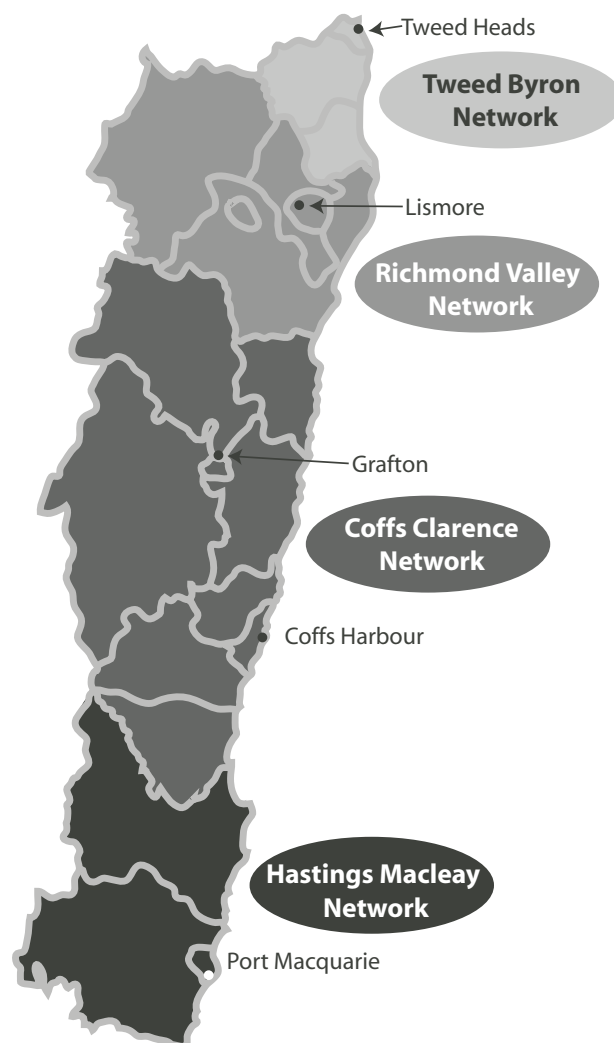




NORTH COAST
AREA HEALTH SERVICE
NSW  HEALTH

Annual Report
2005/2006

Key Facilities / Networks



Head Office

Crawford House
Hunter Street
LISMORE NSW 2480

Telephone 02 6620 2100

Facsimile 02 6621 7088

Correspondence

North Coast Area Health Service
Locked Mail Bag 11
LISMORE NSW 2480

Hours of Business

8.30am to 5.00pm Monday to Friday

Health Infoline

1800 620 693

Website

www.ncahs.nsw.gov.au

Front Cover

Jordan Bailey ('Master March') of the Our Kids
2007 Calendar, photographed by Jacklyn Wagner.

The Hon. John Hatzistergos MLC
Minister for Health
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Minister

I have pleasure in submitting the North Coast Area Health Service 2005/2006 Annual Report.

The report complies with the requirements for annual reporting under the Accounts and Audit Determination for public health organisations and the 2005/2006 Directions for Health Service Annual Reporting.

Yours faithfully

A handwritten signature in black ink, appearing to be 'C Crawford', with a long horizontal stroke extending to the right.

Chris Crawford
Chief Executive

Contents

Key Facilities and Networks	39
Letter to Minister	1
Chief Executive's Year in Review.....	3

Section 1 – Organisation, Profile, Structure, Purpose and Goals

Health Service Profile	6
Purpose and Goals	7
Organisation Chart	8
Corporate & Clinical Governance Statement.....	9

Section 2 – Performance

Performance Highlights	31
Performance Indicators.....	14

Section 3 – Health Services

List of Facilities.....	33
Area Health Service Planning.....	38
Major Hospital Facilities.....	39
Other Health Services.....	44
Mental Health Services.....	43
Nursing & Midwifery.....	46

Section 4 – Health Support Services

Corporate Services	48
Shared Corporate Services	48
Financial Services	48
Asset Management Services	49
Information Management Services.....	50
Public Affairs and Marketing.....	51
Internal Audit	52

Section 5 – Our People

Workforce Profile.....	53
Executive Reports	54
Staff Profile.....	61
Equal Employment Opportunity.....	62
Occupational Health & Safety (OH&S).....	65
Teaching & Training Initiatives.....	70
Research.....	72

