NORTHERN SYDNEY
CENTRAL COAST
NSW HEALTH

Annual Report

2007-2008

Northern Sydney Central Coast Health Executive Office

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Letter to the Minister

Dear Minister

I have pleasure in submitting the Northern Sydney Central Coast Health 2007/08 Annual Report.

The Report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2007/08 Directions for Health Service Annual Reporting.

Yours sincerely

Matthew Daly
Chief Executive

About Northern Sydney Central Coast Health

The Charter

The Charter of Northern Sydney Central Coast Health (NSCCH) 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

NSCCH funds, organises and delivers public health services from Sydney Harbour to the northern reaches of the Central Coast of New South Wales.

"Healthy People – Now and in the Future" is our vision.

We work to improve the health and well-being of our patients and communities through health care partnerships, education and research.

The values that direct our work are:

- Integrity
- Best practice
- Social justice
- Teamwork
- Accountability

Our region is an interesting mix of dense urban areas and regional, rural and semi-rural areas including the Central Coast and much of the Hawkesbury River; Sydney's Northern Beaches, Hornsby Ku-ring-gai, Ryde and Sydney's North Shore.

NSCCH provides health services 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 13 local government areas; Gosford, Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah, Willoughby and Wyong.

Health care to residents of these communities is provided by:

- Central Coast Health Service (CCH) including Gosford Hospital, Wyong Hospital, Woy Woy Hospital and Long Jetty Healthcare Centre
- Hornsby Ku-ring-gai Health Service (HKHS) including Hornsby Ku-ring-gai Hospital
- Northern Beaches Health Service (NBHS) including Manly Hospital and Mona Vale Hospital
- North Shore Ryde Health Service (NSRHS) including Royal North Shore Hospital and Ryde Hospital
- Macquarie Hospital
- Northern Sydney Home Nursing Service
- Northern Sydney Central Coast Mental Health Service (incorporating Macquarie Hospital)
- Northern Sydney Central Coast Dental Services.

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

Highlights and Achievements

Achievements

- A Clinical Services Strategic Plan was delivered, led by a clinical strategy group comprising 21 senior NSCCH clinicians and providing a direction for acute and ambulatory care services towards the next 10 years.
- Phase 1 of the electronic medical record system (eMR) rolled out across the Area.
- A Professional Practice Unit was established for the Area Health Service, allowing transparent and objective investigation of more complex complaints and grievances by staff and patients.
- A Nursing Taskforce was established to ensure an operational voice for nurses in executive decision-making, resulting in Directors of Nursing resuming broader operational responsibilities.
- A plan for the early detection of renal disease was implemented, including a referral pathway into the NSCCH Renal Network, support services and Health for Life Programs.
- NSCCH Falls Prevention and Management Policy was implemented across all public hospitals in the Area.
- NSCCH was the first Area Health Service to complete the move to State standard pay cycle and State standard pay day.
- The Area's payroll production and superannuation were successfully transitioned to Health Support Services.
- A wireless network was implemented in Royal North Shore Hospital's ICU, allowing the deployment of computers on wheels at patients' bedsides.
- Mona Vale Hospital appointed metropolitan Sydney's first hospitalist in aged care to provide continuity of care and streamline the admission process for elderly patients.
- NSCCH went totally smoke free.
- The Q4: Live Outside the Box project challenging children to reduce "extra food" and screen time and increase physical activity, undertaken first on the Central Coast, was adopted by NSW Health's statewide Live Life Well @ School project.
- The Stroke Care Pathway was established at Gosford Hospital, enabling stroke patients to receive rapid treatment on arrival at hospital.

Highlights

- The $99M Kolling Research and Education Building was completed, part of the overall $736M Royal North Shore Hospital and Community Health Services redevelopment – the largest health capital works project in NSW.
- Royal North Shore Hospital opened the state's first MAU (Medical Assessment Unit).
- The CADE clinic within the Department of Psychological Research at Royal North Shore Hospital acquired Australia's first clinical research MRI scanner, to be used in the investigation of depression, brain injury, chronic fatigue and pain management.
- Hornsby Hospital's MHICU (Mental Health Intensive Care Unit) was completed.
- A $3.8M redevelopment of Mona Vale Hospital's Emergency Department was completed.
- A short stay area was opened at Wyong Hospital's Paediatric Ambulatory Care Unit (PACU), reducing admission rates to Children's Ward at Gosford Hospital.
- Gosford Hospital's Medical Assessment Unit was commissioned.
- Four-bed Psychiatric Emergency Care Centre (PECC) opened within Wyong Hospital's Emergency Department.
- Macquarie Hospital progressed a master planning exercise with a view to moving Macquarie to a state-of-the-art mental health facility.
- The purpose-built Transitional Aged Care Facility was commissioned at Woy Woy.
- In conjunction with Area Mental Health Services, a major refurbishment of Long Jetty's Terilbah T-BASIS Unit (Transitional Behavioural Assessment and Intervention Service) was completed.
- A major refurbishment of Ryde Hospital's Maternity Unit was completed.
- Royal North Shore Hospital's Transit Lounge was completed, designed to assist the flow of patients through the hospital.

Chief Executive's Year in Review

The most significant achievement of the 2007/08 financial year occurred in April 2008, with the delivery of Northern Sydney Central Coast Health's Clinical Services Strategic Plan, which also heralded the means of peak clinician engagement through the Clinical Network structure.

The aim of the Plan was to shape the future of acute clinical services in Northern Sydney and the Central Coast for the next 10 years. It will enable us to deliver better quality care for patients closer to where they live; to use existing resources more efficiently; and to direct future funding and resources where they are most needed.

We took the Plan "on the road", conducting information sessions at each of our facilities in the weeks following its release and we're now implementing the recommendations. I'm confident that the implementation phase will be successfully led by our Clinical Network Directors.

Other achievements during the 12 months included establishment of Gosford Hospital's Stroke Care Pathway which enables stroke patients to receive rapid treatment on arrival at the hospital.

The 24/7 service – a partnership between Gosford Hospital and the NSW Ambulance Service – allows paramedics at the scene of a patient retrieval to speak directly with neurologists and the stroke team with a view to fast-tracking patients through triage and medical imaging on arrival at the hospital.

NSCCH also went totally smoke free in 2007/08 ... another potentially life-saving achievement.

During the year Mona Vale Hospital appointed metropolitan Sydney's first hospitalist in aged care, ensuring continuity of care for its elderly patients and streamlining their admission to hospital.

A Professional Practice Unit was established, allowing transparent and objective investigation of more complex complaints and grievances by staff and patients.

Phase one of the electronic medical record system (eMR) was progressively rolled out across the Area throughout the year and an Area-wide plan for the early detection of renal disease was implemented, including a referral pathway into the NSCCH Renal Network, support services and Health for Life programs.

Highlights of the year included completion of the $99 million Kolling Research and Education Building, part one of the $950 million Royal North Shore Hospital and Community Health Service redevelopment ... the largest health capital works project in NSW.

The year also saw the state's first Medical Assessment Unit commissioned at Royal North Shore Hospital, followed by further MAUs at Gosford and Wyong hospitals.

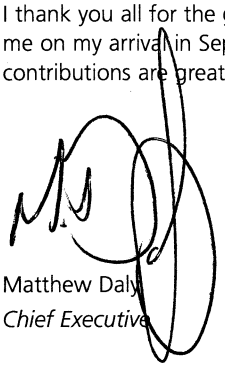
Hornsby Hospital's Mental Health Intensive Care Unit (MHICU) was completed, as was a $3.8 million redevelopment of Mona Vale Hospital's Emergency Department. Hornsby also introduced a Dual X-ray Absorptiometry service – considered one of the most accurate measurements of bone mineral density – to its Rehabilitation and Aged Care Service. The DEXA, as its known, can accurately diagnose and help prevent osteoporosis in one, quick, simple low radiation procedure.

A short stay area which opened within Wyong Hospital's Paediatric Ambulatory Care Unit saw a reduction in admission rates to Gosford Hospital's Children's Ward and a four-bed Psychiatric Emergency Care Unit (PECC) opened within Wyong Hospital's Emergency Department.

A purpose-built Transitional Care Facility was commissioned at Woy Woy and finally, during the same year, Macquarie Hospital progressed its master planning exercise with a view to its future move to a state-of-the-art mental health facility.

None of these achievements would have been possible without the hard work and dedication of the whole team at NSCCH, including doctors, nurses, researchers, allied health staff, administrators, support staff and – of course – our volunteers.

I thank you all for the goodwill with which you welcomed me on my arrival in September 2007. Your individual contributions are greatly valued.



Matthew Daly
Chief Executive

contents

purpose, goals & strategic direction

Our vision, goals, mission and values

OUR VISION

Healthy People – Now and in the Future

Northern Sydney Central Coast Health (NSCCH) will focus its efforts on delivering high quality health services that are responsive to the needs of health consumers and the community and will ensure that its services can adapt to meet future challenges.

GOALS

- To keep people healthy
- To provide the health care that people need
- To deliver high quality services
- To manage health services well.

MISSION

NSCCH commits to improving the health and well-bring of our patients and communities through healthcare, partnerships, education and research.

VALUES

- Integrity
- Teamwork
- Best Practice
- Accountability
- Social Justice

NSW Health Seven Strategic Directions

NSCCH is working towards the seven strategic directions identified by NSW Health that provide the framework for the development and delivery of health services.

The Seven Strategic Directions are:

1. Make prevention everybody's business
2. Create better experiences for people using health services
3. Strengthen primary health and continuing care in the community
4. Build regional and other partnerships for health
5. Make smart choices about the costs and benefits of health services
6. Build a sustainable health workforce
7. Be ready for new risks and opportunities

NSCCH is working towards achieving the seven strategic directions through its implementation of the Northern Sydney Central Coast Health Strategic Plan, which is closely aligned to the NSW State Health Plan.

Our vision, goals, mission, values and strategic objectives are presented in the strategy map on the following page. The key Strategic Directions and objectives highlighted in our strategy map will ensure we manage our health services well, deliver high quality services, provide the health care that people need and work in partnership to keep people healthy.


Northern Sydney Central Coast Health Strategy Map
NORTHERN SYDNEY CENTRAL COAST NSW HEALTH
VISION: Healthy People – Now and in the Future
MISSION: NSCCH commits to improving the health and well-being of our patients and communities through healthcare, partnerships, education and research
VALUES: INTEGRITY TEAMWORK BEST PRACTICE ACCOUNTABILITY SOCIAL JUSTICE
Make prevention everybody's business
OBJECTIVES
• Health promotion, prevention and early intervention are incorporated into all care processes.
• Work in partnership with government, non-government organisations and the broader community to ensure a healthier society
Create better experiences for people using the health system
OBJECTIVES
• Effective integrated person centred care
• Safe and appropriate patient care
• Timely and equitable access to care
• A culture of teamwork, respect and customer service amongst our staff
Our goals are:
To keep people healthy
To provide the health care that people need
To deliver high quality services
To manage health services well
Build regional and other partnerships for health
OBJECTIVES
• Effective partnerships and relationships with external partners and NSW Health
• Effective relationships with our communities
• A better society through participation in the broader community
Strengthen primary health and continuing care in the community
OBJECTIVES
• An integrated network of primary health and continuing care services with other parts of the health system
• Supported self management in the care of people with extended and ongoing complex illnesses
Be ready for new risks and opportunities
OBJECTIVES
• A culture of continuous learning and improvement
• Research to drive innovation and change
• Capital and IT infrastructure supports care
• Organisation is alert and able to respond to internal and external threats and the changing environment
Make smart choices about costs and benefits of health services
OBJECTIVES
• Budget and performance targets are met
• Efficient distribution and use of available resources to best meet the needs of our communities
• Authority is aligned with responsibility
• Timely, accurate and meaningful information to make decisions
Build a sustainable health workforce
OBJECTIVES
• An environment that attracts and retains the right staff
• A safe working environment
• Effective management at all levels of the organisation
• High quality undergraduate and post graduate training

Northern Sydney Central Coast 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, and Hope HealthCare (Neringah and Greenwich Hospitals, Graythwaite Nursing Home and Tom O'Neill Day Centre).

Location

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

Population

It is estimated that 1,124,250 people lived in the health area in 2006. This represents 16.4 per cent of the estimated population of NSW and 19.1 per cent of the population aged 75 years or more. This age range is significant because older age groups need considerably more health care than the general population. By the year 2011, it is estimated that the population will have grown to more than 1,162,210. The '85 years and over' population in NSCCH will have grown to more than 20 per cent of the NSW population in that age group. It is expected that there will be 28.8 per cent more people in the '85 and over' age group in 2011 than there was in 2001. The other age group expected to grow the most over the period to 2011 is the 'late working age-early retirement' group aged between 60 and 69 years. It is expected that by 2011 there will be 15,700 more people age 60-64 years (25 per cent increase) and 9,600 more people aged 65-69 years (19.4 per cent increase).

Multicultural Profile

The Central Coast Health Service (CCH) has a different multicultural profile from the remainder of NSCCH. CCH has only 4.5 per cent of its population born in a non-English speaking country. In the remainder of NSCCH 18 per cent 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 per cent of the population speak only English. 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 2005 there were 8,129 deaths among NSCCH residents. Cardiovascular disease was the most common overall cause of death among NSCCH residents in 2005 accounting for 38.3 per cent of all deaths. Cancers were the second most common cause of death in 2003, being attributed as the cause of death of 28.2 per cent of deaths. For males the main sites were the lungs, prostate and colon. For females the main sites were breast, lungs and colon. This profile remains current.

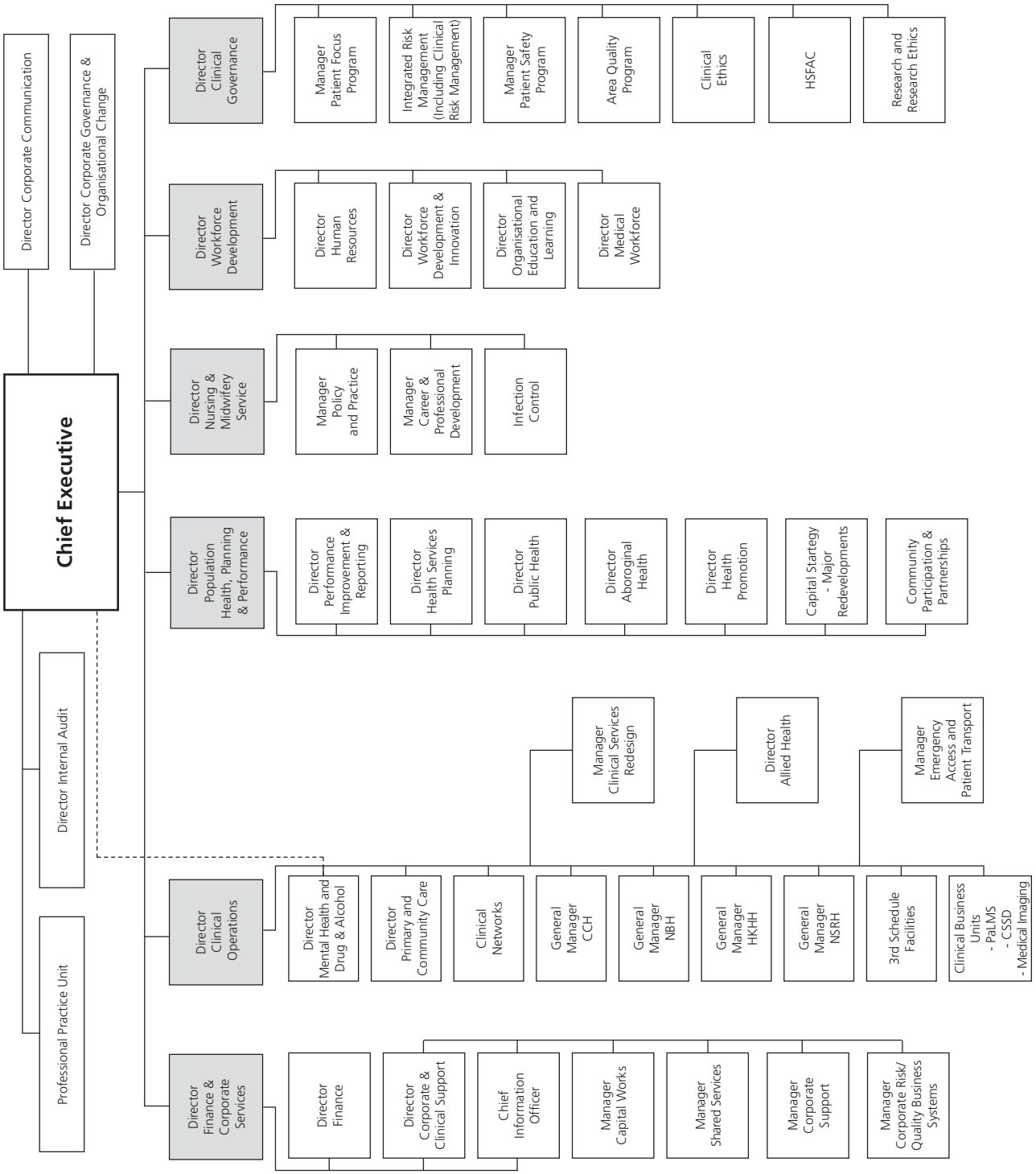
Private Sector Services

There are 20 privately operated hospitals and 16 day procedure centres in the geographical area covered by NSCCH. This sector provides 54.7 per cent of all discharges from hospital of NSCCH residents (2007/08) with 1,837 inpatient beds. The private hospitals may be segmented into the following broad categories:

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

There are some 200 organisations across NSCCH, both private and not-for-profit, that together provide 5,845 high-care places, 4,413 low-care places and 1,670 community care places (at June 30 2004).

Organisational Chart



performance summary

Strategic Direction 1
Make prevention everybody's business

Performance Indicator:
Chronic disease risk factors

DESIRED OUTCOME

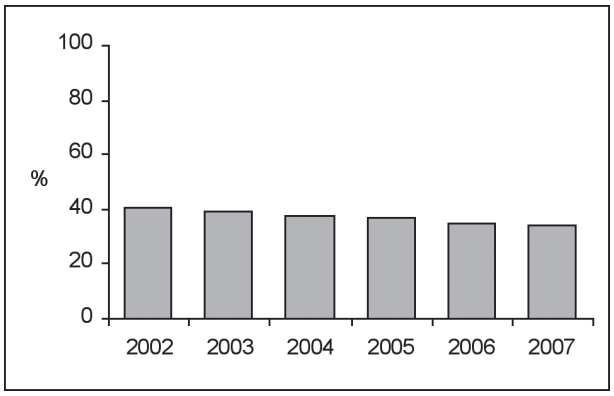
Reduced prevalence of chronic diseases in adults.

OVERALL CONTEXT

The NSW Health Survey includes a set of standardised questions to measure health behaviours.

ALCOHOL

Alcohol – risk drinking behaviour (%)



CONTEXT

Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health and wellbeing of others through alcohol-related violence and road trauma, increased crime and social problems.

INTERPRETATION

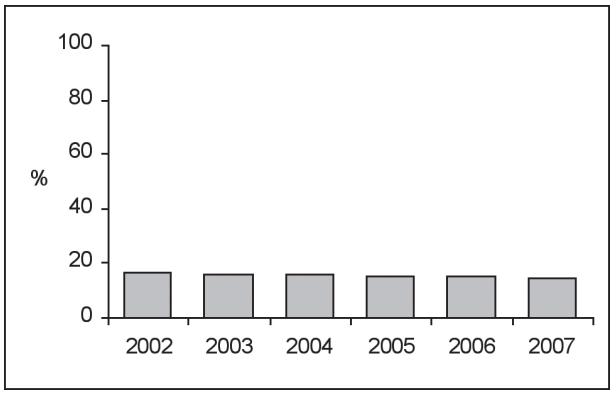
There has been a continued decrease in the number of NSCCH adults reporting 'at risk' drinking behaviour, dropping from 47 per cent in 1997 to 34 per cent in 2007.

FUTURE INITIATIVES

NSW Police rollout of "secondary supply of alcohol to minors" project to commence with NSCCH as consultant

SMOKING

Smoking – daily or occasionally (%)



CONTEXT

Smoking is responsible for many diseases including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than the general population.

INTERPRETATION

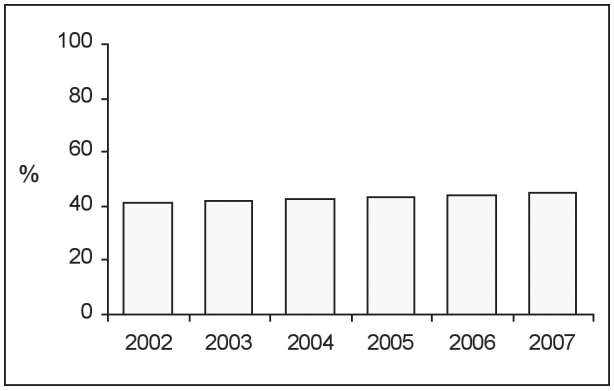
Performance was slightly below the state target at 14.2 per cent

FUTURE INITIATIVES

Smoke free workplace policy to continue in expanded form with extra Public Health resources.

OVERWEIGHT AND OBESITY

Overweight or obese (%)



CONTEXT

Being overweight or obese increases the risk of a wide range of health problems, including cardio-vascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

INTERPRETATION

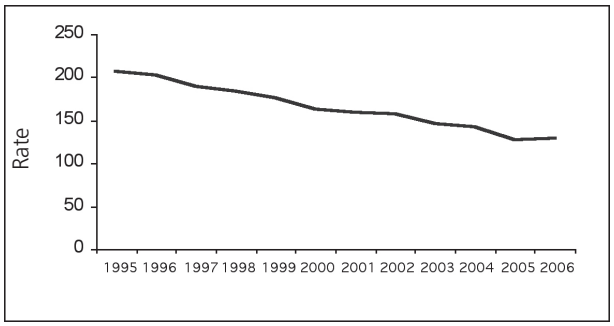
The percentage of overweight or obese people in the NSCCH region has increased from 37 per cent in 1997 to 45 per cent in 2007. This is just above the state target, but below the state average result.

FUTURE INITIATIVES

The following initiatives will continue/ be implemented in 2008/09:

- 'Q4: the coast in Motion' project' to target work practices that contribute to people being overweight/obese
- Continue programs that support healthy food in canteens and increases physical activity in primary schools
- Continue 'Munch and Move' and 'Live Life Well @ School'

Performance Indicator: Potentially avoidable deaths



DESIRED OUTCOME

Increased life expectancy.

CONTEXT

Potentially avoidable deaths are those attributed to conditions that are considered preventable through health promotion, health screening and early intervention, as well as medical treatment. Potentially avoidable deaths (before age 75 years) provides a measure that is more sensitive to the direct impacts of health system interventions than all premature deaths.

INTERPRETATION

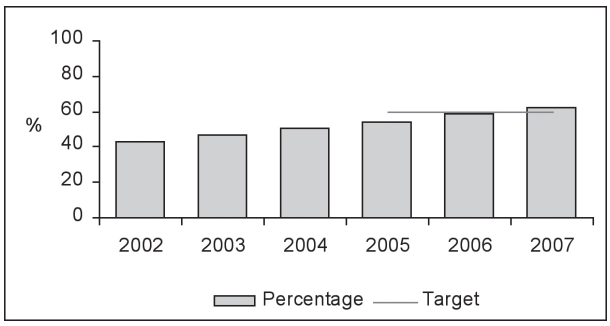
The rate of potentially avoidable premature deaths has improved consistently over the period 1995 to 2006 dropping to 130 per 100,000 population from 207 per 100,000 in 1995.

FUTURE INITIATIVES

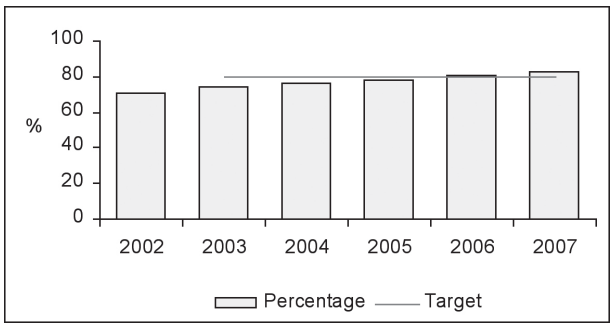
NSCCH is continuing it's work on disease prevention and health promotion through a range of programs including intersectorial collaboration and strategies to address socio-economic causes of ill health.

Performance Indicator: Adult Immunisation

People aged 65 years and over vaccinated against pneumococcal disease – in the last five years (%)



People aged 65 years and over vaccinated against influenza – in the last 12 months (%).



DESIRED OUTCOME

Reduced illness and death from vaccine-preventable diseases in adults.

CONTEXT

Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and provided free for people aged 65 years and over, Aboriginal people aged 50 and over and those aged 15–49 years with chronic ill health.

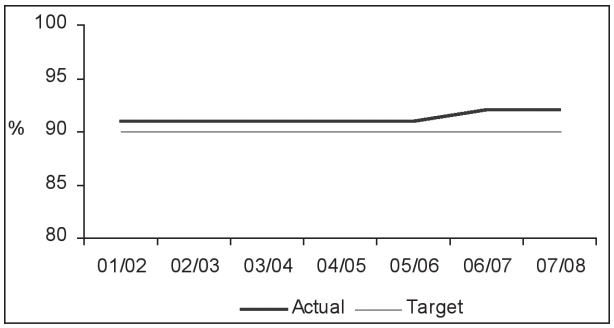
INTERPRETATION

NSCCH has exceeded target levels in adult immunisation for 2007, with 82.4 percent immunised against influenza and 62.6 per cent immunised against pneumococcal disease.

FUTURE INITIATIVES

NSCCH has an ongoing focus on improving adult immunisation rates through liaison with GP's and aged care facilities together with public awareness campaigns.

Performance Indicator: Children fully immunised at one year



DESIRED OUTCOME

Reduced illness and death from vaccine preventable diseases in children.

CONTEXT

Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

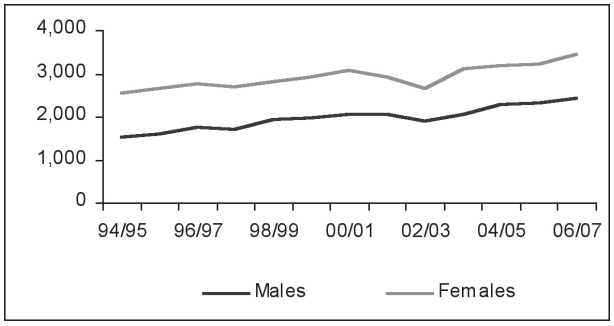
INTERPRETATION

NSCCH has continued to exceed the NSW Health target, achieving 92 per cent of children immunised at one year.

FUTURE INITIATIVES

NSCCH will continue its successful program of child immunisation activities to ensure optimal coverage of child immunisation.

Performance Indicator: Fall injury hospitalisations – people aged 65 years and over



DESIRED OUTCOME

Reduced injuries and hospitalisations from fall-related injury in people aged 65 years and over.

CONTEXT

Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW and one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. Nearly one in three people aged 65 years and older living in the community reports falling at least once in a year. Effective strategies to prevent fall-related injuries include increased physical activity to improve strength and balance and providing comprehensive assessment and management of fall risk factors to people at high risk of falls.

INTERPRETATION

The rate of fall injury hospitalisations exceeded NSW Health targets in 2007/08 and increased from 2006/07. The rate of increase is less than that for NSW as a whole.

FUTURE INITIATIVES

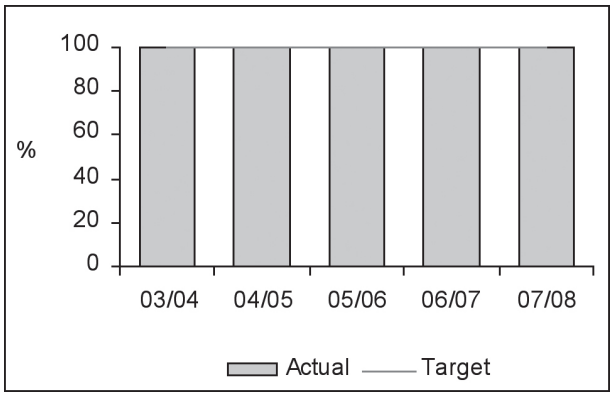
NSCCH will continue its focus to improve performance through:

- Increased population based prevention strategies for independent community living people
- Development of Area-wide community falls prevention initiatives
- Development of linkages through common falls prevention intitiatives with residential care providers
- Implementation of NSW Health falls prevention policy

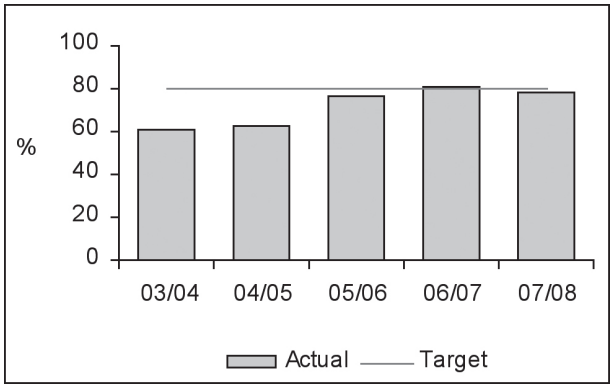
Strategic Direction 2
Create better experiences for people using health services

Performance Indicator: Emergency Department Triage times – cases treated within benchmark time

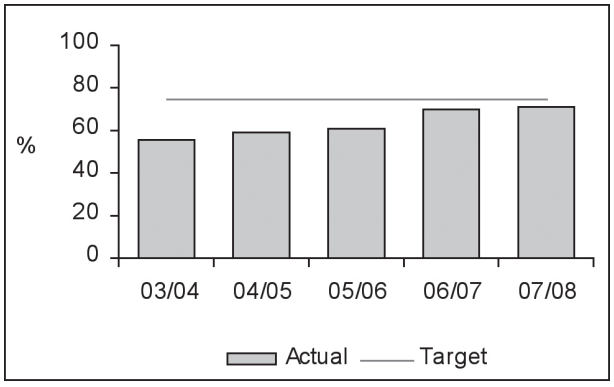
Triage 1 (within 2 minutes)



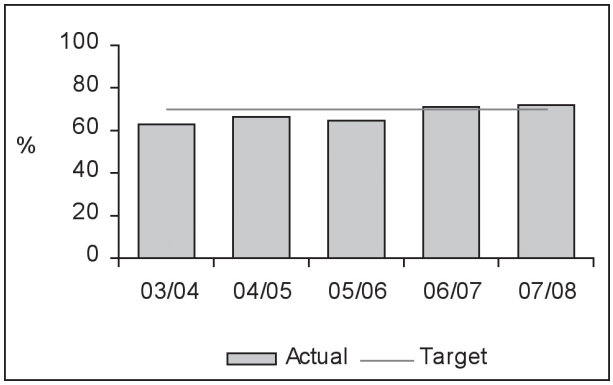
Triage 2 (within 10 minutes)



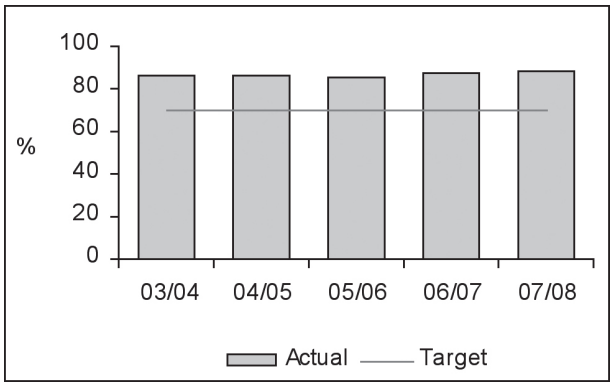
Triage 3 (within 30 minutes)



Triage 4 (within 60 minutes)



Triage 5 (within 120 minutes)



DESIRED OUTCOME

Treatment of Emergency Department patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

CONTEXT

Timely treatment is critical to emergency care. Triage aims to ensure that patients are treated in a timeframe appropriate to their clinical urgency, so that patients presenting to the Emergency Department are seen on the basis of their need for medical and nursing care and classified into one of five triage categories. Good management of Emergency Department resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

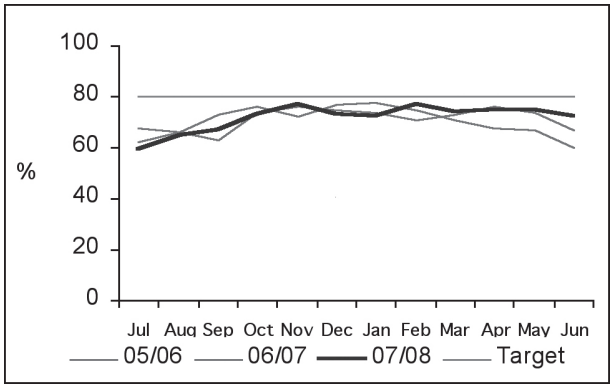
INTERPRETATION

Improved performance in triage categories 3 & 4 was achieved, whilst maintaining the gains in performance of the other triage categories. This was despite increased Emergency Department attendances, particularly for hospitals on the Central Coast.

FUTURE INITIATIVES

NSCCH will continue to develop service strategies to maintain and enhance the current level of performance, despite the continuing rise in Emergency Department attendances, particularly on the Central Coast.

Performance Indicator: Emergency admission performance – patients transferred to an inpatient bed within eight hours of commencement of treatment



DESIRED OUTCOME

Timely admission from the Emergency Department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

CONTEXT

Patient satisfaction is improved with reduced waiting time for admission from the Emergency Department to a hospital ward, Intensive Care Unit bed or operating theatre and Emergency Department services are freed up for other patients.

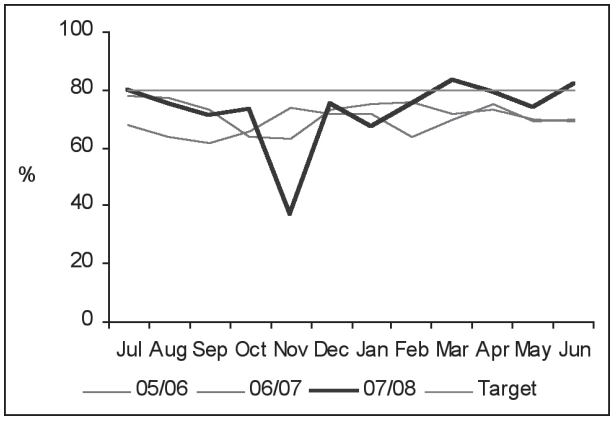
INTERPRETATION

Performance for 2007/08 improved on the previous year, however the overall result was below the NSW Health target of 80 per cent.

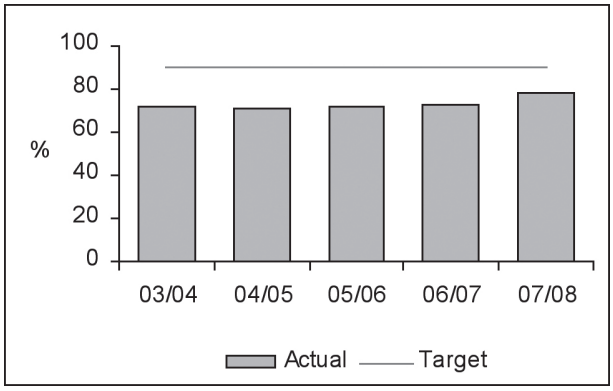
FUTURE INITIATIVES

Future initiatives include the opening of Medical Assessment Units at Royal North Shore and Gosford Hospitals, implementation of an inter facility transfer policy and increased engagement with private facilities to facilitate transfers, particularly at weekends.

Emergency Admission Performance – mental health patients admitted to an inpatient bed within eight hours of commencement of active treatment



Performance Indicator: Off stretcher time <30 minutes



DESIRED OUTCOME

Timely transfers of patients from ambulance to hospital emergency departments, resulting in improved survival, quality of life and patient satisfaction, as well as improved ambulance operational efficiency.

CONTEXT

Timeliness of treatment is a critical dimension of emergency care. Better coordination between ambulance services and emergency departments allows patients to receive treatment more quickly. Delays in hospitals impact on ambulance operational efficiency.

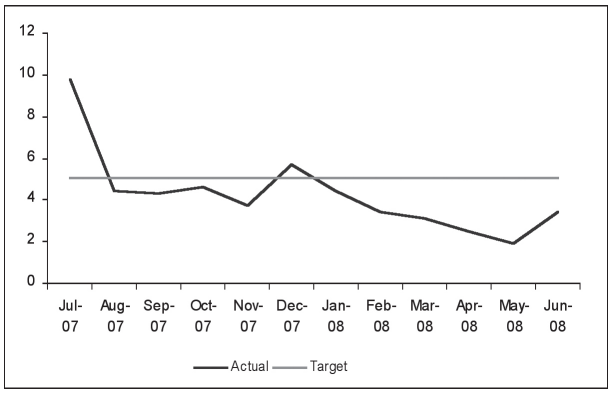
INTERPRETATION

NSCCH improved performance across 2007/08 achieving a result of 78 per cent, however this was still below the target of 90 per cent.

FUTURE INITIATIVES

Strategies to improve performance in 2008/09 include implementation of clinical care pathways in Gosford and Wyong Hospitals, implementation of an improved predictive tool to aid management of demand and capacity, and implementation of a prescheduled workload strategy across NSCCH.

Performance Indicator: Planned surgery – cancellations on the day of surgery



DESIRED OUTCOME

Minimised numbers of cancellations of patients from the surgical waiting list on the day of planned surgery, resulting in improved clinical outcomes, greater certainty of care and convenience for patients.

CONTEXT

The effective management of elective surgical lists minimises cancellations on a day of surgery and ensures patient flow and predictable access. However, some cancellations are appropriate, being due to acute changes in a patient's medical condition.

INTERPRETATION

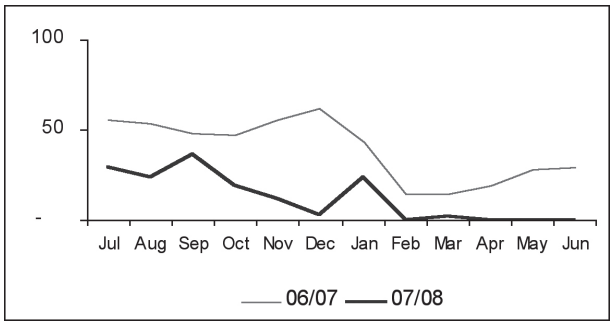
NSCCH improved performance across 2007/08 achieving a result of 3.8 per cent, which was a significant improvement on the previous year.

FUTURE INITIATIVES

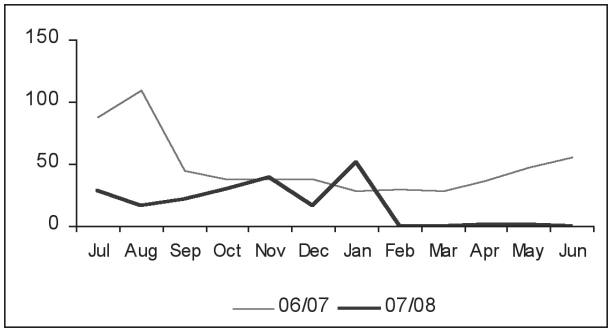
NSCCH will continue to improve work practices associated with the surgical patient journey to continue to raise the level of performance in this area.

Performance Indicator: Booked surgical patients

Booked surgical patients waiting – Urgency category 1 > 30 days (Overdues)



Booked surgical patients waiting – Urgency category 1 > 12 months (Long waits)



DESIRED OUTCOME

Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

CONTEXT

Long wait and overdue patients are those who have not received timely care and whose waits may have adverse effects on the outcomes of their care. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

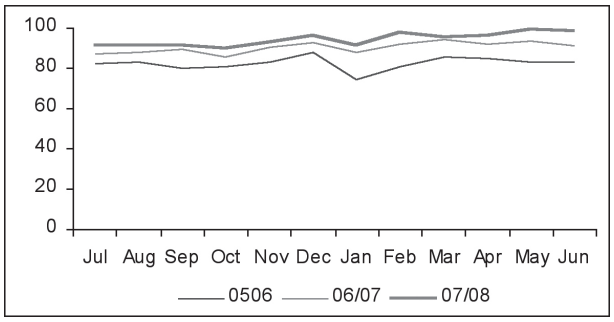
INTERPRETATION

A significant achievement was gained in these performance indicators and by the end of the financial year 2007/08 there were no patients listed in either category.

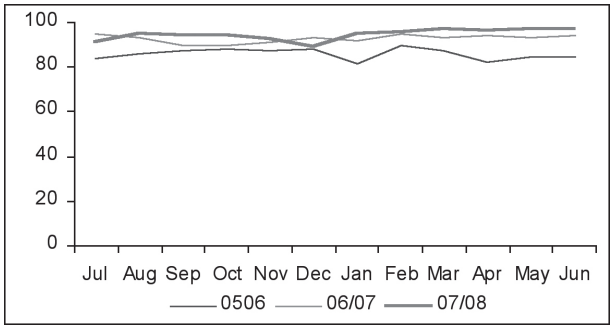
FUTURE INITIATIVES

NSCCH will continue its focus in this area through continued weekly monitoring, continued surgeon engagement, and exploration of software applications that provide surgical capacity planning tools to ensure sustainability of the gains in performance.

Performance Indicator: Category 1 Elective surgical patients admitted within 30 days (%)



Performance Indicator: Category 3 Elective surgical patients admitted within 365 days (%)



DESIRED OUTCOME

Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

CONTEXT

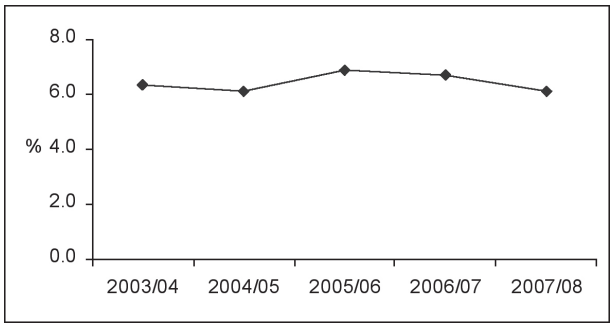
Patients not admitted within the timeframe of their clinical priority category are those who have not received timely care and whose waits may have adverse effects on the outcomes of their care. The numbers and proportions of these patients represent measures of hospital performance in the provision of elective care.

Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

INTERPRETATION

NSCCH improved performance across these Key Performance Indicators in 2007/08.

Performance Indicator: Unplanned/unexpected readmissions within 28 days of separation – all admissions



DESIRED OUTCOME

Minimal unplanned/unexpected readmissions, resulting in improved clinical outcomes, quality of life, convenience and patient satisfaction.

CONTEXT

Unplanned and unexpected re-admissions to a hospital may reflect less than optimal patient management. Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post-discharge planning was inadequate. However, other factors occurring after discharge may contribute to readmission, for example poor post-discharge care. Whilst improvements can be made to reduce readmission rates, unplanned readmissions cannot be fully eliminated. Improved quality and safety of treatment reduces unplanned events.

INTERPRETATION

NSCCH achieved a result slightly above target at 6.1 per cent and improved on its 2006/07 result of 6.7 per cent.

Performance Indicator: Sentinel events

Sentinel Event	2005/ 2006	2006/ 2007	2007/ 2008
Procedure involving the wrong patient or body part	4	7	**12**
Suicide of a patient in an inpatient unit	1	0	**1**
Surgery requiring re-operation or further surgical procedure	0	0	**0**
Intravascular gas embolism resulting in death or neurological damage	0	0	**1**
Haemolytic blood transfusion resulting in ABO incompatibility	0	0	**0**
Maternal death or serious morbidity associated with labour or delivery	0	0	**0**
Infant discharged to wrong family	0	0	**0**
Medication error resulting in death of a patient reasonably believed to be due to the incorrect administration of drugs	0	0	**0**

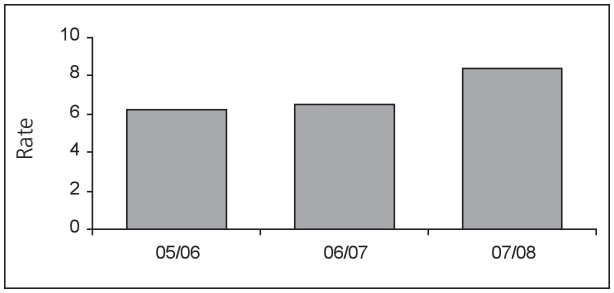
DESIRED OUTCOME

Reduction of sentinel events, resulting in improved clinical outcomes, quality of life and patient satisfaction.

