>
<td>Net Gain / (Loss) on Disposal of Property, Plant and Equipment (213)</td>
</tr>
<tr>
<td>(NSW Health Department Recurrent Allocations) (491,305)</td>
</tr>
<tr>
<td>(NSW Health Department Capital Allocations) (28,220)</td>
</tr>
<tr>
<td>Net Cost of Services (582,065)</td>
</tr>
</tbody>
</table>

36. 2004/05 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the health service. Services provided include:
- Chaplaincies and Pastoral Care
- Pink Ladies/Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Home Help & Patient Activities

37. Unclaimed Moneys

Unclaimed salaries and wages are paid to the credit of the Department of Industrial Relations and Employment in accordance with the provisions of the Industrial Arbitration Act, 1940, as amended. All money and personal effects of patients which are left in the custody of Health Services by any patient who is discharged or dies in the hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of health services. All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

38. Financial Instruments

a) Interest Rate Risk

Interest rate risk is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. Northern Sydney and Central Coast Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrealised, at the (consolidated) Balance Sheet date are as follows:

<table>
<thead>
<tr>
<th>FINANCIAL INSTRUMENTS:</th>
<th>FLOATING INTEREST RATE</th>
<th>FIXED INTEREST RATE MATURING IN:</th>
<th>NON-INTEREST BEARING</th>
<th>TOTAL CARRYING AMOUNT AS PER BALANCE SHEET</th>
<th>WEIGHTED AVERAGE EFFECTIVE INTEREST RATE*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 JUNE 2005 $000</td>
<td>30 JUNE 2005 $000</td>
<td>30 JUNE 2005 $000</td>
<td>30 JUNE 2005 $000</td>
<td>30 JUNE 2005 $000</td>
</tr>
<tr>
<td>Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>28,662</td>
<td>28,662</td>
<td></td>
<td>66,324</td>
<td>66,324</td>
</tr>
<tr>
<td>Receivables</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>40,108</td>
<td>40,108</td>
</tr>
<tr>
<td>Other Loans and Deposits</td>
<td>-</td>
<td>61,251</td>
<td>-</td>
<td>61,251</td>
<td>61,251</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>28,662</td>
<td>61,251</td>
<td>-</td>
<td>101,891</td>
<td>101,891</td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings – Other</td>
<td>-</td>
<td>313</td>
<td>596</td>
<td>83,215</td>
<td>83,215</td>
</tr>
<tr>
<td>Payables</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>83,215</td>
<td>83,215</td>
</tr>
<tr>
<td>Total Financial Liabilities</td>
<td>-</td>
<td>313</td>
<td>596</td>
<td>93,215</td>
<td>93,215</td>
</tr>
</tbody>
</table>

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

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract or financial position failing to discharge a financial obligation thereunder.

The Northern Sydney and Central Coast Area Health Service’s maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GOVERNMENTS</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>BANCS</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>PATIENTS</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>OTHER</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
</tbody>
</table>

Financial Assets

<table>
<thead>
<tr>
<th></th>
<th>$000</th>
<th>$000</th>
<th>$000</th>
<th>$000</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>9,567</td>
<td>19,116</td>
<td>–</td>
<td>65</td>
<td>28,748</td>
</tr>
<tr>
<td>Receivables</td>
<td>2,684</td>
<td>–</td>
<td>8,602</td>
<td>28,822</td>
<td>40,108</td>
</tr>
<tr>
<td>Investments</td>
<td>–</td>
<td>61,251</td>
<td>–</td>
<td>–</td>
<td>61,251</td>
</tr>
<tr>
<td>Total Financial Assets</td>
<td>12,251</td>
<td>80,367</td>
<td>8,602</td>
<td>28,887</td>
<td>130,107</td>
</tr>
</tbody>
</table>

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. At balance date receivables from these entities totalled 1,243.

c) Net Fair Value

As stated in Note 2(b) financial instruments are carried at cost with the exception of T Corp Hour Glass Facilities and Managed Fund Investments which are measured at market value.