Section 6 – Our Community

Working with Clinicians	73
Working with the Community.....	73
Community Activity.....	73
Our Volunteers	79

Section 7 - Freedom of Information

Freedom of Information Reports.....	81
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Section 8 - Financial Report

Financial Overview.....	85
Certification of Financial Reports	89
Independent Audit Report	91
Financial Statements.....	95
Index.....	151

Chief Executive's Year in Review

Unprecedented service expansion and a record number of patient treatments were the hallmarks of 2005-2006, the first full financial year of the amalgamated North Coast Area Health Service (NCAHS). In keeping with the goal of redirecting administrative savings into frontline clinical care, I am pleased to report that as a result of savings made through the amalgamation NCAHS was able to reinvest some \$1.5 million into key areas of patient care, notably renal dialysis, Emergency Department treatments and extra surgery in our hospitals.

In the past year NCAHS treated 12,305 more inpatients – an increase of 10% - than in the previous year, which was not only a reflection of the growing and ageing regional population but an indication of the efficiencies in our facilities. Similar growth was reflected in other indicators: medical admissions increased by 9,947, or 12.4%; the number of operations performed increased by 2,024, or 5.1%; non-inpatient attendances rose by 29,954, or 14.5%; and there was a significant rise in the number of births, with an increase of 508, or 9.9%, over the previous year.

In recognition of this anticipated higher demand for health care services the NSW Government provided NCAHS significantly enhanced funding for 2005-2006, with the Operational budget increasing by \$44 million over the previous year, bringing our total budget to \$542 million. The Capital Works budget also increased significantly, from \$14.8 million in the previous year to \$40.7 million in 2005-2006.

This major budgetary boost, along with some significant funding enhancements during the year, enabled NCAHS to begin a range of important capital works projects throughout the Area. Foremost amongst these were the \$39.4 million Integrated Cancer Care project on two sites at Coffs Harbour and Port Macquarie, due for completion in early 2007 and the \$7.7 million preparatory works for the new \$38.46 million Mental Health Unit that forms Stage I of the Lismore Base Hospital redevelopment.

In addition, a range of other important projects was completed. In November 2005 the NSW Minister for Health, the Hon John Hatzistergos, officially opened the \$9.4 million redevelopment of Kyogle Memorial Health, a superb Hospital and Aged Care Facility that will operate as a Multi Purpose Service. The opening took place soon after the centenary celebrations of the Hospital's founding and in keeping with the long tradition of local support there was a strong attendance by many of the Kyogle residents, who had raised an amount of \$224,000 to help purchase digital X-ray equipment, the community room and Chapel. This great generosity typifies the close relationship between North Coast communities and their public hospitals. The wonderful donations by the North Coast's many Hospital Auxiliaries is another example of the invaluable support we receive.

Early in 2005 I visited Port Macquarie Base Hospital to mark the first anniversary of the facility's return to the Public Hospital Sector, by which time the elective surgery waiting list had been significantly reduced. Frontline staff told me of their pride in the achievements of the Hospital in its first year of public ownership and how pleased they are to be working within the Public Health Care system.

In March 2006 the Premier, the Hon. Morris Iemma, visited the northern extremity of our Area where, at The Tweed Hospital, he announced the construction of a new Coronary Care Unit costing around \$500,000 and capable of treating around 600 acutely ill patients a year. The development of this facility has been progressed by the Area Capital Works Team.

An important funding announcement from the NSW Minister for Health was the proposed \$300,000 expansion of Coffs Harbour Base Hospital's Renal Dialysis Unit, with extra chairs to enable life-saving dialysis treatment to be delivered to a total of 36 patients every week. Society's mounting number of chronic diabetes cases, sometimes a precursor to advanced kidney disease, will make dialysis treatment increasingly important in the years ahead.

The District Hospitals continued to play an important role in the health care of their local communities. They are also becoming more closely linked with the larger Referral Hospitals through Networking arrangements aimed at allowing less acute patients to undertake their recovery in the quieter setting of a smaller hospital. A range of new diagnostic and surgical technology was installed in many of the Area's District facilities, enabling more patients to be assessed and treated locally than ever before. As examples, Murwillumbah Hospital undertook significantly more ophthalmology and urology surgery while at Wauchope District Hospital an additional 118 operations (above the targeted 707) were performed as a result of \$187,000 in extra funding.