CONTEXT

Sentinel events are incidents agreed as key indicators of system problems by all States and Territories and defined by the Australian Council for Safety and Quality in Healthcare as 'events in which death or serious harm to a patient has occurred'[1].

[1] Safety and Quality Council Sentinel Events Fact Sheet



INTERPRETATION

NSCCH achieved a result of 8.4 events per 100,000 bed-days. This was partly impacted by increased reporting throughout 2007/08.

FUTURE INITIATIVES

Future initiatives include Root Cause Analysis (RCA) Meta-analysis through the Health Care Quality Committee to ensure swift action on underlying issues, and tracking of all RCA actions. These processes are supported through the leadership of the NSCCH Clinical Governance Unit.

Performance Indicator: Deaths as a result of a fall in hospital

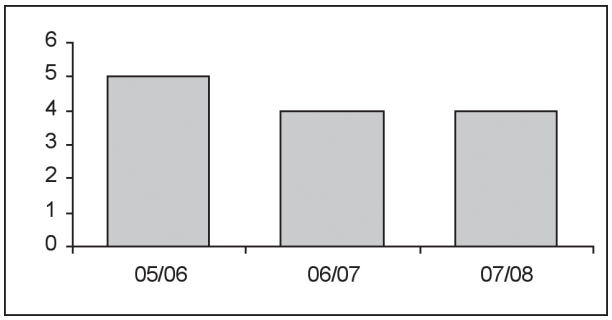
DESIRED OUTCOME

Reduce deaths as a direct result of fall in hospital, thereby maintaining quality of life and improving patient satisfaction.

CONTEXT

Falls are a leading cause of injury in hospital.
The implementation of the NSW Falls Prevention Program will improve the identification and management of risk factors for fall injury in hospital thereby reducing fall rates. Factors associated with the risk of a fall in the hospital setting may differ from those in the community.

Deaths as a result of falls in hospital (number)



INTERPRETATION

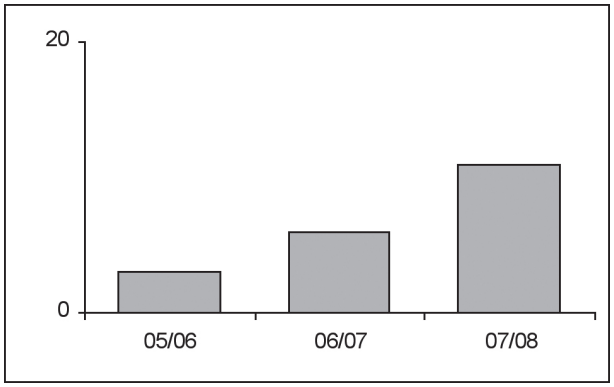
The number of deaths as a result of falls in hospital was four in 2007/08, the same as in 2006/07.

FUTURE INITIATIVES

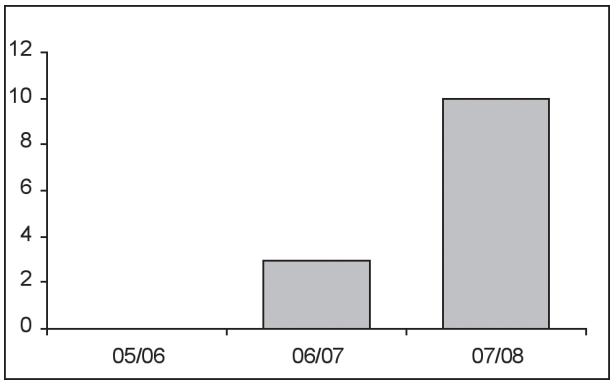
The major initiatives include the development of Area-wide standardisaton of falls risk screening by the NSCCH Falls Prevention Committee, provision of strategic oversight and direction from the NSCCH Falls Prevention Committee, and the implementation of the NSCCH Falls Prevention and Management Policy.

Performance Indicator: Incorrect Procedures

Operating theatre suite (number)



Radiology, Radiation Oncology, Nuclear Medicine (number)



DESIRED OUTCOME

Elimination of incorrect procedures resulting in improved clinical outcomes, quality of life and patient satisfaction.

CONTEXT

Incorrect procedures, though low in frequency, provide insight into system failures that allow them to happen. Health studies have indicated that with the implementation of correct patient/site/procedure policies these incidents can be eliminated.

INTERPRETATION

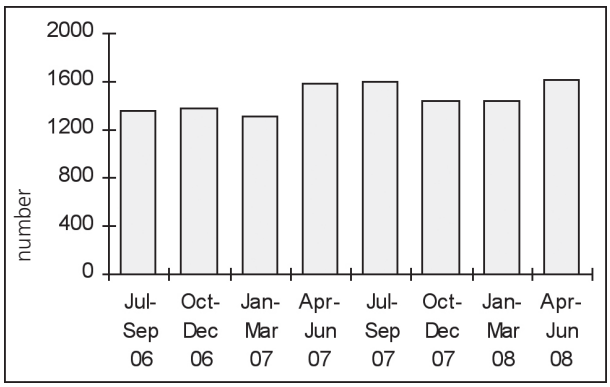
Active encouragement of reporting, particularly within Radiology, Radiation Oncology and Nuclear Medicine has impacted the 2007/08 results.

FUTURE INITIATIVES

Future strategies include zero tolerance of non-compliance with correct patient, procedure and site policies, zero tolerance of incomplete radiology request forms, implementation of the NSCCH Patient ID policy and associated auditing.

Strategic Direction 3: Strengthen primary health and continuing care in the community

Performance Indicator: Avoidable hospital admissions (selected conditions)



DESIRED OUTCOME

Numbers of avoidable hospital admissions minimised, resulting in improved health, increased independence, convenience and patient satisfaction and reduction of unnecessary demand on hospital services.

CONTEXT

There are some conditions for which hospitalisation is avoidable through early or more appropriate forms of management, for example by general practitioners, in community health settings, at home or in outpatient clinics. The conditions of this type included in the indicator are: cellulitis; deep vein thrombosis; community-acquired pneumonia; urinary tract infections; certain chronic respiratory disorders such as emphysema and chronic obstructive pulmonary disorder; bronchitis and asthma; certain blood disorders such as anaemia; and musculo-tendinous disorders such as acute back pain.

INTERPRETATION

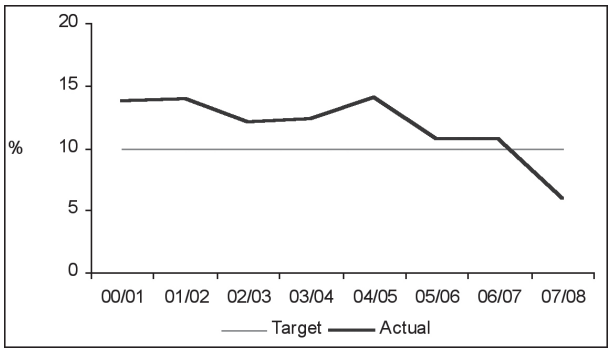
NSCCH has modestly reduced its level of performance in this area across 2007/08, with an increase of one per cent for this key performance indicator across the period.

FUTURE INITIATIVES

NSCCH will continue its focus in this area through the rollout of GP Direct to the remainder of NSCCH and the continuing development of new pathways for additional Acute Post Acute Care GP referrals.

Performance Indicator: Mental Health acute adult readmission

Mental Health acute adult readmission – within 28 days to same mental health facility



DESIRED OUTCOME

Rates of mental health readmission minimised resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

CONTEXT

Mental Health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentations. Despite improvement in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. A readmission to acute mental health admitted care within a month of a previous admission may indicate a problem with patient management or care processes. Prior discharge may have been premature or services in the community may not have adequately supported continuity of care for the client.

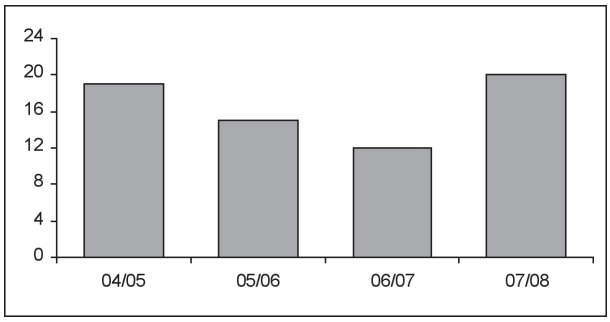
INTERPRETATION

NSCCH has achieved an increased level of performance in 2007/08 and exceeded the NSW Health target for this key performance indicator.

FUTURE INITIATIVES

NSCCH Mental Health Services will continue to implement a range of initiatives that will continue the improved performance in this key performance indicator.

Performance Indicator: Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service



DESIRED OUTCOME

Minimal number of suicides of patients following contact with a mental health service.

CONTEXT

Suicide is an infrequent and complex event which is influenced by a wide variety of factors. The existence of a mental illness can increase the risk of such an event. A range of appropriate mental health services across the spectrum of treatment settings, as outlined in the Government's commitment 'NSW: A New Direction for Mental Health', are being implemented between now and 2011 to increase the level of support to clients, their families and carers, to help reduce the risk of suicide for people who have been in contact with mental health services.

INTERPRETATION

There was an increase in this key performance indicator during 2007/08.

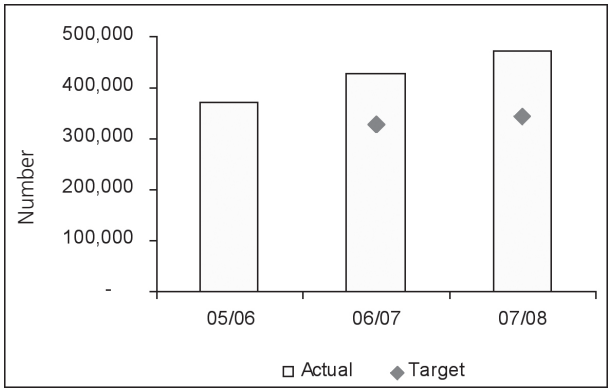
FUTURE INITIATIVES

This key performance indicator will be impacted by the following initiatives:

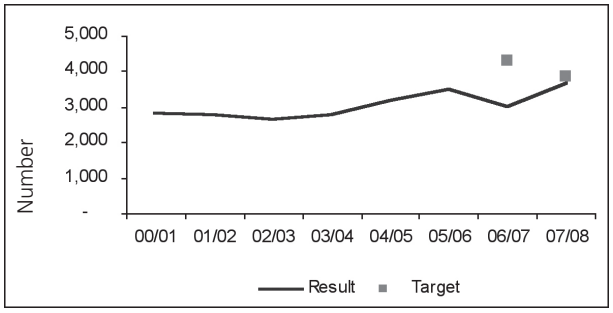
- Improvements to GP Shared governance
- Review of clinical handover protocols to enhance communication through the continuum of care
- Review of NSCCH Mental Health Documentation Guidelines following release of NSW Health MOHAT documentation.

Performance Indicator: Mental Health:

A) Mental Health ambulatory contacts



B) Acute overnight inpatient separations



DESIRED OUTCOME

Improved mental health and well-being. An increase in the number of new presentations to mental health services that is reflective of a greater proportion of the population in need of these services gaining access to them.

CONTEXT

Mental Health problems are increasing in complexity and co-morbidity with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. Under 'NSW: A New Direction for Mental Health' a range of community based services are being implemented between now and 2011 that span the spectrum of care types from acute care to supported accommodation. There is an ongoing commitment to increase inpatient bed numbers. Numbers of ambulatory contacts, inpatient separations and numbers of individuals would be expected to rise.

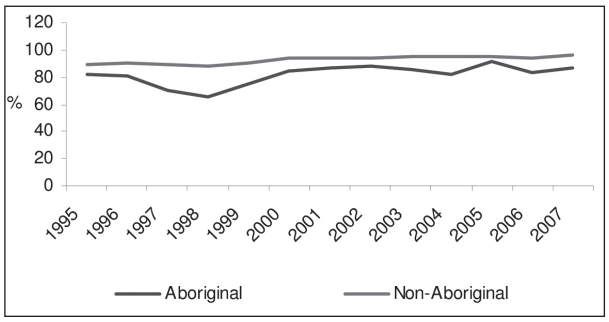
INTERPRETATION

NSCCH achieved improved performance in both these key performance indicators and exceeded target for Mental Health Ambulatory Contacts.

FUTURE INITIATIVES

NSCCH Mental Health Services will continue to implement a range of initiatives that will continue the improved performance in this key performance indicator.

Performance Indicator: Antenatal visits – confinements where first visit was before 20 weeks gestation



DESIRED OUTCOME

Improved health of mothers and babies.

CONTEXT

Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early commencement of antenatal care allows problems to be better detected and managed, and engages mothers with health and related services.

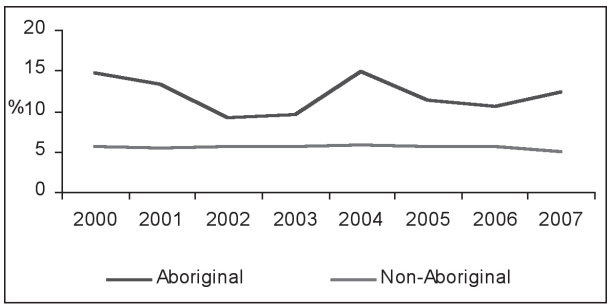
INTERPRETATION

NSCCH performance improved in this key performance indicator across 2007.

FUTURE INITIATIVES

Future initiatives include better identification of Aboriginal women to provide appropriate referrals of care, development of specific models of care and working with services and communities to identify barriers to service engagement.

Performance Indicator: Low birth weight babies – weighing less than 2,500g



DESIRED OUTCOME

Reduced rates of low weight births and subsequent health problems.

CONTEXT

Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and the care that was received during pregnancy.

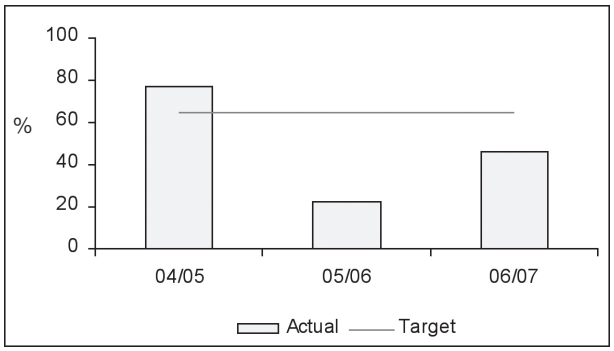
INTERPRETATION

NSCCH recorded an increase in this key performance indicator across 2006/07.

FUTURE INITIATIVES

Strategies to improve performance include better identification of Aboriginal babies to provide appropriate referrals of care, development of specific models of care and increased access to nutritional information through an early intervention program for antenatal care.

Performance Indicator: Postnatal home visits – families receiving a Families NSW visit within two weeks of the birth



Source: Families NSW Area Health Service Annual Reports

DESIRED OUTCOME

To solve problems in raising children early, before they become entrenched, resulting in the best possible start in life.

CONTEXT

The Families NSW program aims to give children the best possible start in life. The purpose is to enhance access to postnatal child and family services by providing all families with the opportunity to receive their first postnatal health service within their home environment, thus providing staff with the opportunity to engage more effectively with families who may not have otherwise accessed services. Families NSW provides an opportunity to identify needs with families in their own homes and facilitate early access to local support services, including the broader range of child and family health services.

INTERPRETATION

NSCCH performance was below the state target but was above the overall state average result.

FUTURE INITIATIVES

Strategies to improve performance in this key performance indicator include the strengthening of private hospital networks to ensure timely referral and review of early childhood data systems and implementation of ICIS database.

Strategic Direction 4: Builds regional and other partnerships for health

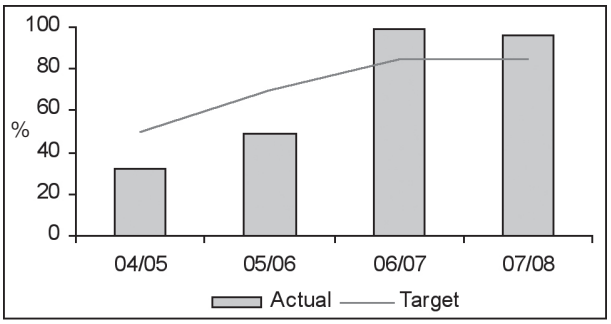
Performance Indicator: Otitis media screening – Aboriginal children (0-6 year) screened

DESIRED OUTCOME

Minimal rates of conductive hearing loss and other educational and social consequence associated with otitis media in young Aboriginal children.

CONTEXT

The incidence and consequence of otitis media and associated hearing loss in Aboriginal communities has been identified and recognised. The World Health Organisation has noted that prevalence of otitis media greater than four per cent in a population indicates a massive public health problem. Otitis media affects up to ten times this proportion of children in many indigenous communities in Australia.



INTERPRETATION

NSCCH achieved a result of 96 per cent which is in excess of the NSW Health target and above the state average result.

FUTURE INITIATIVES

Future initiatives include development of a strategic plan for Aboriginal child and familiy health and continuation of planned and opportunistic screening.

Strategic Direction 5: Make smart choices about the costs and benefits of health services

Performance Indicator: Net cost of service – General Fund (General) variance against budget

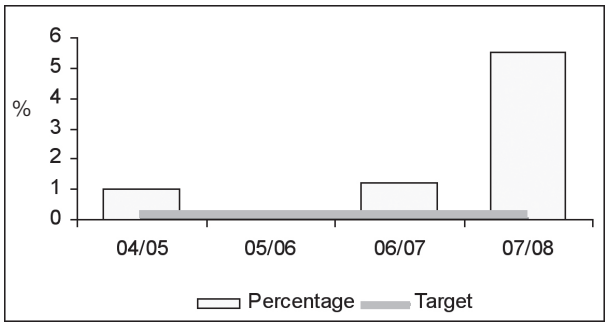
DESIRED OUTCOME

Optimal use of resources to deliver health care.

CONTEXT

Net Cost of Services is the difference between total expenses and retained revenues and is a measure commonly used across government to denote financial performance. In NSW Health, the General Fund (General) measure is refined to exclude the:

- effect of Special Purpose and Trust Fund monies which are variable in nature dependent on the level of community support.
- operating result of business units (eg linen and pathology services) which service a number of health services and which would otherwise distort the host health service's financial performance.
- effect of Special Projects which are only available for the specific purpose (eg Oral Health, Drug & Alcohol).



Performance Indicator: Creditors > Benchmark as at the end of the year

Creditors worksheet

Year	Benchmark	Amount over benchmark
2005/06	$ Over 45 Days	$0
2006/07	$ Over 44 Days	$0
2007/08	$ Over 45 Days	$8,736

Note: To achieve the benchmark the Area Health Service must not have creditors over the benchmark.

DESIRED OUTCOME

Payment of creditors within agreed terms.

CONTEXT

Creditor management affects the standing of NSW Health in the general community and is of continuing interest to central agencies. Creditor management is an indicator of a Health Service's performance in managing its liquidity. While health services are expected to pay creditors within terms, individual payment benchmarks have been established for each health service.

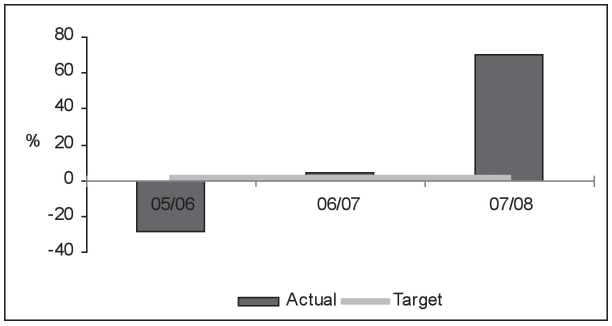
INTERPRETATION

NSCCH recorded a result 5.5 per cent in excess of budget in the financial year 2007/08 which has increased pressure on liquidity.

FUTURE INITIATIVES

Following an independent review of NSCCH operations by JBC Health, the health service will start to implement some of the recommendations to improve efficiencies and manage costs.

Performance Indicator: Major and minor works – Variance against Budget Paper 4 (BP4) total capital allocation



DESIRED OUTCOME

Optimal use of resources for asset management. The desired outcome is 0 per cent variance, that is, full expenditure of the NSW Health Capital Allocation for major and minor works.

CONTEXT

Variance against total BP4 capital allocation and actual expenditure achieved in the financial year is used to measure performance in delivering capital assets.

INTERPRETATION

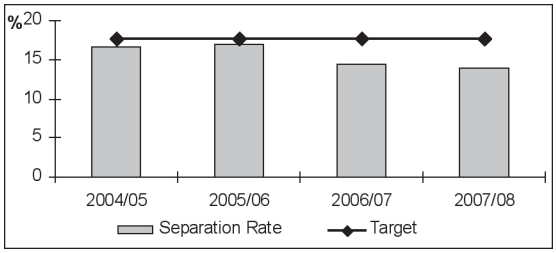
The major factors impacting performance were the increased allocation and expenditure required for the RNS Research and Education program (significantly under BP4 in 2006/07), and minor finalising projects requiring roll-over in 2007/08 for completion.

FUTURE INITIATIVES

Discussions between NSCCH and NSW Health Capital to agree on improvements for 2008/09.

Strategic Direction 6: Build a sustainable health workforce

Performance Indicator: Staff Turnover



DESIRED OUTCOME

Staff stability, with minimum unnecessary staff loss, through maintenance of turnover rates within acceptable limits (reducing where necessary).

CONTEXT

Human resources represent the largest single cost component for NSW Health Services. High staff turnover rates are associated with increased costs in terms of advertising for and training new employees, lost productivity and potentially a decrease in the quality and safety of services and the level of services provided. Factors influencing turnover include: level of shortage, remuneration and recognition, employer/employee relations and practices, workplace culture and organisational restructure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover.

Note that a falsely inflated turnover rate can be recorded due to the specific requirement of certain services, such as tertiary training hospitals, where staff routinely undertake training for specified set periods before taking up or returning to appointments elsewhere. Also, certain geographic areas can attract overseas nurses who prefer to work only on short-term contracts.

INTERPRETATION

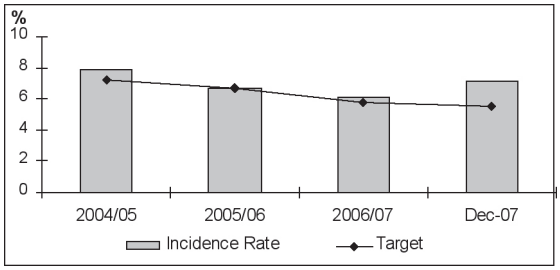
The NSCCH separation rate continues to remain under the target benchmark

FUTURE INITIATIVES

The recruitment of a 'Metropolitan Careers Facilitator' will target sustainable projects to improve the recruitment and retention of highly skilled health professionals.

Performance Indicator: Workplace Injuries

Incidence of workplace injuries expressed as a percentage of total workforce



DESIRED OUTCOME

Minimal proportion of staff experiencing workplace injuries.

CONTEXT

The National Occupational Health & Safety Improvement Strategy and the NSW Government initiative, 'Working Together: Public Sector OHS & Injury Management Strategy 2005-2008' have set injury reduction targets. As at November 2007, NSCCH's performance had deteriorated since its initial improvement of 1.8 per cent reduction in the incidence rate during 2004/05 to 2006/07. Further monitoring needs to continue to ensure that there is an improvement in the injury rates for NSCCH from December 2007 until June 2008.

NSCCH continues to review its injury prevention strategies and current Occupational Health and Safety (OH&S) systems across the organisation with a continued focus on manual handling, particularly in relation to tools for manual handling assessment. Training for managers and supervisors in OH&S is continuing across NSCCH so that they can fully implement the OH&S systems within their own workplace.

INTERPRETATION

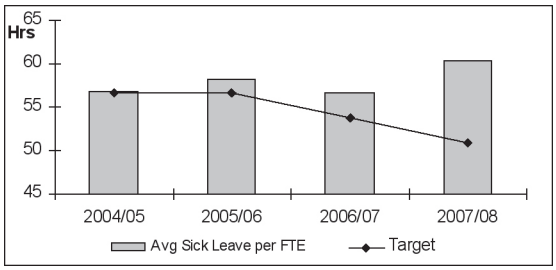
The NSCCH incidence rate of workplace injuries has slightly increased against a reducing NSCCH benchmark target.

FUTURE INITIATIVES

A standardised OH&S Hazard Register and associated OH&S Risk Management Procedures will be launched to meet targets within the OH&S and Injury Management three year Strategic Plan 2008-2011.

Performance Indicator: Sick Leave

Sick leave (non casual) average hours per FTE



DESIRED OUTCOME

Decrease in paid sick leave taken by staff.

CONTEXT

Sick leave is regarded as a key measure of 'people' productivity and is often used as an indicator of organisational climate and morale. Whole of Government sick leave reduction targets set by the NSW Premier's Department are monitored using baseline data for the 04/05 financial year. Monitoring regular reports against targets and adherence to the sick leave management policy assists in reducing the amount of sick leave taken by staff, additional costs of staff replacement and negative effects on service delivery and on other staff.

INTERPRETATION

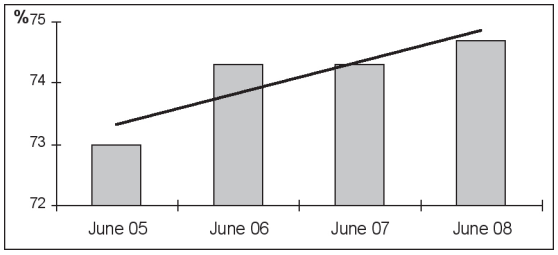
The average sick leave taken per non-casual FTE has slightly increased against a reducing benchmark target.

FUTURE INITIATIVES

A project on 'Building Positive Attendance' will be undertaken.

Performance Indicator: Clinical staff

Medical, nursing, allied health, other health professionals, scientific and technical staff, oral health practitioners as a proportion of all staff.



DESIRED OUTCOME

Optimal proportion of total salaried staff employed that provides direct services or support the provision of direct care.

CONTEXT

The organisation and delivery of health care is complex and involves a wide range of health professionals, service providers and support staff. Clinical staff comprises medical, nursing, allied and oral health professionals, scientific and technical staff, ambulance clinicians and other health professionals, such as counsellors and Aboriginal health workers. These groups are primarily the frontline staff employed in the health system. In response to increasing demand for services, it is essential that the number of frontline staff are maintained in line with that demand and that service providers continually examine how services are organised to direct more resources to frontline care.

Note:

1. From 2008, the Clinical Staff Ratio is also inclusive of 'Scientific and Technical Officers'. Previous year's data has been recast to reflect this change and may show a variation from previous annual reporting.
2. 'Clinical staff as a proportion of all staff' does not currently include in the definition of 'frontline staff', all those staff engaged in face-to-face care for example, ward clerks, wardsmen, surgical dressers. It is expected that further refinement of employment data in future years will allow inclusion of these categories where relevant.

INTERPRETATION

The number of clinical staff as a proportion of all staff within NSCCH is increasing.

FUTURE INITIATIVES

NSCCH are continually reviewing the appropriate staffing skill mix to ensure better patient care.

Selected Data for the Year ended June 2008 Part 1

HOSPITAL/ FACILITY	SEPARATIONS YTD	PLANNED SEPARATIONS	PLANNED SEPARATIONS %	SAME DAY SEPARATIONS	SAME DAY SEPARATIONS %	DAILY AVERAGE	TOTAL BED DAYS (days episode)
Macquarie Hospital	342	–	0%	8	2%	182	66,564
Gosford Hospital	44,608	19,684	44%	17,954	40%	469	171,674
Woy Woy Hospital	537	532	99%	2	0%	36	13,129
Long Jetty Healthcare Centre	623	614	99%	6	1%	38	14,023
Wyong Hospital	24,944	11,078	44%	11,522	46%	269	98,256
Greenwich Home of Peace Hospital	958	958	100%	165	17%	64	23,318
Neringah Home of Peace Hospital	306	–	0%	17	6%	11	4,129
Hornsby and Ku-Ring-Gai Hospital	16,967	5,471	32%	4,667	28%	219	80,305
Manly Hospital	13,940	3,343	24%	5,066	36%	175	63,991
Mona Vale Hospital	13,495	3,483	26%	4,530	34%	142	51,881
Royal North Shore Hospital	48,006	21,527	45%	19,151	40%	545	199,407
RNS – Sydney Dialysis Centre	1,227	1,227	100%	1,223	100%	4	1,277
Royal Rehabilitation Hospital – Coorabel/ Moorong	515	515	100%	5	1%	56	20,391
Ryde Hospital	9,334	2,260	24%	3,071	33%	122	44,594
Coral Tree Family Centre	1,355	1,355	100%	1,050	77%	8	2,863
Total	**177,157**	**72,047**	**41%**	**68,437**	**39%**	**2,338**	**855,802**

Selected Data for the Year ended June 2008 Part 2

HOSPITAL/FACILITY	ACUTE SEPERATIONS YTD	ACUTE OVERNIGHT BED DAYS	ACUTE AVERAGE LENGTH OF STAY	ACUTE TOTAL BED DAYS (DAYS EPISODE)	EMERGENCY DEPARTMENT ATTENDANCES
Macquarie Hospital	342	66,558	244.7	66,564	–
Gosford Hospital	44,580	153,602	3.8	171,541	49,917
Woy Woy Hospital	537	8,603	24.6	8,605	–
Long Jetty Healthcare Centre	559	9,448	17.9	9,452	–
Wyong Hospital	24,823	83,284	3.8	94,805	48,686
Hornsby and Ku-Ring-Gai Hospital	16,863	62,407	4.1	67,065	29,908
Manly Hospital	13,816	48,096	4.0	53,151	20,000
Mona Vale Hospital	13,109	38,044	3.3	42,545	25,606
Royal North Shore Hospital	47,758	176,792	4.1	195,921	47,513
RNS – Sydney Dialysis Centre	1,012	268	1.3	1,277	–
Ryde Hospital	9,314	37,400	4.5	40,466	21,715
Coral Tree Family Centre	1,355	1,813	2.1	2,863	–
Total	**174,068**	**686,315**	**4.4**	**754,255**	**243,345**

Beds and Bed Equivalents and Bed Occupancy, June 2008 (Beds in Emergency Departments, Delivery Suites, Operating Theatres and Recovery Rooms are excluded)

HOSPITAL/FACILITY	JUNE 08 BED COUNTS – ALL BEDS INCLUDING BED EQUIVALENTS	GENERAL HOSPITAL UNITS	NURSING HOME UNITS	COMMUNITY RESIDENTIAL	OTHER UNITS	BED EQUIVALENTS
Macquarie Hospital	197				197	
Gosford Hospital	560	560				
Woy Woy Hospital	58					
Long Jetty Healthcare Centre	46	30		16		
Wyong Hospital	320					
Greenwich Home of Peace Hospital	64					
Neringah Home of Peace Hospital	19					
Hornsby and Ku-Ring-Gai Hospital	283	276		7		
Manly Hospital	196					
Mona Vale Hospital	173					
Royal North Shore Hospital	632					
RNS – Sydney Dialysis Centre	6					
Royal Rehabilitation Hospital – Coorabel/Moorong	65					
Ryde Hospital	167	148		19		
Northern Sydney & Central Coast APAC	108					108
Coral Tree Family Centre	10				10	
Royal Rehabilitation – Weemala Nursing Home	45		45			
Hospital In The Home						
Compacks						
Transitional Care Home Based						

clinical governance

2007/08 Governance Statement:
Chief Executive Governed Public Health Organisations

Governance Statement

As Chief Executive I am responsible for the governance controls of the Northern Sydney Central Coast Area Health Service.

This Statement sets out the main governance practices in operation for the reporting period 1 July 2007 to 30 June 2008, and the extent to which they have been met.

To the best of my knowledge and belief the organisation has complied with the principles within the Department of Health's Corporate Governance and Accountability Compendium [December 2005] as they currently apply, except where there may be a qualification in the attachment to this statement.

Signed:

Matthew Daly
Chief Executive
Northern Sydney Central Coast Area Health Service

Date: 1/10/2008

This statement is a fair and true account of the corporate governance controls in place during the reporting period.

Signature:

Ms Louise Derley
Director of Internal Audit for the
Northern Sydney Central Coast Area Health Service

Date: 1/10/2008

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, NSCCH has implemented clinical governance functions as listed below.

The Clinical Governance Unit is responsible for a number of programs, including the Patient Safety Program (led by Ms Christine Conn), the Patient Focus Program (led by Ms Barbara Dougan) and the Compliance and Evaluation Program (led by Ms Lorraine Dorrington). Major foci of activity in 2007/08 include open disclosure, pressure ulcer prevention, better nutrition for inpatients, falls prevention, wound care, infection control and prevention, medication safety, pathology specimen labelling blood safety, participation in the national Safer Systems Saving Lives program, implementation of the National Inpatient Medication Chart and development of an integrated risk management system.

The Northern Centre for Healthcare Improvement, led by Dr Ross Wilson, is closely allied to the Clinical Governance Unit, has operated education, audit and research programs, as well as coordinating major externally funded international research projects.

Program Reporting

NSCCH regularly reports on the Clinical Governance Program to the NSW Department of Health against the NSW Patient Safety & Clinical Quality Plan, as detailed below:

Performance measure	Description	Achievement as of June 30, 2008
1.1	Organisational structure agreed and staff appointed	Complete
1.2	The 2005/06 workplan is signed off by the Chief Executive	Complete
2.1	For SAC 1 incidents, the RCA team has signed off the report within 55 days of the incident data (amended from "90 per cent of RCAs on SAC 1 incidents undertaken in appropriate timeframe") (1)	Achieved
2.2	80 per cent of recommendations from RCAs implemented within stated timeframe (worded in Implementation Plan p.6 as proportion of RCA recommendations implemented within stated timeframe (2)	90%
2.3	Structure in place to enable analysis and action of incident management data of SAC 2, 3 & 4 incidents Points of accountability for actioning management findings from analysis of SAC 2, 3 & 4 incidents have been identified	Achieved Achieved
4.1	Designated Senior Complaints Officer appointed	Complete
4.2	System in place to enable reporting of complaints	Complete
5.1	System in place to screen all deaths within 45 days of the event	Complete
8.1	AHS have implemented policies to ensure patient safety including policies addressing; • management of incidents • complaints, complaints or concerns about a clinician • introduction of new interventions • implementation of correct patient/procedure/site model policy	Complete
8.2	Systems are in place to prompt timely review of policies relating to patient safety and clinical practice	Complete
9.1	AHS has identified a methodology for clinician performance management	Complete (through Directorate of Workforce Development)
9.2	Senior clinicians are engaged in performance management	In progress (through Directorate of Workforce Development)
10.1	First annual report of the implementation of credentialing and clinician performance management	Complete (through Directorate of Workforce Development)
10.2	Report to Chief Executive on the management of complaint or concern about a clinician	Complete
10.3	Quarterly report of the implementation of recommendations arising from RCA and other investigations of serious incidents and complaints	Complete
10.4	Quarterly summary report of clinical incidents, quality indicators, recommendations on area wide actions to improve patient safety	Complete

List of Facilities

Central Coast Health Service

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

Wyong Hospital
Pacific Highway Hamlyn Terrace 2259
Tel: +61 2 4394 8000

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

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

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

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

Long Jetty Community Health Centre
Wyong Road Killarney Vale NSW 2261
Tel: +61 2 4336 7800

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

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

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

Woy Woy Community Health Centre
Ocean Beach Road Woy Woy NSW 2256
Tel: +61 2 4344 8432

Wyong Community Health Centre
Pacific Highway Hamlyn Terrace NSW 2259
Tel: +61 2 4394 8229

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

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

Hornsby Ku-ring-gai Health Service

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

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

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

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

Hillview Community Health Centre
1334 Pacific Highway Turramurra NSW 2074
Tel: +61 2 9024 9000

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

Pennant Hills Community Health Centre
5 Fisher Avenue Pennant Hills NSW 2120
Tel: +61 2 9481 0022

Richard Geeves Centre – Dementia Day Centre
10 Murrua Road North Turramurra NSW 2074
Tel: +61 2 9488 8694

Wiseman's Ferry Community Health Centre
Old Northern Road, Wiseman's Ferry NSW 2775
Tel: +61 2 4566 4423

Northern Beaches Health Service

Manly Hospital
PO Box 465 Manly NSW 1655
Tel: +61 2 9976 9611

Mona Vale Hospital
PO Box 81 Mona Vale NSW 1660
Tel: +61 2 9998 0333

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

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

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

Mona Vale Community Health Centre
Coronation Street Mona Vale NSW 2103
Tel: +61 2 9998 0333

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

North Shore Ryde Health Service

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

Ryde Hospital and Community Health Service
Deniston Road Eastwood NSW 2122
Tel: +61 2 9874 0199

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

Child and Family Health
42 Hercules Street Chatswood NSW 2067
Tel: +61 2 9448 3155

North Shore/Ryde Community Health Service
44 Hercules Street Chatswood NSW 2067
Tel: +61 2 9411 3155

Ryde Child and Family Health Service
51 Blaxland Road Ryde NSW 2112
Tel: +61 2 94486877

Affiliated health organisations

Hope Healthcare Limited
Pallister House 97-115 River Road Greenwich NSW 2065
Tel: +61 2 9903 8201

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

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

Graythwaite Nursing Home – Hope Healthcare Limited
10 Edward Street North Sydney 2060
Tel: +61 2 9955 1115

Northern Beaches Palliative Care Service – Hope Healthcare Limited
Coronation Street Mona Vale NSW 2103
Tel: 9807 1144

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

Clinical Services Strategic Plan

Shortly after starting with NSCCH in September 2007, the Chief Executive identified the need for a clinical services strategic plan for the Area as a whole.

While NSCCH has engaged in a range of service planning activity over recent years, this newly initiated planning process commenced formally in December 2007 with the formation of the Clinical Strategy Group (CSG).

The CSG was chaired Dr Michael McGlynn, Clinical Director, Sydney Children's Hospital, and had a further 23 members. These included senior clinicians from a range of specialties across the Area, the Directors of Clinical Operations and Population Health Planning and Performance, and a General Manager from one of our facilities.

The Terms of Reference of the CSG were to critically review and assess draft clinical services plans and high priority plans with particular reference to supporting:

- Enhancement of clinical networks and clinical management structures
- Clear delineation of hospital roles within the clinical network structure
- Evidence based approaches to clinical services delivery to encourage consistency in standards of care
- Equity of patient access to appropriate care levels
- Appropriate clinical workforce distribution and staffing resources that are aligned with services planning activity levels and requirements
- Opportunities for innovative models of care, service delivery and technological improvements.

The Terms of Reference also required the CSG to support wider consultation with staff, clinicians, and other key stakeholders, including community groups and the Department of Health. This has involved close consultation with four key Consumer Participation Committees.

The first draft of the Clinical Services Strategic Plan (CSSP) was completed in April 2008. Further consultation with key stakeholders including local government, staff and consumers followed.

The NSCCH CSSP outlines the short, medium and long-term changes we will need to make in the way we deliver services across all the acute care hospitals in the Area.

The key changes can be summarised as:

- Defining the role of each facility within the southern part of NSCCH (Hornsby, Northern Beaches, Royal North Shore and Ryde)
- Providing a sustainable growth and development strategy for the Central Coast

The aim of the plan is to ensure fair access to high quality, well-managed services that keep people healthy and provide the care they need, locally wherever possible.

The plan responds to changes in population and health care needs, particularly the fact that our population is increasing and there will be an increasing proportion of older people needing more health care.

Lifestyle changes, population ageing and significant improvements in survival rates from heart attacks, strokes and cancers are contributing to increases in the number of people requiring health care for complex and ongoing conditions.

Specific changes and developments have been identified for each individual hospital but many of the recommendations span entire services.

The changes will allow us to address the critical issues currently affecting our acute care hospitals including:

- The rapid ageing of the population and associated increases in the demand for healthcare services
- The need to provide more outpatient and ambulatory services which can reduce the need for hospital admission
- Health inequalities on the Central Coast which must be addressed
- Workforce issues including worldwide shortage of healthcare staff, unsustainable rosters for existing staff and service configurations which make it difficult to attract and retain staff
- Facility and infrastructure issues, such as the need for new health technologies
- The need to develop strong, formal clinical networks across NSCCH to improve the efficiency of services and improve outcomes for patients
- The need to reduce inefficiencies and the unnecessary duplication of services
- The need to ensure that all services are safe and sustainable

The NSCCH CSSP provides a basis for changing the way we deliver services so we can secure safe, sustainable, value for money healthcare services well into the future.

The NSCCH CSSP is a starting point for change. Some changes will begin immediately while others, such as the detailed planning around the proposed Northern Beaches Hospital, will require further consultation.

A number of service enhancements have been proposed in the plan. NSCCH will consider these proposals when considering the best use of existing resources and the application of growth funds or other revenue streams.

Following endorsement of the CSSP, complementary strategic plans will be developed for Population Health and Primary and Community Health in NSCCH.

Together, these plans will set the strategic directions for the future development of and investment in health services across the Area.

Implementation of the CSSP will occur at multiple levels across NSCCH through integration into annual operational plans and performance agreements.

As detailed implementation plans are developed, consultation with the community and clinicians will continue to ensure that services are appropriate and responsive to the changing needs of the population.

Overall responsibility for the implementation of the CSSP will rest with the Clinical Council. Implementation of the plan will primarily be funded from within NSCCH's existing budget allocation. Where additional resources are required, initiatives will be prioritised for service enhancement through the Area's network structure and performance improvement processes.

Central Coast Health Service

Gosford Hospital

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 and community services include allied health, oral health, podiatry, nursing, child, adolescent and family health, cardiac rehabilitation, drug and alcohol.

GOSFORD HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	560	528	480.3	490.6
Occupancy rate	86.0%	89.3%	97.5%	92.0%
Non-inpatient occasions of service	249,239	175,746	170,296	162,269
Births	2,389	2,551	2,469	2,297
ED Attendances	49,917	48,581	46,375	44,387
Admissions/ Separations	44,608	49,942	54,246	48,522
Average length of stay (incl Day Only Patients)	3.7	3.5	3.1	3.4

MAJOR GOALS AND OUTCOME

- A new model of care, the Medical Assessment Unit, was developed to provide better and faster treatment for patients with complex and chronic illnesses presenting to Emergency Departments.
- A workforce plan for emergency services was implemented to respond to additional demand on Central Coast Health.
- 2008 'Give Me 5 for Kids Appeal' has seen Gosford Hospital benefit from the generosity of the community by the donations enabling a defibrillator to be purchased for Kids Corner in the Emergency Department and the purchase of two resuscitation trolleys for the birthing suite and operating theatres.
- Redevelopment of Gosford Hospital site.
- Demolition and excavation of the decommissioned buildings are near completion. A contractor has been engaged to commence stage three of the project – the Mental Health Building, which is expected to be complete late 2009.
- The Gosford Acute Post Acute Care (APAC) will relocate within Gosford Hospital where it will be optimally placed close to the Emergency Department and ward areas. The relocation will facilitate increased efficiency and will provide for future growth. It is expected to be complete in October 2008.

KEY ISSUES AND EVENTS

- Central Coast Health and NSW Ambulance worked together to commence the F.A.S.T care pathway for stroke sufferers. This system provides immediate access to the right treatment on arrival in the Emergency Department.
- Additional funding was secured to increase the capacity of the renal service to give centre-based care and train clients in home dialysis.
- Endocrinology and diabetes services were expanded with the addition of a new staff specialist endocrinology appointment.
- Installation of a 64-slice CT scanner to support the Emergency Department enabling faster scan times and enhanced image quality. The 64-slice CT scanner is complemented by the hospital's existing 16-slice CT scanner.
- Gosford Perioperative Unit is facilitating staff and skills integration with the introduction of a rotational perioperative role which can be utilised in all areas including the Surgical Admission Centre, the Integrated Booking Unit, Endoscopy and Operating Theatres.
- Preparation for opening of the Early Pregnancy Assessment Service
- Dedicated staff from all disciplines have worked tirelessly through the winter period to ensure optimal patient care is delivered.

FUTURE DIRECTION

- Continue to maintain Central Coast Health's long-wait surgical electives under 12 months.
- Implementation of NSCCH's Clinical Services Strategic Plan

Wyong Hospital

Wyong Hospital is an acute major metropolitan hospital providing a range of medical and surgical services, acute geriatric medicine, rehabilitation, maternity and specialty services including mental health, alcohol and other drugs, coronary care and outpatient cancer services.