The resultant values are reported in the Statement of Financial Position and are deemed to constitute net fair value.

d) Derivative Financial Instruments

The Northern Sydney and Central Coast Area Health Service holds no Derivative Financial Instruments.

39. Interest in Joint Venture

The Health Service has a 50% interest in the assets, liabilities and output of a joint venture arrangement, called Pacific Linen Services, for the washing and cleaning of linen.

The interest in the joint venture is included in the accounts as follows:

<table>
<thead>
<tr>
<th></th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses</td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>3,267</td>
</tr>
<tr>
<td>Result for the Year</td>
<td>2</td>
</tr>
</tbody>
</table>

Current Assets

<table>
<thead>
<tr>
<th></th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>1,017</td>
</tr>
<tr>
<td>Receivables</td>
<td>997</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>2,014</td>
</tr>
</tbody>
</table>

Non-Current Assets

<table>
<thead>
<tr>
<th></th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and Buildings</td>
<td>97</td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>2,630</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>2,727</td>
</tr>
</tbody>
</table>

Total Assets

<table>
<thead>
<tr>
<th></th>
<th>$'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>100</td>
</tr>
<tr>
<td>Provisions</td>
<td>203</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>303</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>394</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>394</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>697</td>
</tr>
<tr>
<td>Net Assets</td>
<td>4,044</td>
</tr>
<tr>
<td>Equity</td>
<td>4,144</td>
</tr>
<tr>
<td>Joint Venture Drawings</td>
<td>(100)</td>
</tr>
<tr>
<td>Equity Total</td>
<td>4,044</td>
</tr>
</tbody>
</table>

End of Audited Financial Statements
### Northern Sydney Health

#### Freedom of information

**Central Coast Health**

**NUMBER OF NEW FREEDOM OF INFORMATION REQUESTS FROM 1/7/04 TO 31/12/04**

<table>
<thead>
<tr>
<th>FOI REQUESTS</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>New (includes transfers in)</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Brought Forward</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total to be processed</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Completed</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Transferred out</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Processed</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Unfinished (carried forward)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**WHAT HAPPENED TO COMPLETED REQUEST**

<table>
<thead>
<tr>
<th>RESULT OF REQUEST</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granted in full</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Granted in part</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Refused</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deferred</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Completed</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>No information available</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**MINISTERIAL CERTIFICATES ISSUED**

Formal Consultations – Nil

**AMENDMENT/NOTATION OF PERSONAL RECORDS**

Nil

**FREEDOM OF INFORMATION APPLICATIONS GRANTED IN PART OR REFUSED**

<table>
<thead>
<tr>
<th>BASIS FOR PARTIAL ACCESS</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>S19 (incomplete, wrongly addressed)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S22 (deposit not paid)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (a) diversion of resources</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (b) (exempt)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (b) (c) (d) (Info otherwise available)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S28 (1) (b) (docs not held)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>S24 (2) (exceed 21 day limit, deemed refused)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S31 (4) (released to Medical Practitioner)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total – 4 for 1/7/04 to 31/12/04</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**WHAT HAPPENED TO REFUSED REQUESTS**

<table>
<thead>
<tr>
<th>RESULT OF REQUEST</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>S19 (incomplete, wrongly addressed)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S22 (deposit not paid)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (a) diversion of resources</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (b) (exempt)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (b) (c) (d) (Info otherwise available)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>S28 (1) (b) (docs not held)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S24 (2) (exceed 21 day limit, deemed refused)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S31 (4) (released to Medical Practitioner)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total for 1/7/04 to 31/12/04**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**COMPARISON WITH PRIOR REPORTING PERIOD**

There is an increase in FOI applications compared to previous period.

**Impact of activities on FOI requirements**

The amalgamation of NSHC and CCH have made the area boundaries greater and this has impacted on meeting 21 day deadline. It has been difficult to attend to attend to NSHC.