Wauchope District Hospital was the southern facility identified as best suited to provide enhanced rehabilitation services and as a result it underwent a major refurbishment to create a Rehabilitation Unit at a cost of \$145,000, plus annual recurrent funding of \$600,000. A range of new medical equipment was also installed there, including \$146,000 worth of equipment for the new Urology service due to commence in early 2007, orthopaedic equipment and two defibrillators (purchased with funds raised by the Hospital Auxiliary) for the Emergency Department and General Ward.

The success of the Sustainable Access Program, implemented towards the end of the previous year with the aim of treating patients in a more timely fashion, has been introduced as routine in the Base Hospitals and larger District Hospitals. This strategy has done much to assist triage and access benchmarks to be achieved, while helping to meet a growing emergency patient demand.

In addition to better patient management, hospitals across the North Coast also reduced the number of patients waiting more than 12 months for their surgery - from 475 at 1 July 2005 down to zero at 30 June 2006. In the past financial year a total of 19,974 patients received elective surgery, 913 more surgical procedures than in the previous year. It is not only the volume that is impressive: there is now a broader range of surgery being done locally that would previously have required a trip to a metropolitan centre.

Good performance in health care delivery must be underpinned by the right planning mechanisms and in this regard NCAHS will continue to benefit greatly from the Workforce Development Plan, the Clinical Governance Framework and the Corporate Plan, all of which are now being implemented. The future-focused Health Care Services Plan - which analyses the population-driven demand for all clinical services - has been developed to provide the road map for the expansion of NCAHS Clinical Services. The importance of preventive health measures is also central to our planning. To ensure that health promotion strategies and messages are well targeted a comprehensive Health Promotion Strategic Plan was nearing completion at the end of the financial year. When finalised this Plan will help to further improve the good work that has been done in key areas such as promoting good nutrition to primary-aged children, regular exercise to our adult population and the importance of smoking cessation.

Smoking is society's most preventable cause of serious illness and NCAHS has paid it special attention, making significant progress with implementing NSW Health's "Smoke Free" Health Facility Policy. Since the local campaign was launched in mid-2004 some 34 Hospitals, Community Health Centres and other campuses between Tweed Heads and Port Macquarie have been designated as smoke free for patients, visitors and staff. The effectiveness of the campaign's patient and staff support measures, along with the catchy "Cold Turkey" promotional mascots, "Nic 'n' Tina", has been recognized across the health industry, including a special mention in the 2005 NSW Excellence in Health Care Awards.

Other NCAHS projects to win peer acclaim were the NCAHS Risk Management Framework and the Chronic and Complex Care Coordination Program, which both gained awards in the 2005 Premier's Public Sector Awards.

Partnerships and cooperative links with key teaching institutions and professional organisations have continued to develop in the past year. In line with our goal of creating 'Mini-Teaching Hospital' status for our Base/Referral Hospitals we have further cemented links between Lismore Base Hospital and the adjacent University Department of Rural Health (a collaboration with The University of Sydney and Southern Cross University); between The Tweed Hospital and Griffith and Bond Universities, with work underway on the \$3.0 million Tweed Clinical Education and Research Institute; between Port Macquarie Base Hospital and The University of NSW, which will develop a Clinical School on the campus; and between Coffs Harbour Health Campus and The University of NSW, which has a recently built a Clinical School based there.

Another important academic and training link is the Rural Health Student Education Centre, in the grounds of Murwillumbah Hospital, a \$550,000 refurbishment of the former nurses' quarters that provides local clinical placements and videoconferencing facilities to undergraduate health students, including those studying medicine, nursing and physiotherapy. The latest stage of the project was opened by the NSW Health Minister in late 2005. A key aim of the facility is to show students how professional life in a rural setting can be a rewarding career option.

A milestone connection was formalised late in 2005 with the signing of a Preferred Partner Relationship between NCAHS, Southern Cross University and TAFE NSW-North Coast. The aim is to improve the health and wellbeing of North Coast people through enhanced educational pathways for students in the health disciplines. This partnership should deliver great dividends in coming years.