WYONG HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	320	317	277.6	244.4
Occupancy rate	84%	87%	95.7%	96.5%
Non-inpatient occasions of service	106,158	130,648	116,123	101,033
Births	177	259	195	270
ED Attendances	48,686	45,294	42,644	41,092
Admissions/ Separations	24,944	25,695	27,261	24,514
Average length of stay (incl Day Only Patients)	3.8	3.7	3.6	3.5

MAJOR GOALS AND OUTCOME

- Opening of the refurbished Emergency Department
- Opening of a four-bed Psychiatric Emergency Care Centre
- Expansion of Paediatric Ambulatory Care Service to incorporate an outreach service
- Opening of a short-stay ward within the Wyong Paediatric Ambulatory Care Service
- Opening of an outdoor Rehabilitation Therapy Courtyard

KEY ISSUES AND EVENTS

- The number of patients presenting to the Emergency Department continues to grow with a 7.5 per cent increase on the previous year.
- Wyong High Dependency Unit (HDU) planning phase was completed with the physical area commissioned and recruitment to commence. It is expected that the HDU will open in late 2008.
- New senior medical positions were established in Orthopaedics and General Surgery for Wyong Hospital.
- Introduced a new service delivery model for patients presenting to Wyong Endoscopy. Patient admission is now managed via the Surgical Admission Centre for pre and post procedure care allowing endoscopy staff to focus on the core procedural service they provide.

FUTURE DIRECTION

- Commissioning of 20-bed Medical Assessment Unit
- Continue to maintain Central Coast Health's long-wait surgical electives target

Long Jetty Hospital

Long Jetty Healthcare Centre is a 46 bed sub-acute facility within NSCCH. The Continuing Care Unit is a 30 bed unit specialising in Aged Care & Palliative Care Services. Terilbah is a 16 bed unit which provides care for patients with dementing illness and associated behavioural problems.

LONG JETTY HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	46	47	46	46
Occupancy rate		85.0%	87.8%	89.6%
Non-inpatient occasions of service	131	64	294	137
Admissions/ Separations	623	601	583	481
Average length of stay (incl Day Only Patients)		17.8	25.3	31.3

MAJOR GOALS AND OUTCOME

- The Confused and Disturbed Elderly (CADE) review was completed. Terilbah will now be known as Transitional – Behaviour Assessment Intervention Service (T-BASIS) with planning for this service to transfer to mental health to continue in 2009.

KEY ISSUES AND EVENTS

- Long Jetty Healthcare Centre Auxiliary continued to demonstrate excellent fundraising skills and have given a commitment of $20,000 for the next financial year.
- The Continuing Care Unit has introduced a daily multidisciplinary case conference which has resulted in better discharge planning and a better patient outcome. Over time the patient profile has changed with the majority of patient admissions requiring slow stream rehabilitation.
- The CADE unit underwent a refurbishment including a new food delivery system, refurbished bathrooms and gardens. As a result the unit provides improved safety and comfort for patients, carers and staff.
- Following the introduction of T-BASIS Long Jetty Healthcare Centre is able to provide the services of a diversional therapist to patients. The much needed expertise has enhanced services within the unit and facilitates consultations with other services involved in patient care.
- Long Jetty Healthcare Centre received a score of 73 per cent in the recent security review.

FUTURE DIRECTION

- The Continuing Care Unit (CCU) patient profile has changed over recent years with the majority of patients being admitted for slow-stream rehabilitation under the care of GPs. While CCU continues to provide excellent care to all patient groups opportunities to increase allied health resources in physiotherapy and occupational therapy are sought.
- Progress on the transfer of T-BASIS to mental health services is expected to be complete mid-2009.

Woy Woy Hospital

Woy Woy Hospital provides sub acute and outpatient services – including outpatient physiotherapy and hydrotherapy - to residents of the peninsula and southern areas of the Central Coast. The hospital comprises of 23 sub acute beds, 15 rehabilitation beds and 20 transitional care beds. An After Hours General Practitioner Service operates on site.

WOY WOY HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	58	53.0	57.0	61.2
Occupancy rate		86.1%	83.6%	87.8%
Non-inpatient occasions of service	6,947	6,469	6,824	10,128
Admissions/ Separations	537	789	750	802
Average length of stay (incl Day Only Patients)		19.1	23.2	24.4

MAJOR GOALS AND OUTCOME

- Commissioning of the new purpose built Transitional Care facility in June was successful with initial occupancy rates of 91 per cent.

KEY ISSUES AND EVENTS

- Successful rollout of the electronic medical records implementation.
- Improved parking for the disabled and car parking for visitors.
- Improved lighting and signage on the Woy Woy site.
- Increased number of security cameras on the site.
- Woy Woy Hospital Auxiliary continued to provide a high standard of service delivery in the Hospital Kiosk. Funds raised by the kiosk and other fundraising activities helped to raise over $20,000 for medical and therapeutic equipment.

Central Coast Primary and Community Care

MAJOR GOALS AND OUTCOME

Community Nursing

- Collaboration between the Continence Advisors & the Central Coast Division of General Practice to provide catheter care education to residential Aged Care facilities to reduce numbers of clients sent to the Emergency Department for catheter changes.

Ongoing & Complex Care

- Successful transition of the Respiratory & Diabetes services to the newly developed Ongoing & Complex Care Team.
- Development and implementation of smoking cessation service for Chronic Obstructive Pulmonary Disease (COPD) clients who have nicotine addiction by the Home Based Pulmonary Rehabilitation Service.

Community Therapy Services

- The Community Outreach and Therapy service amalgamated with the Ongoing and Complex Care Service to provide a coordinated and streamlined approach to service delivery for clients with chronic and complex needs.

Youth Health and Eating Disorders

- Nurse Practitioner clinics at Wyong and Gosford
- Two staff trained in Chronic Illness Peer Support (ChIPS) to develop ChIPS program in Youth Health

Child and Family Health Perinatal Telephone Intake Service

- This service initiated January 2008 as a central intake line for all clients wanting to access secondary services (Early Child Health Nurses (ECN), Family Care Cottages (FCC), Aboriginal Health, Perinatal services, children in families dealing with drug and alcohol issues)
- For six months to 30 June 2008 there were 2,538 calls taken with referrals made to appropriate services – 54 per cent were referred to Early Child Health Nurses, 33 per cent to Perinatal services and 12 per cent to Family Care Cottages.

StEPS Screen (State Eye Preschool Screen)

- This program begun in conjunction with the four year old developmental check - 235 children assessed - with referrals for further assessments including vision, hearing and dental.

Fundraising

Despite major storms wreaking havoc on the Central Coast on the June long weekend and the resultant devastation to people's lives and the local economy the community, amazingly, managed to continue its support of local health services. The storms hit the Central Coast at the same time that Central Coast Radio 2GO was launching the annual Give Me Five for Kids Appeal. When the airwaves would usually be filled with Give Me Five promotion they were instead providing up to date information for the community on the status of the storms, the disaster centre and how to access help. Undeterred the community dug deep throughout the month of June and raised a staggering $80,000 for the Central Coast Children's Fund. The success of the appeal during this time is testament to the strong community spirit that exists in the region.

Individuals, community groups and businesses supported a range of health services throughout the year by direct donations, organised fundraisers, regular giving programs and bequests.

Other supporters of the Children's Fund included Woolworths with a $37,500 donation enabling the establishment of a Short Stay area for young patients using the Wyong Paediatric Ambulatory Care service. Staff from Scholastic Australia, The Entrance Hotel Fishing Club and Central Coast Taxis Golf Club also continued their support as did many other community groups and individuals.

The 'Magoo Charity Classic' organised by the Central Coast Malibu Boardriders raised $13,500 with the assistance of the BBQ kings, the Lions Club of Gorokan-Kanwal continuing their support of cancer services on the Central Coast. Another supporter of cancer services, the Doll, Bear, Craft & Quilt Expo, had its best year ever raising $10,000. Thanks to these donors and others such as local Lions Clubs, National Servicemens Associations, social golf clubs and countless family and friends of people with cancer we have been able to provide equipment and therapeutic items to help improve patient comfort and enhance their care.

NSW Fire Brigades raised $12,000 through fundraising events and payroll deductions to support equipment used in the treatment of burns and trauma patients and our tireless Hospital Auxiliaries forged ahead throughout the year raising many thousands of dollars to support a broad range of equipment across our hospitals and health centres.

Several benefactors chose to leave a lasting legacy beyond their lifetime to services provided by Central Coast Health.

Central Coast Health is fortunate to enjoy strong support from the community which enables us to gain access to the latest technology and to provide the added touches that improve patient comfort and make the patient journey less daunting. Whether it is a financial donation, gifts given in kind or volunteering – it all makes a difference.

Thank You.

Our Volunteers

Every year volunteers contribute thousands of hours and thousands of dollars to make a difference to our patients, their families and staff. Approximately 750 volunteers give their time, skills and passion to provide a broad range of highly valued services.

Your support is appreciated.

Hospital Auxiliaries

There are five hospital auxiliaries on the Central Coast whose dedication and hard work has helped us to purchase medical and therapeutic equipment for our hospitals.

2007/08 EXECUTIVES OF THE FIVE UNITED HOSPITAL AUXILIARIES

PRESIDENT	SECRETARY	TREASURER	
Gosford	Mrs Maureen Hurt	Ms Jenny Sims	Mrs Kerry Babinski
Long Jetty	Mrs Thelma Peck	Mrs Doreen Ryder	Mrs Betty Smith
Ourimbah	Mrs Toni Brewster	Mrs Unice Frazer	Miss Narelle Rodgers
Woy Woy	Mrs Marie Jackman	Mrs Oliveen Barron	Mrs Judith Schmitzer
Wyong	Mr Bill Mason	Mrs Margaret Mason	Mrs Jean Harrison/ Mrs Sue Hendricson

NB: In addition to her role as President of the Long Jetty Auxiliary, Mrs Thelma Peck is the Regional Representative to the NSW United Hospital Auxiliary.

Hornsby Ku-ring-gai Health Service

Hornsby Ku-ring-gai Health Service (HKHS), incorporating Hornsby Ku-ring-gai Hospital, six community health centres and 10 early childhood health centres, provides public healthcare to a community stretching from the Hawkesbury River to Roseville, east to St Ives and west to Pennant Hills, Cherrybrook and Epping.

The hospital, a teaching hospital of the University of Sydney, provides inpatient services including intensive care, high dependency, cardiac, stroke, orthopaedic, general medical, surgical, obstetric, mental health, paediatric and emergency services.

Outpatient services include allied health such as physiotherapy, occupational therapy, speech pathology and social work. Community health, oral health 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 May 2009.

HORNSBY HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	283	276.0	282.8	263.3
Occupancy rate	77.0%	73.1%	72.6%	80.5%
Non-inpatient occasions of service	246,094	267,775	239,577	253,943
Births	1,227	1,115	1,012	884
ED Attendances	29,908	27,530	24,582	22,754
Admissions/ Separations	16,967	18,776	17,509	16,638
Average length of stay (Incl Day Only Patients)	4.5	3.6	4.3	4.7

MAJOR GOALS AND OUTCOMES

- The hospital continues to perform well in acute care indicators such as better than target performance for access block, long-wait surgical list reduced to zero and improvements in reduced length of stay.
- Hospital avoidance programs such as GRACE (Geriatric Rapid Acute Care Evaluation), APAC (Acute Post Acute Care), ASET (Aged Care Services in Emergency Team) and ACAT (Aged Care Assessment Team) Healthy at Home (HAH) have resulted in reduced hospital admissions and patients spending significantly less time in hospital.
- Reviewed and extended services provided by the Bone and Balance Clinic (previously Falls Prevention Clinic) which aims to reduce the risk of falls by improving clients' strength, balance and mobility to improve their independence.
- Reviewed surgical and emergency department redesign projects to improve the journey for surgical patients.
- Utilised theatre time more effectively through the appointment of a Nurse Screener in the Pre-admission Clinic. The nurse identifies patients unfit for surgery and refers them to the appropriate specialist for treatment to ensure they are fit for surgery.
- Links developed with GP's and other health providers to improve the health of the community, identifying and supporting older people living in the community and reducing hospital admissions.
- Revised paediatric models of care to manage increased activity through the introduction of ambulatory care.
- Community Consultation continued with the Consumer and Community Participation Committee's involvement in the development of the Clinical Service Plan and extended levels of consumer involvement in key committees.

KEY ISSUES AND EVENTS

- Opening of the new Mental Health Intensive Care Unit, a 12-bed tertiary facility for patients from the Northern Sydney Central Coast Catchment Area who require intensive mental health care.
- The co-location of related departments and staff for the implementation of new models of care, including the co-location of Aged Care Services and accommodation for various Area services now residing at HKHS including the Single Point of Access (SPA), the Patient Area Transport Unit (PATU) and the PALMS Administration Groups.
- The Rehabilitation and Aged Care Service is now able to accurately diagnose and help prevent osteoporosis in one, quick, simple low radiation procedure with the delivery of Dual X-ray Absorptiometry - considered one of the most accurate measurements of bone mineral density.
- Implementation of the new Electronic Medical Record System (eMR).
- The Medical Imaging department took delivery of a new Gamma Camera that provides faster diagnosis and quality of imaging to better detect disease.
- Development and implementation of 2008-2009 HKHS Ethnic Affairs Priority Statement Action plan which addresses the health needs of people from a Culturally & Linguistically Diverse background.
- Worked in partnership with community based organisations and community members on:
  - "Youth Across the Gorge' – developing programs to meet the health and social needs of young people living in semi-rural areas of Galston & Wiseman's Ferry
  - HACC funded Day Centres for older people with moderate to high needs in Berowra, Brooklyn & Galston areas
- Increase in community based education programs in nutrition, diabetes, dementia, falls prevention, chronic disease and cardiac health.

FUTURE DIRECTION

- NSCCH's Clinical Services Strategic Plan will see the expansion of mental health services, bariatric surgery and sustained surgical services at HKHS. This plan also identifies the need to ensure that HKHS continues to develop aged care services and in particular healthy ageing strategies with a general focus on supporting older people living in the community and reducing avoidable hospital admissions.
- Models of care are integral to the redesign of health care service provision. It is through projects such as the Paediatric Ambulatory Care and Community Health models, improving health through prevention and health promotion, community engagement through community consultation and building effective relationships that HKHS will determine and develop its future direction for the community.
- A continued and sustained focus around research through the Rehabilitation and Aged Service at HKHS will also support the changing models of care and providing health care through the continuum.

FUNDRAISING

HKHS enjoys the support of a vibrant and loyal community who continue to partner us in many fundraising projects.

Fundraising totalled $485,000 for the financial year, which went directly towards patient care enabling the purchase of many items of the latest medical equipment.

We would like to acknowledge the hard work and support of our staff, volunteers and the many individuals, community groups, organisations and companies whose loyalty and generosity assisted in providing the very best health care for our community.

VOLUNTEERS

HKHS has over 780 volunteers who provide a large support network of services including the hospital's Florist & Gift Shop, Pink Ladies and Gentlemen, Meals on Wheels, Patient Companions, Children's Ward Play Leaders, Internal Mail Courier Service, support for Mental Health and Rehabilitation and Aged Care groups, Craft Ladies and office support for various departments throughout the health service.

Our volunteers are an important part of our team and the care we offer. We are very lucky to have such devoted helpers - their loyalty and dedication is inspiring. Many of our volunteers have over 20 years of service and several over 40 years of service. Their contributions make an enormous difference for staff and their care and friendliness makes the hospital journey for our patients and their family members more comfortable.

2007 – 2009 Volunteer Committees

PINK LADIES COMMITTEE

President	Margaret Guy
Vice President	Gail Hugman
Secretary	Helen Henderson
Treasurer	Margaret Parfett
Committee Members	Joan Hunt Maureen Verzeletti

FLORIST SHOP SUB-COMMITTEE

Chair	Margaret Guy
Merchandise	Joan Hunt
Committee Members	Avril Brown Joy Turner Lorraine Kenchington Carmel Gossip Linda Humphries

PLAYLEADERS

President	Joyce Riley
Vice President	Marie Anstee
Treasurer	Lesley Whittington
Secretary	Betty Twose
In Charge of Craft	Marion Ashworth

Northern Beaches Health Service

Manly Hospital

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

MANLY HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	196	192.0	193.8	199.2
Occupancy rate	89.0%	89.5%	88.7%	86.4%
Non-inpatient occasions of service	228,408	205,710	302,438	281,630
Births	865	899	699	676
ED Attendances	20,000	19,281	18,162	17,366
Admissions/ Separations	13,940	14,210	13,453	13,014
Average length of stay (incl Day Only Patients)	4.36	3.9	4.7	4.8

MAJOR GOALS AND OUTCOME

- Installation of a pneumatic tube between the emergency department and pathology laboratory to enhance pathology testing times and improve patient flow.
- Implementation of new patient administration system in November 2007 to allow the electronic creation, viewing and tracking of medical records.
- Development of a Clinical Governance Framework
- Clinical focus on falls prevention and pressure ulcer prevention

FUTURE DIRECTION

- Planning continues for the enhancement of health services on the northern beaches. Completion of the Health Service Plan for submission to NSW Health for approval.

MANLY HOSPITAL AUXILIARY

President	Beth Maxwell
Secretary	Marjorie James
Treasurer	Shirley Horner

DALWOOD AUXILIARY

President	Toni Lynch
Secretary	Terri Maddock
Treasurer	Joan Copp

Fundraising

Manly Hospital is grateful for the ongoing support of the local community which helps to purchase both medical equipment and items that enhance patient comfort.

Donations from gifts, hospital appeals and funds raised through hosting visiting tour groups totalled $56,000.

Manly Hospital also received an additional $322,000 to purchase clinical equipment in the final distribution from the estate of the late Bernice Hurford.

Mona Vale Hospital

Mona Vale Hospital is a metropolitan district hospital providing intensive care, emergency medicine, paediatric, obstetric, medical, surgical, orthopaedic and aged care and rehabilitation inpatient services. Community services include physiotherapy, occupational therapy, speech pathology, audiology, oral health, drug and alcohol and mental health services.

MONA VALE HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	173	153.0	159.8	170.7
Occupancy rate	82.0%	88.0	85.2%	79.4%
Non-inpatient occasions of service	69,777	67,577	86,361	82,061
Births	689	731	709	565
ED Attendances	25,606	24,620	23,441	22,007
Admissions/ Separations	13,495	14,793	12,952	12,451
Average length of stay (incl Day Only Patients)	3.8	3.0	3.8	4.0

MAJOR GOALS AND OUTCOME

- Completion of the $3.8 million refurbishment of the Emergency Department on 31 July 2008.
- Installation of pneumatic tube between the emergency department and pathology laboratory to enhance pathology testing times and improve patient flow.
- Implementation of new patient administration system in November 2007 to allow the electronic creation, viewing and tracking of medical records.
- Appointment of the first hospitalist in aged care in metropolitan Sydney to streamline the admission process for elderly patients and provide continuity of care
- Completion of the upgrade and renovation of the lifts at cost of $1.5million.
- Successful application to establish an after hours GP Clinic at Mona Vale Hospital. Planning is underway for establishment in late 2008.

FUTURE DIRECTION

- Planning continues for the enhancement of health services on the northern beaches. Completion of the Health Service Plan for submission to NSW Health for approval.

MONA VALE HOSPITAL AUXILIARY

President	Eileen Gordon
Treasurer	Katrina Murray

Fundraising

Mona Vale Hospital is grateful for the ongoing support of the local community which helps to purchase both medical equipment and items that enhance patient comfort.

Funds raised from donations and gifts totalled $212,758.

North Shore and Ryde Health Service

Royal North Shore Hospital

Royal North Shore Hospital (RNSH) is the major tertiary referral, research and teaching hospital in NSCCH. RNSH, one of Sydney's largest public hospitals, serves 12 per cent of the NSW population.

RNSH is also a community hospital. More than one third of all patients come from the four local government areas of Lane Cove, North Sydney, Willoughby and Mosman.

Clinical services include aged care and rehabilitation, surgical services, immunology, dermatology, microbiology, palliative care, cardiology, cardiothoracic surgery, upper gastrointestinal, lower gastrointestinal and gastrointestinal cancer surgery, critical care, drug and alcohol, emergency medicine, allergy, endocrine medicine and surgery, haematology, head and neck, ear, nose and throat, gastrointestinal, medical imaging, mental health, neurology, obstetrics and gynaecology, oncology, ophthalmology, orthopaedics, paediatrics, pathology, podiatry, respiratory, renal, urology, vascular and trauma medicine.

Some community health services are managed and delivered across the NSCCH area and others are managed and delivered within the North Shore Ryde Health Service (NSRHS) boundary. These services include child, adolescent and family services, drug and alcohol, child protection, sexual health, carer support, BreastScreen, mental health, dental health and health promotion.

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

RNS HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	632	598.0	576.6	554.5
Occupancy rate	88.0%	94.7%	94.2%	93.9%
Non-inpatient occasions of service	854,578	865,143	901,397	877,912
Births	2,234	2,283	2,362	2,489
ED Attendances	47,513	49,900	46,696	42,313
Admissions/ Separations	48,006	47,540	46,643	45,754
Average length of stay (incl Day Only Patients)	4.15	4.2	4.3	4.2

MAJOR GOALS AND OUTCOMES

- North Shore Ryde Health Service, including RNSH, achieved a successful organisation-wide review in May 2008 after a periodic review by Australian Council of Healthcare Standards (ACHS) in May 2007.
- RNSH maintained or improved Key Performance Indicators (KPI). In particular, there was an improvement in Emergency Access Performance and a reduction in the number of surgical patients waiting in excess of 12 months for their procedures.
- Funding for an additional twelve beds in January 2008, led to the opening of the Medical Assessment Unit (MAU) at RNSH. This Unit was the first MAU to open in the State and provides a multidisciplinary team of senior professionals who can rapidly assess complex elderly medical patients, with a view to their safe return to the community with appropriate supports.
- A Bullying and Harassment task force was established to improve the work environment in North Shore Ryde Health Service facilities. The task force was an immediate and practical response to the Dalton-Meppem Review and the Legislative Council Parliamentary Inquiry. The Health Service implemented face-to-face training sessions and an online training program. Importantly, the existing grievance management procedures were reviewed and simplified.
- Electronic medical records (eMR) went live at RNSH in March, ensuring accurate, up to date record-keeping. Training continues and training materials are now available on the eMR Live! Intranet site enabling staff members to continue their training or introduce new staff to the system at any time
- Australia's first clinical research dedicated MRI scanner has been installed in the RNSH Department of Psychological Research. The Advanced Research & Clinical High-field Imaging (ARCHI) tool for neuroscience research can detect abnormalities in the brain. ARCHI will be used to research and treat depression, brain injury, chronic fatigue, pain management

- North Shore Ryde Health Service became totally smoke free following a concentrated information program by Health Promotion. Staff and patients have access to Quit programs
- Health Services Provider Directory launched. Developed by Information Management and Technology, the web-based directory allows health service staff to search for services for their patients online. Directory includes Mental Health services, outpatient clinics, child and family health services, public and private hospitals, medical centres, nursing homes, GPs and specialists. The web tool includes contact details across the NSCCH catchment area

KEY ISSUES AND EVENTS

- NSW Government approved Concept Plan for the $700 million+ redevelopment of RNSH. The redevelopment provides for a state-of-the-art clinical hospital block, community health precinct, research and education building.
- Announcement of the preferred proponent for the Public Private Partnership to construct and provide services to the new RNSH is expected early in the 2008/09 financial year.
- Construction of Kolling Research and Education Building completed, with commissioning to take place early in 2008/09 financial year.
- $3.6 million dollar community health facility is to be built at Chatswood to provide a one stop shop for a wide range of services including mental health, aged care, sexual health and child and family health. The centre is to be completed before 2012.
- RNSH hosted the 24th annual Scientific Research Meeting. Researchers presented papers on a wide range of subjects including Breast Stem Cells, The Biology of Cancer, Medical Investigation of Fatal Air Crashes and Cardiac Regeneration and Repair.
- RNSH Paediatric Diabetes and Endocrine Service held an activity day at Homebush Archery Centre. The theme was appropriately 'On Target'. The aim was to motivate children to look after their diabetes and their emotional well being. In particular, the day focused on adolescents and diabetes. The Open Day is an indication of the increasing ability of paediatric services at RNSH to provide for children's health needs in the area.
- RNS Graduate Nurses' Association farewelled historic Vindin House, the former nurses' residence scheduled for demolition to make way for the new hospital.
- ABC 2BL broadcast live from RNS foyer. Clinicians provided an overview of work of the hospital including segments on ED, trauma services, neonatal intensive care, volunteers, pain management, the hospital history, holistic care in ICU, bowel cancer, nursing training, brain tumour research, Multiple Sclerosis and Motor Neurone Disease, Burns and Food Services.

FUTURE DIRECTION

RNSH will seek to consolidate services and continue to improve the health of residents within its local area, in NSW and beyond. Plans include:

- The development and implementation of clinical service plans and enabling plans consistent with the NSCCH Clinical Services Strategic Plan.
- Clinical Redesign projects that focus on continuing care, in particular nurse support and development, appropriate and accurate documentation and improved outcomes for patients.
- Installation of Positive Emission Tomography (PET) scanner, the first on Sydney's North Shore.
- Maintenance of and access to services throughout the construction of the new hospital.
- Good communication to staff, patients and visitors about building works, changes to traffic flow, parking and any other key issues during this time.
- Provision of adequate campus security during construction.
- Implementation of RIS/PACs, a system for electronically archiving radiology and results reporting.

Ryde Hospital

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

RYDE HOSPITAL	07/08	06/07	05/06	04/05
Beds including bed equivalents	167	145.0	167.2	172.5
Occupancy rate	76%	72.2%	82.2%	81.6%
Non-inpatient occasions of service	138,323	169,282	130,519	150,594
Births	129	81	135	161
ED Attendances	21,715	21,368	19,922	19,999
Admissions/ Separations	9,334	9,860	10,264	10,803
Average length of stay (Incl Day Only Patients)	4.76	4.0	4.9	4.8

MAJOR GOALS AND OUTCOMES

- After hours GP clinic opened at Ryde Hospital in the Emergency Department
- Ryde Hospital midwives successful in Johnson & Johnson Baby Midwife of the Year competition. Ryde had most midwives nominated (by mothers) from any single hospital (as a percentage of their birth rate)
- Completion of refurbishment of inpatient areas including wards 7 and 2. Completion of the fast-track area within the Emergency Department.

FUTURE DIRECTION

- To develop Ryde Hospital's role as a centre for the provision of general medicine and rehabilitation services.
- To see Ryde develop as a centre of excellence in orthopaedic surgery and, in doing so, reduce waiting times for elective orthopaedic surgery for patients at both Ryde and RNSH
- To continue to improve patient safety and surgical outcomes by efficient management of theatres and surgery lists

FUNDRAISING

Located in the Vanderfield heritage building, the original hospital building on the St Leonards' campus, the Fundraising Department delivers a range of development initiatives including gala events, giving programs and auxiliary support.

This year, despite media scrutiny of hospital performance across NSW, community and corporate support to RNSH increased. A total of $6.3 million was donated.

The significance of bequests must be recognised. Bequests continue to be the single most important source of donated funds. The health service received 27 bequests totalling just over $3.5 million. Significant legacies were received from the estates of Diana Rea and Bernice J Hurford (medical equipment), Raymond Norman and Jean Wilson (cancer research) and the estate of Brenda Grosz (breast cancer research).

This year over $240,000 was solicited through direct mail appeals enabling the hospital to purchase new medical equipment such as a vascular ultrasound machine, high definition viewing screens and a state-of- the-art intensive care bed.

In addition, many chose to donate in lieu of flowers in memory of a loved one. This year the hospital received $157,266 in memorial gifts.

During the year the following gala events raised over $200,000 for hospital departments:

- Celebrating Parenthood Ball at Dolton House, Pyrmont in aid of Perinatal Research and Maternal Medicine (PRaMM) with special guests Tracey Spicer and Melinda Gainsford-Taylor
- Inaugural Cancer Services Ball held by the seaside at the Manly Pacific Hotel raised funds for cancer patients and their families
- Motor Neurone Disease cocktail party to commemorate MND Global Day at Royal Sydney Yacht Squadron, Kirribilli
- Trauma Ball at the Hilton Hotel, Sydney in aid of the state-wide Trauma Service and, in particular, its presence at RNSH
- Parade of wheelchairs provided by local schools and community groups through the campus
- Andrew Olle Media Lecture hosted and televised by ABCTV with the CEO of News Limited John Hartigan
- Christmas Cake and Carols for hospital supporters and volunteers

RNSH received ongoing support from three auxiliaries which fundraise on behalf of the hospital to help purchase medical equipment. The Ladies Committee raised $193,878, the Floral and Voluntary Services Committee raised $170,603 and the Graduate Nurses' Association raised $7,369.

RNSH is grateful to a number of foundations that fundraise to support specific areas. These include the Anaesthesia and Pain Management Research Centre, Andrew Olle Memorial Foundation, Bowel Cancer and Digestive Research Institute Australia, CanSur, Humpty Dumpty Foundation, Lincoln Centre, NorthCare, Northern Medical Research Foundation, North Shore Heart Research Foundation and the Sydney Neuro-Oncology Group. The support received from these foundations has enabled the hospital to keep at the forefront of medical research and patient care.

Ryde Hospital Fundraising has focused on a number of staff and community events and local service and sporting club support. Funds donated go directly to wards and departments for the purchase of equipment.

VOLUNTEERS

Volunteers are an important part of the care we offer our patients. In addition to the long established committees including the RNSH Ladies Committee (Pink Ladies) and the Floral and Voluntary Services group (who operate the sub news agency in the hospital shop in the main foyer) there are 'Meet and Greet' volunteers, Emergency Department volunteers, drivers, companion observers, ward grannies and meal assistants.

Our volunteers are a well-turned out, professional body of committed and generous men and women who take pride in community service. They are the human face of what we do.

ROYAL NORTH SHORE HOSPITAL LADIES COMMITTEE (PINK LADIES)

After more than 30 years of service each to RNSH, Hope Wheatley and Jeannette Dowda retired as office bearers of RNS Ladies Committee (the Pink Ladies).

They occupied the top jobs of secretary and president, respectively, and both continue to be active members of the committee with affection for the hospital and a keen interest in its well being

President	Joy Stephen
Vice President	June Irwin
Hon Secretary	Pat Troy
Hon Treasurer	Joan Mullins
Asst Hon Treasurer	Rosemary Crisp

ROYAL NORTH SHORE HOSPITAL FLORAL AND SERVICES VOLUNTARY COMMITTEE

President	Graeme Chambers
Shop Manager	Anne Green
Vice President	Denise Flannigan
Secretary	Renee Fremder
Treasurer	Roy Ainsworth
Publicity Officer	Graeme Chambers
Raffles Co-ordinator	Norma Klemenic

RYDE HOSPITAL PINK LADIES

President	Beth Stewart
Vice Presidents	May Peters, Margaret Chapman
Secretary	Nancy Woolman
Treasurer	Gwen Bonnefin
Fundraising officer	Joyce Villiers

Other Health Services

Pacific Laboratory Services (PaLMS)

PaLMS is the pathology and laboratory medicine service of NSCCH.

MAJOR GOALS AND OUTCOMES

- PaLMS continued to maintain NATA/RCPA laboratory accreditation for pathology across all acute hospitals within NSCCH and implement strategies to effectively improve service delivery for patients and the community.

KEY ISSUES AND EVENTS

- In 2007/08 there were 787,000 patient episodes with a total of 8,731,504 tests performed representing a 12 per cent increase in service growth on the previous financial year.
- Blood products issued by PaLMS from ARCBS included: red cells 28,378; platelets 3,769' FFP 6,850; cryoprecipitate 2,421
- Due to the endorsement and promotion of appropriate transfusion protocol along with the work of the transfusion Clinical Nurse Consultants, PaLMS reduced usage of all fresh blood products from October 2007. This has had significant benefit to patients in addition to reduced costs for the Area.
- Improvements in Turnaround Times (TAT) enhanced effective patient care through initiatives such as the 'The Lean Six Sigma' projects. A 16 per cent improvement in completing Troponin tests within 60 minutes of receipt was achieved in relation to Gosford Hospital's Emergency Department. The introduction of a pneumatic tube at Hornsby, Manly and Mona Vale Hospitals improved the efficiency in sample processing.
- Appreciative of the care shown to his aunt, Maria Binkhurst, whilst a patient at Royal North Shore Hospital, Mark Van Asten, Managing Director of Diagnostic Technology donated, through the estate of his late aunt, the GeneXpert Real Time PCR Testing System
- In addition to maintaining collection centres within each acute hospital PaLMS continued to support local communities through the management of non-public hospital collection centres and a home collection service to facilitate ease of access for patients. Over 30,000 patients accessed the community collection rooms and 1,380 received a home visit.
- PaLMS continued to support acute hospital discharge processes aimed at appropriate patient care and managing bed flow by maintaining a collection round for the early discharge programs and supporting APAC with challenging blood collections.

- Microbiology provided ongoing services to monitor for MRSA for all inpatients across NSCCH, as well as monitoring VRE and assisting the hospitals to manage increases in incidence by attending to environmental checks.
- PaLMS worked collaboratively with NSCCH's Zero Tolerance initiative for positive patient ID implemented in 2007. This initiative was aimed at improving patient safety by reducing the risk of errors in patient identification. A Positive Patient Identification system was trialled at RNSH. The aim of the pilot study was to eliminate blood collection errors including patient misidentification, labelling errors and ensuring blood was drawn into the correct tube type. No ID errors occurred during the study. Future best practice strategies will be considered, in collaboration, with NSCCH to continue to facilitate ongoing patient safety.
- PaLMS supported Point of Care Testing, including quality control and quality assessment, and continued education and training for staff using the equipment. A Blood Gas analyser was introduced into Mona Vale Intensive Care Unit to expand the range of tests available for patients out of hours.

FUTURE DIRECTION

- To deliver professional development and training to NSCCH.
- To improve efficiency and quality of service for clinicians to improve services for patients.

Public Health Unit

The NSCCH Public Health Unit (PHU) protects and promotes the health of the people living in the Area Health Service (AHS) by providing the following public health services:

- Communicable disease control
- Immunisation and implementation of the school-based immunisation program
- Environmental health, tobacco control & Aboriginal environmental health
- Public health elements of disaster management and bio-preparedness
- Epidemiology and promoting a population health approach to service delivery.

This work is carried out in partnership with other services of the AHS such as Health Promotion, Child Health, Infection Control, and with external groups such as Divisions of General Practice, Local Government, schools and pre-schools and aged care facilities.

The PHU is part of the Division of Population Health Planning and Performance and operates from two hubs – Hornsby (serving the Hornsby Ku-ring-gai, Northern Beaches and North Shore Ryde Health Services) and Ourimbah (serving the Central Coast Health Service). The PHU is part of a statewide network of Public Health Units providing environmental health, infectious disease surveillance and control services and immunisation services. The NSCCH PHU also undertakes descriptive and interventional studies concerning State and local priority health issues in the community setting and is active in promoting a population health approach to service delivery.

MAJOR GOALS AND OUTCOMES

- Gosford Council fluoridated its water supply in January 2008 - meaning all residents of NSCCH town water supplies now receive the benefits of reduced dental decay.
- Pilot project to develop PHU heatwave response for Central Coast completed.
- Launched 'Living with mosquitoes' on the Central Coast - coordinated by Premier's Dept - whole of government approach.
- Prevented the further spread of outbreaks of infectious diseases, including a salmonella outbreak with sand in certain playgrounds identified as the source.
- Surveyed aged care facilities to promote outbreak management in facilities.
- Completed Human Papillomavirus vaccination (three doses) for 14,960 female students in years 10 to 12 in 2007, and 21,332 girls in years 7 to 10 received their first dose in early 2008.
- Worked with local councils to improve maintenance of cooling towers in the community and reduce the risk of Legionnaire's disease.
- Worked with councils to identify possible health risks from recycled water use and ways of reducing those risks eg Pennant Hills Golf Course.
- Continued to address settings, factors and environments that affect health, eg smoke free pubs and clubs, urban design and facilities for physical activity.
- Worked with local councils, other agencies and the community to identify possible environmental risks to health, performed a risk assessment and worked with stakeholders to develop an appropriate response eg Unomedical (Northern Beaches), sand quarry at Somersby, radiation at Hunters Hill (with NSW Health), and power lines at Tumbi Umbi.
- Partner in research of factors influencing older peoples' health in retirement village and community settings – the research group, Central Coast Centre for Vascular Health, received $390 000 over three years (Australian Research Council grant).

KEY ISSUES AND EVENTS

• *Communicable Disease Control*

The PHU receives and responds to notifiable conditions using state-wide protocols and as part of a state-wide network of PHUs. There were 21 notifications of meningococcal infection requiring assessment of contacts, provision of clearance antibiotics for close, household contacts, and information for others. There were two cases of measles among NSCCH residents, requiring large numbers of contacts to be assessed as measles is highly infectious. Both cases of measles were from overseas contacts, with no local transmission occurring.

The PHU worked closely with child care centres and aged care facilities to prevent the spread of and reduce the impact of gastroenteritis outbreaks during the year, with there were 28 and 52 notifications investigated respectively. The PHU also provided input into the Infection Control Service's planning of surveillance activities and outbreak management in the health facility setting.

Salmonella Java Outbreak

A protracted community outbreak of a rare strain of salmonella was traced to playground sand by the PHU. More than 50 cases of illness were linked to the outbreak with most cases occurring among young children thought to have contracted the illness by accidental ingestion of contaminated sand. The PHU worked with the local council to temporarily close several playgrounds and replace the contaminated sand.

• *Immunisation*

Immunisation rates are high among NSCCH residents with more than 90 per cent of infants immunised and no cases of polio, tetanus or diphtheria during the year. There was no local transmission of measles despite the introduction of two measles cases acquired from overseas. There has been a reduction in meningococcal disease notifications and haemophilus influenza type b infections are now uncommon.

School-based Immunisation Program

The Human Papillomavirus has been shown to cause cervical cancer in women and the school-based HPV program (commenced April 2007) is part of a nationwide initiative to reduce the incidence of this infection. The second and third doses of Human Papillomavirus vaccinations were given to girls in years 10 to 12 in the second half of 2007, with 90 per cent of the 16,622 students who received the first dose completing the three dose course. The program increased in size to cover girls in years 7 to 10 in 2008 with 21,332 students having received their first dose in early 2008. This has been a major achievement and the program is well received in schools. The PHU coordinates the school program with Child Health delivering the program on the Central Coast.

The school program now includes year 7 students receiving hepatitis B (two doses), varicella and HPV (three dose) vaccines. The PHU initiated a project to streamline the management of immunisation consent forms where the forms are scanned and stored off site. Scanned images are then used to respond to requests for immunisation status allowing a more efficient and easier response to these requests.

PHU provided support to other immunisation providers including general practice and council clinics. The PHU provided annual educational updates for hundreds of authorised nurse immunisers who work in the AHS and in the private sector.

• *Environmental Health*

Tobacco Control

The PHU participated in a state-wide survey of compliance with Smoke Free Environment legislation. There were positive findings with smoking no longer found inside pubs and clubs. The majority of premises were providing outdoor smoking for patrons in keeping with the legislation, though there were some differences in interpretation.

Unomedical

Following the detection of the uncontrolled release of a sterilizing gas (ethylene oxide) from a medical supplies factory on the Northern Beaches the PHU worked with the local council and the Department of Environment and Climate Change to ensure that emissions were reduced to a safe level to protect public health. An expert panel was convened, the council ordered the facility to cease emissions temporarily and an appropriate emissions control device was installed. This episode led to the DECC increasing its regulatory powers for this type of industry.

Hunters Hill

The PHU was involved in the risk management and community communication processes surrounding the former Radium Hill site located in Hunters Hill. The site is contaminated with low grade nuclear waste from operation on the site dating back to 1910. The issue was referred to a parliamentary inquiry in May 2008. NSW Health is leading the health response for this issue.

Recycled Water

With the continued push to reduce water consumption the number of recycled water scheme proposals increased during the year. For example several golf courses lodged applications with local councils to recycle sewerage for irrigation as a way of saving drinking water. The PHU provided advice and guidance to ensure potential public health risks were identified and managed.

Environmental Risk Assessment

The PHU provided advice to other agencies and the community in relation to other perceived environmental health risks, including a proposed sand quarry at Somersby and power line upgrades at Tumbi Umbi. These issues, and others, required an assessment of current literature and likely exposures to identify possible health issues, attendance and presentations to community meetings and for Somersby, a presentation to an independent panel assessing the development proposal.

Health Protection and legislative functions

Gosford and Wyong Councils participate in NSW Health's Drinking Water Quality Program, with 799 microbiological samples taken during the year and more than 99 per cent compliance with Australian Standards. The four sample failures were investigated, action taken, and retesting was compliant. PHU staff work closely with councils across the area in relation to swimming pools, recreational waters, sewage overflows and skin penetration premises to minimise any potential health risk to the public.

• *Public Health Emergency Management*

Pandemic Influenza Planning

The PHU made substantial progress in preparing for a pandemic focussing on the immediate response to cases should they occur. Planning addressed efforts to identify cases as early as possible to ensure early treatment and isolation. If a pandemic occurs, then a pandemic specific vaccine will be developed with planning underway for mass vaccinations in the community using a pandemic specific vaccine.

Heatwave Pilot Project

The Central Coast office piloted a heatwave response over the summer which turned out to be one of the coolest summers for many years. Surveillance systems for monitoring temperature, emergency department visits, ambulance callouts and deaths were implemented and educational resources and draft media releases were prepared. The heatwave response will be further developed for 2008/2009, and was presented to a state Climate Change forum in May 2008.

• *Population Health and Epidemiology*

Children's Oral Health Survey

Prior to Gosford Council fluoridating its water supply in January 2008, the PHU worked with Oral Health Services and Sydney University to undertake a baseline survey of oral health in primary school children in both Gosford (not fluoridated in 2007) and Wyong (fluoridated water supply) local government areas. Preliminary analysis shows Wyong children with less tooth decay than Gosford children. Planning was undertaken in early 2008 to commence a five year project monitoring children's oral health on the Central Coast with the same partners. The 2008 survey will commence in August.

FUTURE DIRECTION

- Further develop NSCCH Immunisation Strategy.
- Actively follow up children overdue for immunisation – extend program and evaluation
- Aged care facility project – influenza immunisation for health care workers.
- Emergency Management.
- Participate in World Youth Day response from health system.
- Pandemic planning – surge workforce capacity, mass vaccination clinics in community, business continuity planning.
- Participate in NSCCH planning for a heatwave response.
- Further development and finalisation of an epidemiology profile.
- Chronic Disease Surveillance – factors influencing health in older people.
- Oral health of Central Coast children – partner in research evaluating impact of fluoridation on oral health.

INFECTIOUS DISEASE NOTIFICATIONS 2007-2008

	CC	HK	NB	NSR	AHS
Infectious disease notifications					
Vaccine Preventable Diseases					
Meningococcal infection	7	1	9	4	21
Measles	0	0	1	1	2
Pertussis (whooping cough)	82	130	125	114	451
Invasive pneumococcal disease	23	16	13	10	62
Hepatitis B	40	106	47	159	352
Arboviral Diseases					
Barmah Forest virus	18	0	4	3	25
Ross River virus	52	5	9	5	71
Respiratory diseases					
Legionnaires disease	5	3	3	1	12
Tuberculosis	6	8	1	20	35
Blood borne, sexually transmitted					
Chlamydia	588	194	445	503	1730
Hepatitis C	270	48	85	103	506
Syphilis	21	13	17	36	87
Immunisation rates					
% of child cohort up to date for age					
12-15 mths (3633 children)	91.5	92.5	90.8	90.8	91.3
24-27 mths (3499 children)	93.9	91.7	90.8	90.6	91.8
60-63 mths (3322 children)	87.7	85.4	80.3	82.2	84.1
Environmental Health					
Tobacco control					
Tobacco advertising inspections	60	40	61	58	219
Sales to minors compliance	29	11	1	52	93
Smoke free environment inspection	178	35	60	57	330
Legionella control – health facilities					
Cooling tower inspection/samples	139	0	26	33	198
Warm water systems - samples	34	15	32	48	129

Notes:

Immunisation rates are reported from analysis of the Australian Childhood Immunisation Register undertaken on 30 June 2008, for child cohort age groups on 31 March 2008.

The PHU undertakes monitoring of health care facility cooling towers and warm water systems as part of its microbial control program. The PHU works with Engineering Services within NSCCH, who undertake additional monitoring and maintenance works as required. The PHU works with local government services throughout the area who have responsibility for Legionella control activities in the community setting.

Health Promotion

Health Promotion engages the community in changing personal, organisational and social behaviour to prevent ill health before it occurs.

The work of Health Promotion is usually proactive (rather than reactive) and is focused on populations, not individuals.