---

**Clinical trials**

### Central Coast Health Service

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>ROLE/FACILITY</th>
<th>NSCCH</th>
<th>Title and Brief Description of Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jonathan Sturm</td>
<td>Staff Specialist Neurology NSCCH</td>
<td>A randomized, Observer-Blind, Placebo-Controlled, Dose-Escalation Study of Reconstituted High Density Lipoprotein (HDL) in Patients with Acute Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Denis Crimmins</td>
<td>Neurology NSCCH</td>
<td>A double-blind placebo-controlled multi-centre multi-national phase II study to evaluate the safety and efficacy of Sarizoten (AIC-1) in treating patients with Parkinsons disease suffering from treatment-associated dyskinesia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Central Coast Health Service**

**FOI REQUESTS PERSONAL OTHER TOTAL**

<table>
<thead>
<tr>
<th>RESULT OF REQUEST</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granted in full</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Granted in part</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Refused</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deferred</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Completed</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>No information available</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**MINISTERIAL CERTIFICATES ISSUED**

Formal Consultations – Nil

**AMENDMENT/NOTATION OF PERSONAL RECORDS**

Nil

**FREEDOM OF INFORMATION APPLICATIONS GRANTED IN PART OR REFUSED**

<table>
<thead>
<tr>
<th>BASIS FOR PARTIAL ACCESS</th>
<th>PERSONAL</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>S19 (incomplete, wrongly addressed)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S22 (deposit not paid)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (a) diversion of resources</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (b) (exempt)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S25 (1) (b) (c) (d) (Info otherwise available)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>S28 (1) (b) (docs not held)</td>
<td>1</td>
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**WHAT HAPPENED TO REFUSED REQUESTS**

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**Total for 1/7/04 to 31/12/04**