The management of a large organisation such as NCAHS requires a complex functional structure as well as a professional and harmonious 'people culture' dedicated to the care of its patients and clients. Crucial to this proper functioning has been the introduction of a new system of Networks - geographical entities delineated as Tweed-Byron, Richmond, Coffs-Clarence and Hastings-Macleay - managed by carefully chosen Coordinators. These Networks intersect with and are overlaid by the Clinical Streams (such as Mental Health and Cancer Services), which are managed by a Director appointed this year. A new Director of Planning and Performance was another significant appointment, as was the Chief Information Officer, given the great importance of proper IT systems design and management in modern health care delivery. These and other major appointments were a highlight of the steady implementation of the NCAHS organisational structure, which occurred during the year.

Excellent work has also been done on the redesign of the NCAHS website, with a wide range of health information and other services, including recruitment and a special 'North Coast Nursing Life' link, now online.

North Coast communities have a long history of constructive involvement with the planning and delivery of local health services and the mechanisms for receiving their valuable input are better than ever before. Community consultation takes place at the Network level through the four Health Participation Forums, meeting monthly at NCAHS sites with the Network Managers. Members' recommendations are directed to the high-level North Coast Area Health Advisory Council, the 13-member body that began operating in September 2005 after ratification by the NSW Health Minister.

Chaired by Dr Sue Page, the Council meets regularly throughout the Area and serves as a conduit between clinicians, health consumers and the local community and NCAHS management. It advises the Chief Executive on how best to support the planning and development of health services in the Area as well as conferring about the performance of the Health Service against agreed performance targets.

In the past year NCAHS has worked hard and effectively towards promoting our vision of 'healthier people living healthier lives on the North Coast'. To this end the organization has been ably assisted by our staff, our clinical consultants and contractors, and of course by the broader community with whose care we are entrusted.

I would like to thank the NCAHS Executive, all our Staff, volunteer groups, especially the Auxiliaries, and the North Coast community for the support they have provided to NCAHS, and in particular to me as Chief Executive, over the past year.



Inspecting the plans on the construction site of the Cardiac Catheterisation Laboratory is the General Manager of Coffs Harbour Health Campus, Margaret Bennett, Assistant Maintenance Manager, Ian Dellar, and Kevin Hartley, the foreman for builders, F.M. Glenn.

Health Service Profile

Geography

North Coast Area Health Service (NCAHS) covers an area of 35,570 square kilometres extending from Port Macquarie in the south, Queensland in the north and westward to the Great Dividing Range.

NCAHS shares a state border with Queensland and residents of the Southern Gold Coast and Tweed Valley share primary, secondary and tertiary health services provided by both Queensland and NSW Health Services.

The western and southern borders of NCAHS join the Hunter/New England Area Health Service, where there are also some natural flows across these borders.

Settlement patterns of residents in the NCAHS show higher concentrations on the coastal strip, with large coastal settlements at Port Macquarie, Coffs Harbour, Ballina and Tweed Heads. Inland, there is a high concentration of people in the city of Lismore. The remaining population is scattered over larger areas, making delivery of health services to isolated areas more difficult.

Population

NCAHS includes 12 Local Government Areas (LGAs), with an estimated population in 2006 of 479,930 (Source: DIPNR, Dec 2004).

Several Southern Gold Coast Statistical Local Areas (SLA's) access services in the Tweed Valley thus increasing the catchment population by approximately 52,728. Therefore the estimated population accessing public services of the NCAHS can be as large as 532,658.

Growth

NCAHS has the fastest growing population of any Area Health Service in NSW. The population of the geographical area is projected to increase to 505,360 people by 2011. This projected annualized growth rate of 1.2% is higher than the Statewide projection of 1.1% (Report of the Chief Health Officer, 2004). The LGAs with the highest projected annualized growth are Tweed (2.2%), Hastings (1.9%), Byron (1.9%), Coffs Harbour (1.6%) and Ballina (1.4%). (Source: DIPNR).

High growth is also expected in the southern Gold Coast region thus increasing the catchment population for the Tweed Valley even further.