Investments in projects made by health promotion are multiplied by engaging and working closely with key organisations to address health issues.

Current projects address the state priorities of tobacco control, falls prevention and obesity as well as other chronic disease, injury prevention and emotional and social health issues. Reducing harmful alcohol consumption is an important direction in the NSCCH area.

MAJOR GOALS AND OUTCOMES

Reduce overweight and obesity

The Q4: Live Outside the Box project was expanded into 23 per cent of primary schools in the Lower North Shore, Ryde, Hunters Hill and Hornsby Ku-ring-gai areas. More than 6500 students were challenged to reduce "extra foods" and screen time, and increase physical activity.

Evaluation of the Chinese antenatal breastfeeding classes indicate mothers who attend the classes have high rates of breastfeeding initiation (100 per cent) and high six month duration rates (64 per cent).

Increase physical activity levels

Over 4000 Central Coast Health staff received Measure Up 4 Health packs. Part of the Q4: The Coast in Motion project, the packs encouraged staff to take the physical activity challenge. Almost 6000 Family Activation Packs have also been distributed to 70 per cent of Central Coast primary schools.

A Workplace Travel Plan for the Northern Beaches Health Service was developed (after site audits and a staff survey) as part of the Go Active 2 Work project. The project aims to get staff to take more active and 'green' modes of transport to and from work.

Reduce smoking levels

Over 150 pharmacies across the NSCCH area joined Health Promotion's Quit 4 Baby project. Pharmacists were provided with resources and training to help mums-to-be give up smoking which was supported by social marketing activities.

Reduce the morbidity and mortality associated with falls

Healthy Lifestyle and Active Over 50 programs across the Area attracted almost 150,000 attendances.

Stay On Your Feet, a falls injury prevention project in Gosford, Ryde and Hunters Hill, has undertaken a falls risk factor awareness raising campaign, with local outlets such as optometrists and pharmacies key to its success. The project has also continued to increase opportunities for older residents to improve their level of physical activity.

Reduce harm associated with alcohol

Eleven licensed premises (about 80 per cent) in the Manly area have been audited by the MISS Manly project (Making It Safe Strategy). The project between Health Promotion, Police, Council and other services allocated 'stiletto' ratings based on the safety level for female patrons.

Health Promotion has worked closely with Police and Community Drug Action Teams in an attempt to curb the secondary supply of alcohol to young people in the Ryde, Hornsby and Ku-ring-gai areas. The Supply Means Supply project has implemented community forums and social marketing strategies that target people supplying alcohol to minors.

KEY ISSUES AND EVENTS

Health Promoting Schools Grants have been offered to Northern Sydney based primary schools. Projects must address issues consistent with Health Promotion priorities.

More than 90 high school students attended Health Promotion's Drawing Out Ideas Youth Health Summit in April. Students had the opportunity to report the health issues that affected them and suggest solutions.

Tobacco Control

In October 2007, NSCCH approved the Smoke Free Workplace Policy. Health Promotion led the policy development and implementation on November 30, 2007.

Obesity

More than 30 school canteen workers were supported by Health Promotion to attend the 2008 Healthy School Canteens Expo. Health Promotion supplied a bus to travel to the expo and the opportunity to network with others.

Injury Prevention

A paper on the evaluation of Health Promotion and YouthSafe's SafeClub program has been accepted in the 2008 British Journal of Sports Medicine.

SafeClub also won silver at the 2007 NSW Sports Safety Awards in the 'Outstanding Achievement in Applied Research' category.

Alcohol and Injury

The NSW Government, through NSW Police, will rollout Health Promotion's Supply Means Supply initiative to other parts of the state. NSCCH Health Promotion will play a consultative role in the initiative which is designed to reduce the secondary supply of alcohol to minors.

FUTURE DIRECTION

Health Promotion will continue to focus on obesity, falls prevention and tobacco control, as well as alcohol and injury.

In particular,

- The monitoring of cigarette sales to minors with the Public Health Unit, will be increased.
- The NSW Live Life Well at School initiative will gain momentum in the NSCCH area.
- The viability of implementing an anti-tobacco project with a focus on the hospitality industry will be investigated.
- Supply Means Supply will be expanded further.
- NSW Health's Munch and Move initiative, a nutrition and fundamental movement skills program in preschools and Long Day Care Centres, will be rolled out across NSCCH.
- Stay on Your Feet will continue its multifactoral approach to falls prevention in Gosford and Ryde.

Mental Health Drug and Alcohol

Northern Sydney Central Coast Mental Health Drug & Alcohol (NSCCMHDA)

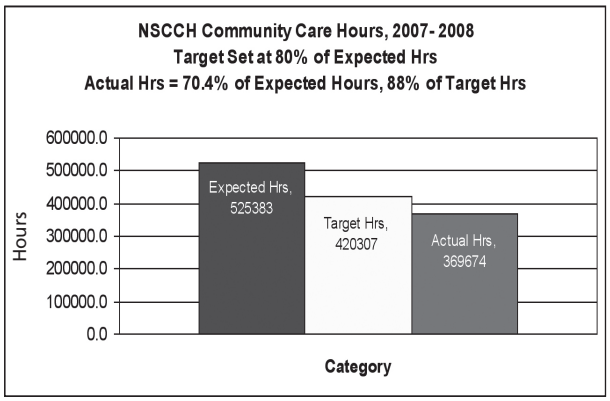
NSCCMHDA is a directorate within the Clinical Operations function of NSCCH. NSCCMHDA provides a range of community - based and inpatient mental health services to all ages within the communities of NSCCH.

MAJOR GOALS AND OUTCOMES

- Amalgamation of NSCCH mental health and drug and alcohol services under one model of governance.
- NSCCMHDA undertook an Area-wide OHS & IM survey with a good result.
- Wyong Psychiatric Emergency Care Centre (PECC) opened in late 2007.
- Hornsby Ku-ring-gai Hospital Mental Health Intensive Care Unit (MHICU) opened in early 2008.
- Currently entering Stage 3 of the rebuild of the Gosford Hospital Mental Health Unit.
- Planning commenced for the building of an Acute Adult Mental Health Inpatient Unit and a Child and Adolescent Mental Health Inpatient Unit at Hornsby Ku-ring-gai Hospital.
- Completion of clinical service redesign project on mental health patient access and flow. Action Plan completed and in progress.
- Expansion of Children and Young People's Mental Health Services in the Central Coast with the opening of Headspace @YCentral at Gosford. Drug and Alcohol Service provision now also occurs from this service.
- NSCCMHDA has 16 clinical practice improvement projects approaching completion which have led to a wide range of improvements in the delivery of clinical services.
- NSCCMHDA developed clinical practice guidelines for clinicians working with people who have depression and bipolar illness. These will be internationally published.
- Enhanced mental health services participation in Area SAFE START implementation and clinical processes including the formation of the Area Mental Health Services Perinatal and Infant Mental Health Working Group.
- Model developed for Vocational, Education, Training and Employment (VETE) services and implemented across all sectors. Four VETE consultants employed to improve employment, education and social outcomes for consumers. Service review conducted in October 2007 for VETE Services nine months after initial implementation. Around 85 per cent satisfaction rate was obtained from consumers and clinicians with 72 per cent positive vocational outcomes recorded (from a total of 553 services completed).
- Pilot project between NSCCMHDA and Justice Health, Community Forensic Mental Health Service to provide risk assessment and management plans for high risk individuals who are accessing mental health services on the Central Coast and Northern Beaches. Results of 12 month pilot indicate improvement in service management of individuals in the pilot with increased advocacy regarding appropriate treatment options.
- Drug and Alcohol services has coordinated the Aboriginal Drug and Alcohol Trainee program for NSW and provided 10 internships for psychologists in training.
- Drug and Alcohol services was successful in receiving a further four years funding to continue the service and additional funding to employ a counsellor to provide counselling after hours and on weekends. As part of the continued funding the Gambling Service was required to undertake accreditation against the Problem Gambling Treatment Standards by a review team. It was determined the gambling service met all standards and there were no recommendations for improvement.
- The expansion of the MERIT program was negotiated with the Mental Health and Drug and Alcohol Office and the Attorney General's Department. Expansion of the program to these two courts will mean that the MERIT program is now available in all local courts within NSCCH.
- The introduction of a new model of care for clients on suboxone (a maintenance pharmacotherapy for opiate dependence).

Strategic Direction 3
Strengthen primary health and continuing care in the community

Performance Indicator: Community Care Hours



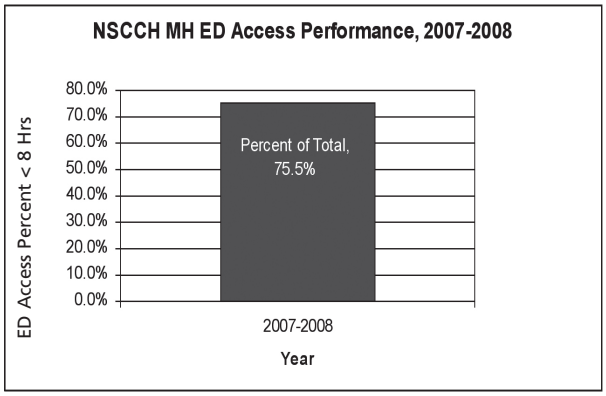
DESIRED OUTCOME

An increase in the proportion of client-related activities in which community mental health staff are involved in the execution of their duties.

CONTEXT

There is a significant under-reporting of community care hours which should not be interpreted to mean that community mental health staff are not utilising their time in clinical activity. NSCCMHDA lead the state in this domain.

Performance Indicator: Emergency Department Access Performance for Mental Health Patients



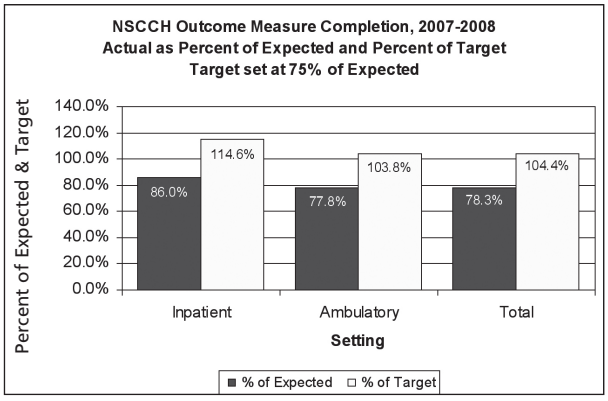
DESIRED OUTCOME

An increase in the percentage of people with a mental health problem who are seen in the emergency department and who are admitted to a mental health unit, within eight hours of active treatment.

CONTEXT

Mental health problems are increasing in terms of the numbers of those presenting to emergency departments, in terms of complexity and co-morbidity, with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise, placing demands on mental health staff located in emergency departments.

Performance Indicator: Outcome Measures Completion



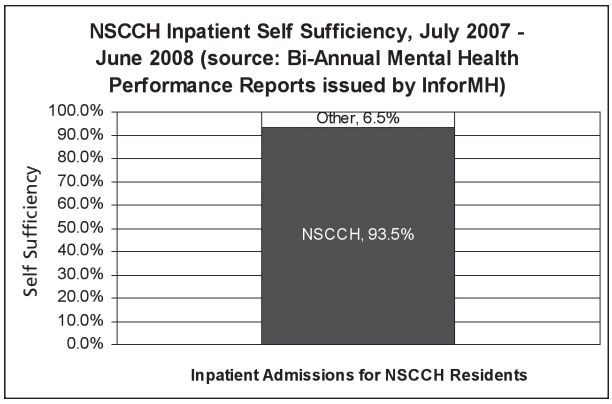
DESIRED OUTCOME

An increase in the number of outcome measures recorded based on the level of inpatient and community activity.

CONTEXT

All NSW Mental Health Services must collect standard outcome measures at admission, discharge and review. NSCCMHDA has surpassed target and leads the state in this domain.

Performance Indicator: Inpatient Self Sufficiency



DESIRED OUTCOME

That Mental Health services are self-sufficient in terms of providing inpatient mental health care to its own residents.

CONTEXT

Area outflows may occur for several reasons including referral to state-wide or networked services, transfer between Areas where no acute bed is available and because of self-presentation. NSCCMHDA performance is equivalent to the state median and is within two per cent of target.

Drug and Alcohol Service

- There were 1102 admissions to inpatient detoxification services within NSCCH during the year. Completion rates were between 70 per cent and 80 per cent.
- 504 clients commenced treatment with the Community Detoxification Team with 97 per cent completing treatment.
- 672 people requested admission to the drug and alcohol rehabilitation unit - Phoenix Unit with 213 undergoing assessment and 141 admitted. Bed occupancy was 87 per cent. Of those people admitted to the unit 74 per cent completed the 28 day rehabilitation program.
- 57 people requested admission to the drug and alcohol Halfway Housing Program and of these 25 people were assessed as suitable for the program and were admitted. Bed occupancy was 63 per cent with a completion rate of 52 per cent. Residents are encouraged to seek education or employment while residing at the halfway house - 44 per cent of residents were in either full/part time employment.
- 1698 community counselling episodes commenced during the year consisting of over 12,300 occasions of service.
- Area Opiate Treatment Program services generally have between 750 to 800 clients on the program at any point in time. All clients receive a minimum of three monthly medical and treatment plan reviews and are provided with support, information and education on an ongoing basis. This year 215 clients commenced treatment on the Central Coast and 134 in Northern Sydney. All clinics are operating above funded capacity, with more than 118,000 dosing occasions of service taking place this year.
- Consultation and Liaison services across NSCCH received 2258 new referrals during the year. These services provide support and advice to clinical staff caring for patients with substance use disorders at the ward level in addition to drug and alcohol interventions to patients. Consultation and Liaison services staff liaise with drug and alcohol services, general practitioners, staff on the wards, specialist health providers, clients and their families to ensuring the most effective interventions and management plans are implemented for the client and their family.

Nursing and Midwifery Services

NSCCH Nursing and Midwifery Services are responsible for the professional leadership, clinical governance, education and research opportunities to support the professional development more than 5000 nurses and midwives in the delivery of safe, appropriate and effective nursing and midwifery care.

MAJOR GOALS AND OUTCOMES

- Increased the numbers of newly graduated Registered Nurses and Midwives entering the workforce.
- Increased the number of nurses and midwives re-entering the workforce.
- Introduction of the first Bachelor of Midwifery graduates into the midwifery workforce.
- Implementation of the revised Trainee Enrolled Nurse Program.
- Collaborative development and approval of Clinical Practice Guidelines enabling two Nurse Practitioners to practise in advanced clinical roles.
- Implementation of improved clinical practice education such as the NSW mandated foetal welfare, obstetric emergency and neonatal resuscitation training (FONT) program.
- Establishment of the NSCCH Nursing and Midwifery Research Committee to promote nursing and midwifery research; and to evaluate implementation of the NSCCH Nursing and Midwifery Research and Development Strategic Plan 2007-2010.
- Enhancing professional knowledge through research, publication and communication including the identification and profiling of research active nurses and midwives within NSCCH.
- Development of the Grants and Scholarships for Nurses and Midwives Calendar 2008 to improve access to resources to support research projects and the professional development of nurses and midwives.
- Framework for a standardised implementation of Area-wide infection prevention and control program progressed.

KEY ISSUES AND EVENTS

- Appointment of a Professor of Midwifery to further develop the research capabilities of midwives throughout the Area Health Service and to conduct research to improve maternity service provision and maternity outcomes.
- Inaugural Area-wide forum held to increase awareness and skills in formal Practice Development.
- International Nurses Day and International Midwives Day, combined event held with announcements of nurse and midwife achievements through the Annual Nursing and Midwifery Awards and the International Travel Scholarships.
- More than 1700 nurses and midwives were supported in professional development activities or skills acquisition through Nurse, Midwife Strategy Reserve funding.
- Development of the Nursing and Midwifery intranet site as a valuable resource to improve access to information related to research, careers and professional development, clinical practice and policies, and nursing and midwifery services.
- Development of clinical nursing and midwifery leaders through two, positively evaluated, Clinical Nurse Consultant and Clinical Midwifery Consultant Professional Development days.
- Nursing and Midwifery Council established to represent and communicate nursing and midwifery contemporary professional issues to the Area Health Service and wider community.

FUTURE DIRECTION

- Continue to support nurses and midwives in their goal to deliver high quality care that is safe, appropriate and effective for patients, staff and the organisation.
- Identify and implement innovative strategies that will attract, retain and provide career and professional development opportunities for nurses and midwives.
- Explore strategies that respond to changes in educational preparation for nurses and midwives beginning their professional practice.
- Review of the scope of practice for enrolled nurses in line with changes to the Health Training Package
- Implement the NSW Health Essentials of Care Project to support initiatives that focus on improving standards of nursing care.
- Continue to refine the processes for the new graduate intake of nurses and midwives so that there is a shared understanding of the recruitment processes and documentation requirements of each professional group with an increased understanding of the Bachelor of Midwifery graduate.
- Valuing the work of nurses and midwives seeking to improve the effectiveness of care through increased support for processes such as research and practice development.

Aboriginal Health

Aboriginal Health's key responsibility is to provide advice on matters relating to improving the health and well being of the Aboriginal community such as representing NSCCH on statewide committees, providing leadership and guidance within the organisation, advocating for Aboriginal health improvement and the implementation of Aboriginal health policies and programs.

MAJOR GOALS AND OUTCOMES

- The Aboriginal Otitis Media program has exceeded state-wide screening targets for 2007/2008.
- Development of an Aboriginal Renal Health Screening Plan.
- Development of an Aboriginal Health Promotion Plan that complements the Aboriginal Chronic Care Program.
- The Aboriginal Chronic Care Program's Self Management Program that assists Aboriginal people to better manage their condition/s resulting in favourable health

OUTCOMES.

- Establishment of the Eye Health Clinic has been very well received by the local Aboriginal community.

KEY ISSUES & EVENTS

- Live telecast at each hospital of the National 'Sorry Day' apology received significant attendance by staff.
- NAIDOC Week celebrations were held in July including a Health Expo. This event continues to grow each year. It is estimated that more than 3000 Aboriginal and Torres Strait Islander community members attended.
- Annual Aboriginal flag raising ceremony completed the 2007 NAIDOC Week Celebrations and was well attended by both the local Aboriginal community members and the hospital staff.

FUTURE DIRECTION

- Implementation of the Walgan Tilly Project that entails Chronic Care for Aboriginal People, Implementation Plan.
- Develop an Aboriginal, Child and Family Health Strategy.
- Develop an Aboriginal, Nutritional Strategy.
- Trial the Aboriginal Eye Health Clinic in Northern Sydney.

Primary and Community Care

Primary and Community Care in NSCCH provides early intervention assessment, acute and post acute care, ongoing treatment and monitoring of clients in the community.

Primary and Community Care provides direct services in clinics, outreach and in peoples' homes with co-ordinators that support teams in hospitals and the community.

Services include:

- Acute Post Acute Care (APAC).
- Aged Care and Rehabilitation Program Management, including Home and Community Care Liaison, Physical Aid and Disability Program (PADP) and Transitional Care.
- BreastScreen.
- Carer Support.
- Child and Family Health Advisory Services, including Families NSW, StEPS program managers.
- Child Protection, Violence, Abuse, Neglect and Child and Adult Sexual Assault Services.
- HIV and related programs.
- Multi-cultural Health including interpreter services.
- Northern Sydney Home Nursing.
- Oral Health.
- Women's Health.

MAJOR GOALS AND OUTCOMES

- BreastScreen screened more than 43000 women and is now the largest service in NSW. This included expanding screening into the Wyong Shire.
- The Acute Post Acute Care Services increased their activity by 10 per cent.
- BreastScreen achieved four year accreditation from BreastScreen Australia National Quality Management Committee – only the second of nine BreastScreen services in NSW to achieve this.
- Northern Sydney Home Nursing consistently performed above the peer state average in the state-wide Patient Satisfaction survey results.
- Oral Health services merged their Northern Sydney and Central Coast call centres to create one centre and call number. The service is located at Wyong Hospital.
- APAC Services commenced the GP Shared Care program in the Central Coast and Northern Beaches which won a 2007 Baxter Award for the category "Strengthening Primary Health and Continuing Care in the Community".
- Oral Health adopted digital radiography providing instant images for viewing by the clinician and patient to aid in the communication of the patient's needs. Additionally these electronic images can be transmitted to specialist oral health clinicians for referrals and opinions.
- Funding received from Home and Community Care (HACC) to expand in-home podiatry and dietetics in the community in Northern Sydney.

KEY ISSUES AND EVENTS

- More than 1000 carers attended events such as groups and presentations in Carers Week organised by the carer support teams.
- The violence, abuse and neglect team were co-organisers of the Central Coast Connexions Conference held at Linton Gardens Somersby for workers working with family violence issues.
- NSCCH Oral Health Service hosted the Public Oral Health Conference for NSW at Terrigal in March 2008.

FUTURE DIRECTION

- BreastScreen will move to digital technology and will move premises to a more modern site on the RNSH Campus.

Affiliated Health Care Organisations

Royal Rehabilitation Centre

The Royal Rehabilitation Centre (Royal Rehab) provides specialist inpatient rehabilitation programs for adults who have a disability as a result of a spinal cord injury, orthopaedic injury, traumatic brain injury, neurological loss, burns and multi-trauma and age-related illness and disease. These services are also offered through outreach programs run by the State-Wide Spinal Outreach Service, the Brain Injury Community Rehabilitation Team, Home-based Rehabilitation and through outpatients services.

Royal Rehab also provides community-based services for people with acquired disabilities and long term complex care needs through an extended care service and community integration program.

MAJOR GOALS AND OUTCOMES

- Concept designs for the new facility were developed.
- The Gait Centre, made possible by a significant donation of the Primary Club, was opened.
- Improved referral pathways were created through the employment of Referral Coordinators.
- The community-based Health Care Research Unit was jointly established with the University of Sydney.
- The Royal Rehabilitation College, a registered training organisation specialising in rehabilitation training, was established.

KEY ISSUES AND EVENTS

- Royal Rehab successfully responded to a range of planning conditions for the sub-division of the land on which the Centre resides.
- Royal Rehab in conjunction with the Ryde branch of the Riding for the Disabled Association (RDA), the Ryde Council and the State Government secured suitable alternative accommodation for RDA.
- The 'Wall of Fame' event, celebrating the courage and achievements of people with traumatic brain injuries was held in Brain Injury Awareness Week along with a range of other events.
- Hunter Holden expanded the Driving Assessment Unit's fleet through the donation of a new Holden Omega.
- The Stroke Recovery Association became an affiliated organisation, residing on the Royal Rehab campus.

FUTURE DIRECTION

- Royal Rehab will proceed with its plans to build a new state-of-the-art rehabilitation facility.
- A new Foundation will be launched to raise funds for research and innovation in rehabilitation.
- The expansion of outpatient and community based services will continue.

Hope Healthcare

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

Chief Executive Officer: Mark Newton

Hope Healthcare Limited (HHL) is an Affiliated Health Organisation. Our main facilities are Recognised Health Establishments, listed in Schedule 3 of the Health Services Act 1997 and operate as part of the public health system. Ownership of Hope Healthcare changed from the Anglican Deaconess Institution Sydney Limited at the end of the year with our acquisition by Hammond Care.

HHL provide four core services; Palliative Care, Aged Care and Rehabilitation, Aged Care Psychiatry, and Community and Aged Services.

The health and community services provided by Hope Healthcare to the community covered by NSCCH include those operating from:
Greenwich Hospital
Neringah Hospital
Graythwaite Nursing Home
Northern Beaches Palliative Care Service
Community and Aged Services, based at Greenwich.

MAJOR GOALS AND OUTCOMES

- Day hospitals and outpatient clinics have been established in palliative care at Greenwich, Neringah and Northern Beaches and Rehabilitation Services in Greenwich to provide ambulatory care to patients following discharge from the inpatient units or referrals from general practitioners. In addition to the provision of nursing and medical care, physiotherapy, occupational therapy, social work and diversional therapy services have been extended to cover client needs in these areas.
- Additional single-bedded ensuite rooms were added in the Palliative Care and Rehabilitation wards of Greenwich Hospital to better meet client expectations. Enhancements to the palliative care unit provide an environment more conducive to patient care. Staff and visitor amenities were also improved to create a better environment for all users. A range of new equipment was installed in Riverglen's ECT suite and reticulated oxygen was also installed in the Palliative Care unit following a $10,000 donation.
- The Woonona Cottage carer respite service at Wahroonga has been extended to provide up to four consecutive nights accommodation for people with dementia and for frail aged people to enhance respite breaks available to carers.
- As part of a number of initiatives to enhance specialist palliative care services in Northern Sydney, in-reach palliative care consultative services were introduced at Manly, Mona Vale, Hornsby Kur-ing-gai, and Ryde Hospitals. Education programs were developed for residential aged care facilities, GPs and nursing services and strategic links were established with GP National/Divisions and aged care facilities to develop training and research.
- Allied Health services have increased student placements offered across all disciplines. The improved links with the universities not only increases the awareness of our services, it showcases the organisation as an employer of choice.
- Nursing services successfully participated in the new graduate program which commenced this year for new Registered Nurses graduating from universities.

KEY ISSUES AND EVENTS

- The new Palliative Care Day Hospitals at Greenwich and Neringah Hospitals and the Northern Beaches Palliative Care Service were formally opened during National Palliative Care Week in May.

FUTURE DIRECTION

- Development of the Day Hospital Services at Greenwich and Neringah Hospitals and the Northern Beaches Palliative Care Service to increase the level of care offered to the community.
- Hope Healthcare has joined the Sydney Institute of Palliative Medicine to train Registrars in our facilities from 2009.
- Extend provision of hydrotherapy service offered at Greenwich Hospital to include referrals from Royal North Shore Hospital. This will make it the main public hospital on the Lower North Shore providing an outpatient hydrotherapy service.

Greenwich Hospital

97-115 River Road, Greenwich NSW 2065
(PO Box 5084, Greenwich NSW 2065)
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.

Palliative care services are provided on an inpatient and outpatient basis to residents of Mosman, Willoughby, North Sydney, Lane Cove, Ryde and Hunters Hill. Inpatient services are also 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 RNSH and Community Health services. Multi-disciplinary care is provided on an inpatient and outpatient basis.

Local medical officers, Greenwich Hospital, RNSH Department of Aged Care and Rehabilitation, Home-Based Rehabilitation and other hospitals, refer patients to the Day Hospital.

The Home-Based Rehabilitation unit's referral base includes Sydney, Ryde, St Vincent's, Manly and Mona Vale Hospitals as well as Greenwich and RNSH.

Mental health care for older people is provided at the Riverglen Unit to communities within the Area. Riverglen is an acute psychogeriatric assessment facility with a number of gazetted beds for the treatment of involuntary patients.

Neringah Hospital

4-12 Neringah Avenue South, Wahroonga 2076
(PO Box 42, Wahroonga NSW 2076)
Telephone 9488 2200
Facsimile 9488 2247

Neringah Hospital provides in/outpatient and day hospital palliative care services to the community 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.

Graythwaite Nursing Home

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

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

Graythwaite provides residential care and limited respite care. It works in conjunction with the RNSH Aged Care and Rehabilitation Medicine Department and receives referrals for placement of residents from the local government areas of North Sydney, Mosman, Willoughby and Lane Cove.

Northern Beaches Palliative Care Service

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

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

Community and Aged Services

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

The range of community programs includes:

Compacks North Sydney

Compacks is a six-week, post discharge program for people in need of short-term home support services. Case management is also involved to link clients with ongoing services and support as needed.

Respite Programs

In Home Respite Service

The respite program for people residing in the Lower North Shore area provides support for people with dementia who are not able to attend a day centre program. Respite is also provided for their carers.

Flexible Carers Respite Solutions

Flexible Carers Respite Solutions is a program to support carers of people with a diagnosis of dementia with related challenging behaviours who reside in the Lower North Shore or Ryde Hunters Hill areas.

Day Centre Services

Tom O'Neill Dementia Day Care Centre

This is a dementia specific day care service providing direct care for people with dementia and respite for their carers. The program operates Monday to Saturday and provides a social model of care.

Greenwich Day Centre

Greenwich Day Centre provides a social setting for frail aged people who have difficulty becoming involved in other community activities.

Lower North Shore Community Options

Lower North Shore Community Options provides case management to support frail aged people, people with disabilities and their carers living in the local government areas of North Sydney, Mosman, Lane Cove and Willoughby. The case manager coordinates a range of services to support clients with complex needs, to assist their independence and to prevent premature or inappropriate placement in residential aged care.

Transitional Care Program

Transpac is a home-based therapy program for frail aged people who wish to return home, post discharge from hospital, offered in offered in partnership with NSCCH. We administer the program covering the Lower North Shore, Ryde, Hunters Hill and Gladesville. The program includes Physiotherapy, Occupational Therapy and a range of home support services for a period up to three-month.

Woonona Cottage - Overnight Respite Service

This service is funded under the Department of Health and Ageing for the National Respite for Carers Program. Woonona Cottage provides accommodation for up to four nights for people with dementia and for frail aged people and thereby an important respite break for their carers. The Cottage, a six-bedroom home, provides respite for carers from across Northern Sydney.

health support services

Financial Services

The Financial Services Division provides information on financial management and accounting services for NSCCH. Services provided include accounts payable, accounts receivable (management of sundry debtors), treasury and investment, taxation, assets, trust funds, salary packaging and all general ledger functions. Budget management, analysis and reporting provide information for performance.

MAJOR GOALS AND OUTCOMES

2007/08 included the Inquiry into Royal North Shore Hospital which resulted in significant effort to answer the issues raised. Improvements were made in relation to accounting for Special Purposes and Trust Funds to improve controls. A strong focus on improved reporting of staffing numbers to assist in the explanation of expenditure trends has proved valuable. The delegation manual has been completely reviewed and updated to ensure managers have appropriate levels of authority to manage their departments.

Reporting to the Department of Health has been enhanced to include more analysis and better explanation of variances.

Performance against budget has not been as good as expected, however the work on strategies for efficiency savings will assist in 2008/09.

The intranet has been developed further to provide information to managers about the Finance service.

KEY ISSUES AND EVENTS

Planning for the successful transition of the Oracle Financial System to Health Support effective from 1 October 2008 was a significant focus. This project includes adoption of the state-wide standard chart of accounts.

There was a major focus on allowing additional funds to be allocated to clinical services.

The Asset Strategic Plan developed in 2008 is aimed at optimising the use of the Area Health Service's physical assets in meeting the current and projected health needs of its catchment population. This is undertaken with an understanding of the NSCCH Clinical Services Strategic Plan.

FUTURE DIRECTION

The transition to Health Support's Oracle system was completed by the end of October 2008. This involves accounts payable, non-patient fee debtors, purchasing and a portion of financial accounting being performed by Health Support in Newcastle.

Corporate Services

Corporate Services exists within the Finance and Corporate Services Division of NSCCH. It is an Area-wide service which primarily provides non-clinical services and support to all departments of NSCCH. These services include Capital Strategy and Works, Child Care, Clinical Products, Clinical Technology, Education and Conference Centres, Environmental Operations, Fleet, Food, Patient Transport, Procurement, Security and Warehouse and Distribution.

Capital Strategy & Works

MAJOR GOALS AND OUTCOMES

- Increase in number of capital works projects managed from 35 in 2006/2007 to 51 in 2007/2008.
- Implementation of dedicated electronic project email system in October 2007 for accurate and timely access to project emails.
- Framework for procuring development works in September 2007.
- Review and standardisation of Consultancy Briefs to ensure improved tender response monitoring services against brief specifications.

KEY ISSUES AND EVENTS

- Development of a risk management profile for capital planning and procurement.
- Implementation of the Building Code of Australia Compliance process.
- The Joint Select Committee on the Royal North Shore Hospital made recommendations in respect to the planning and replacement of assets and equipment at RNSH and within the Area Health Service.
- NSCCH prepared its Asset Strategic Plan 2008/10 to 2018/19 aligned to the 2008 Clinical Services Strategic Plan.

FUTURE DIRECTION

- Prepare and commence implementation of a $3.872 m per annum rolling five year equipment replacement plan in 2008/9.
- The Draft Asset Strategic Plan (ASP) presented to the Area Executive and submitted to NSW Health in October 2008.
- ASP and the equipment replacement plan will be subject to fine tuning to meet changing clinical and health needs.
- Improved reporting will be implemented in respect of the equipment replacement strategy during 2009/10.
- Setting and monitoring of indicators including:
  - 25 per cent decrease in the number of variations
  - 10 per cent decrease in value of professional fees
  - +/- 15 per cent program variation.
- Implementation of an Asset Plan that enables NSCCH to operate within NSW Health's Asset Strategic Management Plan to satisfy state-wide and local asset needs and satisfy the NSW Government's Total Asset Management (TAM) guidelines.

Child Care

MAJOR GOALS AND OUTCOMES

- Licensing maintained at all NSCCH Child Care Centres. The centre's are required to be licensed every three years under Department of Community Services (DoCs) regulations.
- To maintain access for staff entering/re-entering the workforce and support recruitment and retention for NSCCH. Apple Cottage Child Care Centre at Ryde currently have 88 per cent of the Centre's occupancy consisting of Ryde and NSCCH employees.
- Recertification for accreditation under the National Childcare Accreditation Council achieved by all Centres.

KEY ISSUES AND EVENTS

- Ryde Ambulance Station development with the Apple Cottage Child Care Centre management and parents being heavily involved in meetings with Ryde Council, NSCCH Capital Strategy and Works, DoCs Community Service Advisor for Apple Cottage, ADCO, Capital Insight and the Ryde Hospital Executive Unit. The end result has been minimal impact on the Centre's daily operations and a continuation of high quality care being offered.

FUTURE DIRECTION

- Continue to provide competitive and affordable centres primarily to staff of NSCCH.
- Participate in the RNSH redevelopment through consultation with parents and stakeholders.

Clinical Products

MAJOR GOALS AND OUTCOMES

- Make clinical product savings through standardisation and rationalisation of products and suppliers. This was achieved through implementation of government contracts, networking and establishing specialty working parties and committees.
- 28 projects completed.
- Identified savings $1,081,280.00.
  Savings to date $525,880.00.

KEY ISSUES AND EVENTS

- Agreement for one enteral feeding pump and one blood glucose metre and consumables across NSCCH.
- Increased reporting and improved management and monitoring of Clinical Products Quality issues such as recalls and faults.

FUTURE DIRECTION

- Ensure safe, cost effective, value for money, sustainable clinical products are introduced into NSCCH.
- Implementation of government contracts for Custom Sterile Procedure Packs with a projected annual saving of $500,000 and total saving of $1,500,000 over the term of the contract. Continue review of contracts relating to wound care, clinical protective apparel and hand hygiene.
- Risk Management recommend a Clinical Product Procurement Policy.

Clinical Technology

MAJOR GOALS AND OUTCOMES

- Investigation of service provision in line with new technologies, for example, electric bed maintenance and sphygmomanometer servicing.

KEY ISSUES AND EVENTS

- Allocated space for the Clinical Technology Service within the RNSH and Royal Rehabilitation Centre redevelopments.

FUTURE DIRECTION

- Increase involvement with Health Support for the procurement of medical equipment.
- Finalise service provision for NSCCH between Clinical Technology Services and Engineering Services.

Education & Conference Centres

MAJOR GOALS AND OUTCOMES

- Implementation of the EventMaster booking database software for the Northern Sydney Education Centre in order to standardise booking processes across NSCCH.
- Negotiation of existing contracts with external clients in regard to usage of the Education Centre and its facilities. Financial benefits within the vicinity of $74,000 received from these.

KEY ISSUES AND EVENTS

- Refurbishment of the Education Centre with carpet replaced and 60 per cent of the facility repainted.

FUTURE DIRECTION

- Development of new customer relations with external organisations including a review of promotional activities underway.
- Cancellation of Yellow Pages advertising strategy for Centre promotions and development of a new strategy including webpage development and site signage. Advertising savings identified as $21,000 in the first year (2008/2009).

Environmental Operations

MAJOR GOALS AND OUTCOMES

- Standardisation and implementation of paper products (toilet tissue and hand towel) and social hand soap across NSCCH achieving cost benefit to the Area Health Service.

KEY ISSUES AND EVENTS

- Standardisation of products and services across NSCCH with regard to Infection Control signage and standard chemical use with the implementation of an Environmental/Infection Control working party.

FUTURE DIRECTION

- Continue with standardisation of service and products.

Fleet Services

MAJOR GOALS AND OUTCOMES

- Vehicle fleet reduced by 10 per cent in accordance with the NSW Health Motor Vehicle Management Reform.
- Statefleet appointed as sole provider of fleet management services to all NSW Health Area Health Services.
- Vehicles selected as per greenhouse rating to help lower green house emissions.

KEY ISSUES AND EVENTS

- Implementation of electronic car pool booking system.

FUTURE DIRECTION

- Ensure all replacement vehicles are leased on terms that best suits the department usage and service provided such as lease period/kms.
- Continue to monitor vehicle utilisation to further reduce vehicle numbers thereby lowering lease costs to NSCCH and contributing to a reduction in emissions produced.

Food Services

MAJOR GOALS AND OUTCOMES

- To restructure the Central Coast Food Service and introduce a consistent model of service across NSCCH.
- Single menu and database introduced in December 2007 across NSCCH.

KEY ISSUES AND EVENTS

- Area Food Services were audited by the NSW Food Authority and gained 'A' level on all sites which is a requirement of the new legislation introduced in October 2008.

FUTURE DIRECTION

- Transition to Health Support Services in October 2008.
- Develop a cost effective quality Food Service.

Patient Transport

MAJOR GOALS AND OUTCOMES

- Commencement of redesign of service provision to align with clinical operations by working towards Single Point of Access (SPA) through implementation of NSW Health's Transport for Health (TfH) strategy.

KEY ISSUES AND EVENTS

- Amalgamation with Central Coast Patient Transport counterparts.

FUTURE DIRECTION

- Transferring of cardiac monitored patients being explored with the Cardiology Department.

Procurement

MAJOR GOALS AND OUTCOMES

- Work with Health Support Services to ensure appropriate transition of the Health Item Master File (HIMF) which will be implemented across NSW Health.

KEY ISSUES AND EVENTS

- Preparation and rationalisation in readiness for transition to Health Support Services.

FUTURE DIRECTION

- Ensure Procurement unit is prepared for integration with Health Support on October 1, 2008.

Security Services

MAJOR GOALS AND OUTCOMES

- 2008 Security Risk Reviews saw all NSCCH hospitals increase their score by a minimum of 10 per cent.
- Successful integration of security access control system across NSCCH.
- Upgrade of Security Radio Network for the Central Coast Sector enabling each campus to be able to keep in contact in the event of telecommunication failure.
- Security Services included in the conceptual designs for the redevelopment of RNSH.

KEY ISSUES AND EVENTS

- Ongoing provision of a 45 minute security session provided at all NSCCH orientation sessions.
- To obtain endorsement of the NSCCH Security Policy by the Area Policy and Guidelines Committee.

FUTURE DIRECTION

- Ensure Security Services are prepared for the integration to Health Support.
- Commencement of Alarm monitoring by NSCCH Security for all internal users.

Warehousing & Distribution

MAJOR GOALS AND OUTCOMES

- Implemented a standard single imprest barcode management system in December 2007 across 141 Imprest locations.
- Rationalised inventory stock levels in the NSCCH warehouse with an average reduction in inventory lines of 5.9 per cent.
- Consolidated supplier base through product rationalisation resulting in a 20.1 per cent reduction in supplier base.
- Improved efficiency and effectiveness of Warehousing and Distribution reducing percentage of operational costs against stock transaction cost by 2.1 per cent.

KEY ISSUES AND EVENTS

- Commencement of transition to Health Support Services.

FUTURE DIRECTION

- Transition of Warehouse Services to Health Support Services in 2008.

Shared Corporate Services (Health Support Services)

Shared Corporate Services was established by NSW Health to provide many non-clinical services to Area Health Services across the state. These services include the function of tenders and contracts, procurement, accounts payable, some financial and accounting services, food services and warehousing.

MAJOR GOALS AND OUTCOMES

- Developed and integrated into a single state-wide Health Information Master File (HIMF).
- Developed and integrated into a single state-wide Financial Information Management System (FMIS).

KEY ISSUES AND EVENTS

- Service provision continued while staff assisting with the transition applied for positions within the two Health Support Services (HSS) Transaction Centres at Parramatta and Newcastle.
- Centralisation of one state-wide catalogue for products and services developed.
- Accounts payable service being maintained with the assistance of NSCCH staff for an interim transition period while HSS recruit staff perform this function within the Transaction Centres.

FUTURE DIRECTION

- Warehousing transition to commence in 2009/2010.
- Service Partnership Agreements which outline service provision, staff numbers and key performance indicators to be finalised.
- Finalisation of accounts payable transition to HSS Transaction Centre 2.
- Transition of tenders and contracts on October 1, 2008 with service provision now from Health Support Services (HSS) Transaction Centre 2 (Newcastle) for NSCCH.
- Transition of procurement planned October 1, 2008 with service provision of all ordersfor NSCCH being raised from HSS Transaction Centre 2 (Newcastle).
- Transition of Food Services on October 1, 2008 with service provision of all food orders being raised from HSS Transaction Centre 1 (Parramatta) for NSCCH.

Information Management & Technology

Information Management and Technology (IM&T) provides many services including Health Information Management, Area Libraries, Clinical Informatics, Business Integration, Small Systems Development and Help Desk. IM&T has undergone significant change and transformation during 2007/2008 with the objective being a more proactive and clinically-focussed service.

MAJOR GOALS AND OUTCOMES

- IM&T received ISO 9002 Re-Certification.
- Development and Implementation of the NSCCH Information Communications and Technology Strategic Plan 2007 - 2010.
- Implementation of eMR Patient Management and Medical Record Tracking into 12 Hospitals and Community Health Centres.
- Rollout of more than 400 additional PCs and 300 printers to clinical areas to support the eMR implementation.
- Replacement and upgrade of old IT network at RNSH.
- Deployment of Voice Over Internet Protocol infrastructure in the new Kolling Building.
- Implementation of a wireless network in RNS ICU to allow for the deployment of computers on wheels at the patients bedside.
- Relocation of the Douglas Piper Library to the new Kolling Building.
- Implementation of a Knowledge Management Strategy which includes the redevelopment of the NSCCH Intranet and Internet and development of a patient portal.
- Reduced duplication of IM&T services by restructuring and better aligning with NSCCH's business needs.

KEY ISSUES AND EVENTS

- The rollout of a new Patient Administration and Medical Records System across all health service facilities.
- Planning for the transition to the State Wide Services Desk in August 2008.
- Instigation of new Area IM&T governance which has provided a robust and rigorous prioritisation process for IM&T programs and projects.
- Establishment of the Centre for Clinical Informatics and Clinical Application Support Unit.
- Nomination for a NSW Health Quality Award.
- Completion of the Health Information Services external review 'Where to from here'.

FUTURE DIRECTION

- Implementation of the next phases of the Electronic Medical Record (eMR) including Powerchart (Result Reporting) and Scheduling.
- Completion of the rollout to the State Wide Services Desk.
- Supporting the implementation of other clinical project systems including Radiation Information System/Picture Archiving and Communication System (RIS/PACS) and the Single Point of Access (SPA) project.
- Redevelopment of the NSCCH Intranet including the implementation of the SharePoint content management system.
- Implementation of an online mobile phone billing solution to streamline and optimise revenue.
- Finalisation of the IM&T restructure and implementation of the Health Information Services (HIS) review recommendations.

Corporate Communications

The Corporate Communications Unit is responsible for Ministerial and Department of Health liaison, media and issues management, communications, website management, public relations, events management, design and print services.

The Unit provides advice and support to departments and executive staff regarding communications, media, marketing and promotion, functions and events.

MAJOR GOALS AND OUTCOMES

- Finalised amalgamation of corporate communications services across NSCCH.
- Developed Area-wide and Health Service-based e-newsletters.
- Began work on development of an Area-wide Intranet.
- Implemented Area-wide global email policy.
- Focused communication on key activities supporting the Area's strategic direction.
- Developed strong working relationships within the team and with external stakeholders.
- Implemented new design and print guidelines targeted at reducing associated costs.

KEY ISSUES AND EVENTS

Communication support was provided for a range of projects associated with service redesign, including the launch of the Area's Clinical Services Strategic Plan, the establishment of Clinical Networks and appointment of Clinical Network Directors.

Corporate Communications also assisted communicating other achievements including the establishment of the Area's Professional Practice Unit, the Nursing Task Force, and the Falls Prevention and Management Policy.