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### Appendices Continued

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<th>ROLE/FACILITY</th>
<th>TITLE AND BRIEF DESCRIPTION OF RESEARCH</th>
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<td><strong>Phase II trial of combined immunotherapy with H1255, Cytophase (FC) and Rituximab (FC-4) versus chemotherapy with Fludarabine and Cytophase (FC) alone in patients with previously untreated chronic lymphocytic leukemia</strong></td>
<td>Dr Campbell Tiley</td>
<td>Staff Specialist Pathology NSCCH</td>
<td>A Phase II trial of combined immunotherapy with H1255, Cytophase (FC) and Rituximab (FC-4) versus chemotherapy with Fludarabine and Cytophase (FC) alone in patients with previously untreated chronic lymphocytic leukemia.</td>
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<td><strong>A multicentre, phase II, open-label, randomized study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with rituximab (MabThera) after induction of response with chemotherapy plus rituximab</strong></td>
<td>Dr Simon Roger</td>
<td>VMO NSCCH</td>
<td>Protocol BH18387: An open-label, multi-centre study to document the efficacy, safety and tolerability of long-term administration of RO503821 in patients with chronic lymphocytic leukemia. A multicentre, phase II, open-label, randomized study in patients with advanced follicular lymphoma evaluating the benefit of maintenance therapy with rituximab (MabThera) after induction of response with chemotherapy plus rituximab.</td>
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<td><strong>Follow up Serial infusions of Nafotec (nitisinone) for the Management of Patients with Heart Failure - FUSION II</strong></td>
<td>Dr Maged William</td>
<td>Cardiologist NSCCH</td>
<td>Follow up Serial infusions of Nafotec (nitisinone) for the Management of Patients with Heart Failure - FUSION II.</td>
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<td><strong>The Third International Stroke Trial (IST-3)</strong></td>
<td>Dr Jonathan Sturm</td>
<td>Staff Specialist Neurology NSCCH</td>
<td>Randomised, double blind, placebo controlled, multi-centre, parallel group, confirmatory efficacy and safety trial of acetylsalicylic Acid in acute ischaemic stroke. The Third International Stroke Trial (IST-3).</td>
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<tr>
<td><strong>Randomised, double blind, placebo controlled, multi-centre, parallel group, confirmatory efficacy and safety trial of acetylsalicylic Acid in acute ischaemic stroke</strong></td>
<td>Dr Jonathan Sturm</td>
<td>Staff Specialist Neurology NSCCH</td>
<td>Randomised, double blind, placebo controlled, multi-centre, parallel group, confirmatory efficacy and safety trial of acetylsalicylic Acid in acute ischaemic stroke.</td>
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<td><strong>A 22-Week, Double-Blind, Parallel-Group, Multi-Centre, Placebo-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of Tesaglitazar Therapy when Administered as Monotherapy to drug-Na&quot;lve Patients with Type 2 Diabetes</strong></td>
<td>Dr David Darnell</td>
<td>VMO NSCCH</td>
<td>A 22-Week, Double-Blind, Parallel-Group, Multi-Centre, Placebo-Controlled Study to Evaluate the Efficacy, Safety and Tolerability of Tesaglitazar Therapy when Administered as Monotherapy to drug-Na&quot;lve Patients with Type 2 Diabetes.</td>
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<td><strong>A randomised, double-blind, parallel-group, multi-national study to compare the effect on quality of life of Sitaxentriol with inotropes in patients with Parkinson's disease with no or minimal, non-disabling motor fluctuations</strong></td>
<td>Dr Denis Crimmens</td>
<td>VMO NSCCH</td>
<td>A randomised, double-blind, parallel-group, multi-national study to compare the effect on quality of life of Sitaxentriol with inotropes in patients with Parkinson's disease with no or minimal, non-disabling motor fluctuations.</td>
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<tr>
<td><strong>Retrospective data review procedures for confirmation of the clinical diagnostic features of vascular dementia in subjects who were enrolled in studies E2200- A017 and E2200-A017-3AB</strong></td>
<td>Dr Denis Crimmens</td>
<td>VMO NSCCH</td>
<td>A retrospective data review procedures for confirmation of the clinical diagnostic features of vascular dementia in subjects who were enrolled in studies E2200- A017 and E2200-A017-3AB.</td>
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<tr>
<td><strong>A 1 year double blind randomised placebo controlled study of rasagiline 1mg and 2mg added to Aspirin 10mg daily in patients with mild to moderate dementia of Alzheimers type</strong></td>
<td>Dr David Darnell</td>
<td>VMO NSCCH</td>
<td>A 1 year double blind randomised placebo controlled study of rasagiline 1mg and 2mg added to Aspirin 10mg daily in patients with mild to moderate dementia of Alzheimers type.</td>
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<td><strong>An Open-label, Multi-Centre and Long-Term Extension Study to Evaluate the Safety and Tolerability of oral Tesaglitazar 1mg in patients with Type 2 Diabetes Mellitus</strong></td>
<td>Dr David Darnell</td>
<td>VMO NSCCH</td>
<td>An Open-label, Multi-Centre and Long-Term Extension Study to Evaluate the Safety and Tolerability of oral Tesaglitazar 1mg in patients with Type 2 Diabetes Mellitus.</td>
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<tr>
<td><strong>A multi-centre consumer survey of those receiving methadone or buprenorphine in public clinics.</strong></td>
<td>Dr Adam Winstock</td>
<td>Area Clinical Director, Drug Health Services and Conjoint Senior Lecturer, NDARC UNSW</td>
<td>A multi-centre consumer survey of those receiving methadone or buprenorphine in public clinics.</td>
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<tr>
<td><strong>Out of the SmokeScreen II - Reducing smoking in young people 12-19 years</strong></td>
<td>Ms Christine Edwards</td>
<td>Research and Evaluation Coordinator NSCCH</td>
<td>Out of the SmokeScreen II - Reducing smoking in young people 12-19 years.</td>
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<tr>
<td><strong>Assessment of Learning Needs in Postgraduate Medical Trainees; A learning Needs Analysis.</strong></td>
<td>Professor Brian Jolly</td>
<td>Director, Centre for Medical and Health Science Education Monash University</td>
<td>Assessment of Learning Needs in Postgraduate Medical Trainees; A learning Needs Analysis.</td>
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<tr>
<td><strong>Management of CBD stones at laparoscopic cholecystectomy: A NSW collaborative prospective randomised trial to assess the value of transcutaneously inserted CBD axes to facilitate post-operative ERCP</strong></td>
<td>Professor Christopher Martin</td>
<td>Head of Surgery, Napean Hospital</td>
<td>Management of CBD stones at laparoscopic cholecystectomy: A NSW collaborative prospective randomised trial to assess the value of transcutaneously inserted CBD axes to facilitate post-operative ERCP.</td>
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<tr>
<td><strong>Validation of the reliance values for resistance and reactance in adults and children provided with the Jaeger forced oscillation system</strong></td>
<td>Dr Isabel Higgins</td>
<td>Assistant Dean, School of Nursing &amp; Midwifery, University of Newcastle</td>
<td>Validation of the reliance values for resistance and reactance in adults and children provided with the Jaeger forced oscillation system.</td>
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<tr>
<td><strong>Effect of proton pump inhibitors and genetic variation on B-vitamin bioavailability</strong></td>
<td>Dr Gary Nolan</td>
<td>Principal Scientist, Respiratory Investigation Unit Manager NSCCH</td>
<td>Effect of proton pump inhibitors and genetic variation on B-vitamin bioavailability.</td>
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<tr>
<td><strong>Evaluation of the introduction of group clinical supervision for mental health nurses provided within the in-patient mental health units of Central Coast Health around the parameters of job satisfaction, burnout and therapeutic optimism</strong></td>
<td>Dr Martin Verhey</td>
<td>Senior Lecturer in Medical Practice and Staff Specialist NSCCH</td>
<td>Evaluation of the introduction of group clinical supervision for mental health nurses provided within the in-patient mental health units of Central Coast Health around the parameters of job satisfaction, burnout and therapeutic optimism.</td>
</tr>
<tr>
<td><strong>Clinical Nurse Consultant Grade 3 NSCCH</strong></td>
<td>Ms Anne Louise Elsom</td>
<td>Clinical Nurse Consultant</td>
<td>Evaluation of the introduction of group clinical supervision for mental health nurses provided within the in-patient mental health units of Central Coast Health around the parameters of job satisfaction, burnout and therapeutic optimism.</td>
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appendices continued