Age of the population

The proportion of the population aged 0 to 14 years in NCAHS is 19%, the same as the NSW average. North Coast Area Health Service has a slightly lower proportion of people aged 15–24 years (11%) compared to NSW (13%), and aged 25–64 years (51% in NCAHS compared to 54% in NSW). North Coast Area Health Service has the highest proportion of people aged 65 years and over, at 19% of the population compared to the NSW average of 14%. (Source: DIPNR, 2004)

Growth in aged population

By 2011, it is predicted the proportion of people in NCAHS aged 65 years and over will have increased from 19% (in 2001) to 21% of the total population. This 65 years plus age group has the highest projected growth rate in NCAHS. This age group will grow at a significantly higher rate than the Statewide aged population, which is expected to grow from 13% to 15% of the total population over the same period. (Source: DIPNR, 2004)

The Aboriginal population

In the 2001 census, 14,753 residents of NCAHS identified themselves as Aboriginal, representing 3.4% of the Area's total population. This represents a significantly higher proportion of Aboriginal residents than NSW as a whole (2%). The LGAs with the highest numbers of Aboriginal people are Kempsey (2,285), where Aboriginal people make up 9.6% of the population, Tweed (1,861), Coffs Harbour (1,809) and Lismore (1,379). (Source: 2001 Census, Usual Residents Profile).

Cultural diversity

The North Coast has a much less culturally diverse population than the rest of NSW. In NSW, 30.1% of the population was born overseas and 25% speak a language other than English at home. In NCAHS only 2.6% of the population speaks a language other than English at home. (Source: 2001 Census, Usual Residents Profile)

Socio-economic status

The North Coast is lower than the NSW average on most measures of socio-economic status.

Of the eight Area Health Services in NSW, the North Coast has:

- The highest proportion of low income (<\$300/week) households (17.5% compared to NSW average 12.2%).
- The lowest proportion of high income (> \$1,500/week) households (7.4% compared with NSW average 21.2%).
- Highest proportion of the population on disability/sickness benefit (12.6% compared with NSW average 7.7%).
- Highest proportion of the workforce on unemployment benefits (8.3% compared with NSW average 4.4%).
- Highest level of one-parent families (13.9% compared with NSW average 10.4%) and the highest proportion of families with dependent children receiving parenting payments (46.8% compared with NSW average 30.3%).
- The lowest Index of Relative Socio-economic Disadvantage (956 compared with NSW average 1000) and lowest Index of Education & Occupation (958 compared with NSW average 1010). (Source: SEIFA, 2001).

Purpose & Goals

Vision

Healthier people living healthier lives on the North Coast.

Purpose

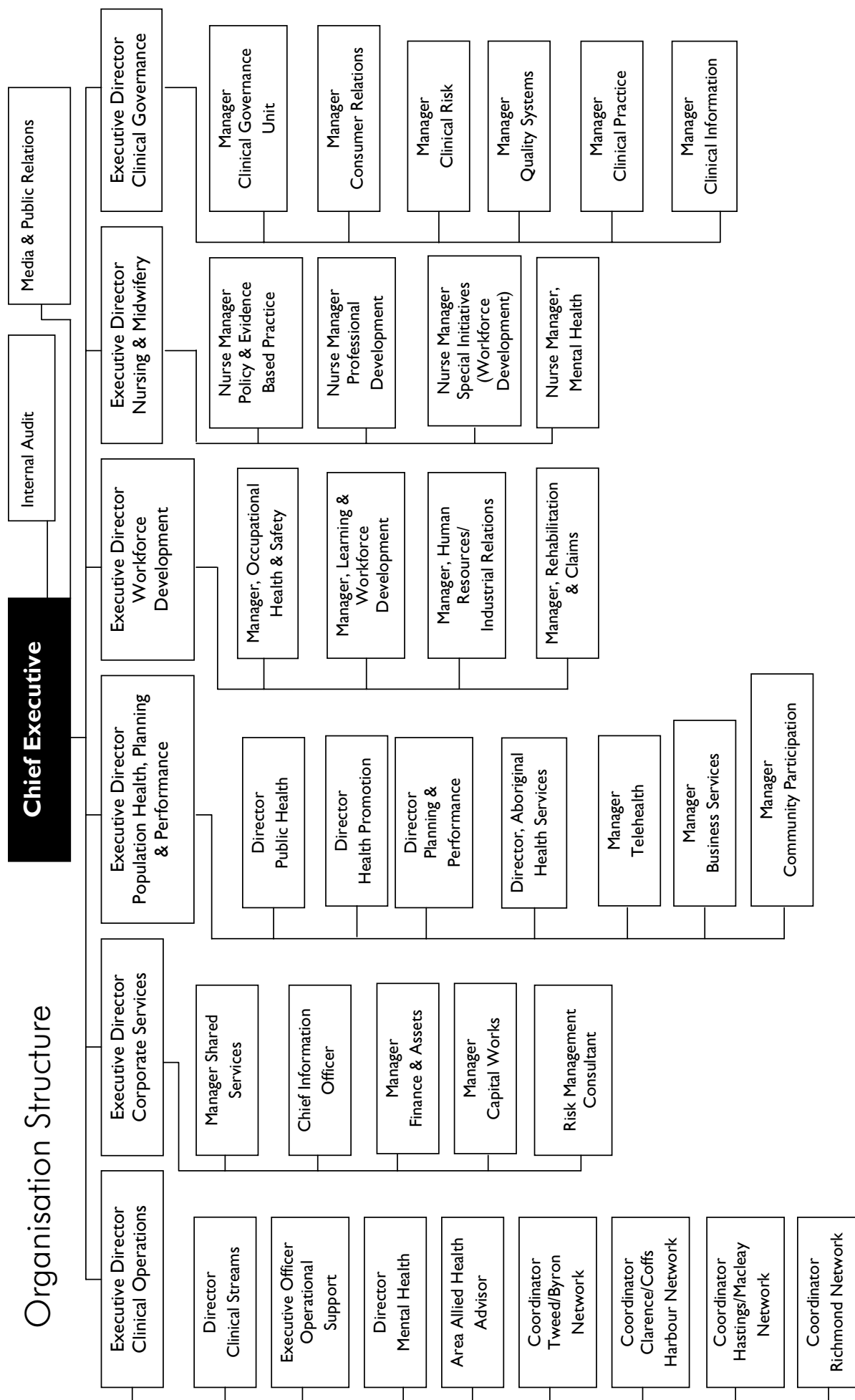
Promoting healthy living and providing quality accessible health care for the people of the North Coast.