A priority for the Corporate Communications Unit was managing media issues around the Joint Select Committee Inquiry into Royal North Shore Hospital and the Special Commission of Inquiry into the NSW Health System.

Key events and functions during the year included the launch of the state's first Medical Assessment Unit at Royal North Shore Hospital, followed by a similar unit at Gosford Hospital, announcement of the preferred proponents for the redeveloped Royal North Shore Hospital, launch of a mental health intensive care unit at Hornsby Hospital and the opening of Wyong Hospital's new Emergency Department and the launch of Wyong's Psychiatric Emergency Care Centre.

FUTURE DIRECTION

Corporate Communications is looking forward to moving ahead with its new structure, which will see communications staff offering an Area-wide service with staff consolidated at two hubs … Gosford in the north and Royal North Shore Hospital in the south.

Internal Audit

Internal Audit is an independent, objective assurance and consulting activity that focuses on improving the Health Service's operations by providing assurance to the Chief Executive, Executive staff, managers and members of the Audit and Risk Management Committee on the effectiveness of NSCCH controls, risk management and governance processes.

MAJOR GOALS AND OUTCOME

- Achieved 91 per cent of the 07/08 audit plan despite staff vacancies.
- Involved in 28 matters pertaining to special projects/ investigations.
- 60 per cent of staff completed formal investigations training.

KEY ISSUES AND EVENTS

- Staff participated and presented at the NSW Health State Internal Audit Conference and the NSW Health Audit Working Party.
- The Unit received an increase in referrals for investigations into matters pertaining to fraud and corrupt conduct.
- Staff were involved in developing and progressing the adoption of new corruption and fraud control policies.

FUTURE DIRECTION

- Development of a presentation on basic controls to assist new managers to identify required controls relating to everyday management processes.
- Providing periodic assessments on progress against the Area Financial Plan and on the implementation progress of recommendations relating to the Joint Select Committee Inquiry.

Workforce Development Directorate

Workforce Development Directorate has strategic responsibility for NSCCH workforce preparedness and planning; human resource services, programs and policies; employee relations; workplace health and safety management; workers compensation; and organisational learning and development. Workforce recruitment, appointment and retention strategies for all staff and medical and dental contractors are the responsibility of the directorate.

Workforce Development and Innovation

Workforce Development and Innovation provides a strategic role through the analysis and evaluation of workforce information and the development and implementation of workforce-related projects.

MAJOR GOALS AND OUTCOMES

- The development and application of standardised data quality checking methodology for the Premier's and Cabinet Workforce Profile quarterly and annual returns has resulted in the reporting of improved and consistent workforce information for NSCCH.
- Standardised quarterly reports have been developed and implemented to monitor the reporting of two key performance indicators - paid sick leave and organisation turnover.
- A Performance Development and Review (PDR) process was revised and implemented across NSCCH for managers and employees. The PDR kit is located on the NSCCH Intranet and contains the PDR policy, process flow charts, guidelines and a feedback link.

KEY ISSUES AND EVENTS

- NSCCH continues to collaborate with the Clinical Excellence Commission (CEC) in a state-wide Clinical Leadership program, with a focus on capacity building initiatives to upskill clinicians to lead patient-centred health improvement in service delivery. In December 2007 this program was extended to a second group of 40 potential clinical leaders (20 participants from North Shore Ryde Health Service and Northern Beaches Health Service and 20 from Area Mental Health).

FUTURE DIRECTION

- The development of Workforce Strategic Plans will be undertaken and aligned by NSCCH Clinical Networks. Enabling Workforce Plans will build upon a workforce modelling methodology developed in partnership with NSW Health and the Hunter New England Area Health Service.

Organisational Education and Learning

Organisational Education and Learning (OE&L) facilitates the professional development of the staff of NSCCH through the coordination and delivery of timely and service-related education and training programs.

In 2007/08, OE&L delivered or coordinated 150 education and training programs on 664 occasions. The number of staff who attended sessions was 11,038 and the number of staff completing entry level qualifications in a range of nationally recognised vocations was 354.

MAJOR GOALS AND OUTCOMES

- OE&L has undergone an internal restructure to ensure that service delivery continues to be aligned to the current needs and future strategic direction of the organisation. This structure focused on a brokerage model which partners with content experts supported by educational expertise from OE&L consultants.
- Other significant achievements included the development of the functionality of the state-wide Pathlore Learner Management System (LMS). In total, 14 managers and 110 training coordinators and administrators attended instruction in maintaining training records. This has ensured enhanced report generation for managers and for accreditation purposes.
- OE&L staff members are working in partnership with other Area Health Services within NSW Health to develop Certificate III in Heath Service Assistance. The VET Nursing in Schools Program commenced in NSCCH in February 2008 with the aim of providing new pathways for entry into nursing using industry curriculum framework courses offered as HSC subjects.

FUTURE DIRECTION

- This service will remain integral to, and integrated with, the development of staff employed by NSCCH and will continue to develop networks across the organisation to build individual, unit and organisational capability in response to identified learning needs.
- By the end of June 2009, OE&L will have facilitated the development of an Education and Training Plan which will identify current education and training activity and determine priorities for the next three to five years. This will be done through extensive collaboration with governance through the Education and Training Plan Working Group.

Human Resources

The Human Resources Directorate provides strategic and operational support to the organisation to ensure that the workforce is reflective of the needs of the service.

MAJOR GOALS AND OUTCOMES

During the year, the Human Resources Directorate has provided support to a number of restructuring projects aimed at increasing the efficiency of services.

The ongoing preparation for the transition of processing and transaction services to Health Support will ensure a smooth transition in July 2008. This involved the introduction of the full leave interface module and pay period alignment by the ERIS unit to ensure NSCCH complied with the state Business model going into transition. The Human Resources Directorate and Health Support commenced an ongoing customer service relationship to ensure that services provided by Health Support continue to meet the operational needs of all staff of the Area Health Service.

The Employee Services and Recruitment functions are due to transition to Health Support in early 2009, and planning and preparation is continuing to ensure a seamless transition.

The Human Resources Units have continued to rollout training programs in key areas of skill development, including management of grievances, disciplinary processes and policy, performance development, management of safety within the workplace, and user training in human resources information systems in use within NSCCH. These training programs ensure that the obligations of NSCCH to comply with NSW Health policy frameworks are met.

Consultation is continuing with staff of Royal North Shore Hospital in relation to the Public Private Partnership (PPP) for hospital support services. The Industrial Associations have been engaged and are actively contributing to constructive consultation processes in preparation for the implementation of the PPP in 2009/10.

FUTURE DIRECTION

The Human Resources Directorate will maintain an ongoing focus on supporting organisational redesign and restructuring processes into 2008/09 consistent with clinical services planning. The organisation maintains strong relationships with the Industrial Associations and will ensure appropriate consultation processes are integral in redesign and restructuring processes.

The Directorate will continue with its focus of up-skilling managers and supervisors in staffing policies and practices, and to ensure ongoing compliance with NSW Health policies.

Senior Medical Workforce

The senior medical workforce consists of Staff Specialists, Clinical Academics, Visiting Medical Officers (VMOs) and Honorary Medical Officers plus salaried Dental Officers and Visiting Dental Officers.

Specialists are employed or contracted in accordance with NSW Health awards or determinations across almost all disciplines, with RNSH and to a lesser extent Gosford having a very significant range of subspecialist services provided and the other hospitals and health services within NSCCH served by a mix of general medicine/surgery and a smaller range of subspecialty services.

Although most specialist positions have been able to be filled in recent years, it has been difficult to fully recruit to some specialties, such as mental health, radiology and emergency, leading to some positions being declared 'Area of Need' with the hope that they can be filled by overseas trained specialists. The reasons for such shortages vary from specialty to specialty but include: growth in demand; positions outstripping training program outputs; the relative attractiveness of individual hospitals and of the disciplines to young doctors making career choices; and private sector and interstate comparisons of wages and conditions.

A significant development in relation to senior medical appointments was the creation of the Senior Medical Appointments Advisory Committee in early 2008, to streamline approval of advertising for new and replacement specialist positions across NSCCH.

Further development of the Medical and Dental Appointments Advisory Committee's credentialing guidelines was complemented by the implementation of new policies for the defining of senior practitioners' scope of practice. Initially implemented at RNSH the new policies are subsequently being adopted across NSCCH.

In accordance with NSW Health directives improved procedures were implemented for the identification of doctors with conditions imposed on their practice by the NSW Medical Board, in addition to processes to monitor compliance with those conditions. These requirements apply to both senior and junior medical workforce.

Junior Medical Workforce

Junior medical staff comprise Interns (in their first year after university), Resident Medical Officers (in their second and subsequent years) and Registrars (most in their fourth or subsequent years after graduation, who have commenced a specialty training program). In addition there are relatively smaller numbers of Career Medical Officers, Hospitalists and a few Fellows, who are generally near or at the end of their specialty training but doing further subspecialty training or research.

The main annual recruitment program for junior medical staff continues to be overseen by NSW Health, with further development last year of the online recruitment program, EziSuite.

Although there have been small increases in output from the state's medical schools in recent years, large increases in graduating numbers requiring internship places and further training is expected over the next five years. Planning for this increase will be led by the NSW Institute of Medical Education and Training (IMET) and NSW Health.

In addition to existing IMET sponsored networks for training of prevocational doctors (years 1 and 2 after graduation) plus basic specialist training in medicine, surgery and psychiatry, networks for advanced training in paediatrics and cardiology have been implemented in 2008 and a new Hospital Skills Program, designed to support Career Medical Officers and Hospitalists, has been approved and will be starting next year.

Occupational Health and Safety

In 2007/2008 NSCCH has focused on consolidating current Occupational Health and Safety (OHS) systems across the hospitals and services with a particular focus on occupational screening, vaccination, manual handling and ChemAlert rollout.

The Occupational Staff Health Service has had a major focus in providing screening (for specified infectious diseases such as measles, whooping cough and hepatitis B) and offering vaccination to all employees to implement the NSW Health Policy Directive 2007_006. This screening program commenced in areas such as maternity, paediatrics and emergency departments and is expected to be completed in late 2008.

The OHS Unit conducts major projects each year in order to improve the OHS systems within NSCCH. Major projects achieved in 2007/2008:

- Review of patient assessment and handling training material.
- Review of all OHS Manager training materials.
- Review of Manager OHS Competency Assessment processes and Training Needs Analysis (TNA) process.
- Roll out of Incident Information Management System (IIMS) staff, visitor, contractor (with Clinical Governance Unit).
- Implementation of Bariatric Patient Management plan.
- Rollout of ChemAlert (chemical management database program).
- Commenced use of new OHS&IM Profile audit tool across Hospital and Services.

There were no prosecutions of NSCCH under the Occupational Health and Safety Act during 2007/2008.

Workers Compensation Performance Statement

The Rehabilitation Claims and Insurances Unit focuses on workers compensation, rehabilitation and general claims management. Early return to work continues to remain a major feature of NSCCH's approach to supporting injured workers and minimising costs. A Rehabilitation Technical Advisor has been appointed to identify barriers to return to work within NSCCH and also assist with the development of solutions to minimise time lost from work and reduce Workers Compensation costs.

The 2008/2009 NSCCH Deposit Premium calculation for workers compensation was $14.07M excluding GST. Under the Treasury Managed Fund this result provided a surplus of $2.4M. This is a workers compensation premium rate of 1.7 per cent of salary and wages and this has been reduced from 2 per cent in 2007/08 due to the way that the Deposit Premium calculation now occurs.

Claims performance for 2007/2008 as at June 30, 2008 is shown in the tables below

2007/2008 FUND YEAR PERFORMANCE INDICATOR

No. claims/100 FTE	7.87
Cost claims/FTE	$498.80

Data source: NSW Treasury Managed Fund, as at June 30, 2008.

The tables below express claims for 2007/2008 as a percentage of the total by Accident Type and Occupational Group.

ACCIDENT TYPE	PER CENT
Body Stress	36%
Fall/Slip	19%
Hit by objects	11%
Motor Vehicle	9%
Exposure/Bites	9%
Other	10%
Mental Stress	6%

Data source: Claims Manager database as at June 30, 2008

OCCUPATION GROUP	PER CENT
Nursing	47%
Hotel Services	25%
Medical/Support	13%
General Admin	12%
Maintenance	3%
Linen Services	0%

Data source: Claims Manager database as at June 30, 2008

Other Insurances Risk Management

Fifteen claims were made against property insurance for stolen, lost or damaged NSCCH property, including storm damage. There were 140 claims against public liability insurance.

Aboriginal Employment

In NSCCH 121 employees identified as having Aboriginal or Torres Strait Islander (ATSI) origins.

A new Aboriginal Workforce Strategy (AWS) 2008-2012 was developed for NSCCH to be officially launched during NAIDOC Week 2008. The strategy has four main goals:

- To promote and support the recruitment of Aboriginal people
- To promote and support the retention and career development of Aboriginal people
- To promote and develop an understanding of Aboriginal culture
- To strengthen positive relationships with Aboriginal communities and organisations

Aboriginal employees hold a variety of mainstream positions throughout NSCCH including senior management, allied health professionals, medical and nursing, administrative officers and trainee positions. During 2007/08 three new positions were created and dedicated for ATSI:

- Aboriginal Mother and Baby Worker - to improve access to care during pregnancy
- Aboriginal Early Intervention Family Worker - to achieve a range of safety, health and well being outcomes for children, their families and communities.
- Otitis Media Project Worker - to coordinate culturally appropriate Otitis media screening. Promote cultural awareness with health employees.

Employment of People with Disabilities

NSCCH continues to support the employment of people with a disability.

There are 347 staff employed within NSCCH who identified as having a disability. Of the employees with a disability, 81 have required some workplace adjustment or role modification to accommodate their disability.

Five apprentices with a disability are continuing their apprenticeship within NSCCH, with four apprentices commencing third year and one apprentice commencing second year of their apprenticeships.

Executive Responsibilities

Chief Executive
Mr Matthew Daly

KEY ACCOUNTABILITIES

1. Ensure the resources of NSCCH benefit the entire region on an equitable and balanced basis.
2. Work collaboratively with the Area Health Advisory Council in planning and delivering health services to meet the needs of the local community on an effective and equitable basis.
3. Develop and strengthen clinical linkages within NSCCH and between Health Services, to ensure resources are used on an effective and equitable basis for the benefit of the state.
4. Develop structures to ensure greater involvement by local communities and clinicians in planing health service delivery needs.
5. Develop effective workforce planning mechanisms to support clinical and other staff in delivering identified health service delivery needs.
6. Participate, with other Area Health Service Chief Executives and NSW Health, in planning streamlined administrative structures across the state to deliver additional resources for direct patient care.
7. Contribute to the delivery of health services across the State by developing and maintaining linkages with other Area Health Services, NSW Health, the Clinical Excellence Commission, Health Priority Taskforces and the Health Care Advisory Council.
8. Ensure the fulfilment of Area Health Service statutory objectives and the effective performance of its functions (under the provisions of the Health Services Act 1997).

Note: Stephen Christley, former CE NSCCH, resigned July 2007.

Director of Clinical Governance

Dr Philip Hoyle

KEY ACCOUNTABILITIES

1. Support and promote implementation of the NSW Patient Safety and Clinical Quality Plan.
2. Continue to refine Area Quality Governance system to meet Australian Council on Healthcare Standards (ACHS) and Clinical Excellence Commission standards.
3. Support operational units in maintaining ACHS accreditation status.
4. Contribute effectively to corporate planning and policy development.
5. Continue implementation of the Integrated Risk Management program.
6. Establish an Area-wide counter disaster system that meets NSW Health standards of planning, training, response and governance.
7. Research.
8. Executive leadership of research.
9. Meet agreed budget targets.

Director of Finance and Corporate Services

Wendy Hughes

KEY ACCOUNTABILITIES

1. Develop and implement systems to ensure effective management of NSCCH's budget.
2. Provide the Chief Executive and NSW Health with timely, comprehensive and accurate financial reports.
3. Ensure NSCCH's compliance with Government and NSW Health policies in respect of financial management and reporting.
4. Develop strategies for the management of NSCCH's budget and co-ordinate the implementation of financial strategies.
5. Develop and implement effective strategies in respect of financial risk management.
6. Develop and implement systems for the accurate recording and effective management of NSCCH's assets.
7. Oversee the development of NSCCH's information management and technology strategy within the broader context of the IM&T strategy for NSW Health and ensure the effective and efficient delivery of information management services within NSCCH and from Health Support Services.
8. Establish and maintain an effective management framework for the development and delivery of administrative and corporate support services within NSCCH including procurement, transport, general records management, asset maintenance services, and Area business units.
9. Co-ordinate and lead NSCCH's participation in the statewide Shared Corporate Services reform program, including working with HealthSupport to plan and manage the transition of services and staff in line with the agreed timetable, and to achieve the expected savings and efficiencies.

Note: New position created December 2007.

Director of Population Health, Planning & Performance

Tracey Adamson

KEY ACCOUNTABILITIES

1. Strategic and business planning.
2. Clinical services planning.
3. Health protection.
4. Health promotion.
5. Consumer and community participation.
6. RNSH and Community Health Services redevelopment.
7. Northern Beaches redevelopment project.
8. Support to and liaison with the Area Health Advisory Council.
9. Performance monitoring.
10. Service agreements.
11. Casemix/costing/commissioning.
12. Health technology evaluation.
13. Aboriginal Health.
14. Planning phase for significant capital projects.

Note: Chris Flemming, former DPPP resigned October 2007.

Director of Clinical Operations

Julie-Hartley Jones

KEY ACCOUNTABILITIES

1. Management of NSCCH's clinical services.
2. Development and support of clinical networks.
3. Effective operation of NSCCH's hospitals and Community Health Services.
4. Implementation of systems to ensure operational and financial accountability through clinician and management partnership.
5. Redesign and improvement of systems and processes to enhance access to clinical services.
6. Provision of Culturally and Linguistically Diverse/Aboriginal Health Services.
7. Implementation of systems and processes to facilitate interdisciplinary teamwork and decision-making, as close to patient care as possible.
8. Oversight and improvement of patient care processes within NSCCH, particularly with regard to patient flow.

Note: Phillipa Blakey, former DCO resigned October 2007.

Director of Workforce Development

Adjunct Professor Jenny Becker

KEY ACCOUNTABILITIES

1. Workforce planning and leadership development.
2. Development and implementation of an Area workforce strategy including workforce redesign.
3. Workforce culture and alignment of organisational values.
4. Area clinical workforce service plans.
5. Management and use of workforce data.
6. Aboriginal health participation.
7. Human resource management and industrial relations.
8. Management and monitoring of the occupational health and safety of the workforce.
9. Implementation of a leadership strategy.
10. Lead organisational learning and development practice within NSCCH.
11. Senior medical staffing unit and quinquennium planning.

Director of Nursing & Midwifery

Veronica Croome (Acting)

KEY ACCOUNTABILITIES

1. Responsible for the delivery of quality nursing and midwifery services that meet the professional practice standards.
2. Responsibility, authority and accountability for ensuring the provision of the appropriate clinical and educational systems of learning, practice and professional development of nurses and midwives.
3. Management of clinical nursing research.
4. Development, implementation and promotion of additional Nurse Practitioner positions.

Note: Julie Hartley-Jones, former DNM, moved to the DCO role in March 2008.

Director of Finance

Robert Wright

KEY ACCOUNTABILITIES

1. Provide professional advice and assistance to the Director of Corporate Services in matters of financial and resource policy, and strategic management of financial and asset planning and functions across the NSCCH.
2. Plan, develop, manage and evaluate Financial Services in accordance with the NSCCH Strategic Plan.
3. Provision of strategic financial, investment and resource management advice, including financial risk management practices, the overseeing of the integrity and compliance of all statutory reporting requirements and the implementation and maintenance of appropriate systems of internal control.
4. Development and implementation of strategies to assist managers to develop monitor and achieve budgets, including accountability for the establishment and maintenance of NSCCH's liquidity management practices, including creditors and debtors management.
5. Responsible for ensuring that any strategies for Financial Plans with NSW Health are monitored, managed and developed to ensure that they provide for accountability, management and are achievable.
7. Ensure compliance of NSCCH in all taxation and matters, including GST & FBT.
8. Development and implementation of key specific financial activity and budget performance measurement reporting systems for NSCCH and management of reporting systems to the NSW Health.
9 Development of episode funding, Casemix and costing policies and systems which are compliant with NSW Health reporting requirements.

Note: Graeme Harding, former Director of Finance resigned August 2007.

Chief Information Officer

Anne-Marie Hadley (Acting)

KEY ACCOUNTABILITIES

1. Ensure the efficient and effective delivery of all information management and technology (IM&T) services across NSCCH.
2. Implementation of key clinical and corporate systems that enhance the delivery of quality and safe patient care.
3. Development of appropriate information management and technology policies for NSCCH.
4. Implementation of an IM&T organisational structure that assists in the delivery of clinical services across NSCCH.
5. Implementation of the electronic medical records and infrastructure to support it.
6. Management and coordination of all Health Information Services Department (Medical Records) and Libraries.
7. Development of Area-based services managed within Information Management and Technology.

Director of Mental Health and Drug and Alcohol

Andrea Taylor (Acting)

KEY ACCOUNTABILITIES

1. Ongoing development, implementation and regular evaluation of a corporate and clinical governance framework to facilitate the effective and efficient delivery of comprehensive mental health and drug and alcohol services to the community
2. Maintain a continuous improvement philosophy and culture underpinned by formal planning to ensure care delivery systems are safe and appropriate for consumers, staff and the community.
3. Support and facilitate research and innovation promoting the delivery of evidence-based care to the community.
4. Effectively manage the budget for mental health and drug and alcohol services.
5. Embrace an organisation of learning and wisdom through a skilled and valued workforce.

Note: Nick O'Connor, former DMH resigned April 2008.

Director, 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, ministerial and parliamentary briefings.
3. Develop and implement effective communications strategies covering a broad range of issues and events.
4. Provide support and advice to the Chief Executive on sensitive or contentious issues, and issues attracting media attention.
5. Develop strategic relationships with key groups including the media, government agencies, community organisations, service clubs and the corporate sector.
6. Establish and maintain a high level corporate and public image for NSCCH.

Director Corporate Governance and Organisational Change

Narelle Buttenshaw

KEY ACCOUNTABILITIES

1. Oversee the operations of the Office of the Chief Executive.
2. Undertake, manage the analysis, integration and synthesis of information to provide high level advice and analysis to and from the Chief Executive.
3. Provide expert advice and policy direction on corporate governance.
4. In consultation with key executives, develop key milestone monitoring and reporting of staff (FTE), financial, quality standards and budget impacts in implementing change management and restructuring initiatives.
5. Lead and develop reporting staff to achieve high levels of work performance and coordinate the provision of appropriate learning and development programs.

Note: New position created May 2008.

Staff Profile

Number of Full Time Equivalent Staff (FTE) Employed as at June 2008

NORTHERN SYDNEY & CENTRAL COAST	JUNE 03	JUNE 04	JUNE 05	JUNE 06	JUNE 07	JUNE 08
Medical	913	960	1,010	1,083	1,128	1,146
Nursing	4,447	4,691	4,880	4,984	5,164	5,332
Allied Health	967	1,012	1,048	1,059	1,080	1,082
Other Prof. & Para professionals	750	719	622	615	622	608
Oral Health Practitioners & Therapists	87	95	100	102	100	105
Corporate Services	696	689	607	553	506	560
Scientific & technical clinical support staff	642	660	784	790	804	803
Hotel Services	786	763	806	752	787	748
Maintenance & Trades	156	160	145	150	140	126
Hospital Support Workers	1,269	1,386	1,482	1,468	1,578	1,580
Other	69	76	76	68	72	64
Total	10,782	11,211	11,560	11,623	11,981	12,153
Medical, nursing, allied health, other health professionals, scientific & technical staff, oral health practitioners as a proportion of all staff	72.4	72.6	73	74.3	74.3	74.7

Source: Health Information Exchange & Health Service local data

NOTES:

1. *FTE calculated as the average for the month of June, paid productive and paid unproductive hours.*
2. *As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities have not transferred to the Crown and as such are not reported in the Department of Health's Annual Report as employees.*
3. *Includes salaried (FTEs) staff employed within Northern Sydney Central Coast Health. All non-salaried staff such as contracted Visiting Medical Officers (VMO) are excluded.*
4. *'Medical' is inclusive of Staff Specialists and Junior Medical Officers. 'Nursing' is inclusive of Registered Nurses, Enrolled Nurses and Midwives. 'Allied Health' includes the following; audiologist, pharmacist, social worker, radiographer and podiatrist. 'Oral Health Practitioners and Therapists' includes Dental Assistants/Officers/Therapists/Hygienists. 'Other Professionals and Para-professionals' includes health education officers, interpreters etc. 'Corporate Services' includes Hospital Executive, IT, Human Resource and Finance staff etc. 'Scientific and Technical Support Workers' includes hospital scientists and cardiac technicians. 'Hotel Services' are inclusive of food services, cleaning and security etc. 'Maintenance and Trades' is inclusive of Trade Workers, Gardeners and Grounds Management etc. 'Hospital Support Workers' includes ward clerks, public health officers, patient enquiries and other clinical support staff etc. 'Other' is employees not grouped elsewhere.*
5. *From 2008, the Clinical Staff Ratio is also inclusive of Scientific and Technical Officers. Previous years data has been recast to reflect this change and may show a variation from previous annual reports.*
6. *Rounding errors are included in the table.*

Equal Employment Opportunity

Staff Numbers by Employment Basis

		Subgroup as % of Total Staff in each Catergory			*Subgroup as Estimated % of Total Staff in each Employment Catergory*				
EMPLOYMENT BASIS	**TOTAL STAFF (number)**	**RESPONDENTS**	**MEN**	**WOMEN**	**ABORIGINAL PEOPLE & TORRES STRAIT ISLANDERS**	**PEOPLE FROM RACIAL, ETHNO-RELIGIOUS MINORITY GROUPS**	**PEOPLE WHOSE LANGUAGE FIRST SPOKEN AS A CHILD WAS NOT ENGLISH**	**PEOPLE WITH A DISABILITY**	**PEOPLE WITH A DISABILITY REQUIRING WORK RELATED ADJUSTMENT**
Permanent Full-time	7,932	85%	33%	67%	1.0%	11%	19%	3%	0.5%
Permanent Part-time	4,846	83%	12%	88%	0.5%	9%	12%	3%	0.7%
Temporary Full-time	635	90%	23%	77%	1.0%	7%	22%	1%	0.7%
Temporary Part-time	338	95%	13%	87%	1.6%	3%	8%	2%	0.3%
Contract – SES									
Contract – Non SES	11		55%	45%					
Training Positions	171	94%	20%	80%	1.2%	4%	6%	1%	
Retained Staff									
Casual	2,244	76%	25%	75%	1.0%	5%	12%	1%	0.4%
TOTAL	**16,177**	**84%**	**25%**	**75%**	**0.9%**	**9%**	**16%**	**2%**	**0.5%**
SUBTOTALS									
Permanent	12,778	84%	25%	75%	0.8%	10%	17%	3%	0.6%
Temporary	973	92%	19%	81%	1.2%	5%	17%	1%	0.6%
Contract	11		55%	45%					
Full-Time	8,567	85%	33%	67%	1.0%	11%	19%	2%	0.5%
Part-Time	5,184	84%	12%	88%	0.6%	9%	12%	3%	0.7%

Official Overseas Travel by Staff

Name	Department	Purpose	Countries	Funding
Dr Judith Martland	Radiation Oncology - RNSH	ESTRO Conference (European School of Radiotherapy and Oncology Teaching Course)	London UK	DOH Grant
Joy Franklin	Radiation Oncology - RNSH	Varian applications training course	Las Vegas - USA	Sponsorship
Vicki Katsioulas	Haematology - RNSH	DACO-061 MGI Pharma Investigators Meeting	Bali, Indonesia	Sponsorship
Peter Ward	PaLMS	AACC - AACB Laboratory Medicine into the Future Conference	Honolulu Hawaii USA	Trust Funds
Dr Todd McMullen	Endocrine Surgery - RNSH	Royal Australian College of Surgeons Annual Congress	Hong Kong	Trust Funds
Dr Deepak Abraham	Endocrine and Oncology Surgery - RNSH	Presenting at the Indian Endocrine Surgeons	Bangalore India	SP&T
Jeremy Booth	Radiation Oncology - RNSH	American Association of Medical Physicists Annual Meeting	Vancouver, WA USA	Trust Funds
Adrian Rinks	Radiation Oncology RNSH	Special training course for Linear Accelerator	Las Vegas - USA	DOH funds
Cheryl Macadam	RNSH Renal Research	Frequent haemodialysis national training meeting	San Diego USA	SP&T
Kris Barlow-Stewart,	Genetics Education, RNSH	Human Genetics Society Conference	New Zealand	SP&T
Alison Gray	Radiation Oncology - RNSH	European Society for Therapeutic Radiation Oncology (ESTRO)	Barcelona, Spain	Scholarships
Mona Saleh	NSW Genetic Education Program	Human Genetics Society Conference	New Zealand	SP&T
Adrian Rinks	Radiation Oncology - RNSH	European Society for Therapeutic Radiation Oncology (ESTRO)	Barcelona, Spain	General Funds
Peter Lipski	Division of Medicine - CCHS	NS Dietetic Assoc Annual Scientific Meeting	New Zealand	Sponsorship
Averil Drummond	Haematology - RNSH	Stairway to Science AIMS Conference	Auckland, New Zealand	Trust Funds
Josephine Clayton	Palliative Care - RNSH	Oncotalk Teach Program - Improving Oncologists' Communication Skills	Houston, TX, USA and Calgary, Canada	Sponsorship
Helen Glinatsis	Primary & Community Care	Cardiac Society Australia and New Zealand	Christchurch, New Zealand	Trust funds
Soon Yeng Soo Hoo	Cardiology - RNSH	Cardiac Society Australia and New Zealand	Christchurch, New Zealand	Trust funds
Inge Stewart	Kolling Institute	Australian New Zealand Bone Mineral Society Meeting	Queenstown, New Zealand	Trust funds
Yoke Mooi Au	Kolling Institute	Australian New Zealand Bone Mineral Society Meeting	Queenstown, New Zealand	Trust funds
Paula Candlish	Cardiac Services - RNSH	Heart Failure Society of America	Washington DC USA	Sponsorship
George Barker	Diabetes - HKHS	Australian Scientific Meeting for the Australian Diabetes Society/Australian Diabetes Educators Association,	Christchurch, New Zealand	Sponsorship
Sulayma Al-Lamki	Haematology - RNSH	XXIST Congress of the International Society on Thrombosis and Haemostasis	Geneva, Switzerland	Trust funds
Stephanie O'Regan	Sydney Medical Simulation Centre, RNSH	2nd International Clinical Skills Conference	Prato, Italy	Trust funds
Jennie King	Area Nursing and Midwifery	Endocrine Nurses Society of Australasian	Christchurch, New Zealand	Sponsorship
Elizabeth Hewitt-Falls	Clinical Governance	ANZICS, International Conference on Safety, Quality, Audit & Outcomes	Queenstown, New Zealand	General funds
Renze Bais	PALMS	11th Asian Pacific Federation of Clinical Biochemistry Congress,	Beijing China	Trust funds
Michele Bicknell-Grist	Cardiology - RNSH	Cardiac Society Australia and New Zealand	Christchurch, New Zealand	Trust funds
Emma Reid	Cardiology - RNSH	Cardiac Society Australia and New Zealand	Christchurch, New Zealand	Trust funds
Jeanette Konopka	PaLMS	XVIII Regional Congress of the International Society for Blood Transfusion	Hanoi, Vietnam	Trust funds
Peter Campbell	Burns and Plastics - RNSH	Continuing Education	Toronto, Canada	Trust funds

Research Report

The Kolling Research and Education Building is to be commissioned in August 2008. The $100M facility incorporates state-of-the art infrastructure to support excellence in research and educational outcomes. The facility, situated in the $800M redevelopment of Royal North Shore Hospital, will provide an interface to improve education, training, research and delivery of health care

The Kolling Building became a reality due to the partnership between the University of Sydney and the NSW Government, supported by philanthropic donations. Hence it 'cements' the relationship between the University of Sydney and the NSW Government in the training of the health care professionals for the future and in translating research discoveries to improve the care of patients.

The realisation of the Kolling Building has preoccupied researchers and educationalists for many years. It has been agreed that laboratory research undertaken in NSCCH will be exclusively undertaken in the Kolling Building. Currently 300 laboratory based researchers are housed in the building. A further floor (approximately 1000 sq metres) remains vacant with the option for this floor to accommodate future basic research capacity or clinical research. However, research in NSCCH extends beyond the Kolling Building, the breadth and depth of research activity being documented in 2006/7 Annual Research Report. For example, during 2006/7 more than 120 clinical trials were approved by the Human Research Ethics Committee to be conducted within NSCCH. Participation in clinical trials improves outcomes for patients: not only does it offer the possibility for early access to novel therapies, but it also improves the outcomes in patients allocated to current "best practice" arms of therapies.

The governance structure underpinning research in the Area Health Service recognises seven key areas of research strength. These broadly align with the National Research and Health Priorities namely in the areas of; cancer, cardiovascular health including diabetes and renal disease, bone and joint disease, neurosciences including pain management, perinatal research, community and population health and clinical research. A peak Area Research Committee comprised of those active in research across the geographical expanse of NSCCH reports to the Chief Executive through the executive position of Director of Clinical Governance. In the Northern Sydney sector there is a Research Advisory Committee (RAC) comprising two members from each of the key research areas. A RAC drawn from active researchers in the Central Coast sector meets quarterly. Both committees are charged with seeking opinion from the broader research constituency and are responsible for feeding this information to the Area Research Committee.

A Research Strategy was developed after extensive consultation and endorsed in July 2007. This featured 24 goals to be achieved by 2012. Many of these goals will be achieved with the commissioning of the Kolling Building.

The partnership with the University of Newcastle has further matured, largely to support the research agenda being developed in the Central Coast sector. Strong links remain with the University of Technology, Sydney, particularly in the area of nursing education and research.

The capital investment made by the University of Sydney in the Kolling Building requires amended governance structures of research and education to reflect the closer relationship with NSCCH. A Governance Review Committee has been jointly set up by NSCCH and the University of Sydney and an external review commissioned to advise this committee on supporting management arrangements. Clearly a huge opportunity has been created and governance structures need to be flexible to take advantage of the opportunities in research and education that a closer relationship between the University of Sydney and NSW Health will bring.

The Research Business Unit has been uniquely set up in NSCCH. It functions to provide support to research groups within NSCCH, its key functions being:

- To support business process support (e.g. administration of research funds, expert financial and personnel support).
- Managing relationships with other NSCCH Area-wide services, for example, Human Resources service level agreement.
- Intellectual Property (IP) and commercialisation support (outsourced to BioMed North).
- Research office functions (ethics, grant applications, expert advice etc).
- Liaison with Foundations and NSCCH in fund raising and fund disbursement.
- Ensuring compliance with legislative requirements
- Marketing of research opportunities and success (in consultation with NSCCH and Foundations).

BioMed North is a not-for-profit company managing the intellectual property on behalf of the NSCCH (Sydney West Area Health Service and in a limited capacity for South Eastern Sydney Illawarra Area Health Service). It has successfully identified and managed IP to the benefit of NSCCH since its creation five years ago.

Clearly our research could not be undertaken without the generosity of our patrons and Foundations. Our sincere thanks are extended and we look forward to realising our expectations in research productivity in the coming years.

Northern Clinical School

The Northern Clinical School is a division of the Faculty of Medicine, University of Sydney, responsible for coordinating the clinical education of medical students in the facilities of Northern Sydney Central Coast Area Health Service, below the Hawkesbury River. It also makes significant contributions to the education of interns and JMOs in their immediate postgraduate years, and to the vocational training programs of the specialty colleges. Key interactions are with the senior medical staff of Area facilities, community sites of practice including general practitioners, as well as educators in the nursing and allied health professions.

MAJOR GOALS AND OUTCOMES

- Northern Clinical School has become a first preference for placement by medical students entering the University of Sydney Medical Program.
- The School now takes the highest number of students among the Faculty's five Clinical Schools, and gives them a wide range of clinical experience across public, private, community and rural sites of training.
- The School coordinates the supervision of some 100 postgraduate research students undertaking PhD or Masters Degrees in research facilities within NSCCH.
- The relocation of most teaching and research facilities at RNSH into the new Kolling Building was a major focus of activity during 2007-2008.

KEY ISSUES AND EVENTS

- Academic and support staff associated with the School contributed significantly to the design and planning for the teaching and research spaces in the new Kolling Building which will assist in a smooth transition of staff and equipment during September-October 2008.
- Evaluation of the School's teaching programs through student feedback confirmed a high level of satisfaction and sustained high quality of our education activities.
- The program of Inter-Professional Learning activities, initiated in 2003, gave students of medicine, nursing, allied health professions and social work the opportunity to work together in the clinical workplace jointly addressing individual patient needs, in preparation for working in teams after graduation.
- The Clinical School provided increased support to the postgraduate research student community during 2007-08, through improved facilities, workshops and retreats, further enhancing the attractiveness of the Northern Clinical School as a site for medical research leaders of the future.

FUTURE DIRECTION

- Development of governance and management plans to optimise use of the outstanding facilities of the new Kolling Building.
- Further evolution of programs for inter-professional education between students of the different health professions receiving clinical training in facilities of NSCCH.
- Developing models for enhanced income streams to support the education and research programs of the Clinical School, RNSH and NSCCH.

Central Coast Health Teaching & Research Unit

The Teaching & Research Unit (TRU) at Gosford Hospital is also known as the Central Coast Clinical School, and is a collaboration between the University of Newcastle and NSCCH. It coordinates both teaching and research streams of activity, providing an organisational framework within the hospitals and community health facilities of NSCCH on the Central Coast in order for medical students to undertake their clinical placements and also for clinical research to be conducted.

The TRU was established in 2001 with respect to medical education through a Memorandum of Understanding (MoU) between the then Central Coast Health (CCH) and the Faculty of Medicine and Health Sciences at the University of Newcastle. A new MoU is currently under negotiation between NSCCH and the University of Newcastle to update the arrangements for the operation of the TRU.

TEACHING

Gosford Hospital has historically had a medical education link with the University of Newcastle since the Faculty of Medicine commenced in 1978. Students from the Bachelor of Medicine program have been undertaking clinical attachments in general practice and various hospital specialties since 1981 on the Central Coast.

In 2007 – 2008 there were just over 50 students each year from the University of Newcastle who chose to study at Gosford Hospital from years 3, 4 and 5. The Year 3 students undertake a two month Regional Rotation on the Central Coast and Years 4 and 5 can choose to complete all or part of their training here. This year more than 30 per cent of the interns at Gosford Hospital were graduates of the University of Newcastle.

The academic staff of the medicine program at the TRU consists of Dr Martin Veysey (senior lecturer in medicine and the Director of the TRU) and Dr Amanda Dawson (senior lecturer in surgery) with part-time assistance from Dr Adam Buckmaster (Paediatrics).

RESEARCH

The TRU continues to be involved in supporting research on the Central Coast. In terms of medical research, one of the major projects of the TRU has remained the activity of the Central Coast Centre for Vascular Health, which aims at describing the health and welfare of residents of retirement villages and collecting information about vascular health risk factors. The original study was expanded and as a result was successful in obtaining funding for a three year project through the ARC Linkage Grant Program. Dr Veysey will now lead a multidisciplinary team across three universities to investigate the health impacts of retirement village living, using B vitamin metabolism and vascular health as clinical markers.

Another of the main areas of medical research has been the evaluation of the Rotary Club of East Gosford's annual faecal occult blood screening program for colorectal cancer on the Central Coast, North Sydney and the Blue Mountains in collaboration with researchers at the University of Sydney.

The TRU is also supporting the research efforts of new researchers, with Dr Veysey currently supervising two PhD students and one Bachelor of Medical Science student.

FUTURE DIRECTION

In relation to teaching, the TRU is expecting more students to be studying at Gosford in the coming years, with an increase of 60 per cent by 2011. This increase is mainly due to the establishment of the Joint Medical Program (JMP) between the University of Newcastle and the University of New England (UNE). This program was set up with the aim of enhancing the training of doctors in rural and regional Australia and offers 160 Commonwealth Supported Places, an increase of 80 in the current Newcastle medical program.

The future direction of the TRU in research involves the proposed establishment of the Central Coast Centre for Clinical Research (4CR), with the aim of providing a central body that could bring together and support the research activities of various research groups on the Central Coast. It would be run from the TRU and would provide expertise to established and new researchers in the areas of study design, biostatistical analysis and data management.

Working with Clinicians and the Community

Community Participation Unit

The Community Participation Unit supports NSCCH to increase the effectiveness of its consumer and community engagement strategies.

The key functions of the Unit are:

1. To integrate community participation into planning, implementation and evaluation of health services delivered across NSCCH.
2. To support the functioning of key participation committees - the Area Health Advisory Council (AHAC) and the Community Participation Committees (CPC).
3. To monitor and evaluate the effectiveness of community participation activities across NSCCH.
4. To provide direction and advice on projects designed to improve community and consumer participation.

Community Participation Committees

The community participation committees (CPC) operate at the Health Service level and have a primary role to provide advice to the General Managers on local health issues and Health Service planning. The CPCs were active in providing advice on the development of the Clinical Services Strategic Plan. As a community voice the CPCs have been a constructive source of external advice during a period when Health Services have received adverse attention.

FUTURE DIRECTION

- Ensure effective community participation in major service developments, for example, hospital redevelopments and clinical networks.

Area Health Advisory Council

Since its establishment by law in 2005, AHAC has acted as a peak clinical and community advisory body. One of the key areas of focus in 2007/08 was the involvement of AHAC in a number of major NSCCH planning processes, in particular the Clinical Services Strategic Plan. The AHAC commented on the process to be deployed; scrutinised and reviewed the briefing documents and participated in the promotion of the plan. The comments from AHAC were both constructive and challenging.

CURRENT MEMBERSHIP

Professor Carol Pollock (Chair) – RNSH & University of Sydney
Mr Paul Tonkin (Deputy Chair)
Dr Stephen Nolan – Northern Beaches Hospitals
Clinical Professor Greg Fulcher - RNSH
Dr Magdalen Campbell - GP
Professor Margaret McMillan – Gosford & University of Newcastle
Ms Diane Spragg – Area Allied Health
Mr Paolo Totaro
Ms Selina Chaine
Ms Pauline O'Connor
Ms Georgia Sidiropoulos
Mr Matthew Daly (Chief Executive)

Ethnic Affairs Priority Statement

The Ethnic Affairs Priority Statement (EAPS) is a planning document incorporating the key ethnic affairs initiatives and priorities of government agencies. The implementation of EAPS in NSCCH is monitored by the Multicultural Health Service in partnership with Multicultural Access Committees in each of the health services.

MAJOR GOALS AND OUTCOMES

- Establishment of a NSCCH CALD Advisory Group.
- Development and implementation of four cultural diversity training modules for staff.
- Coordination of a comprehensive health check-up program for newly arrived humanitarian entrants.
- Development of EAPS/EQuIP Implementation Plans in each of the four health services.
- Community consultations with CALD community groups on the Central Coast to identify health and health service needs.
- Production of a resource "Health Services in the Central Coast Area: Information for Newly Arrived Migrants and Refugees".
- Implementation of a falls prevention project targeting culturally and linguistically diverse residents in the Ryde and Hunters Hill local government areas.
- Translation of the NSCCH Oral Health Service brochure into community languages.

FUTURE DIRECTION

- Information sessions on the Australian health care system and local health services for newly arrived humanitarian entrants.
- Implementation of recommendations resulting from a community consultation project conducted with members of the Tibetan community and key stakeholders.
- Promotion of BreastScreening Services to the Chinese and Korean communities living in the NSCCH region.
- Facilitation of a mental health information session for the older Croatian community living on the Northern Beaches.
- Production of a directory on multicultural groups and services for staff to assist in referral and discharge processes.
- Implementation of a cultural diversity training program for staff.
- Production of a multilingual service brochure by the NSCCH Mental Health Service.
- Implementation of strategies to identify and provide appropriate services to carers from diverse cultural and linguistic backgrounds.

Links with Non-Government Organisations

Non Government Organisation (NGOs) provide a valuable role in the delivery of health services to the community in partnership with Government agencies. They play a key role in maximising access, particularly for those individuals who would not otherwise access mainstream services, building community capacity and identifying health needs.

FUNDING NON GOVERNMENT ORGANISATIONS (NGOS)

In 2007/08 grant funding of $8.3M was administered by NSCCH under the NGO Grant Program to 38 Non Government organisations to deliver health related projects. The organisations funded are listed below.