Hornsby Ku-ring-gai Health Service

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<th>NAME OF TRIAL</th>
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<th>AMOUNT ($)</th>
<th>FULL COST RECOVERY</th>
<th>NO. OF CLIENTS/ PATIENTS IN TRIAL</th>
<th>PERIOD/DURATION OF TRIAL</th>
<th>PURPOSE OF DRUG</th>
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Royal North Shore and Ryde Health Service

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Northern Sydney Central Coast Health • 2004/2005 Annual Report

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### Appendices Continued

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glossary

ACCESS BLOCK
The period of time a patient stays in the emergency department after the emergency department staff have completed their assessment and treatment prior to being admitted to a ward.

ACREDITED
Officially recognised as meeting approved standards and committed to continuing improvement.

ACHIS EqUP
The Australian Council on Healthcare Standards Evaluation and Quality Improvement Program.

ACUTE/POST ACUTE CARE
Care by a team including nurses, physiotherapists, occupational therapists and aides who visit people in their homes to provide care that would otherwise have been provided in hospital.

ALLIED HEALTH
Health professionals other than doctors and nurses (e.g. physiotherapists, social workers)

AVERAGE LENGTH OF STAY (ALOS)
The average number of days each admitted patient stays in a health service facility for each episode of care. It is calculated by dividing the total number of Occupied Bed Days for the period by the number of Actual Separations in the period.

ACUTE CARE
Care where the intent is one or more of the following: manage labour (obstetrics), treat illness or injury or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function, and/or perform diagnostic or therapeutic procedures.