Values

- Respect and dignity.
- Care and compassion.
- Honesty and integrity.
- Equity, access and fairness.

Goals

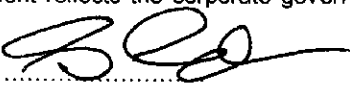
- To keep people healthy.
- More people adopt healthy lifestyles.
- Prevention and early detection of health problems.
- A healthy start to life.
- To provide the health care people need.
- Emergency care without delay.
- Shorter waiting times for booked non-emergency care.
- Fair access to Health Services.
- To deliver high quality health services.
- Consumers satisfied with all aspects of services provided.
- High quality clinical treatment.
- Care in the right setting.
- To manage Health Services well.
- Sound resource and financial management.
- Skilled, motivated staff working in innovative environments.
- Strong corporate and clinical governance.



Corporate & Clinical Governance Statement

Corporate Governance Statement North Coast Area Health Service 2005/06

This statement reflects the corporate governance arrangement in place with the North Coast Area Health Service.

Signature: 

Christopher Crawford, Chief Executive for the North Coast Area Health Service

Date: 25 September 2006

Signature: 

Gail Farrar, Internal Audit Manager for the North Coast Area Health Service

Date: 25 September 2006

Responsibility

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

The Chief Executive

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

The Chief Executive is committed to better practices contained in the *NSW Health Corporate Governance and Accountability Compendium*, issued by the NSW Department of Health.

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

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

Strategic Direction

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

Code of Conduct

The Chief Executive and the Area Health Service have adopted the NSW Health Code of Conduct (the code), 2005 to guide all employees and contractors in carrying out their duties and responsibilities. The Code covers such matters as: professionalism and competence, conflicts of interest and fairness in decision making.

Risk Management

The Chief Executive is responsible for supervising and monitoring risk management by the Area Health Service, including the organisation's system of internal controls. The Chief Executive has mechanisms for monitoring the operations and financial performance of the Area Health Service.

The Chief Executive receives and considers all reports of the Area Health Service's External and Internal Auditors and, through the Audit and Risk Committee, ensures that audit recommendations are implemented.

A Risk Management Policy and Risk Management Framework have been adopted. Risk management assessments are being routinely undertaken and are regularly reviewed. Risks, which have been already identified, have been developed into a Risk Management Plan for the Area Health Service.