Health Promotion
Asthma Foundation of NSW
Coeliac Society
Youthsafe Ltd

DRUG AND ALCOHOL

Association of Drug Referral Centres –
Manly Drug Education and Counselling Centre
Centacare Broken Bay – Manly Warringah Youth Support Service
Centacare Sydney – Holyoake Family Alcohol and other Drug (AOD) programs
Kamira Farm
Ngaimpie Aboriginal Corporation
Salvation Army – Selah

AIDS
Positive Support Network

DENTAL
The Spastic Centre of NSW

FAMILY AND COMMUNITY
Benevolent Society of NSW
Burdekin Association
Pregnancy Help – Manly Warringah Inc
Centacare – Broken Bay Pregnancy Counselling Service
Lifeline (Central Coast) NSW
Royal Far West Child Health Scheme
Wyong Shire Council – Speech Pathology Program

WOMEN'S HEALTH
Central Coast Community Women's Health Centre

HEALTH TRANSPORT
Coastwide Community Transport
Community Transport Inc
Ryde Hunter Community Transport Association
Hornsby Ku-ring-gai Community Aged and Disabled Transport Service

MENTAL HEALTH
ARAFMI Central Coast
ARAFMI NSW Inc
Nareen Gardens Inc
New Horizons Enterprises Ltd
Schizophrenia Fellowship of NSW
The Mental Health Association of NSW
Aftercare - Nanagare

AGED AND DISABLED / CARERS
Alzheimer's Association NSW
Central Coast Community Care
Cystic Fibrosis NSW
Lupus Association of NSW
Motor Neurone Disease Association of NSW
ME and Chronic Fatigue Society of NSW
Sydney Adventist Hospital – Cancer Support Centre Palliative Care Program
Spastic Centre – Children's Therapy Service

Volunteers and Chaplaincy

VOLUNTEERS
There are a wide variety of volunteer roles throughout NSCCH. Some volunteers focus on fundraising; others perform valuable practical services throughout NSCCH's 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. Some examples of the vital work and the roles they play in NSCCH include:

- Fundraising
- Patient escorts, Emergency Department companions and welcomers
- Information and mail services, oncology drivers, ward grandparents
- CANSUPPORT
- Kiosks and sub newsagencies
- Linen services
- Trolley services to the bedside (toiletries, sweets and other small items)
- Patient library service
- Hospital museum custodians

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

**Note: individual office bearers and details of fundraising can be found listed by hospital*

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

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

freedom of information

Freedom of Information (FOI)

NEW FOI APPLICATIONS

How many FOI applications were received, discontinued or completed?	NUMBER OF FOI APPLICATIONS PERSONAL 2006/07	PERSONAL 2007/08	OTHER 2006/07	OTHER 2007/08	TOTAL 2006/07	TOTAL 2007/08
A1 New	37	9	16	26	53	35
A2 Brought forward	5	3	2	2	7	2
A3 Total to be processed	42	12	18	28	60	40
A4 Completed	39	10	15	20	54	30
A5 Discontinued	0	20	1	8	1	10
A6 Total processed	39	11	16	28	115	80
A7 Unfinished (carried forward)	3	2	2	5	5	7

DISCONTINUED APPLICATIONS

Why were FOI applications discontinued?	NUMBER OF DISCONTINUED FOI APPLICATIONS PERSONAL 2006/07	PERSONAL 2007/08	OTHER 2006/07	OTHER 2007/08	TOTAL 2006/07	TOTAL 2007/08
B1 Request transferred out to another agency (s.20)	0	1	0	1	1	2
B2 Applicant withdrew request	0	1	1	3	1	4
B3 Applicant failed to pay advance deposit (s.22)	0	0	0	3	0	3
B4 Applicant failed to amend a request that would have been an unreasonable diversion of resources to complete (s.25(1)(a1))	0	0	0	2	0	2
B5 Total discontinued	0	2	1	9	2	11

COMPLETED APPLICATIONS

What happened to completed FOI applications?	NUMBER OF COMPLETED FOI APPLICATIONS PERSONAL 2006/07	PERSONAL 2007/08	OTHER 2006/07	OTHER 2007/08	TOTAL 2006/07	TOTAL 2007/08
C1 Granted or otherwise available in full	33	5	5	8	38	12
C2 Granted or otherwise available in part	4	3	0	7	4	10
C3 Refused	2	2	5	3	7	3
C4 No documents held	N/A	0	N/A	2	N/A	2
C5 Total completed	39	10	10	20	49	30

APPLICATIONS GRANTED OR OTHERWISE AVAILABLE IN FULL

How were the documents made available to the applicant?		NUMBER OF FOI APPLICATIONS (granted or otherwise available in full) PERSONAL 2006/07	PERSONAL 2007/08	OTHER 2006/07	OTHER 2007/08	TOTAL 2006/07	TOTAL 2007/08
All documents requested were:							
D1	Provided to the applicant	N/A	5	N/A	7	N/A	12
D2	Provided to the applicant's medical Practitioner	N/A	0	N/A	0	N/A	0
D3	Available for inspection	N/A	0	N/A	0	N/A	0
D4	Available for purchase	N/A	0	N/A	0	N/A	0
D5	Library material	N/A	0	N/A	1	N/A	1
D6	Subject to deferred access	N/A	0	N/A	0	N/A	0
D7	Available by a combination of any of the reasons listed in D1- D6 above	N/A	0	N/A	0	N/A	0
D8	**Total granted or otherwise available in full**	N/A	5	N/A	8	N/A	13

Note 2006/07 information is not available due to a change in formatting requirements

APPLICATIONS GRANTED OR OTHERWISE AVAILABLE IN PART

How were the documents made available to the applicant?		NUMBER OF FOI APPLICATIONS (granted or otherwise available in part) PERSONAL 2006/07	PERSONAL 2007/08	OTHER 2006/07	OTHER 2007/08	TOTAL 2006/07	TOTAL 2007/08
Documents made available were:							
E1	Provided to the applicant	N/A	3	N/A	7	N/A	10
E2	Provided to the applicant's medical Practitioner	N/A	0	N/A	0	N/A	0
E3	Available for inspection	N/A	0	N/A	0	N/A	0
E4	Available for purchase	N/A	0	N/A	0	N/A	0
E5	Library material	N/A	0	N/A	0	N/A	0
E6	Subject to deferred access	N/A	0	N/A	0	N/A	0
E7	Available by a combination of any of the reasons listed in E1-E6 above	N/A	0	N/A	0	N/A	0
E8	**Total granted or otherwise available in part**	N/A	3	N/A	7	N/A	10

APPLICATIONS GRANTED OR OTHERWISE AVAILABLE IN PART

Why was access to the documents refused?		NUMBER OF FOI APPLICATIONS (granted or otherwise available in part) PERSONAL 2006/07	PERSONAL 2007/08	OTHER 2006/07	OTHER 2007/08	TOTAL 2006/07	TOTAL 2007/08
F1	Exempt	3	0	3	0	6	0
F2	Deemed refused	0	2	0	3	0	5
F3	**Total refused**	3	2	3	3	6	5

EXEMPT DOCUMENTS

Why were the documents classified as exempt? (identify one reason only)	NUMBER OF FOI APPLICATIONS (refused or access granted or otherwise available in part only) PERSONAL 2006/07	PERSONAL 2007/08	OTHER 2006/07	OTHER 2007/08	TOTAL 2006/07	TOTAL 2007/08
Restricted documents:						
G1 Cabinet documents (Clause 1)	N/A	0	N/A	0	N/A	0
G2 Executive Council documents (Clause 2)	N/A	0	N/A	0	N/A	0
G3 Documents affecting law enforcement and public safety (Clause 4)	N/A	0	N/A	0	N/A	0
G4 Documents affecting counter terrorism measures (Clause 4A)	N/A	0	N/A	0	N/A	0
Documents requiring consultation:						
G5 Documents affecting intergovernmental relations (Clause 5)	N/A	0	N/A	0	N/A	0
G6 Documents affecting personal affairs (Clause 6)	N/A	2	N/A	3	N/A	5
G7 Documents affecting business affairs (Clause 7)	N/A	0	N/A	0	N/A	0
G8 Documents affecting the conduct of research (Clause 8)	N/A	0	N/A	0	N/A	0
Documents otherwise exempt:						
G9 Schedule 2 exempt agency	N/A	0	N/A	0	N/A	0
G10 Documents containing information confidential to Olympic Committees (Clause 22)	N/A	0	N/A	0	N/A	0
G11 Documents relating to threatened species, Aboriginal objects or Aboriginal places (Clause 23)	N/A	0	N/A	0	N/A	0
G12 Documents relating to threatened species conservation (Clause 24)	N/A	0	N/A	0	N/A	0
G13 Plans of management containing information of Aboriginal significance (Clause 25)	N/A	0	N/A	0	N/A	0
G14 Private documents in public library collections (Clause 19)	N/A	0	N/A	0	N/A	0
G15 Documents relating to judicial functions (Clause 11)	N/A	0	N/A	0	N/A	0
G16 Documents subject to contempt (Clause 17)	N/A	0	N/A	0	N/A	0
G17 Documents arising out of companies and securities legislation (Clause 18)	N/A	0	N/A	0	N/A	0
G18 Exempt documents under interstate FOI Legislation (Clause 21)	N/A	0	N/A	0	N/A	0
G19 Documents subject to legal professional privilege (Clause 10)	N/A	0	N/A	0	N/A	0
G20 Documents containing confidential material (Clause 13)	N/A	0	N/A	0	N/A	0
G21 Documents subject to secrecy provisions (Clause 12)	N/A	0	N/A	0	N/A	0
G22 Documents affecting the economy of the State (Clause 14)	N/A	0	N/A	0	N/A	0
G23 Documents affecting financial or property Interests of the State or an agency (Clause 15)	N/A	0	N/A	0	N/A	0
G24 Documents concerning operations of agencies (Clause 16)	N/A	0	N/A	0	N/A	0
G25 Internal working documents (Clause 9)	N/A	0	N/A	0	N/A	0
G26 Other exemptions (eg., Clauses 20, 22A and 26)	N/A	0	N/A	0	N/A	0
G27 Total applications including exempt documents	N/A	2	N/A	3	N/A	6

MINISTERIAL CERTIFICATES (S.59)

Ministerial Certificates issued - Nil

FORMAL CONSULTATIONS

How many formal consultations were conducted?	NUMBER OF FOI APPLICATIONS (refused or access granted or otherwise available in part only) NUMBER 2006/07	2007/08
I1 Number of applications requiring formal consultation	6	3
I2 Number of persons formally consulted	12	7

AMENDMENT OF PERSONAL RECORDS

Applications for amendment of personal records - Nil

NOTATION OF PERSONAL RECORDS

Nil

FEES AND COSTS

What fees were assessed and received for FOI applications processed (excluding applications transferred out)?	ASSESSED COSTS 2006/07	2007/08	FEES RECEIVED 2006/07	2007/08
L1 All completed applications	$2,979	$1,273	$2,979	$1,273

FEE DISCOUNTS

How many fee waivers or discounts were allowed and why?	NUMBER OF FOI APPLICATIONS (where fees were waived or discontinued) PERSONAL 2006/07	2007/08	OTHER 2006/07	2007/08	TOTAL 2006/07	2007/08
M1 Processing fees waived in full	0	0	0	0	0	0
M2 Public interest discount	0	0	0	0	0	0
M3 Financial hardship discount – pensioner or child	7	1	1	0	8	1
M4 Financial hardship discount – non profit organisation	0	0	0	0	0	0
M5 Total	7	1	1	0	8	1

FEE REFUNDS

Nil

DAYS TAKEN TO COMPLETE REQUEST

How long did it take to process completed applications? (Note: calendar days)	NUMBER OF COMPLETED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
O1 0-21 days – statutory determination period	36	6	14	2	50	8
O2 22-35 days – extended statutory determination period for consultation or retrieval of archived records (S.59B)	1	3	1	0	2	3
O3 Over 21 days – deemed refusal where no extended determination period applies	0	0	0	0	0	0
O4 Over 35 days – deemed refusal where extended determination period applies	2	1	0	18	2	19
O5 Total	39	10	15	20	54	30

PROCESSING TIME: HOURS

How long did it take to process completed applications?	NUMBER OF COMPLETED FOI APPLICATIONS					
	PERSONAL		OTHER		TOTAL	
	2006/07	2007/08	2006/07	2007/08	2006/07	2007/08
P1 0-10 hours	36	8	9	12	45	10
P2 11-20 hours	1	2	3	8	4	10
P3 21-40 hours	1	2	3	8	4	10
P4 Over 40 hours	1	0	0	0	1	0
P5 Total	39	10	15	20	54	30

RESULTS OF REVIEWS

How many reviews were finalised?	NUMBER OF COMPLETED REVIEWS	
	NUMBER	
	2006/07	2007/08
Q1 Internal reviews	3	4
Q2 Ombudsman reviews	0	3
Q3 ADT reviews	0	1

RESULTS OF INTERNAL REVIEWS

What were the results of internal reviews finalised

		NUMBER OF INTERNAL REVIEWS					
		PERSONAL		OTHER		TOTAL	
	Grounds on which the internal rerview was requested	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**	Original Agency Decision **Upheld**	Original Agency Decision **Varied**
R1	Access refused	0	0	0	1	0	1
R2	Access deferred	0	0	0	0	0	0
R3	Exempt matter deleted from documents	3	0	0	0	3	0
R4	Unreasonable charges	0	0	0	0	0	0
R5	Failure to consult with third parties	0	0	0	0	0	0
R6	Third parties views disregarded	0	0	0	0	0	0
R7	Amendment of personal records refused	0	0	0	0	0	0
R8	**Total**	3	0	0	1	3	1

Privacy

INTERNAL REVIEW

During 2007/08 NSCCH received no applications for internal review under the Health Records and Information Privacy Act 2002 (HRIP Act).

FUTURE DIRECTION

- The Privacy Contact Officer (PCO) will continue to meet with PCOs from other area health services, Children's Hospital Westmead, Justice Health and the ASNSW at NSW Health with focus on ensuring NSCCH is kept abreast of privacy issues and developments.

Executive Summary

The audited financial statements presented for Northern Sydney Central Coast Health (NSCCH) are for the period 1 July 2007 to 30 June 2008. The Net Cost of Services budget was $1,290M, against which the audited actuals of $1,336M represents a variation of $46M or 3.6 per cent.

This result reflects the difficulties experienced in reducing expenditure in connection with an increased demand for patient services in some areas and the continued above CPI price escalations for medical, surgical and pharmaceutical products.

As a consequence of the above results NSCCH was unable to operate within the level of government cash payments provided by NSW Health. This was reflected in General Recurrent Creditors which totalled $8.7M in excess of the 44 day benchmark set by NSW Health. The Health Service effected all loan repayments to NSW Health within the time frames agreed.

Financial information is detailed below:

	2007/08 Actuals $000	2007/08 Budget $000	2006/07 Actuals $000
Employee Related Expenses	1,034,244	997,909	969,498
Visiting Medical Officers	57,629	51,019	49,363
Goods & Services	422,788	410,572	404,166
Maintenance	26,390	28,369	24,855
Depreciation & Amortisation	53,061	53,456	49,056
Grants & Subsidies	20,085	22,625	18,657
Borrowing Costs	361	458	443
Payments to Affiliated Health Organisations	43,105	43,104	42,276
Total Expenses	**1,657,663**	**1,607,512**	**1,558,314**
Sale of Goods & Services	273,757	279,860	266,455
Investment Income	7,590	5,029	6,707
Grants & Contributions	33,641	20,894	27,724
Other Revenue	9,232	13,032	7,173
Total Retained Revenue	**324,220**	**318,815**	**308,059**
Gain/Loss on Disposal of Non Current Assets	34	-	45
Other Gains / Losses	-2,801	-1,562	-2,658
Net Cost of Services	**1,336,210**	**1,290,259**	**1,252,868**

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

Budget Increases 2007/08

Increases 2007/08	$'000
Employee Related Expenses (Award Increases)	35,268
Visiting Medical Officers	649
Growth Initiatives	5,787
Sustainable Access Program	9,533
Transitional Aged Care	1,048
	52,285

Program Reporting

The Area Health Service reporting of programs is consistent with the 10 programs of health care delivery utilised across NSW Health and satisfies the methodology for apportionment advised by the NSW Department of Health.

2007/08 Program

	Exp $000	Rev $000	NCOS $000
Primary & Community	114,874	8,582	106,292
Aboriginal Health	939	39	900
Outpatient Services	134,192	18,536	115,656
Emergency Care Services	110,029	15,174	94,855
Overnight Acute	834,900	201,153	633,747
Same Day Acute	78,978	23,007	55,971
Mental Health Services	152,499	3,762	148,737
Rehab & Extended Care	136,152	21,934	114,218
Population Health	22,833	9,285	13,548
Teaching & Research	72,267	19,981	52,286
Total	**1,657,663**	**321,453**	**1,336,210**

2006/07 Program

	Exp $000	Rev $000	NCOS $000
Primary & Community	101,022	6,838	94,184
Aboriginal Health	853	44	809
Outpatient Services	115,450	17,655	97,795
Emergency Care Services	97,999	12,716	85,283
Overnight Acute	807,905	194,833	613,072
Same Day Acute	75,232	24,726	50,506
Mental Health Services	144,155	3,841	140,314
Rehab & Extended Care	131,550	19,573	111,977
Population Health	21,082	7,432	13,650
Teaching & Research	63,066	17,788	45,278
Total	**1,558,314**	**305,446**	**1,252,868**

Directions in Funding

NSCCH has responded to several significant challenges in 2007-08.

The 2007-08 financial year included the Inquiry into Royal North Shore Hospital which resulted in significant effort to answer the issues raised. Improvements were made in relation to accounting for Special Purposes and Trust funds to improve controls. A strong focus on improved reporting of staffing numbers to assist in the explanation of expenditure trends has proved valuable. The delegation manual has been completely reviewed and updated to ensure managers have appropriate levels of authority to manage their departments.

Reporting to the Department of Health has been enhanced to include more analysis and better explanation of variances.

Performance against budget has not been as good as expected, however the work on strategies for efficiency savings will assist in 2008-09.

Planning for the successful transition of the Oracle Financial System to Health Support effective from 1 October 2008 was a significant focus. This project includes adoption of the state-wide standard chart of accounts.

The intranet has been developed further to provide information to managers about the Finance service.

There was a major focus on efficiency through the work of JBC Health allowing additional funds to be allocated to clinical services.

The Asset Strategic Plan developed in 2008 is aimed at optimising the use of the Area Health Service's physical assets in meeting the current and projected health needs of its catchment population. This is undertaken with an understanding of the Area Clinical Services Strategic Plan.

The 2008-09 Budget – About the Forthcoming Year

NSCCH received its 2008-09 allocation on 27 June 2008. The allocation is earmarked by the provision of additional funding to address:

- 6 new acute care beds at Gosford Hospital
- The establishment of an after hours GP Clinic at Mona Vale Hospital
- An additional 20 beds at Wyong Hospital as part of a state-wide investment to expand the Medical Assessment Unit program
- $1.8M for an additional 15 community-based care places as part of a state-wide program to support people in their home and avoid the need for hospital admission
- $70,000 for a vascular access co-ordinator for renal services at Royal North Shore and $667,000 as part of a state-wide home dialysis capital replacement program
- 5 additional Midwife positions and further obstetrics services in response to a 19.8 per cent increase in births in the area since 2003-04, as part of a state-wide investment for expanded maternity services to care for mothers and babies, with an emphasis on co-locating intensive and neonatal intensive care services
- 3 Clinical Nurse Educator positions to increase nursing workforce skills and enhance patient safety
- $606,000 for the introduction of 10-hour night shifts for nurses at Gladesville/Macquarie Hospital
- Commonwealth Waiting Lists for Surgery $2.7M and Oral Health $0.3 million.

Major capital projects provided for in the 2008-09 Budget include:

- Medical Imaging - $3.97M to implement the Picture Archive and Communication System/Radiology Information System (RISC /PACS) system
- Electronic Medical Records (EMR) - $ 1.08M over two years to implement an EMR System to enable clinicians to access medical records electronically across the Area
- Mona Vale Satellite Renal Dialysis - $0.93M to establish a satellite Dialysis Unit at Mona Vale hospital to service patients from the Northern Beaches.

In addition, the 2008-09 capital program also provides for the continuation of 2007-08 projects including:

- Improvements to the Mandala Mental Health Unit at Gosford of $8.2M
- Royal North Shore Hospital redevelopment - $61.4M towards the total redevelopment of the main hospital campus to consolidate facilities and services including community health and the new research building
- Central Coast Health Access Plan - $5.9M to continue the redevelopment of Gosford and Wyong hospitals
- Ryde Hospital Upgrade - $ 2.5M to continue the upgrade of wards, roadways & lighting
- Oral Health - $0.115M to provide Intra Oral Cameras and chair side PCs to dental services
- Byrnes Trust Building - $0.15 million of $0.99M to complete the Byrnes Trust Building on the Dalwood campus to support children services.

Pursuant to Section 45F of the *Public Finance and Audit Act, 1983*, I state that to the best of my knowledge and belief:

1) the financial report has been prepared in accordance with:
    - Australian Accounting Standards
    - *Public Finance and Audit Act 1983*
    - *Public Finance and Audit Regulations 2005*
    - *Health Services Act 1997 and its Regulations*
    - the Accounts and Audit Determination
2) the financial report exhibits a true and fair view of the financial position and the financial performance of the Northern Sydney and Central Coast Area Health Service.
3) there are no circumstances which would render any particulars included in the financial report to be misleading or inaccurate.

Wendy Hughes
Director Finance and
Corporate Services

Date: 8-12-08

Matthew Daly
Chief Executive

Date: 8.12.08

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Northern Sydney and Central Coast Area Health Service and controlled entity

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Northern Sydney and Central Coast Area Health Service (the Service), which comprises the balance sheet as at 30 June 2008, the operating statement, statement of recognised income and expense, cash flow statement, program statement-expenses and revenues for the year ended, a summary of significant accounting policies and other explanatory notes for both the Service and the consolidated entity. The consolidated entity comprises the Service and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Service and the consolidated entity as at 30 June 2008, and of their financial performance and their cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005.

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

Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Service's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Service's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

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

My opinion does *not* provide assurance:

- about the future viability of the Entity or consolidated entity,
- that they have carried out their activities effectively, efficiently and economically,
- about the effectiveness of their internal controls, or
- on the assumptions used in formulating the budget figures disclosed in the financial report.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. 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 of New South Wales are not compromised in their role by the possibility of losing clients or income.

James Sugumar
Director, Financial Audit Services

9 December 2008
SYDNEY

Start of Audited Financial Statements

Northern Sydney and Central Coast Area Health Service
Operating Statement for the year ended 30 June 2008

PARENT					CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			Expenses excluding losses				
			Operating Expenses				
-----	-----	-----	Employee Related	3	1,034,244	997,909	969,498
1,034,244	997,909	969,498	Personnel Services	4	-----	-----	-----
57,629	51,019	49,363	Visiting Medical Officers		57,629	51,019	49,363
449,178	438,941	429,021	Other Operating Expenses	5	449,178	438,941	429,021
53,061	53,456	49,056	Depreciation and Amortisation	2(i), 6	53,061	53,456	49,056
20,085	22,625	18,657	Grants and Subsidies	7	20,085	22,625	18,657
361	458	443	Finance Costs	8	361	458	443
43,105	43,104	42,276	Payments to Affiliated Health Organisations	9	43,105	43,104	42,276
1,657,663	**1,607,512**	**1,558,314**	**Total Expenses excluding losses**		**1,657,663**	**1,607,512**	**1,558,314**
			Revenue				
273,757	279,860	266,455	Sale of Goods and Services	10	273,757	279,860	266,455
7,590	5,029	6,707	Investment Revenue	11	7,590	5,029	6,707
53,648	40,074	46,341	Grants and Contributions	12	33,641	20,894	27,724
9,232	13,032	7,173	Other Revenue	13	9,232	13,032	7,173
344,227	**337,995**	**326,676**	**Total Revenue**		**324,220**	**318,815**	**308,059**
34	-----	45	Gain/(Loss) on Disposal	14	34	-----	45
(2,801)	(1,562)	(2,658)	Other Gains/(Losses)	15	(2,801)	(1,562)	(2,658)
1,316,203	**1,271,079**	**1,234,251**	**Net Cost of Services**	31	**1,336,210**	**1,290,259**	**1,252,868**
			Government Contributions				
			NSW Department of Health				
1,213,640	1,213,640	1,170,810	Recurrent Allocations	2(d)	1,213,640	1,213,640	1,170,810
			NSW Department of Health				
86,699	89,284	80,281	Capital Allocations	2(d)	86,699	89,284	80,281
			Asset Sale Proceeds transferred to the				
(595)	(595)	(4,753)	NSW Department of Health		(595)	(595)	(4,753)
			Acceptance by the Crown Entity of				
-----	-----	-----	Employee Benefits	2(a)(ii)	20,007	19,180	18,617
1,299,744	**1,302,329**	**1,246,338**	**Total Government Contributions**		**1,319,751**	**1,321,509**	**1,264,955**
(16,459)	**31,250**	**12,087**	**RESULT FOR THE YEAR**		**(16,459)**	**31,250**	**12,087**

The accompanying notes form part of these Financial Statements

Northern Sydney and Central Coast Area Health Service
Statement of Recognised Income and Expense for the year ended 30 June 2008

PARENT					CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			Net increase/(decrease) in Property, Plant and Equipment				
111,147	-----	586	Asset Revaluation Reserve	21	111,147	-----	586
-----	-----	287	Transferred to Result for the Year on Disposal	27	-----	-----	287
-----	-----	(2,563)	Increase/(Decrease) in Net Assets from Administrative Restructure		-----	-----	(2,563)
111,147	**-----**	**(1,690)**	**TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY**		**111,147**	**-----**	**(1,690)**
(16,459)	**31,250**	**12,087**	Result for the Year		**(16,459)**	**31,250**	**12,087**
94,688	**31,250**	**10,397**	**TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR**		**94,688**	**31,250**	**10,397**

The accompanying notes form part of these Financial Statements

Northern Sydney and Central Coast Area Health Service
Balance Sheet as at 30 June 2008

PARENT					CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			ASSETS				
			Current Assets				
83,645	46,831	87,962	Cash and Cash Equivalents	18	83,645	46,831	87,962
39,937	31,349	34,323	Receivables	19	39,937	31,349	34,323
12,205	12,859	12,859	Inventories	20	12,205	12,859	12,859
135,787	**91,039**	**135,144**	**Total Current Assets**		**135,787**	**91,039**	**135,144**
			Non-Current Assets				
1,441	1,478	1,478	Receivables	19	1,441	1,478	1,478
			Property, Plant and Equipment				
1,277,023	1,133,187	1,102,270	- Land and Buildings	21	1,277,023	1,133,187	1,102,270
84,478	125,911	71,548	- Plant and Equipment	21	84,478	125,911	71,548
43,440	37,377	37,377	- Infrastructure Systems	21	43,440	37,377	37,377
1,404,941	**1,296,475**	**1,211,195**	Total Property, Plant and Equipment		**1,404,941**	**1,296,475**	**1,211,195**
1,406,382	**1,297,953**	**1,212,673**	**Total Non-Current Assets**		**1,406,382**	**1,297,953**	**1,212,673**
1,542,169	**1,388,992**	**1,347,817**	**Total Assets**		**1,542,169**	**1,388,992**	**1,347,817**
			LIABILITIES				
			Current Liabilities				
129,086	65,498	84,897	Payables	23	129,086	65,498	84,897
3,412	2,553	2,709	Borrowings	24	3,412	2,553	2,709
270,615	265,641	254,282	Provisions	25	270,615	265,641	254,282
2,683	3,074	2,874	Other	26	2,683	3,074	2,874
405,796	**336,766**	**344,762**	**Total Current Liabilities**		**405,796**	**336,766**	**344,762**
			Non-Current Liabilities				
19,499	20,106	2,517	Borrowings	24	19,499	20,106	2,517
8,609	7,476	7,140	Provisions	25	8,609	7,476	7,140
28,505	8,326	8,326	Other	26	28,505	8,326	8,326
56,613	**35,908**	**17,983**	**Total Non-Current Liabilities**		**56,613**	**35,908**	**17,983**
462,409	**372,674**	**362,745**	**Total Liabilities**		**462,409**	**372,674**	**362,745**
1,079,760	**1,016,318**	**985,072**	**Net Assets**		**1,079,760**	**1,016,318**	**985,072**
			EQUITY				
315,794	204,646	204,647	Reserves	27	315,794	204,646	204,647
763,966	811,672	780,425	Accumulated Funds	27	763,966	811,672	780,425
1,079,760	**1,016,318**	**985,072**	**Total Equity**		**1,079,760**	**1,016,318**	**985,072**

The accompanying notes form part of these Financial Statements

Northern Sydney and Central Coast Area Health Service
Cash Flow Statement for the year ended 30 June 2008

PARENT					CONSOLIDATION		
Actual 2008 $000	Budget 2008 $000	Actual 2007 $000		Notes	Actual 2008 $000	Budget 2008 $000	Actual 2007 $000
			CASH FLOWS FROM OPERATING ACTIVITIES				
			Payments				
			Employee Related		(996,439)	(967,038)	(929,523)
(22,092)	(22,625)	(19,819)	Grants and Subsidies		(22,092)	(22,625)	(19,819)
(361)	(458)	(443)	Finance Costs		(361)	(458)	(443)
(1,532,106)	(1,519,302)	(1,506,190)	Other		(535,667)	(552,264)	(576,667)
(1,554,559)	**(1,542,385)**	**(1,526,452)**	**Total Payments**		**(1,554,559)**	**(1,542,385)**	**(1,526,452)**
			Receipts				
273,592	282,834	262,404	Sale of Goods and Services		273,592	282,834	262,404
7,590	5,030	6,707	Interest Received		7,590	5,030	6,707
95,470	33,926	82,612	Other		95,470	33,926	82,612
376,652	**321,790**	**351,723**	**Total Receipts**		**376,652**	**321,790**	**351,723**
			Cash Flows From Government				
1,213,640	1,213,640	1,170,810	NSW Department of Health Recurrent Allocations		1,213,640	1,213,640	1,170,810
81,287	89,284	80,281	NSW Department of Health Capital Allocations		81,287	89,284	80,281
(595)	(595)	(4,753)	Asset Sale Proceeds transferred to the NSW Department of Health		(595)	(595)	(4,753)
1,294,332	**1,302,329**	**1,246,338**	**Net Cash Flows from Government**		**1,294,332**	**1,302,329**	**1,246,338**
116,425	**81,734**	**71,609**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	31	**116,425**	**81,734**	**71,609**
			CASH FLOWS FROM INVESTING ACTIVITIES				
1,252	-----	4,901	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		1,252	-----	4,901
(250,826)	(140,297)	(97,127)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(250,826)	(140,297)	(97,127)
-----	-----	-----	Purchases of Investments		-----	-----	-----
111,147	-----	873	Other		111,147	-----	873
(138,427)	**(140,297)**	**(91,353)**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(138,427)**	**(140,297)**	**(91,353)**
			CASH FLOWS FROM FINANCING ACTIVITIES				
19,694	19,474	-----	Proceeds from Borrowings and Advances		19,694	19,474	-----
(2,009)	(2,042)	(2,009)	Repayment of Borrowings and Advances		(2,009)	(2,042)	(2,009)
17,685	**17,432**	**(2,009)**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**17,685**	**17,432**	**(2,009)**
(4,317)	**(41,131)**	**(21,753)**	**NET INCREASE / (DECREASE) IN CASH**		**(4,317)**	**(41,131)**	**(21,753)**
87,962	87,962	112,278	Opening Cash and Cash Equivalents		87,962	87,962	112,278
-----	-----	(2,563)	Cash Transferred in/(out) as a Result of Administrative Restructuring		-----	-----	(2,563)
83,645	**46,831**	**87,962**	**CLOSING CASH AND CASH EQUIVALENTS**	18	**83,645**	**46,831**	**87,962**

The accompanying notes form part of these Financial Statements

Northern Sydney and Central Coast Area Health Service
Program Statement of Expenses and Revenues
for the Year Ended 30 June 2008

SERVICE'S EXPENSES AND REVENUES	Program 1.1 *		Program 1.2 *		Program 1.3 *		Program 2.1 *		Program 2.2 *		Program 2.3 *		Program 3.1 *		Program 4.1 *		Program 5.1 *		Program 6.1 *		Total	
	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2007	2008	2,007
	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000	$000
Expenses excluding losses																						
Operating Expenses																						
Employee Related	87,487	80,732	769	693	72,617	68,215	74,869	68,920	498,387	471,351	32,981	31,640	122,477	113,531	68,067	65,261	15,916	14,481	60,674	54,674	1,034,244	969,498
Visiting Medical Officers	994	301	-----	-----	5,223	3,101	1,973	989	38,515	35,512	6,680	6,382	1,927	2,050	470	526	669	494	1,178	8	57,629	49,363
Other Operating Expenses	13,447	10,273	167	145	47,849	37,494	28,707	24,250	269,024	273,796	36,234	34,262	17,790	18,071	21,920	17,857	5,506	5,464	8,534	7,409	449,178	429,021
Depreciation and Amortisation	1,646	2,578	2	14	8,680	6,553	4,409	3,752	28,456	26,652	2,995	2,853	2,791	3,116	1,779	2,203	619	606	1,684	729	53,061	49,056
Grants and Subsidies	6,109	6,879	1	1	(289)	50	43	50	309	379	70	73	4,934	4,843	8,750	6,306	117	29	41	47	20,085	18,657
Finance Costs	28	33	-----	-----	30	37	28	38	209	215	18	22	-----	53	30	29	6	8	12	8	361	443
Payments to Affiliated Health Organisations	5,163	226	-----	-----	82	-----	-----	-----	-----	-----	-----	-----	2,580	2,491	35,136	39,368	-----	-----	144	191	43,105	42,276
Total Expenses excluding losses	114,874	101,022	939	853	134,192	115,450	110,029	97,999	834,900	807,905	78,978	75,232	152,499	144,155	136,152	131,550	22,833	21,082	72,267	63,066	1,657,663	1,558,314
Revenue																						
Sale of Goods and Services	3,615	2,669	3	2	15,733	15,898	13,970	11,585	192,678	188,788	21,850	23,270	3,515	3,709	17,096	15,563	369	286	4,928	4,685	273,757	266,455
Investment Income	492	345	2	1	1,008	688	279	302	1,944	1,616	465	736	173	132	580	197	225	60	2,422	2,630	7,590	6,707
Grants and Contributions	3,808	3,455	30	39	1,101	587	263	204	3,376	2,030	289	238	119	80	4,121	3,718	8,672	7,073	11,862	10,300	33,641	27,724
Other Revenue	829	539	5	3	907	705	936	913	4,877	3,894	616	705	12	2	179	139	26	20	845	253	9,232	7,173
Total Revenue	8,744	7,008	40	45	18,749	17,878	15,448	13,004	202,875	196,328	23,220	24,949	3,819	3,923	21,976	19,617	9,292	7,439	20,057	17,868	324,220	308,059
Gain / (Loss) on Disposal	2	3	-----	-----	3	4	5	6	19	26	3	4	-----	-----	1	1	-----	-----	1	1	34	45
Other Gains / (Losses)	(164)	(173)	(1)	(1)	(216)	(227)	(279)	(294)	(1,741)	(1,521)	(216)	(227)	(57)	(82)	(43)	(45)	(7)	(7)	(77)	(81)	(2,801)	(2,658)
Net Cost of Services	106,292	94,184	900	809	115,656	97,795	94,855	85,283	633,747	613,072	55,971	50,506	148,737	140,314	114,218	111,977	13,548	13,650	52,286	45,278	1,336,210	1,252,868
Government Contributions																					1,319,751	1,264,955
RESULT FOR THE YEAR																					(16,459)	12,087

* The name and purpose of each program is summarised in Note 17.

The program statement uses statistical data to 31 December 2007 to allocate the current period's financial information to each program.

No changes have occurred during the period between 1 January 2008 and 30 June 2008 which would materially impact this allocation.

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

1 The Health Service Reporting Entity

The Northern Sydney and Central Coast Area Health Service (the Health Service) was established under the provisions of the Health Services Act with effect from 1 January 2005.

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 Health Service is a not for profit entity.

With effect from 17 March 2006 fundamental changes to the employment arrangements of Health Services were made through the amendment of the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997.

The status of previous employees of Health Services changed from that date. They are now employees of the Government of New South Wales in the service of the Crown rather than employees of the Health Service. Employees of the Government are employed in Divisions of the Government Service.

In accordance with Accounting Standards these Divisions are regarded as special purpose entities that must be consolidated with the financial report of the related Health Service. This is because the Divisions were established to provide personnel services to enable a Health Service to exercise its functions.

As a consequence the values in the annual financial statements presented herein consist of the Health Service (as the parent entity), the financial report of the special purpose entity Division and the consolidated financial report of the economic entity. Notes capture both the parent and consolidated values with notes 3, 4, 12, 23, 25 and 31 being especially relevant.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

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 8 December 2008.

2 Summary of Significant Accounting Policies

The Health Service's financial report is a general purpose financial report which has been prepared in accordance with applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standards (AEIFRS)), 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.

Property, plant and equipment, investment property and assets held for trading and available for sale are measured at fair value. Other financial statement items 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 consolidated entity has a deficiency of working capital of $352M (2007: $292M). Notwithstanding this deficiency the financial report has been prepared on a going concern basis because the entity has the support of the New South Wales Department of Health.

Judgements, key assumptions and estimations made by management are disclosed in the relevant notes to the financial report.

Comparative figures are, where appropriate, reclassified to give a meaningful comparison with the current year.

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of the Northern Sydney and Central Coast Area Health Service.

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

Standards/Interpretations	Operative Date	Comment
AASB3, AASB127 & AASB2008-3, Business Combinations	1 July 2009	The changes address business combinations and the Australian Accounting Standards Board has indicated that it is yet to consider its suitability for combinations among not-for-profit entities.
AASB8 & AASB2007-3, Operating Segments	1 July 2009	The changes do not apply to not-for-profit entities and have no application within NSW Health.
AASB101 & AASB2007-8, Presentation of Financial Statements	1 July 2009	Health agencies are currently required to present a statement of recognised income and expense and no variation is expected.
AASB123 & AASB2007-6, Borrowing Costs	1 July 2009	Borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset form part of the cost of that asset. As Health Service borrowings are restricted to the Sustainable Energy Development Authority negligible impact is expected.
AASB1004, Contributions	1 July 2008	The requirements on contributions from AASB27, 29 and 31 have been relocated, substantially unamended in AASB4.
AASB1049, Whole of Government and General Government Sector Financial Reporting	1 July 2008	The standard aims to provide the harmonisation of Government Finance Statistics and Generally Accepted Accounting Principles (GAAP) reporting. The impact of changes will be considered in conjunction with the reporting requirements of the Financial Reporting Code for Budget Dependent General Government Sector Agencies.
AASB1050 regarding administered items	1 July 2008	The requirements of AAS29 have been relocated, substantially unamended and are not expected to have material effect on Health entities.
AASB1051 regarding land under roads	1 July 2008	The standard will require the disclosure of "accounting policy for land under roads". It is expected that all such assets will need to be recognised "at fair value". The standard will have negligible impact on Health entities.
AASB1052 regarding disaggregated disclosures	1 July 2008	The standard requires disclosure of financial information about Service costs and achievements. Like other standards not yet effective the requirements have been relocated from AAS29 largely unamended.
AASB2007-9 regarding amendments arising from the review of AAS27, AAS29 and AAS31	1 July 2008	The changes made are aimed at removing the uncertainties that previously existed over cross references to other Australian Accounting Standards and the override provisions in AAS29.
AAS2008-1, Share Based Payments	1 July 2009	The standard will not have application to health entities under the control of the NSW Department of Health.
AASB2008-2 regarding puttable financial instruments	1 July 2009	The standard introduces an exception to the definition of financial liability to classify as equity instruments certain puttable financial instruments and certain instruments that impose on an entity an obligation to deliver to another party a pro-rata share of the net assets of the entity only on liquidation. Nil impact is anticipated.

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

a) Employee Benefits and Other Provisions

i) Salaries & Wages, Annual Leave, Sick Leave and On Costs

At the consolidated level of reporting liabilities for salaries and wages (including non monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "Current" as there is an unconditional right to payment. Current liabilities are then further classified as "Short Term" or "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next twelve months are reported as "Short Term". On costs of 17% are applied to the value of leave payable at 30 June 2008, such on costs being consistent with actuarial assessment (Comparable on costs for 30 June 2007 were 21.7% which in addition to the 17% increase also included the impact of awards immediately payable at 30 June 2007).

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

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

ii) Long Service Leave and Superannuation

At the consolidated level of reporting Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next twelve months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% (also 8.1% at 30 June 2007) for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The Health Service's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Health Service accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee Benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 23, "Payables".

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

iii) Other Provisions

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

These provisions are recognised when it is probable that a future sacrifice of economic benefits will be required and the amount can be measured reliably.

Northern Sydney and Central Coast Area Health Service
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b) Insurance

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

c) Finance Costs

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

d) Income Recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of Goods and Services

Revenue from the sale of goods and services comprises revenue from the provision of products or services, ie user charges. User charges are recognised as revenue when the service is provided or by reference to the stage of completion.

Patient Fees

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

Investment Revenue

Interest revenue is recognised using the effective interest method as set out in AASB139, "Financial Instruments: Recognition and measurement". Rental revenue is recognised in accordance with AASB117 "Leases" on a straight line basis over the lease term. Dividend revenue is recognised in accordance with AASB118 "Revenue" when the Health Service's right to receive payment is established.

Debt Forgiveness

Debts are accounted for as extinguished when and only when settlement occurs through repayment or replacement by another liability.

Use of Hospital Facilities

Specialist doctors with rights of private practice are subject to an infrastructure charge for the use of hospital facilities at rates determined by the NSW Department of Health. Charges consist of two components:

* a monthly charge raised by the 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 Health Service use in the advancement of the Health Service or individuals within it.

Use of Outside Facilities

The 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 cost method of accounting is used for the initial recording of all such services. Cost is determined as the fair value of the services given and is then recognised as revenue with a matching expense.

Northern Sydney and Central Coast Area Health Service
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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 Department of Health Allocations

Payments are made by the NSW Department of Health on the basis of the allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and approved enhancement projects. This allocation is included in the Operating Statement before arriving at the "Result for the Year" 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 Hope Healthcare and Royal Rehabilitation Centre Sydney have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisations concerned. The Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisations and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Accounting for the Goods & Services Tax (GST)

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

* the amount of GST incurred by the Health Service as a purchaser 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 for patients they have treated that live outside the Service's regional area. The flows recognised are for acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient. The flow information is based on activity for the last completed calendar year. The NSW Department of Health accepts that category identification for various surgical and medical procedures is impacted by the complexities of the coding process and the interpretations of the coding staff when coding a patient's medical records. The Department reviews the flow information extracted from Health Service records, and once it has accepted it, requires each Health Service and the Children's Hospital at Westmead to bring to account the value of patient flows in accordance with the Department's assessment.

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 Department of Health Recurrent Allocation.

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients that are treated by other States and Territories with Australia who normally reside in the Service's residential area. 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 2006/07 activity data using standard cost weighted separation values to reflect estimated costs in 2007/08 for acute weighted inpatient separations. Where treatment is obtained outside the home health service, the State/Territory providing the service is reimbursed by the benefiting Area.

Northern Sydney and Central Coast Area Health Service
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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 expense/revenue is disclosed in Notes 5 and 10.

g) Acquisition of Assets

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

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and revenues at their fair value at the date of acquisition except for assets transferred as a result of an administrative restructure. (Note 2(z))

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

Where settlement of any part of cash consideration 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.

h) Plant & Equipment and Infrastructure Systems

Individual items of property, plant & equipment are capitalised where their cost is $10,000 or above.

“Infrastructure Systems” means assets that comprise public facilities and which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

i) 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. Land is not a depreciable asset.

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

Buildings	2.5%
Electro Medical Equipment	
- Costing less than $200,000	10.0%
- Costing more than or equal to $200,000	12.5%
Computer Equipment	20.0%
Infrastructure Systems	2.5%
Motor Vehicle Sedans	12.5%
Motor Vehicles, Trucks & Vans	20.0%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	25.0%
Furniture, Fittings and Furnishings	5.0%

Depreciation rates are subsequently varied where changes occur in the assessment of the remaining useful life of the assets reported.