AMBULATORY CARE
Any form of care other than as a hospital inpatient. For example, chemotherapy can be administered to cancer patients during a short daytime stay in an Ambulatory Care Ward. An inpatient stay is not required.

BEST PRACTICE
Identifying and matching the best performance of others.

BED DAYS
The total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approx.) each day.

Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

CADE
Confused and Disturbed Elderly.

CARE PLAN
A management plan devised by a clinician for a patient at the start of their treatment and revised as required.

CASEMIX
Casemix is aimed at improving health service delivery (in terms of cost, equity and quality) through classification and data development, as well as research, analysis and information dissemination. (see Diagnosis Related Groups – DRGs).

Central Coast Health

CHARGEABLE PATIENTS
Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

CLINICAL PATHWAYS
Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of care.

CLINICAL INDICATOR
A measure of the clinical management and outcome of care. It is an objective measure of either the process or outcome of patient care in quantitative terms.

CLINICAL NURSE CONSULTANT (CNC)
A registered nurse who has achieved higher level qualifications, skills, and competencies in a community nursing specialty field such as gerontology, palliative care or diabetes management.

COMMUNICABLE DISEASES
A disease which may be passed or carried from one person to another directly or indirectly.

CRITICAL CARE
The part of an acute care hospital staffed and equipped to care for patients who are seriously ill.

DIAGNOSIS RELATED GROUPS (DRGS)
The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 400 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

DoCS
The Department of Community Services.

EDIS
Emergency Department Information System

FOI
Freedom of information

FTE
Full Time Equivalent.

GMHT
Greater Metropolitan Transition Taskforce

HACC
Home and Community Care

INPATIENT
A person admitted to hospital.

MEDICAL OFFICER
Doctors who work in the public and/or private sector at a senior level but do not hold a specialist or specialist training position.

MEDICAL SPECIALIST
Doctors who have extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.

NSCH
Northern Sydney Central Coast Health

NSH
Northern Sydney Health

NON-ADMITTED PATIENTS OCCASIONS OF SERVICE (NAPOOS)
Services provided by a health service facility to clients/patients who receive those services without being an admitted client/patient at the time of receiving the services eg Outpatient Department Services, Emergency Department Services, Community Health Services.

NUMERICAL PROFILE
A safety audit tool developed for use in health services.

NURSING HOME TYPE PATIENTS
Admitted patients of General Hospitals who have been accommodated in one or more hospitals for more than 35 days without a break exceeding seven days and no longer require acute care.

OFF-STRETCHER TIMES
The length of time between when a patient arrives at the Emergency Department by ambulance and when their care is transferred to a NSCH Clinician.

PATIENT FLOW
The way a patient moves through the hospital from admission, into care and then discharge.

PROCUREMENT FEASIBILITY PLAN
A plan that identifies the most realistic way of providing quality health services to the community including a detailed review of alternatives. A PFP also examines the costs and benefits of the preferred solution.

PRINCIPAL REFERRAL HOSPITAL
An acute hospital treating 25,000 or more acute casemix weighted separations per annum.

QUALITY IMPROVEMENT
An improvement in the way we do things that results in better treatment, better outcomes, lower costs and reduced time in hospital.

QUALITY INDICATOR
A measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

REGISTRAR
A doctor working under the supervision of a consultant. Registrars are usually doctors undertaking accredited specialist training programs.

TRIAGE
A French word meaning 'to sort out.' The Triage System used in NSW hospitals Emergency Departments means patients are seen according to the urgency with which treatment is required — in other words ‘sickest seen first’.

VMO
Visiting Medical Officer

WAITING TIME
The waiting time is the amount of time (reported in days, weeks, months) that a patient has waited for admission to hospital. It is measured from the day the hospital receives a Recommendation for Admission form for the patient until the patient is admitted. People waiting for planned (elective) procedures

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ACKNOWLEDGEMENTS

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