Northern Sydney and Central Coast Area Health Service
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j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Department of Health's "Valuation of Physical Non-Current Assets at Fair Value" policy. This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property". Investment property is separately discussed at Note 2(o).

Property, plant and equipment is measured on an existing use basis, where there are no feasible alternative uses in the existing natural, legal, financial and socio-political environment. However, in the limited circumstances where there are feasible alternative uses, assets are valued at their highest and best use.

Fair value of property, plant and equipment is determined based on the best available market evidence, including current market selling prices for the same or similar assets. Where there is no available market evidence the asset's fair value is measured at its market buying price, the best indicator of which is depreciated replacement cost.

The Health Service revalues Land and Buildings and Infrastructure at minimum every three years by independent valuation and with sufficient regularity to ensure that the carrying amount of each asset does not differ materially from its fair value at reporting date. The last revaluation for assets assumed by the Area as at 1st July 2007 was completed in March 2008 and was based on an independent assessment.

Non-specialised 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 are separately restated.

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

Revaluation increments are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense in the Result for the Year, the increment is recognised immediately as revenue in the Result for the Year.

Revaluation decrements are recognised immediately as expenses in the Result for the Year, except that, to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of assets, they are debited directly to the asset revaluation reserve.

As 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.

k) Impairment of Property, Plant and Equipment

As a not-for-profit entity with no cash generating units, the Health Service is effectively exempt from AASB 136" Impairment of Assets" and impairment testing. This is because AASB136 modifies the recoverable amount test to the higher of fair value less costs to sell and depreciated replacement cost. This means that, for an asset already measured at fair value, impairment can only arise if selling costs are regarded as material. Selling costs are regarded as immaterial.

Northern Sydney and Central Coast Area Health Service
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l) Assets Not Able to be Reliably Measured

The Health Service may at times hold certain assets that are not recognised in the Balance Sheet because the Health Service is unable to measure reliably the value for the assets. The Health Service does not currently hold any of these types of assets.

m) Restoration Costs

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

n) Non Current Assets (or disposal groups) Held for Sale

The Health Service has certain non-current assets (or disposal groups) classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets (or disposal groups) held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

o) Investment Properties

Investment property is held to earn rentals or for capital appreciation, or both. However, for not-for-profit entities, property held to meet service delivery objectives rather than to earn rental or for capital appreciation does not meet the definition of investment property and is accounted for under AASB 116 *Property, Plant and Equipment* . The Health Service does not have any property that meets the definition of Investment Property.

p) Intangible Assets

The Health Service recognises Intangible assets only if it is probable that future economic benefits will flow to the Health Service and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met.

q) Maintenance

The costs of maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset in which case the costs are capitalised and depreciated.

r) Leased Assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and benefits incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and benefits.

Where a non-current asset is acquired by means of a finance lease, the asset is recognised at its fair value at the commencement of the lease term. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are charged to the Operating Statement in the periods in which they are incurred.

Northern Sydney and Central Coast Area Health Service
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s) Inventories

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

Inventories include both Stock held by the Health Service's Departments and Main Warehouse, including Drugs, Medical, Food and Engineering items.

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

t) Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets 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, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

u) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs. The Northern Sydney and Central Coast Area Health Service determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

* *Fair value through profit or loss* - The Northern Sydney and Central Coast Area Health Service subsequently measures investments classified as “held for trading” or designated upon initial recognition “at fair value through profit or loss” at fair value. Financial assets are classified as “held for trading” if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the operating statement.

  The Hour-Glass Investment facilities are designated at fair value through profit or loss using the second leg of the fair value option i.e. these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the agency’s key management personnel.

  The risk management strategy of the Health Service has been developed consistent with the investment powers granted under the provision of the Public Authorities (Financial Arrangements) Act. T Corp investments are made in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments guaranteed by the State market exposures.

  The movement in the fair value of the Hour-Glass Investment facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item ‘investment revenue’.

* *Held to maturity investments* – Non-derivative financial assets with fixed or determinable payments and fixed maturity that the Northern Sydney and Central Coast Area Health Service has the positive intention and ability to hold to maturity are classified as “held to maturity”. These investments are measured at amortised cost using the effective interest method. Changes are recognised in the operating statement when impaired, derecognised or though the amortisation process.

Northern Sydney and Central Coast Area Health Service
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* *Available for sale investments* - Any residual investments that do not fall into any other category are accounted for as available for sale investments and measured at fair value directly in equity until disposed or impaired, at which time the cumulative gain or loss previously recognised in equity is recognised in the operating statement. However, interest calculated using the effective interest method and dividends are recognised in the operating statement.

Purchases or sales of investments under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date; i.e. the date the Health Service commits to purchase or sell the asset.

The fair value of investments that are traded at fair value in an active market is determined by reference to quoted current bid prices at the close of business on the balance sheet date.

v) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the operating statement.

When an available for sale financial asset is impaired, the amount of the cumulative loss is removed from equity and recognised in the operating statement, based on the difference between the acquisition cost (net of any principal repayment and amortisation) and current fair value, less any impairment loss previously recognised in the operating statement.

Any reversals of impairment losses are reversed through the operating statement, where there is objective evidence, except reversals of impairment losses on an investment in an equity instrument classified as "available for sale" must be made through the reserve. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

w) De-recognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire or if the agency transfers the financial asset:

* where substantially all the risks and rewards have been transferred; or
* where the Health Service has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the Health Service has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Health Service's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

x) Payables

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

Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

Northern Sydney and Central Coast Area Health Service
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y) Borrowings

Loans are not held for trading or designated at fair value through profit or loss and are recognised at amortised cost using the effective interest rate method. Gains or losses are recognised in the operating statement on derecognition.

The finance lease liability is determined in accordance with AASB 117 Leases.

z) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs/functions and parts thereof between NSW public sector agencies is designated as a contribution by owners and is recognised as an adjustment to "Accumulated Funds".

Transfers arising from an administrative restructure between Health Services/Government Departments are recognised at the amount at which the asset was recognised by the transferor Health Service/Government Department immediately prior to the restructure. In most instances this will approximate fair value. All other equity transfers are recognised at fair value.

The Statement of Recognised Income and Expense does not reflect the Net Assets or change in equity in accordance with AASB 101 "Presentation of Financial Statements" Clause 97.

aa) Trust Funds

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 29. 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.

ab) Budgeted Amounts

The budgeted amounts are drawn from the budgets agreed with the NSW Health Department at the beginning of the financial reporting period and with any adjustments for the effects of additional supplementation provided.

ac) Summary of Capital Management

With effect from 1 July 2008 project management for all capital projects over $10M will be provided by Health Infrastructure, a division of the Health Administration Corporation created with the purpose of managing and coordinating approved capital works projects within time, budget and quality standards specified by the Department. Capital charging will also be introduced (see note 37, Post Balance Date Events) and will guide Health Services in the management of capital and subsequent budget impact when planning facility redevelopments and assessing the ongoing importance of under utilised land and buildings.

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PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		3. Employee Related		
		Employee related expenses comprise the following:		
-----	-----	Salaries and Wages	804,443	757,125
-----	-----	Superannuation - defined benefit plans	20,008	18,617
-----	-----	Superannuation - defined contributions	66,070	59,896
-----	-----	Long Service Leave	25,391	23,543
-----	-----	Annual Leave	78,898	76,362
-----	-----	Sick Leave and Other Leave	20,735	18,425
-----	-----	Redundancies	178	955
-----	-----	Workers Compensation Insurance	18,521	14,575
-----	**-----**		**1,034,244**	**969,498**
		The following additional information is provided:		
-----	-----	Employee Related Expenses capitalised - Land and Buildings	184	1,240
		4. Personnel Services		
		Personnel Services comprise the purchase of the following:		
804,443	757,125	Salaries and Wages	-----	-----
20,008	18,617	Superannuation - defined benefit plans	-----	-----
66,070	59,896	Superannuation - defined contributions	-----	-----
25,391	23,543	Long Service Leave	-----	-----
78,898	76,362	Annual Leave	-----	-----
20,735	18,425	Sick Leave and Other Leave	-----	-----
178	955	Redundancies	-----	-----
18,521	14,575	Workers Compensation Insurance	-----	-----
1,034,244	**969,498**		**-----**	**-----**
		The following additional information is provided:		
184	1,240	Personnel Services Expenses capitalised - Land and Buildings	-----	-----
		5. Other Operating Expenses		
125,997	117,925	Allocation for Inter Area Health Outflows, NSW (see note (d) below)	125,997	117,925
9,126	9,107	Blood and Blood Products	9,126	9,107
17,989	16,560	Domestic Supplies and Services	17,989	16,560
54,745	52,766	Drug Supplies	54,745	52,766
13,103	12,445	Food Supplies	13,103	12,445
8,794	7,607	Fuel, Light and Power	8,794	7,607
31,129	29,899	General Expenses (See (b) below)	31,129	29,899
5,279	4,118	Hospital Ambulance Transport Costs	5,279	4,118
9,106	5,138	Information Management Expenses	9,106	5,138
820	1,359	Insurance	820	1,359
2,542	2,835	Interstate Patient Outflows (see (e) below)	2,542	2,835
		Maintenance (See (c) below)		
13,680	13,154	Maintenance Contracts	13,680	13,154
10,606	14,997	New/Replacement Equipment under $10,000	10,606	14,997
9,598	8,637	Repairs	9,598	8,637
3,112	3,064	Maintenance/Non Contract	3,112	3,064
85,746	79,107	Medical and Surgical Supplies	85,746	79,107
5,853	5,765	Postal and Telephone Costs	5,853	5,765
5,731	5,630	Printing and Stationery	5,731	5,630
2,221	2,659	Rates and Charges	2,221	2,659
1,534	1,484	Rental	1,534	1,484
23,269	26,337	Special Service Departments	23,269	26,337
2,081	2,450	Staff Related Costs	2,081	2,450
742	826	Sundry Operating Expenses (See (a) below)	742	826
6,375	5,152	Travel Related Costs	6,375	5,152
449,178	**429,021**		**449,178**	**429,021**

Northern Sydney and Central Coast Area Health Service
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PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		(a) Sundry Operating Expenses comprise:		
742	826	Contracts for Patient Services	742	826
742	**826**		**742**	**826**
		(b) General Expenses include:-		
1,035	1,376	Advertising	1,035	1,376
969	1,008	Books, Magazines and Journals	969	1,008
		Consultancies		
1,895	-----	- Operating Activities	1,895	-----
1,364	1,535	Courier and Freight	1,364	1,535
427	301	Auditor's Remuneration - Audit of financial reports	427	301
591	552	Data Recording and Storage	591	552
566	798	Legal Services	566	798
210	205	Membership/Professional Fees	210	205
5,233	5,404	Motor Vehicle Operating Lease Expense - minimum lease payments	5,233	5,404
2,590	5,260	Other Operating Lease Expense - minimum lease payments	2,590	5,260
11	19	Payroll Services	11	19
426	195	Quality Assurance/Accreditation	426	195
474	436	Translator Services	474	436
4,273	2,535	Commissions on Agency Payments	4,273	2,535
11,065	10,275	Other	11,065	10,275
31,129	**29,899**		**31,129**	**29,899**
		(c) Reconciliation Total Maintenance		
9,961	13,694	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	9,961	13,694
9,961	**13,694**	Total maintenance expenses included in Notes 3 and 4.	**9,961**	**13,694**
		(d) Details of the Allocations applied to Inter Area Patient Outflows, NSW on an Area basis as accepted by the NSW Department of Health are as follows:-		
41,352	39,660	Sydney South West	41,352	39,660
35,936	33,478	South East Illawarra	35,936	33,478
15,459	15,728	Sydney West	15,459	15,728
9,827	8,767	Hunter New England	9,827	8,767
1,212	1,188	North Coast	1,212	1,188
512	428	Greater Southern	512	428
526	486	Greater Western	526	486
21,173	18,190	Children's Hospital Westmead	21,173	18,190
125,997	**117,925**		**125,997**	**117,925**
		(e) Expenses for Interstate Patient Flows are as follows:-		
206	691	Australian Capital Territory	206	691
156	224	Northern Territory	156	224
948	1,526	Queensland	948	1,526
189	(317)	South Australia	189	(317)
197	(42)	Tasmania	197	(42)
549	645	Victoria	549	645
297	108	Western Australia	297	108
2,542	**2,835**		**2,542**	**2,835**

Northern Sydney and Central Coast Area Health Service
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PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		6. Depreciation and Amortisation		
38,707	34,607	Depreciation - Buildings	38,707	34,607
13,105	13,294	Depreciation - Plant and Equipment	13,105	13,294
1,088	1,003	Depreciation - Infrastructure Systems	1,088	1,003
161	152	Amortisation - Other	161	152
53,061	**49,056**		**53,061**	**49,056**
		7. Grants and Subsidies		
8,476	8,579	Non Government Voluntary Organisations	8,476	8,579
3,343	3,043	Grants to Community Aged Care Packages	3,343	3,043
8,266	7,035	Other	8,266	7,035
20,085	**18,657**		**20,085**	**18,657**
		8. Finance Costs		
361	443	Interest on Bank Overdrafts and Loans	361	443
361	**443**	Total Finance Costs	**361**	**443**
		9. Payments to Affiliated Health Organisations		
		(a) Recurrent Sourced		
19,200	18,619	Hope Healthcare	19,200	18,619
23,905	23,657	Royal Rehabilitation Centre, Sydney	23,905	23,657
43,105	**42,276**		**43,105**	**42,276**

Northern Sydney and Central Coast Area Health Service
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PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		10. Sale of Goods and Services		
		(a) Sale of Goods comprise the following:-		
6,583	5,633	Sale of Prosthesis	6,583	5,633
246	303	Pharmacy Sales	246	303
		(b) Rendering of Services comprise the following:-		
99,797	97,502	Patient Fees (see note 2(d))	99,797	97,502
1,624	1,853	Staff Meals and Accommodation	1,624	1,853
23,815	22,811	Infrastructure Fees - Monthly Facility Charge (see note 2(d))	23,815	22,811
3,230	4,248	- Annual Charge	3,230	4,248
104,398	100,167	Allocation from Inter Area Patient Inflows, NSW (see note (c) below)	104,398	100,167
1,200	1,175	Cafeteria/Kiosk	1,200	1,175
4,795	4,767	Car Parking	4,795	4,767
1,624	1,662	Child Care Fees	1,624	1,662
52	86	Commercial Activities	52	86
260	223	Fees for Medical Records	260	223
-----	811	Linen Service Revenues - Other Health Services	-----	811
-----	1,088	Linen Service Revenues - Non Health Services	-----	1,088
349	355	Meals on Wheels	349	355
101	136	PADP Patient Copayments	101	136
3,038	3,803	Patient Inflows from Interstate (see note (d) below)	3,038	3,803
613	553	Salary Packaging Fee	613	553
223	315	Services Provided to Non NSW Health Organisations	223	315
21,809	18,964	Other	21,809	18,964
273,757	**266,455**		**273,757**	**266,455**
		(c) Details of the Allocations received for Inter Area Patient Flows, NSW on an Area basis as accepted by the NSW Department of Health are as follows:		
12,741	13,520	Sydney South West	12,741	13,520
7,979	8,401	South East Illawarra	7,979	8,401
36,207	37,184	Sydney West	36,207	37,184
24,539	22,638	Hunter New England	24,539	22,638
15,326	10,159	North Coast	15,326	10,159
2,504	1,555	Greater Southern	2,504	1,555
5,102	6,710	Greater Western	5,102	6,710
104,398	**100,167**		**104,398**	**100,167**
		(d) Revenues from Patient Inflows from Interstate are as follows:-		
936	632	Australian Capital Territory	936	632
94	138	Northern Territory	94	138
760	2,021	Queensland	760	2,021
314	192	South Australia	314	192
94	131	Tasmania	94	131
667	485	Victoria	667	485
173	204	Western Australia	173	204
3,038	**3,803**		**3,038**	**3,803**
		11. Investment Income		
		Interest		
6,580	6,129	- T Corp Hour Glass Investment Facilities designated at Fair Value through profit or loss	6,580	6,129
1,010	578	Lease and Rental Income	1,010	578
7,590	**6,707**		**7,590**	**6,707**

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
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PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		12. Grants and Contributions		
2,406	2,535	Clinical Drug Trials	2,406	2,535
4,239	2,719	Commonwealth Government grants	4,239	2,719
10,790	9,922	Industry Contributions/Donations	10,790	9,922
4,457	4,255	Cancer Institute Grants	4,457	4,255
1,432	1,944	NSW Government grants	1,432	1,944
20,007	18,617	Personnel Services - Superannuation Defined Benefits	-----	-----
5,977	4,252	Research grants	5,977	4,252
60	68	University Commission grants	60	68
4,280	2,029	Other grants	4,280	2,029
53,648	**46,341**		**33,641**	**27,724**
		13. Other Revenue		
		Other Revenue comprises the following:-		
307	449	Commissions	307	449
75	60	Conference and Training Fees	75	60
4	13	Discounts	4	13
2	17	Sale of Merchandise, Old Wares and Books	2	17
25	25	Sponsorship Income	25	25
7,577	4,648	Treasury Managed Fund Hindsight Adjustment	7,577	4,648
1,242	1,961	Other	1,242	1,961
9,232	**7,173**		**9,232**	**7,173**
		14. Gain/(Loss) on Disposal		
11,846	10,068	Property Plant and Equipment	11,846	10,068
10,628	5,212	Less Accumulated Depreciation	10,628	5,212
1,218	**4,856**	**Written Down Value**	**1,218**	**4,856**
1,252	4,901	Less Proceeds from Disposal	1,252	4,901
34	**45**	**Gain/(Loss) on Disposal of Property Plant and Equipment**	**34**	**45**
34	**45**	**Total Gain/(Loss) on Disposal**	**34**	**45**
		15. Other Gains/(Losses)		
(2,801)	(2,658)	Impairment of Receivables	(2,801)	(2,658)
(2,801)	**(2,658)**		**(2,801)**	**(2,658)**

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
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PARENT AND CONSOLIDATION

16 Conditions on Contributions

	Purchase of Assets	Health Promotion, Education and Research	Other	Total
	$000	$000	$000	$000
Contributions recognised as revenues during the current reporting period for which expenditure in the manner specified had not occurred as at balance date	204	13,023	732	13,959
Contributions recognised in amalgamated balance as at 30 June 2007 which were not expended in the current reporting period	734	63,163	835	64,732
Total amount of unexpended contributions as at balance date	938	76,186	1,567	78,691

Comment on restricted assets appears in Note 22

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
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17 Programs/Activities of the Health Service

Program 1.1 - Primary and Community Based Services

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

Program 1.2 - Aboriginal Health Services

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

Program 1.3 - Outpatient Services

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

Program 2.1 - Emergency Services

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

Program 2.2 - Overnight Acute Inpatient Services

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

Program 2.3 - Same Day Acute Inpatient Services

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

Program 3.1 - Mental Health Services

Objective: To improve the health, well being and social functioning of people with disabling mental disorders and to reduce the incidence of suicide, mental health problems and mental disorders in the community.

Program 4.1 - Rehabilitation and Extended Care Services

Objective: To improve or maintain the well being and independent functioning of people with disabilities or chronic conditions, the frail aged and the terminally ill.

Program 5.1 - Population Health Services

Objective: To promote health and reduce the incidence of preventable disease and disability by improving access to opportunities and prerequisites for good health.

Program 6.1 - Teaching and Research

Objective: To develop the skills and knowledge of the health workforce to support patient care and population health. To extend knowledge through scientific enquiry and applied research aimed at improving the health and well being of the people of New South Wales.

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
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PARENT			CONSOLIDATION	
2008 $000	**2007 $000**		**2008 $000**	**2007 $000**
		18 Cash and Cash Equivalents		
83,645	87,962	Cash at bank and on hand	83,645	87,962
83,645	**87,962**		**83,645**	**87,962**
		Cash & cash equivalent assets recognised in the Balance Sheet are reconciled at the end of the financial year to the Cash Flow Statement as follows:		
83,645	87,962	Cash and cash equivalents (per Balance Sheet)	83,645	87,962
83,645	**87,962**	Closing Cash and Cash Equivalents (per Cash Flow Statement)	**83,645**	**87,962**

Refer to Note 35 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		19. Receivables		
		Current		
31,381	24,957	(a) Sale of Goods and Services	31,381	24,957
2,181	2,733	Leave Mobility	2,181	2,733
206	321	NSW Department of Health	206	321
5,903	5,890	Other Debtors	5,903	5,890
39,671	33,901	**Sub Total**	39,671	33,901
(4,032)	(2,753)	Less Allowance for impairment	(4,032)	(2,753)
35,639	31,148	**Sub Total**	35,639	31,148
4,298	3,175	Prepayments	4,298	3,175
39,937	**34,323**		**39,937**	**34,323**
		(b) Movement in the allowance for impairment Receivables - Sale of Goods and Services		
(1,730)	(713)	Balance at 1 July	(1,730)	(713)
1,440	1,101	Amounts written off during the year	1,440	1,101
-----	-----	Amounts recovered during the year	-----	-----
(2,583)	(2,118)	Increase/(decrease) in allowance recognised in profit or loss	(2,583)	(2,118)
(2,873)	**(1,730)**	Balance at 30 June	**(2,873)**	**(1,730)**
		(c) Movement in the allowance for impairment Other Debtors		
(1,023)	(484)	Balance at 1 July	(1,023)	(484)
82	-----	Amounts written off during the year	82	-----
-----	-----	Amounts recovered during the year	-----	-----
(218)	(539)	Increase/(decrease) in allowance recognised in profit or loss	(218)	(539)
(1,159)	**(1,023)**	Balance at 30 June	**(1,159)**	**(1,023)**
(4,032)	**(2,753)**		**(4,032)**	**(2,753)**
		Non Current		
1,441	1,478	Prepayments	1,441	1,478
1,441	**1,478**		**1,441**	**1,478**
		(b) Sale of Goods and Services Receivables include:		
1,329	1,110	Patient Fees - Compensable	1,329	1,110
2,306	1,875	Patient Fees - Ineligible	2,306	1,875
8,569	7,346	Patient Fees - Other	8,569	7,346
12,204	**10,331**		**12,204**	**10,331**

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

PARENT			CONSOLIDATION	
2008 $000	**2007 $000**		**2008 $000**	**2007 $000**
		20. Inventories		
		Current - at cost		
4,237	4,195	Drugs	4,237	4,195
7,690	8,339	Medical and Surgical Supplies	7,690	8,339
200	244	Food and Hotel Supplies	200	244
78	81	Engineering Supplies	78	81
12,205	**12,859**		**12,205**	**12,859**

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		21. Property, Plant and Equipment		
		Land and Buildings		
2,107,239	1,800,018	At Fair Value	2,107,239	1,800,018
830,216	697,748	Less Accumulated depreciation and impairment	830,216	697,748
1,277,023	**1,102,270**	Net Carrying Amount	**1,277,023**	**1,102,270**
		Plant and Equipment		
221,961	199,510	At Fair Value	221,961	199,510
137,483	127,962	Less Accumulated depreciation and impairment	137,483	127,962
84,478	**71,548**	Net Carrying Amount	**84,478**	**71,548**
		Infrastructure Systems		
52,596	40,118	At Fair Value	52,596	40,118
9,156	2,741	Less Accumulated depreciation and impairment	9,156	2,741
43,440	**37,377**	Net Carrying Amount	**43,440**	**37,377**
1,404,941	**1,211,195**	**Total Property, Plant and Equipment At Net Carrying Amount**	**1,404,941**	**1,211,195**

PARENT AND CONSOLIDATION

21. Property, Plant and Equipment - Reconciliations

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000	$000
2008							
Carrying amount at start of year	**339,189**	**657,454**	**103,620**	**2,007**	**71,548**	**37,377**	**1,211,195**
Additions	7,429	(2,758)	110,185	-----	20,243	1,780	**136,879**
Disposals	(595)	(588)	-----	-----	(36)	-----	**(1,219)**
Net revaluation increment less revaluation decrements recognised in reserves	48,076	57,701	-----	-----	-----	5,370	**111,147**
Depreciation expense	-----	(38,707)	-----	(161)	(13,105)	(1,088)	**(53,061)**
Reclassifications	246	77,163	(83,235)	(3)	5,828	1	**-----**
Carrying amount at end of year	**394,345**	**750,265**	**130,570**	**1,843**	**84,478**	**43,440**	**1,404,941**

	Land	Buildings	Work in Progress	Leased Buildings	Plant and Equipment	Infrastructure Systems	Total
	$000	$000	$000	$000	$000	$000	$000
2007							
Carrying amount at start of year	321,271	682,407	54,325	881	73,374	38,380	**1,170,638**
Additions	-----	9,851	70,863	1,278	14,125	-----	**96,117**
Disposals	(3,650)	(1,070)	-----	-----	(137)	-----	**(4,857)**
Administrative restructures - transfers in/(out)	-----	-----	-----	-----	(2,520)	-----	**(2,520)**
Net revaluation increment less revaluation decrements recognised in reserves	-----	873	-----	-----	-----	-----	**873**
Depreciation expense	-----	(34,607)	-----	(152)	(13,294)	(1,003)	**(49,056)**
Reclassifications	21,568	-----	(21,568)	-----	-----	-----	**-----**
Carrying amount at end of year	**339,189**	**657,454**	**103,620**	**2,007**	**71,548**	**37,377**	**1,211,195**

(i) Land and Buildings include land owned by the Health Administration Corporation and administered by the Health Service [see note 2(g)].

(ii) Land and Buildings were valued as at 1st July 2008 by Graham Scrymgeaur AAIP (certified practising valuer), NSW registration No 1578 for and on behalf of Global Valuation Services Ltd, and is not an employee of the Health Service.

Northern Sydney and Central Coast Area Health Service
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22. 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.

PARENT 2008 $000	PARENT 2007 $000	Category	Brief Details of Externally Imposed Conditions including Asset Category affected	CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
38,941	37,421	Specific Purposes	Condition imposed by donor	38,941	37,421
19,774	18,079	Research Grants	Condition imposed by granting body	19,774	18,079
19,976	22,417	Private Practice Funds	In accordance with NSW Department of Health guidelines	19,976	22,417
78,691	**77,917**			**78,691**	**77,917**

Northern Sydney and Central Coast Area Health Service
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PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		23 Payables		
		Current		
-----	-----	Accrued Salaries and Wages	27,009	23,612
-----	-----	Payroll Deductions	-----	186
27,009	23,798	Accrued Liability - Purchase of Personnel Services	-----	-----
36,481	14,031	Creditors	36,481	14,031
		Other Creditors		
16,526	7,944	- Capital Works	16,526	7,944
6,292	1,854	- Intra Health Liability	6,292	1,854
42,778	37,270	- Other	42,778	37,270
129,086	**84,897**		**129,086**	**84,897**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 35.

		24 Borrowings		
		Current		
100	106	Other Loans and Deposits	100	106
107	-----	Borrowings Pacific Linen Service	107	-----
3,205	2,603	Loans from NSW Department of Health	3,205	2,603
3,412	**2,709**		**3,412**	**2,709**
		Non Current		
79	163	Other Loans and Deposits	79	163
281	-----	Borrowing Pacific Linen Service	281	-----
19,139	2,354	Loans from NSW Department of Health	19,139	2,354
19,499	**2,517**		**19,499**	**2,517**

Other loans still to be extinguished represent monies to be repaid to the NSW Health Department/Sustainable Energy Development Authority

		Repayment of Borrowings (excluding Finance Leases)		
3,412	2,709	Not later than one year	3,412	2,709
19,499	2,517	Between one and five years	19,499	2,517
-----	-----	Later than five years	-----	-----
22,911	**5,226**	Total Borrowings at face value (excluding Finance Leases)	**22,911**	**5,226**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 35.

Northern Sydney and Central Coast Area Health Service
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PARENT 2008 $000	PARENT 2007 $000			CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		25	**Provisions**		
			Current Employee benefits and related on-costs		
-----	-----		Annual Leave - Short Term Benefit	91,549	113,303
-----	-----		Annual Leave - Long Term Benefit	32,007	2,158
-----	-----		Long Service Leave - Short Term Benefit	20,313	17,172
-----	-----		Long Service Leave - Long Term Benefit	126,746	121,649
270,615	254,282		Provision for Personnel Services Liability	-----	-----
270,615	**254,282**		**Total Current Provisions**	**270,615**	**254,282**
			Non Current Employee benefits and related on-costs		
-----	-----		Long Service Leave - Conditional	8,609	7,140
8,609	7,140		Provision for Personnel Services Liability	-----	-----
8,609	**7,140**		**Total Non Current Provisions**	**8,609**	**7,140**
			Aggregate Employee Benefits and Related On-costs		
270,615	254,282		Provisions - current	270,615	254,282
8,609	7,140		Provisions - non-current	8,609	7,140
-----	-----		Accrued Salaries and Wages and on costs (Note 23)	27,009	23,798
27,009	23,798		Accrued Liability - Purchase of Personnel Services (Note 23)	-----	-----
306,233	**285,220**			**306,233**	**285,220**

Northern Sydney and Central Coast Area Health Service
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PARENT			CONSOLIDATION	
2008 $000	**2007 $000**		**2008 $000**	**2007 $000**
		26 Other Liabilities		
		Current		
152	263	Income in Advance	152	263
2,531	2,611	Other	2,531	2,611
2,683	**2,874**		**2,683**	**2,874**
		Non Current		
28,505	8,326	Income in Advance	28,505	8,326
28,505	**8,326**		**28,505**	**8,326**

During 2007/08 $20.4M was received from the University of Sydney as Income in Advance to contribute towards the construction of the Royal North Shore Research & Education Building. The University will be occupying four floors of the building when complete.

Northern Sydney and Central Coast Area Health Service
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PARENT AND CONSOLIDATION

27 Equity

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000
Balance at the beginning of the financial year	780,425	770,614	204,647	204,061	985,072	974,675
Changes in equity - transactions with owners as owners						
Increase/(Decrease) in Net Assets from Administrative Restructure	-----	(2,563)	-----	-----	-----	(2,563)
Total	780,425	768,051	204,647	204,061	985,072	972,112
Changes in equity - other than transactions with owners as owners						
Result for the year	(16,459)	12,087	-----	-----	(16,459)	12,087
Increment/(Decrement) on Revaluation of:						
Land and Buildings	-----	-----	105,777	873	105,777	873
Infrastructure Systems	-----	-----	5,370	-----	5,370	-----
Total	(16,459)	12,087	111,147	873	94,688	12,960
Transfers within equity						
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	-----	287	-----	(287)	-----	-----
Total	-----	287	-----	(287)	-----	-----
Balance at the end of the financial year	763,966	780,425	315,794	204,647	1,079,760	985,072

The asset revaluation reserve is used to record increments and decrements on the revaluation of non current assets. This accords with the Health Service's policy on the "Revaluation of Physical Non Current Assets" and "Investments", as discussed in Note 2(j).

PARENT 2008 $000	PARENT 2007 $000	28	Commitments for Expenditure	CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
			(a) Capital Commitments		
			Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
15,946	7,589		Not later than one year	15,946	7,589
15,946	**7,589**		**Total Capital Expenditure Commitments (including GST)**	**15,946**	**7,589**
			Of the commitments reported at 30 June 2008 it is expected that $218,418 will be met from locally generated moneys.		
			(b) Other Expenditure Commitments		
			Aggregate other expenditure contracted for at balance date but not provided for in the accounts:		
71,468	44,091		Not later than one year	71,468	44,091
71,468	**44,091**		**Total Other Expenditure Commitments (including GST)**	**71,468**	**44,091**
			(c) Operating Lease Commitments		
			Commitments in relation to non-cancellable operating leases are payable as follows:		
5,082	6,751		Not later than one year	5,082	6,751
3,684	5,251		Later than one year and not later than five years	3,684	5,251
-----	896		Later than five years	-----	896
8,766	**12,898**		**Total Operating Lease Commitments (including GST)**	**8,766**	**12,898**
			The operating lease commitments above are for motor vehicles, information technology, equipment including personal computers, medical equipment and other equipment		
			(d) Contingent Asset related to Commitments for Expenditure		
			The total of "Commitments for Expenditure" above, i.e. $96.18 million as at 30 June 2008 includes input tax credits of $8.744 million that are expected to be recoverable from		
8,744	5,871		the Australian Taxation Office.	8,744	5,871

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

PARENT AND CONSOLIDATION

29 Trust Funds

The Health Service holds trust fund moneys of $6.457 million 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 following is a summary of the transactions in the trust account:

	Patient Trust		Refundable Deposits		Private Practice Trust Funds	
	2008 $000	2007 $000	2008 $000	2007 $000	2008 $000	2007 $000
Cash Balance at the beginning of the financial reporting period	557	452	593	544	4,230	4,485
Receipts	1,473	1,303	219	303	46,659	41,602
Expenditure	1,351	1,198	60	254	45,863	41,858
Cash Balance at the end of the financial reporting period	679	557	752	593	5,026	4,229

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

30 Contingent Liabilities

a) Claims on Managed Fund

Since 1 July 1989, the Health Service has been a member of the NSW Treasury Managed Fund. The Fund will pay to or on behalf of the Health Service all sums which it shall become legally liable to pay by way of compensation or legal liability if sued except for employment related, discrimination and harassment claims that do not have statewide implications. The costs relating to such exceptions are to be absorbed by the Health Service. 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. However, in regard to workers compensation the final hindsight adjustment for the 2001/02 fund year and an interim adjustment for the 2003/04 fund year were not calculated until 2007/08. As a result, the 2002/03 final and 2004/05 interim hindsight calculations will be paid in 2008/09.

c) Affiliated Health Organisations

Based on the definition of control in Australian Accounting Standard AASB127, 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.

d) Propery, Plant & Equipment

Northern Sydney and Central Coast Area Health Service has land in Frenchs Forest Road, Frenchs Forest recorded as part of Propery, Plant & Equipment. This land is currently under litigation with the final value yet to be determined and the Area yet to take control.

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

PARENT 2008 $000	PARENT 2007 $000		CONSOLIDATION 2008 $000	CONSOLIDATION 2007 $000
		31 Reconciliation Of Net Cash Flows from Operating Activities To Net Cost Of Services		
116,425	71,609	Net Cash Flows from Operating Activities	116,425	71,609
(53,061)	(49,056)	Depreciation and Amortisation	(53,061)	(49,056)
(2,801)	(2,658)	Provision for Doubtful Debts	(2,801)	(2,658)
-----	-----	Acceptance by the Crown Entity of Employee Superannuation Benefits	(20,007)	(18,617)
(17,802)	(21,358)	(Increase)/ Decrease in Provisions	(17,802)	(21,358)
(489)	5,432	Increase / (Decrease) in Prepayments and Other Assets	(489)	5,432
(64,177)	8,073	(Increase)/ Decrease in Creditors	(64,177)	8,073
34	45	Net Gain/ (Loss) on Sale of Property, Plant and Equipment	34	45
(1,213,640)	(1,170,810)	(NSW Department of Health Recurrent Allocations)	(1,213,640)	(1,170,810)
(81,287)	(80,281)	(NSW Department of Health Capital Allocations)	(81,287)	(80,281)
595	4,753	(Asset Sale Proceeds transferred to the NSW Department of Health)	595	4,753
(1,316,203)	**(1,234,251)**	**Net Cost of Services**	**(1,336,210)**	**(1,252,868)**

32 2007/08 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary service provided to the Health Service. Services provided include:

. Chaplaincies and Pastoral Care -	Patient & Family Support
. Pink Ladies/Hospital Auxiliaries -	Patient Services, Fund Raising
. Patient Support Groups -	Practical Support to Patients and Relative
. Community Organisations -	Counselling, Health Education, Transport, Home Help & Patient Activities

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

PARENT AND CONSOLIDATED

33 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.

34 Budget Review - Parent and Consolidated

Net Cost of Services
Northern Sydney and Central Coast Area Health Service finished the financial year $46.0M (3.54%) unfavourable to the budget of $1,298M. This was related to difficulties experienced in reducing expenditure in connection with an increased demand for patient services in some areas and the continued above CPI price escalations for medical, surgical and pharmaceutical products.

Result for the Year
The result of $47.7M unfavourable to budget was primarily due to the factors above together with the lower than expected level of funding for capital expenditure.

Assets and Liabilities
Total assets are higher than budget due to the revaluation of land and buildings that occurred in 2007/08. Revaluations are carried out every three years. Liabilities are higher than budget with major contributors being an increase in Trade Creditors of $22.1M and Capital Works creditors of $8.5M.There was also an increase in income in advance of $20.3M due to university funding of part of the new Research Building at Royal North Shore Hospital.

Cash Flows
Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 29 June 2007 are as follows:

	$000
Initial Allocation, 29 June 2007	1,172,906
Award Increases	764
Special Projects	7,053
Area Flows	21,599
Procurement Savings Reversal	1,786
Plant & Equipment supplementation	10,000
Compulsory third party	(6,322)
Cash payment adjustment	(5,365)
Cash advance	2,600
Other	8,619
Balance as per Operating Statement	1,213,640

Northern Sydney Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

35 Financial Instruments

The Health Service's principal financial instruments are outlined below. These financial instruments arise directly from the Health Service's operations or are required to finance its operations. The Health Service does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Health Service's main risks arising from financial instruments are outlined below, together with the Health Service's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risk faced by the Health Service, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors on a continuous basis.

a) Financial Instrument Categories

PARENT AND CONSOLIDATION

		Total carrying amounts as per the Balance Sheet	
		2008 $000	2007 $000
Financial Assets			
Class:	Category:		
Cash and Cash Equivalents (note 18)	Cash at Bank and On Hand	83,645	87,962
Receivables at Amortised Cost (note 19) 1	Sale of Goods and Services	31,381	24,957
	Leave Mobility	2,181	2,733
	NSW Department of Health	206	321
	Allowance for Impairment	(4,032)	(2,753)
Total Financial Assets		113,381	113,220
Financial Liabilities			
Class:	Category:		
Borrowings (Note 24)	Repayment of Borrowings	22,911	5,226
Payables (Note 23) 2	Accrued Salaries & Wages	27,009	23,612
	Creditors	36,481	14,031
	Capital Works	16,526	7,944
	Intra Health Liability	6,292	1,854
	Other	42,778	37,456
Other (Note 26)		2,531	2,611
Total Financial Liabilities		154,528	92,734

Notes
1 Excludes statutory receivables and prepayments (ie not within scope of AASB 7)
2 Excludes unearned revenue (ie not within scope of AASB 7)

Northern Sydney Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

b) **Credit Risk**

Credit risk arises when there is the possibility of the Entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity i.e receivables. No collateral is held by the Entity nor has it granted any financial guarantees.

Credit risk associated with the Health Services's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW Tcorp are guaranteed by the State.

Cash

Cash comprises cash on hand and bank balance deposited in accordance with Public Authorities (Financial Arrangements) Act approvals. Interest is earned on daily bank balances at rates of approximately 6.92% in 2007/08 compared to 6.05% in the previous year. The Tcorp Hour Glass cash facility is discussed in para (d) below.

Receivables - Trade Debtors

All trade debtors are recognised as amounts receivable at balance date. Collectibility of trade debtors is reviewed on an ongoing basis. Procedures as established in the NSW Department of Health Accounting Manual and Fee Procedures Manual are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect the amounts due. The evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Health Service is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2008: $16.76M ; 2007: $9.60M) and not more than 3 months past due (2008: $6.08M; 2007:$4.63M) are not considered impaired and together these represent 73.6% of the total trade debtors. In addition Patient Fees Compensables are frequently not settled with 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the Health Services' debtors are Health Insurance Companies or Compensation Insurers settling claims in respect of inpatient treatments. There are no debtors which are currently not past due or impaired whose terms have not been renegotiated.

The only financial assets that are past due or impaired are 'sales of goods and services' in the 'receivables' category of the balance sheet. Patient Fees Ineligibles represent the majority of fincial assets that are past due or impaired.

	Total	Past due but not impaired	Considered impaired
2008	**$000**	**$000**	**$000**
<3 months overdue	6,081	6,081	
3 months - 6 months overdue	2,938	2,938	
> 6 months overdue	5,270	1,531	4,032
2007			
<3 months overdue	4,634	4,634	
3 months - 6 months overdue	6,623	6,623	
> 6 months overdue	4,096	1,343	2,753

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7.

Northern Sydney Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

Authority Deposits

The Health Service has placed funds on deposit with TCorp, which has been rated "AAA" by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed "at call" or for a fixed term. For fixed term deposits, the interest rate payable by TCorp is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits vary. The deposits at balance date were earning an average interest rate of 7.92% (2007: 6.55%), while over the year the weighted average interest rate was 6.81% (2007: 6.43%) on a weighted average balance during the year of $81.054M (2007: $51.683M). None of these assets are past due or impaired.

c) **Liquidity risk**

Liquidity risk is the risk that the Health Service will be unable to meet its payment obligations when they fall due. The Health Service continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The Health Service has negotiated no loan outside of arrangements with the NSW Department of Health or the Sustainable Energy Development Authority.

During the current and prior year, there were no defaults or breaches on any loans payable. No assets have been pledged as collateral. The Health Service's exposure to liquidity risk is significant but is mitigated by financial support from the NSW Department of Health, noting that the NSW Department of Health has indicated its ongoing financial support for the Northern Sydney and Central Coast Area Health Service which is deemed to be a going concern.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are generally settled in accordance with the policy set by the NSW Department of Health. If trade terms are not specified, payment is also generally made no later than the end of the month following the month in which an invoice or a statement is received.

In those instances where settlement cannot be effected in accordance with the above, eg due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated.

The table below summarises the maturity profile of the Health Service's financial liabilities together with the interest rate exposure.

Maturity Analysis and interest rate exposure of financial liabilities

	Interest Rate Exposure					Maturity Dates			
	Fixed Interest Rate	Variable Interest Rate	Nominal Amount [1]	Variable Interest Rate	Non - Interest Bearing	< 1 Yr	1-5 Yr	> 5Yr	Weighted Average Effective int rate
	%	%	$000	$000	$000	$000	$000	$000	%
2008									
Payables:									
Accrued salaries			27,009		27,009	27,009			
Creditors			102,077		102,077	102,077			
			129,086		129,086	129,086			
2007									
Payables:									
Accrues salaries			23,612		23,612	23,612			
Wages and payroll deductions			186		186	186			
Creditors			61,099		61,099	61,099			
			84,897		84,897	84,897			

Notes:
[1]The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the balance sheet in respect of non interest bearing loans negotiated with the NSW Department of Health.

Northern Sydney Central Coast Area Health Service
Notes to an forming part of the Financial Statements
for the Year Ended 30 June 2008

d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The Health Service's exposures to market risk are primarily through interest rate risk on the Health Service's borrowings and other price risks associated with the movement in the unit price of the Hour Glass Investment facilities. The Health Service has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Health Service operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the balance sheet date. The analysis is performed on the same basis for 2007. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the Health Service's interest bearing liabilities.

However, Health Services are not permitted to borrow external to the NSW Department of Health (Sustainable Energy Development Authority loans which are negotiated through Treasury excepted). Both SEDA and NSW Department of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. For financial instruments a reasonably possible change of +/-1% is consistent with trends in interest. The Health Service's exposure to interest rate risk is set out below.

		-1%		+1%	
	Carrying Amount	Profit	Equity	Profit	Equity
	$'000	$'000	$'000	$'000	$'000
2008					
Financial assets					
Cash and cash equivalents	83,645	(836)	836	836	(836)
Receivables	29,736	(297)	297	297	(297)
Financial liabilities					
Payables	129,086	1,291	(1,291)	(1,291)	1,291
Borrowings	22,911	229	(229)	(229)	229
2007					
Financial assets					
Cash and cash equivalents	87,962	(880)	880	880	(880)
Receivables	25,258	(253)	253	253	(253)
Financial liabilities					
Payables	84,897	849	(849)	(849)	849
Borrowings	5,226	52	(52)	(52)	52

Northern Sydney Central Coast Area Health Service
Notes to an forming part of the Financial Statements
for the Year Ended 30 June 2008

Other price risk - TCorp Hour Glass facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorp Hour Glass Investment facilities, which are held for strategic rather than trading purposes. The Health Service has no direct equity investments. The Health Service holds units in the following Hour-Glass investment trusts:

Facility	Investment Sectors	Investment horizon	**2008**	**2007**
			$'000	$'000
Cash facility	Cash,money market instruments	Up to 2 years	83,308	76,427
Bond market facility	Cash,money market instruments, Australian bonds	2 years to 4 years	-----	-----
Medium term growth facility	Cash, money market instrument, Australian and international bonds, listed property, Australian and International shares	4 years to 7 years	-----	-----
Long term growth facility	Cash, money market instruments, Australian and International bonds listed property, Australian and International shares	7 years and over	-----	-----

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily.

NSW TCorp as trustee for each of the above facilities is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. However, TCorp, acts as manager for part of the Cash facility. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the Hour Glass facilities limits the Health Service's exposure to risk, as it allows diversification across a pool of funds, with different investment horizons and a mix of investments.

NSW TCorp provides sensitivity analysis information for each of the facilities, using historically based volatility information. The TCorp Hour Glass Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

Northern Sydney Central Coast Area Health Service
Notes to an forming part of the Financial Statements
for the Year Ended 30 June 2008

	Change in unit price	Impact on profit/loss 2008 $'000	2007 $'000
Hour Glass Investment - Cash facility	+/- 1%	833	764
T Corp Strategic Cash Facility	+/- 5%	-----	-----
Bond market facility			
Hour Glass Investment - Medium term growth facility	+/- 7.5%	-----	-----
Hour glass Investment - Long term growth facility	+/- 15%	-----	-----

A reasonable possible change is based on the percentage change in unit price multiplied by the redemption price as at 30 June each year for each facility (as advised by TCorp).

e) Fair Value

Financial instruments are generally recognised at cost, with the exception of the TCorp Hour Glass facilities, which are measured at fair value. As discussed, the value of the Hour Glass Investments is based on the Health Service's share of the value of the underlying assets of the facility, based on the market value. All of the Hour Glass facilities are valued using 'redemption' pricing.

Except where specified below, the amortised cost of financial instruments recognised in the balance sheet approximates the fair value because of the short term nature of many of the financial instruments. The following table details the financial instruments where the fair value differs from the carrying amount:

	2008 $'000 Carrying amount	2008 $'000 Fair value	2007 $'000 Carrying amount	2007 $'000 Fair value
Financial assets	30,073	83,308	36,793	76,427
Financial liabilities	151,997	-----	90,123	-----

Northern Sydney and Central Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

36 Interest in Joint Venture

During 2006-07 the Health Service had 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.

From the 1st November 2006 the Area Health Service's interest in this joint venture was transferred to the new NSW Health Shared Service organisation, HealthSupport. The Area Health Service no longer holds an interest in this joint venture.

The interest in the joint venture is included in the accounts as follows :

	2008 $000	2007 $000
Expenses	-----	4,559
Revenue	-----	2,739
Result for the Year	**-----**	**(1,820)**
Net Assets	**-----**	**-----**
Equity	-----	(3,317)
Joint Venture Drawings	-----	3,317
Equity Total	**-----**	**-----**

37 Post Balance Date Events

Royal North Shore Hospital Rebuild

On 28 October 2008, the Government entered into a $721 million public private partnership project with InfraShore which will consolidate 53 outdated buildings into high purpose built facilities for acute hospital care and community health.

Work is expected to commence in late 2008, with the completion of the community health building expected in the first quarter of 2011. The new main property building is scheduled for completion by the end of 2012.

No contractual commitments existed as at 30 June 2008 and therefore have not been included in the Department's commitment disclosures.

END OF AUDITED FINANCIAL STATEMENTS

GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity (the Entity), which comprises the balance sheet as at 30 June 2008, the income statement, statement of recognised income and expense and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Entity as at 30 June 2008, and its financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005.

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

The Chief Executive's Responsibility for the Financial Report

The Chief Executive is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the Entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Executive, as well as evaluating the overall presentation of the financial report.

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

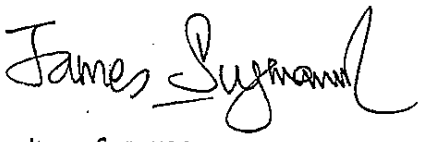
My opinion does *not* provide assurance:

- about the future viability of the Entity,
- that it has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.

Independence

In conducting this audit, the Audit Office of New South Wales has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. 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 of New South Wales are not compromised in their role by the possibility of losing clients or income.



James Sugumar
Director, Financial Audit Services

9 December 2008
SYDNEY

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

Income Statement for the Year Ended 30 June 2008

	2008 $000	2007 $000
Income		
Personnel Services	1,014,237	950,882
Acceptance by the Crown Entity of Employee Benefits	20,007	18,617
Total Income	**1,034,244**	**969,499**
Expenses		
Salaries and Wages	804,443	757,126
Defined Benefit Superannuation	20,008	18,617
Defined Contributions Superannuation	66,070	59,896
Long Service Leave	25,391	23,543
Annual Leave	78,898	76,362
Sick Leave and Other Leave	20,735	18,425
Redundancies	178	955
Workers Compensation Insurance	18,521	14,575
Total Expenses	**1,034,244**	**969,499**
Result For The Year	**-----**	**-----**

The accompanying notes form part of these Financial Statements.

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

Balance Sheet as at 30 June 2008

	Notes	2008 $000	2007 $000
ASSETS			
Current Assets			
Receivables	2	306,232	285,223
Total Current Assets		**306,232**	**285,223**
Total Assets		**306,232**	**285,223**
LIABILITIES			
Current Liabilities			
Payables	3	27,009	23,798
Provisions	4	270,613	254,285
Total Current Liabilities		**297,622**	**278,083**
Non-Current Liabilities			
Provisions	4	8,610	7,140
Total Non-Current Liabilities		**8,610**	**7,140**
Total Liabilities		**306,232**	**285,223**
Net Assets		**-----**	**-----**
EQUITY			
Accumulated funds		**-----**	**-----**
Total Equity		**-----**	**-----**

The accompanying notes form part of these Financial Statements

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

Statement of Recognised Income and Expense for the Year Ended 30 June 2008

	2008 $000	2007 $000
Total Income and Expense Recognised Directly in Equity	-----	-----
Result for the Year	-----	-----
Total Income and Expense Recognised for the year	-----	-----

The accompanying notes form part of these Financial Statements

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

Cash Flow Statement for the Year Ended 30 June 2008

	2008 $000	2007 $000
Net Cash Flows from Operating Activities	-----	-----
Net Cash Flows from Investing Activities	-----	-----
Net Cash Flows from Financing Activities	-----	-----
Net Increase/(Decrease) in Cash	-----	-----
Closing Cash and Cash Equivalents	-----	-----

The Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity does not hold any cash or cash equivalent assets and therefore there are nil cash flows.

The accompanying notes form part of these Financial Statements.

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) The Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

The Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity, *"the Entity"* , is a Division of the Government Service, established pursuant to Part 2 of Schedule 1 to the Public Sector Employment and Management Act 2002 and amendment of the Health Services Act 1997. It is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at Gosford, New South Wales.

The Entity's objective is to provide personnel services to the Northern Sydney and Central Coast Area Health Service.

The Entity commenced operations on 17 March 2006 when it assumed responsibility for the employees and employee-related liabilities of the Northern Sydney and Central Coast Area Health Service. The assumed liabilities were recognised on 17 March 2006 with an offsetting receivable representing the related funding due from the former employer.

The financial report was authorised for issue by the Chief Executive Officer on 8 December 2008.

b) Basis of Preparation

This is a general purpose financial report prepared in accordance with the requirements of Australian Accounting Standards, 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.

Generally, the historical cost basis of accounting has been adopted and the financial report does not take into account changing money values or current valuations. However, certain provisions are measured at fair value. See note (j).

The accrual basis of accounting has been adopted in the preparation of the financial report, except for cash flow information.

Management's judgements, key assumptions and estimates are disclosed in the relevant notes to the financial report.

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

c) Comparative Information

The financial statements and notes comply with Australian Accounting Standards which include Australian Equivalents to International Financial Reporting Standards. Comparative figures are, where appropriate, reclassified to give meaningful comparison with the current year.

d) New Australian Accounting Standards Issued But Not Effective

No new or revised accounting standards or interpretations are adopted earlier than their prescribed date of application. Set out below are changes to be effected, their date of application and the possible impact on the financial report of the Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity.

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

Standards/Interpretations	Operative Date	Comment
AASB3, AASB127 & AASB2008-3, Business Combinations	1 July 2009	The changes address business combinations and the Australian Accounting Standards Board has indicated that it is yet to consider its suitability for combinations among not-for-profit entities.
AASB8 & AASB2007-3, Operating Segments	1 July 2009	The changes do not apply to not-for-profit entities and have no application within NSW Health.
AASB101 & AASB2007-8, Presentation of Financial Statements	1 July 2009	Health agencies are currently required to present a statement of recognised income and expense and no variation is expected.
AASB123 & AASB2007-6, Borrowing Costs	1 July 2009	Borrowing costs that are directly attributable to the acquisition, construction or production of a qualifying asset form part of the cost of that asset. As Health Service borrowings are restricted to the Sustainable Energy Development Authority negligible impact is expected.
AASB1004, Contributions	1 July 2008	The requirements on contributions from AASB27, 29 and 31 have been relocated, substantially unamended in AASB4.
AASB1049, Whole of Government and General Government Sector Financial Reporting	1 July 2008	The standard aims to provide the harmonisation of Government Finance Statistics and Generally Accepted Accounting Principles (GAAP) reporting. The impact of changes will be considered in conjunction with the reporting requirements of the Financial Reporting Code for Budget Dependent General Government Sector Agencies.
AASB1050 regarding administered items	1 July 2008	The requirements of AAS29 have been relocated, substantially unamended and are not expected to have material effect on Health entities.
AASB1051 regarding land under roads	1 July 2008	The standard will require the disclosure of "accounting policy for land under roads". It is expected that all such assets will need to be recognised "at fair value". The standard will have negligible impact on Health entities.
AASB1052 regarding disaggregated disclosures	1 July 2008	The standard requires disclosure of financial information about Service costs and achievements. Like other standards not yet effective the requirements have been relocated from AAS29 largely unamended.
AASB2007-9 regarding amendments arising from the review of AAS27, AAS29 and AAS31	1 July 2008	The changes made are aimed at removing the uncertainties that previously existed over cross references to other Australian Accounting Standards and the override provisions in AAS29.
AAS2008-1, Share Based Payments	1 July 2009	The standard will not have application to health entities under the control of the NSW Department of Health.
AASB2008-2 regarding puttable financial instruments	1 July 2009	The standard introduces an exception to the definition of financial liability to classify as equity instruments certain puttable financial instruments and certain instruments that impose on an entity an obligation to deliver to another party a pro-rata share of the net assets of the entity only on liquidation. Nil impact is anticipated.

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

e) Income

Income is measured at the fair value of the consideration received or receivable. Revenue from the rendering of personnel services is recognised when the service is provided and only to the extent that the associated recoverable expenses are recognised.

f) Receivables

A receivable is recognised when it is probable that the future cash inflows associated with it will be realised and it has a value that can be measured reliably. It is derecognised when the contractual or other rights to future cash flows from it expire or are transferred.

Receivables are non-derivative financial assets with fixed or deteminable payments that are not quoted in an active market. These financial assets 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, less an allowance for any impairment of receivables. Any changes are accounted for in the operating statement when impaired, derecognised or through the amortisation process.

Short term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

If there is objective evidence at year end that a receivable may not be collectable, its carrying amount is reduced by means of an allowance for impairment and the resulting loss is recognised in the income statement. Receivables are monitored during the year and bad debts are written off against the allowance when they are determined to be irrecoverable. Any other loss or gain arising when a receivable is derecognised is also recognised in the income statement.

g) Impairment of Financial Assets

As both receivables and payables are measured at fair value through profit and loss there is no need for annual reviews for impairment.

h) De-recognition of Financial Assets and Financial Liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire or if the agency transfers the financial asset:

* where substantially all the risks and rewards have been transferred; or
* where the Entity has not transferred substantially all the risks and rewards, if the Entity has not retained control.

Where the Entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Entity's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

i) Payables

Payables include accrued wages, salaries and related on costs (such as payroll deduction liability, payroll tax, fringe benefits tax and workers' compensation insurance) where there is certainty as to the amount and timing of settlement.

A payable is recognised when a present obligation arises under a contract or otherwise. It is derecognised when the obligation expires or is discharged, cancelled or submitted.

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

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2008

j) Employee Benefit Provisions and Expenses

i) *Salaries and Wages, Annual Leave, Sick Leave and On-Costs*

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall wholly within 12 months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

All Annual Leave employee benefits are reported as "*Current*" as there is an unconditional right to payment. Current liabilities are then classified as "*Short Term*" and "Long Term" based on past trends and known resignations and retirements. Anticipated payments to be made in the next 12 months are reported as "*Short Term*". On costs of 17% are applied to the value of leave payable at 30 June 2008, such on costs being consistent with actuarial assessment. (Comparable costs for 30 June 2007 were 21.7% which, in addition to the 17% increase, also included the impact of awards immediately payable at 30 June 2007).

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

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

ii) Long Service Leave and Superannuation

Long Service Leave employee leave entitlements are dissected as "Current" if there is an unconditional right to payment and "Non-Current" if the entitlements are conditional. Current entitlements are further dissected between "Short Term" and "Long Term" on the basis of anticipated payments for the next 12 months. This in turn is based on past trends and known resignations and retirements.

Long Service Leave provisions are measured on a short hand basis at an escalated rate of 8.1% above the salary rates immediately payable at 30 June 2008 (also 8.1% at 30 June 2007) for all employees with five or more years of service. Actuarial assessment has found that this measurement technique produces results not materially different from the estimate determined by using the present value basis of measurement.

The Entity's liability for the closed superannuation pool schemes (State Authorities Superannuation Scheme and State Superannuation Scheme) is assumed by the Crown Entity. The Entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as "Acceptance by the Crown Entity of Employee benefits". Any liability attached to Superannuation Guarantee Charge cover is reported in Note 3, "Payables".

The superannuation expense for the financial year is determined by using the formulae specified in the NSW Health Department Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Superannuation Guarantee Charge) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2008

		2008 $000	2007 $000
2.	**RECEIVABLES**		
	Current		
	Accrued Income - Personnel Services Provided	306,232	285,223
	Non-Current		
	Accrued Income - Personnel Services Provided	-----	-----
	Total Receivables	**306,232**	**285,223**

Details regarding credit risks, liquidity risk and market risks are disclosed in Note 5

3.	**PAYABLES**		
	Current		
	Accrued Salaries and Wages on-costs	27,009	23,612
	Payroll Deductions	-----	186
	Total Payables	**27,009**	**23,798**

Details regarding credit risks, liquidity risk and market risk are disclosed in Note 5

4.	**PROVISIONS**		
	Current Benefits and Related On-Costs		
	Annual Leave - Short Term Benefit	91,549	113,307
	Annual Leave - Long Term Benefit	32,007	2,158
	Long Service Leave - Short Term Benefit	20,313	17,172
	Long Service Leave - Long Term Benefit	126,744	121,648
	Total Current Provisions	**270,613**	**254,285**
	Non-Current Benefits and Related On-Costs		
	Long Service Leave - Conditional	8,610	7,140
	Total Non-Current Provisions	**8,610**	**7,140**
	Aggregate Benefits and Related On-Costs		
	Provision - Current	270,613	254,285
	Provision - Non-Current	8,610	7,140
	Accrued Salaries and Wages and On Costs	27,009	23,798
	Total	**306,232**	**285,223**

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2008

5. Financial Instruments

The Entity's financial instruments are outlined below. These financial instruments arise directly from the Entity's operations or are required to finance its operations. The Entity does not enter into or trade financial instruments, including derivative financial instruments for speculative purposes.

The Chief Executive has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. The Entity carries minimal risks within its operation as it carries only the value of employee provisions and accrued salaries and wages offset in full by accounts receivable from the Parent Entity. Risk management policies are established by the Parent Entity to identify and analyse the risk faced by the Entity, to set risk limits and controls and monitor risks. Compliance with policies is reviewed by the Audit Committee/Internal auditors of the Parent Entity on a continuous basis.

a) Financial Instruments Categories

		Total carrying amounts as per the Balance Sheet	
		2008 $000	**2007 $000**
Financial Assets			
Class:	Category:		
Receivables at Amortised Cost[1] (note 2)	Accrued Income - Personnel Services Provided	306,232	285,224
Total Financial Assets		306,232	285,224
Financial Liabilities			
Class:	Category:		
Payables (Note 3[1])	Accrued Salaries and Wages	27,009	23,612
	Payroll Deductions	-----	186
Total Financial Liabilities		27,009	23,798

[1] Excludes statutory receivables and prepayments, i.e. not within the scope of AASB 7.

b) Credit Risk

Credit risk arises when there is the possibility of the Entity's debtors defaulting on their contractual obligations, resulting in a financial loss to the Entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from financial assets of the Entity i.e receivables. No collateral is held by the Entity nor has it granted any financial guarantees.

Receivables - trade debtors

Receivables are restricted to accrued income for personnel services provided and employee leave provisions and are recognised as amounts receivable at balance date. The parent entity of the Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity is the sole debtor of the Entity and it is assessed that there is no risk of default. No accounts receivables are classified as "Past Due but not Impaired" or "Considered Impaired".

Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity

Notes to and forming part of the Financial Statements for the Year Ended 30 June 2008

c) **Liquidity Risk**

Liquidity risk is the risk that the Entity will be unable to meet its payment obligations when they fall due. No such risk exists with the Entity not having any cash flows. All movements that occur in Payables are fully offset by an increase in Receivables from the Northern Sydney and Central Coast Area Health Service parent entity.

d) **Market Risk**

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Entity's exposures to market risk are considered to be minimal and the Entity has no exposure to foreign currency risk and does not enter into commodity contracts.

Interest rate risk

Exposure to interest rate risk arises primarily through interest bearing liabilities.

However the Entity has no such liabilities and the interest rate is assessed as Nil. Similarly it is considered that the Entity is not exposed to other price risks.

e) **Fair Value**

Financial instruments are generally recognised at cost.

The amortised cost of financial instruments recognised in the balance sheet approximates fair value because of the short term nature of the financial instruments.

6. Related Parties

The Northern Sydney and Central Coast Area Health Service is deemed to control the Northern Sydney and Central Coast Area Health Service Special Purpose Service Entity in accordance with Australian Accounting Standards. The controlling entity is incorporated under the Health Services Act 1997. Transactions and balances in this financial report relate only to the Entity's function as provider of personnel services to the controlling entity. The Entity's total income is sourced from the Northern Sydney and Central Coast Area Health Service.
Cash receipts and payments are effected by the Northern Sydney and Central Coast Area Health Service on the Entity's behalf.

7. Post Balance Date Events

No post balance date events have occurred which warrant inclusion in this report.

END OF AUDITED FINANCIAL STATEMENTS

clinical trials

Name	Facility	Funding/Sponsor	Title & Brief Description of Research
Professor E Abdi	RNSH		(TWEE) ANZ 0501 (LATER): Phase III randomised double-blind trial in postmenopausal women who have completed 5 years of adjuvant endocrine therapy for early, hormone sensitive breast cancer more than one year previous, and are disease-free at study entry. (SSA only RNSH) (AU RED ref 08/HAWKE/135).
Dr C Arthur	RNSH	Celgene	A multicentre, single arm, open label safety study of Lenalidomide plus Deaxamethasone in previously treated subjects with multiple myeloma.
Dr C Arthur	RNSH	CSL	A phase 1 study of CSL360 in patients with relapsed, refractory or high-risk acute Myeloid Leukaemia (AML).
Dr C Arthur	RNSH	Wyeth	A Phase1/2 Study of SKI-606 in Philadelphia Chromosome Positive Leukemia.
Dr C Arthur	RNSH		A phase II study in patients with newly diagnosed chronic phase CML of initial intensified imatinib therapy and sequential dose-escalation followed by treatment with nilotinib in suboptimal responders to determine the rate and duration of response (AU RED ref 08/HAWKE/103).
Dr S Baron-Hay	RNSH	Novogen	Multicentre, randomised, double-blind, phase 111 efficacy study comparing phenoxodiol (oral dosage form) in combination with carboplatin versus carboplatin with placebo in patients with platinum-resistant or platinum-refractory late-stage epithelial ovarian, fallopian or primary peritoneal cancer following at least second line platinum therapy AU RED REF:(07/HAWKE/41).
Dr S Baron-Hay	RNSH	Roche Products Pty Ltd	An international multi-centre open label 2 arm phase III trial of adjuvant bevacizumab in triple negative breast cancer. AURED Ref: 07/HARBR/33/34.
Dr S Baron-Hay			A phase III multicentre randomised placebo controlled trial evaluating the efficacy and safety of bavacizumab in combination with chemotherapy regimens in subjects with previously treated metastatic breast cancer - RIBBON 2. AURED REF: 07/HARBR/49.
Dr D Bell	RNSH	Biogen Idec Australia	A Phase 2 open label adaptive randomised study of Liposomal Doxorubicin with or without M22 (Volociximab) for the treatment of subjects with advanced epithelial ovarian cancer or primary peritoneal cancer that have relapsed after prior therapy.
Professor R Beran	External	Eisai Ltd	A double-blind, randomised, placebo-controlled, multicentre study to assess the efficacy and safety of adjunctive zonisamide in myoclonic seisures associated with idipathic generalised epilepsy. AURED Ref: 08/HARBR/3/4.
Professor R Beran	Other	Eisai Ltd	A double-blind, randomised, placebo-controlled, multicentre study to assess the efficacy and safety of adjunctive zonisamide in primary generalised tonic clonic seizures. AURED REF: 08/HARBR/7/8.
Professor R Beran		PPD	An international, double-blind, randomised, multicentre, parallel group, historical control conversion to monotherapy study to evaluate the safety of brivaracetam in subjects (>16 to 75 years old) with partial onset seizures with or without secondary generalisation. AU RED Ref: 08/HARBR/52.
Professor R Beran	Others	Trident Clinical Research	Safety and effectiveness of Open-Label Clobazam in subjects with Lennox - Gastaut Syndrome.
Professor R Beran	RNSH	UCB	An open-label, multicentre, follow-up trial to evaluate the long-term safety and efficacy of brivaracetam used as adjunctive treatment at a flexible dose up to a maximum of 150 mg/day in subjects aged 16 years or older suffering from epilepsy. AU RED Ref: 08/HAWKE/12.
Professor R Beran	Others		Double-blind placebo controlled, efficacy and safety study of Clobazam (0.25, 0.5 and 1 mg/kg/day) in patients with Lennox-Gastaut syndrome.
Associate Professor A Cooper	RNSH		A pilot study of the safety and efficacy of efalizumab in the treatment of severe atopic dermatitis.

Name	Facility	Funding/Sponsor	Title & Brief Description of Research
Dr B Cooper	RNSH	La Jolla Pharma Co	A randomised, double-blind, placebo-controlled, three-arm, parallel-group, multicentre, multinational safety and efficacy trial of 300mg and 900mg of abetimus sodium in systematic lupus erythematosus (SLE) patients with history of renal disease. Protocol LJP 394-90-14. AU RED Ref:(07/HAWKE/17).
Dr L Coyle	RNSH	Australia Leukaemia & Lymphoma	A phase II study or risk adapted IV Melphalan in patients with AL amyloidosis.
Dr R Clifton-Bligh	RNSH	Acrux Pharma Pty Ltd	A phase-III open-label titration trial to evaluate the effectivesness and safety of different doses of dermal application of Testosterone MD-Lotion (cutaneous solution) in hypogonadal men au red Ref: 08/HARBR/70/71
Professor M Cousins	RNSH	Janssen-Cilag Pty Ltd	A randomised double-blind, placebo and active control, parallel arm, phase III study with controlled adjustment of dose to evaluate the efficacy and safety of CG5503 extended release (ER) in subjects with moderate to severe chronic pain due to osteoarthritis of the knee.
Professor M Cousins	RNSH		A pilot, multicentre, randomised, double blind, placebo-controlled study with a 4-week treatment period followed by a 4-week observation period of the safety and duration of efficacy of AGN 201781 in subjects with neuropathic pain AU RED Ref: (07/HAWKE/11).
Dr D Crimmins	Others		A phase III, double-blind, placebo controlled, randomised trial to detrmine the efficacy and safety of a dose range of 50 to 100 mg/day of safinamide, as add-on therapy, in subjects with idiopathic Parkinson's disease with motor fluctuations, treated with a stable dose of levodopa and who may be receiving concomitant treatment with stable doses of a dopamine agonist, an anticholinergic and/or amantadine. AU RED REF:(07/HARBR/51).
Dr D Crimmins			A double-blind, parallel-group comparison of 23mg donepezil sustained release to 10mg donepezil immediate release in patients with moderate to severe Alzheimer's disease.
Dr S Finfer	RNSH	Eli Lilly	A randomised, double-blind, placebo-controlled, multicentre, Phase 3 study of drotrecogin alfa (activated) administered as a continuous 96-hour infusion to adult patients with septic shock. AU RED REF:(08/HAWKE/9).
Dr G Fischer	RNSH	GR8 4 Health Ltd London	A randomised, double-blinded, pilot study investigating the safety and efficacy of topical P-Methane-3, 8-Diol Oil Extract in the treatment of Acne Vulgaris and its in vitro activity on the bacterium Propionibacterium Acnes AU RED REF:(07/HAWKE/29).
Dr C Forsyth	Gosford Hospital	ALLG	A phase II study in patients with newly diagnosed chronic phase CML of initial intensified imatinib therapy and sequential dose-escalation followed by treatment with nilotinib in suboptimal responders to determine the rate and duration of response. (AU Red - SSA Ref.).
Dr C Forsyth	Gosford & Wyong	ELI Lilly & Co	A multicentre, open-label, noncomparative study of Enzastaurin in patients with Non-Hodgkin's Lymphomas Protocol H6Q-MC-S057 AU RED Ref: 07/COAST/5.
Dr C Forsyth	Gosford		A multicentre, randomised phase III study of Rituximab as maintenance treatment versus observation alone in patients with aggressive B-cell lymphoma: AGMT NHL 13 (ALLG NHL18) (SSA ONLY AU RED ref 08/HAWKE/63).
Dr C Forsyth	RNSH		Phase II trial of low dose Lenalidomide and Dexamethasone (Rev-Lite) in relapsed or refractory multiple Myeloma in patients at risk of myelosuppression. AU RED Ref: 08/HARBR/75.
Dr G Fulcher	RNSH	DiObex Inc	An open label follow-on study of safety and Pharmacodynamic effects of 24 weeks of treatment with DIO-902 in combination with Metformin and Atorvastatin in subjects with Type 2 Diabetes Mellitus (ProtocolNo. DIO-503). AU RED Ref:08/HAWKE/13.

Name	Facility	Funding/Sponsor	Title & Brief Description of Research
Dr G Fulcher	RNSH	DiObex Inc	DIO-502: "Aphase 2b, randomised, double-blind, parallel-group, study of safety and efficacy of 16 weeks of treatment with DIO-902 or DIO-902 placebo in addition to Metformin and Atorvastatin or Atorvastatin placebo in subjects with Type 2 Diabetes Mellitus (Protocl No DIO-502) (07/HAWKE/13)
Dr G Fulcher	RNSH		A randomised, placebo-controlled trial of Alagebrium in patients with Insulin-dependent Type 1 Diabetes and Microalbuminuria. AU RED REF: (07/HAWKE/39).
Dr S Ghassabian	Macquarie		Pilot evaluation of a new Phenotying cocktail for Cytochrome P450 in patients using Clozapine and Valporate.
Dr M Greenwood	RNSH	Human Genome Sciences Inc.	A phase II, multicentre, open-label, randomised study of Mapatumumab (TRM-1 [HGS1012], a fully human Monoclonal Antibody to trial-R1) in combination with Bortezomib (Velcade) and Bortezomib alone in subjects with relapsed or Refractory Multiple Myeloma
Dr M Greenwood	RNSH	Merk Sharp & Dohme	A phase 1, double-blinded, randomised, placebo-controlled, multi-centre clinical trial to evaluate the safety and immunogencity of V212/heat-treated Varcell-Zoster (VZV) Vaccine in immunocompromised adults AU RED Ref:07/HARBR/52 SSA Ref:07/HARBR/53.
Associate Professor R Heard	Other	sanofi-aventis	An international, multicentre, randomised, double-blind, placebo controlled, parallel group study to evaluate the efficacy and safety of two year treatment with teriflunomide 7mg once daily and 14mg once daily versus placebo in patients with a first clinical episode suggestive of multiple sclerosis. AU RED REFERENCE: 07/COAST/9
Dr G Herkes	RNSH		Neuropsychiatric, Neurocognitive and quality of life outcomes in patients with epilepsy treated with levetiracetam (Keppra) versus older AEDs as first substitution monotherapy (Konquest: Keppra versus Older AEDs and neuropsychiatric, neurocognitive and Quality of Life outcomes in treatment of Epilepsy as first substitution mono therapy) Bone Health Substudy. AU RED Ref:(07/HAWKE/7).
Dr A Hill	RNSH	Schering Plough	A multicentre, randomised, double-blind, placebo-controlled study to evaluate the safety and efficacy of SCH 530348 in addition to standard of care in subjects with acute coronary syndrome TRACER: Thrombin Receptor Antagonist for Clinical Event Reduction AU RED REFERENCE: 07/COAST/17.
Dr S Kurrle	Hornsby	GlaxoSmithKline	A 52 week open label extension study of the long-term safety and efficacy of rosiglitazone extended-release (RSG XR) as adjunctive therapy to acetylcholinesterase inhibitors in subjects with mild to moderate Alzheimer's disease (REFLECT-4). HREC ref. 07/HARBR/9/10).
Dr S Kurrle	Hornsby	Prana BioTechnology	A 12-week randomised, double-blind, placebo-controlled, parallel three-group study to asess the safety, tolerability and efficacy of two dose levels of PBT2 to slow progression of disease in patients with early Alzheimer's disease.
Dr S Kurrle	Hornsby	Wyeth	A phase 3, multicentre, randomised, double blind, placebo-controlled, parallel-group efficacy and safety trial of Bapineuzumab (AAB-001, ELN115727) in subjects with mild to moderate alzheimers disease who are Apolipoprotein E & 4 CARRIERS. AU RED REF:(08/HAWKE/17).
Dr S Kurrle		Wyeth	A Phase 3, multicentre, randomised, double blind, placebo-controlled, parallel-group efficacy and safety trial of Bapineuzumab (AAB-001, ELN115727) in subjects with mild to moderate alzheimers disease who are Apolipoprotein E & 4 Non-Carriers. AU RED REF:(08/HAWKE/15)
Dr S Kurrle	Hornsby		A 24-week, mulitcentre, open-label evaluation of compliance and tolerability of the once-daily 10cm2 Exelon Patch formulation in patients with probable Alzheimer's disease. AU RED Ref: 08/HARBR/61/68.

Name	Facility	Funding/Sponsor	Title & Brief Description of Research
Dr S Kurrle	Hornsby		Protocol H6L-MC-LFAN (a). Effect of - Secretase Inhibtion on the progression of Alzheimer's Disease: LY450139 vs Placebo. AU RED Ref: 08/HARBR/63/64.
Dr M Lawless	External	AcuFocus	A prospective, multicentre clinical trial to evaluate the safety and effectiveness of the AcuFocus ACI 7000 in Presbyopic Subjects AU RED Ref: (07/HAWKE/24)
Dr R Lawson	RNSH	Novotech Australia	A phase 3, open-label study of the safety and efficacy of AA4500 in the treatment of subjects With Dupuytrens Contracture (AUX-CC-854.01)-NSP.
Professor G Malhi	RNSH		The efficacy of N-acetylcysteine as an adjunctive treatment in unipolar depression: a double-blind, randomised, placebo-controlled trial.
Professor G Malhi	RNSH		Testing the glutathione dysfunction hypothesis of Bipolar Disorder: A double blind randomised placebo controlled trial of N-Acetyl Cysteine.
Dr G Marx	SHOC	Genentech	A phase III multicentre randomised placebo controlled trial evaluating the efficacy and safety of Bevacizumab in combination with Chemotheraphy regimens in subjects with previously treated metastatic breast cancer (SHOC).
Dr G Marx	SHOC	Novotech (Australia) Pty Ltd	A phase 3, randomised, double-blind, placebo-controlled study of Abiraterone Acetate (CB7630) plus prednisone in patients with metastatic castration - resistant prostate cancer who have failed Docetaxel - based chemotherapy (Protocol COU-AA-301). AU RED REF:(08/HARBR/20).
Dr G Marx	SHOC	Roche Products Pty Ltd	A phase II Biomarker Identification Trial for Erlotinib (Tarceva) in patients with advanced pancreatic carcinoma. AU RED REF:(08/HARBR/27).
Dr G Marx	SHOC	Sanofi-aventis	A multicentre, randomised, double-blind study comparing the efficacy and safety of aflibercept versus placebo administered every 3 weeks in patients treated with Docetaxel/Prednisone for Metastatic Androgen-Independent prostate cancer EFC 6546.
Dr G Marx	RNSH	Astra Zeneca	A phase III, randomised, double-blind study to assess the efficacy and safety of 10 mg ZD4054 versus placebo in patients with hormone resistant prostate cancer and bone metastasis who are pain free or mildly symptomatic. (HREC Ref. 07/HARBR/7).
Dr G Marx	RNSH	Astra Zeneca	A phase III, randomised, double-blind, placebo-controlled study to assess the efficacy and safety of 10mg ZD4054 in combination with Docetaxel in comparison with Docetaxel in patients with Metastatic Hormone-resistant Prostate cancer. (HREC Ref: 07/HARBR/7/8).
Dr G Marx		F-Hoffman-La Roche Ltd (Roche)	A phase II, dose escalation to rash trial of Erlotinib (Tarceva) plus Gemcitabine in patients with metastatic pancreatic cancer. AU RED REF:(08/HAWKE/27).
Dr G Marx		Roche	A double-blind, randomised, multicentre, phase III study of Bevacizumab in combination with Capecitabine and Cisplatin versus placebo in combination with Capecitabine and Cisplatin, as first-line therapy in patients with advanced gastric cancer (SHOC).
Dr G Marx	RNSH		EFC6668 CILAB "Randomised Study of LAROTAXEL + Cisplatin (GC) in the first line treatment of locally advanced/metastatic Urothelial Tract or Bladder Cancer" (SSA Only).
Professor J Morris	RNSH		Thrombophilia in pregnancy prophylaxis study.TIPPS AU RED Ref: 08/HARBR/170/171.
Dr S Mulligan	RNSH		An Australian, phase II, multicentre, randomised, dose intensification study investigating oral fludarabine, oral cyclophosphamide and i.v. rituximab (poFCivR) tolerance in previously untreated elderly (>65 years old) patients with chronic lymphocytic leukaemia (CLL) (AU RED ref: 08/HAWKE/51) (SSA AU RED ref 08/HAWKE/52).

Name	Facility	Funding/Sponsor	Title & Brief Description of Research
Dr D Novakovic	RNSH/ Ryde		Role of intra-operative injection of local anaesthetic in controlling post-Tonsillectomy Pain - A randomised, contolled, intra-individual design study.
Dr G Nelson	RNSH		A multicentre, randomised, double-blind, placebo-controlled study to evaluate the safety and efficacy of SCH 530348 in addition to standard of care in subjects with a history of Atherosclerotic Disease (SSA only) AU RED ref 08/HAWKE/49.
Dr G Nelson	RNSH		A mulitcentre, randomised, double-blind, placebo-controlled study to evaluate the safety and efficacy of SCH 530348 in addition to standard care in subjects with acute coronary syndrome (SSA Only).
Dr D Parker	North Shore Private	iBalance Medical Inc.	Safety study of the iBalance Axial Knee Realignment System (AKRfx).
Dr G Pattullo	RNSH		Does a femoral nerve block improve analgesia when combined with local anaesthetic wound infiltration for total knee arthroplasty: A Pilot Study.
Dr N Pavlakis	RNSH	Amgen Australia Pty Ltd	A phase 3, multicenter, randomised, placebo-controlled, double-blind trial of AMG 706 in combination with Paclitaxel and Carboplatin for advanced non-small cell lung cancer.
Dr N Pavlakis	RNSH	Pfizer	A randomised, double-blind phase 3 study of Gencitabine plus AG-013736 versus Gencitabine plus placebo for the first-line treatment of patients with locally advanced, unresectable or metastatic pancreatic cancer AU RED Ref:(07/HAWKE/16).
Dr N Pavlakis	RNSH	Roche Products Pty Ltd	A multicentre randomised, open label phase II trial of Tarceva in combination with Gemcitabine compared to Gemcitabine monotherapy as first line therapy in ECOG PS 2 patients with chemo-naïve advanced NSCLC.
Dr N Pavlakis	RNSH	Wyeth	A randomised trial of Temsirolimus and Sorafenib as second-line therapy in patients with advanced renal cell carcinoma who have failed first-line Sunitinib Therapy (SSA Ref:08/HAWKE/1).
Dr N Pavlakis	RNSH		A phase III randomised study of Brivanib Alaninate (BMS-582664) in combination with Cetuximab (Erbitux) versus placebo in combination with Cetuximab (Erbtiux) in patients previously treated with combination chemotherapy for matastatic colorectal cacinoma. (SSA only) AU RED SSA Ref: 08/HARBR/19.
Dr N Pavlakis	RNSH		Cognitive function and treatment for testicular cancer AU RED red Ref: 08/HARBR/44.
Dr N Pavlakis	RNSH		A randomised, double-blind, multicentre, phase II/III study to compare the efficacy of Bevacizumab in combination with FOLFOX in patients with previously untreated Metastatic Colorectal Cancer. (SSA ONLY) AU RED REF:(08/HAWKE/20) HREC Ref: 07/SVH/98.
Dr N Pavlakis	RNSH		Open-label, randomised, controlled, phase 3 study of cetuximab in combination with capecitabine & cisplatin vs. capecitabine alone as first-line treatment for subjects with advanced gastric adenocarcinoma including adenocarcinoma of the gastroesophageal junction. AU RED Ref: 08/HARBR/66/67.
Dr N Pavlakis	RNSH		Phase 3b, randomised, open-label study of Bevacizumab (Avastin) + Temsirolimus (Torisel) vs. Bevacizumab (Avastin) + Interferon-Alfa (Roferon) as first-line treatment in subjects with advanced renal cell carcinoma (08/HAWKE/55)
Professor P Sachdev	RNSH		The treatment of depression using transcranial direct current stimulation (tDCS): a research study.

Name	Facility	Funding/Sponsor	Title & Brief Description of Research
Professor P Sambrook	RNSH	Amgen	An open label, single arm, extension study to evaluate the long term safety and sustained efficacy of Denosumab (AMG162) in the treatment of postmenopausal osteoporosis (Lead-07/HAWKE/1).
Professor P Sambrook	RNSH	GlaxoSmithKline	A proof-of-concept study of SB-751689 in men and post-menopausal women with a fractured distal radius. (GlaxoKlineSmith Group of Companies Protocol CR9108914).
Professor P Sambrook	RNSH		A randomised controlled trial of bisphosphonate therapy in osteonecrosis of the hip. AU RED Ref: 08/HARBR/76/77.
Professor M Santamaria	RNSH	Keystone Product Developments	A prospective randomised controlled trial of the Mobi-Drip Ambulatory Infusion Device. AURED REF: 07/HARBR/29/30.
Associate Professor L Schrieber	RNSH	Bristol-Myers Squibb Australia	A phase III multicentre, randomised, dbl-blind, dbl-dummy study to compare the efficacy and safety of abatacept administered SC and IV in subjects with RA, receiving background methotrexate and experiencing an inadequate response to Methotrexate. AU RED Ref: 08/HAWKE/7.
Dr C Tiley	Gosford		A randomised phase IIb placebo-controlled study of R-ICE, chemotherapy (Rituximab, Ifosfamide, Carboplatin & Etoposide) with & without SGN-40 (anti-CD40 humanised monoclonal antibody) for 2nd line treatment of patients with diffuse large B-Cell Lymphoma (DLBCL) St Vincents (SSA Only).
Dr J Vass	Other	Urologix, Inc.	CoolMax post market evaluation--A study of the CoolMax catheter for treatment of benign prostatic hyperplasia using the Targis System. AU RED Ref:08/HARBR/31.
Associate Professor C Ward	RNSH	Bristol-Myers Squibb	A phase 3 randomised, double-blind, parallel-group, multicentre study of the safety and efficacy of Apixaban for Prophylaxis of venous Thromboembolism in acutely ill medical subjects during and following hospitalization AU RED REF:(07/HAWKE/43).
Dr A Wines	NSP	BioMimetic Therapeutics, Inc	A pilot clinical study to evaluate the clinical utility of GEM OS2 as a bone regeneration device in foot and ankle Artrodesis procedures AU RED Ref:(07/HAWKE/23).

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.

ACCREDITED
Officially recognised as meeting approved standards and committed to continuing improvement.

ACHS EquIP
The Australian Council on Healthcare Standards Evaluation and Quality Improvement Program.

ACUTE/POST ACUTE CARE (APAC)
Care by a team including nurses, physiotherapists, occupational therapists and aides who visit people in their homes to provide care that would otherwise have been provided in hospital.

ALLIED HEALTH
Health professionals other than doctors and nurses (eg. physiotherapists, social workers).

AVERAGE LENGTH OF STAY (ALOS)
The average number of days each admitted patient stays in a health service facility for each episode of care. It is calculated by dividing the total number of Occupied Bed Days for the period by the number of Actual Separations in the period.

ACUTE CARE
Care where the intent is one or more of the following: manage labour (obstetric), treat illness or injury or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of an illness or injury, protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function, and/or perform diagnostic or therapeutic procedures.

AMBULATORY CARE
Any form of care other than as a hospital inpatient. For example, chemotherapy can be administered to cancer patients during a short daytime stay in an Ambulatory Care Ward. An inpatient stay is not required.

BEST PRACTICE
Identifying and matching the best performance of others.

BED DAYS
The total number of bed days of all admitted patients accommodated during the period being reported taken from the count of the number of inpatients at midnight (approx.) each day.

Details for Same Day patients are also recorded as Occupied Bed Days where one Occupied Bed Day is counted for each Same Day patient.

CADE
Confused and Disturbed Elderly.

CARE PLAN
A management plan devised by a clinician for a patient at the start of their treatment and revised as required.

CASEMIX
Casemix is aimed at improving health service delivery (in terms of cost, equity and quality) through classification and data development, as well as research, analysis and information dissemination *(see Diagnosis Related Groups – DRGs)*.

CHARGEABLE PATIENTS
Any admitted patient or registered non-inpatient for whom a charge can be raised by a hospital or Area Health Service for the provision of health care.

CLINICAL PATHWAYS
Systematic approach to achieving particular outcomes for an inpatient, which identifies the resources required in amount and sequence for that type of case.

CLINICAL INDICATOR
A measure of the clinical management and outcome of care. It is an objective measure of either the process or outcome of patient care in quantitative terms.

CLINICAL NURSE CONSULTANT (CNC)
A registered nurse who has achieved higher level qualifications, skills, and competencies in a community nursing speciality field such as gerontology, palliative care or diabetes management.

COMMUNICABLE DISEASES
A disease which may be passed or carried from one person to another directly or indirectly.

CRITICAL CARE
The part of an acute care hospital staffed and equipped to care for patients who are seriously ill.

DIAGNOSIS RELATED GROUPS (DRGs)
The best known casemix system. It is designed to classify every acute inpatient episode from admission to discharge into one of approximately 400 coding classes. Each group contains only patients who have similar clinical conditions and treatment costs.

DoCS
The Department of Community Services.

EDIS
Emergency Department Information System.

EN
Enrolled nurse.

FOI
Freedom of information.

FTE
Full Time Equivalent.

GMTT
Greater Metropolitan Transition Taskforce.

HACC
Home and Community Care.

IM&T
Information Management and Technology.

INPATIENT
A person admitted to hospital.

MEDICAL OFFICER
Doctors who work in the public and/or private sector at a senior level but do not hold a specialist or specialist training position.

MEDICAL SPECIALIST
Doctors who have extra qualifications in one or more clinical areas of practice. Some examples of specialists are gynaecologists, ophthalmologists and neurosurgeons.

NSCCH
Northern Sydney Central Coast Health.

NON-ADMITTED PATIENTS OCCASIONS OF SERVICE (NAPOOS)
Services provided by a health service facility to clients/patients who receive those services without being an admitted client/ patient at the time of receiving the services eg. Outpatient Department Services, Emergency Department Services, Community Health Services.

NUMERICAL PROFILE
A safety audit tool developed for use in health services.

NURSING HOME TYPE PATIENTS
Admitted patients of general hospitals who have been accommodated in one or more hospitals for more than 35 days without a break exceeding seven days and no longer require acute care.

OFF-STRETCHER TIMES
The length of time between when a patient arrives at the Emergency Department by ambulance and when their care is transferred to a NSCCH Clinician.

PAS
Patient Administration System.

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.

RN
Registered nurse.

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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