There is in place a Risk Management Plan for the Area Health Service. This plan enables the management of key risk areas including:

- Leadership and management
- Clinical Care
- Safe practice and environment
- Information management
- Workforce
- Community expectations

Committee Structure

The North Coast Area Health Service has a committee structure in place to enhance its corporate governance role and which complies with NSW Department of Health policy regarding mandatory committees. These committees meet regularly, have defined terms of reference and responsibilities, and are evaluated against agreed criteria.

Health Care Quality Committee

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

Audit and Risk Committee:

The Chief Executive and the Area Health Service has established an Audit and Risk Committee. The committee is chaired by Mr W Grimshaw and consists of the following members, Mr M Marshall and the Chief Executive.

The Committee meets 5 times per year (including once to review the audited financial statements).

The objectives of the Audit and Risk Management Committee are to:

- Maintain an effective internal control framework
- Review and ensure the reliability and integrity of management and financial information systems
- Review and ensure the effectiveness of the internal and external audit functions
- Monitor the management of the key risk area (clinical, OH&S, finance and corporate) to the North Coast Area Health Service.

Finance and Resources Committee:

The Chief Executive has established a Finance and Resources Committee. This Committee is chaired by the Chief Executive and consists of the following members

- Director Corporate Services,
- Director Clinical Operations,
- Director Nursing and Midwifery,
- Director Population Health and Planning,
- Director Workplace Development and
- Director Clinical Governance.

The Finance and Resources Committee meets 12 times per year.

The objectives of the Finance and Resources Committee are to:

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

The Chief Executive endeavours to comply with the provisions of the Accounts and Audit Determination for the North Coast Area Health Service issued by the NSW Department of Health.

Performance Appraisal

- The Chief Executive has ensured that there are processes in place to:
- Monitor progress of matters and achievement of targets contained within the performance agreement between the Chief Executive and the Director-General of the NSW Department of Health. This is achieved through the Population Health and Planning Directorate.
- Regularly review the performance of the North Coast Area Health Service through the Annual Governance Review process.
- Annually review the performance of all employees in line with corporate objectives and targets
- Has in place, current performance agreement with all Health Service Executives within the health service

Privacy

NCAHS is committed to meeting its privacy obligations under the Privacy & Personal Information Protection Act 1998 and the health records information privacy act 2002 by ensuring that:

- All information is collected in accordance with privacy principles and stored securely
- All staff and health professionals understand their privacy obligations
- Policy and procedures allow access to personal health information
- Appropriate systems and policies are in place to protect information from unauthorised access, use and disclosure
- Information that is appropriately given to patients/clients is up-to-date

Clinical Governance

The NSW Patient Safety and Clinical Quality Program was launched in July 2004 and one of the key components of the Program was the establishment of Clinical Governance Unit's (CGU) in each Area Health Service.

The NCAHS CGU was established with the appointment of Dr David Hutton in January 2005. During 2005, the appointment of the following CGU clinical leadership positions were made:

- Clinical Governance Unit Manager
- Clinical Risk Manager
- Clinical Practice Manager
- Clinical Information Manager
- Consumer Relations Manager
- Quality Systems Manager

Other key appointments to the CGU include the four Network Patient Safety Officers (PSO) and Incident Information Management Coordinator.

The appointment of the four Network Patient Safety Officers will provide leadership within each Network in relation to clinical risk management, especially the management of Root Cause Analysis.

The position of Incident Information Management Coordinator has responsibility for ensuring the implementation and maintenance of the Incident Information Management System (IIMS) across the NCAHS.

The NCAHS Health Care Quality Committee (HCQC), chaired by the Chief Executive, operates as the key clinical governance committee of NCAHS. The operation of the HCQC throughout 2005/06 has strengthened the clinical governance reporting and monitoring functions for clinical services across the NCAHS.

The NCAHS Clinical Governance Framework has paved the way for promoting the functions of clinical governance throughout the NCAHS. This framework enables compliance with Departmental direction as part of the Patient Safety and Clinical Quality Program, and addresses the vital concerns raised by clinicians and consumer representatives during consultation. It aims to build clinical governance into the core business of leadership and management. The key themes throughout the framework are:

- Provide a consumer (patient) focus;
- Provide support to clinicians; and
- Ensure accountability for clinical safety and quality.

Key achievement for the CGU in 2005/06 include

- Development of the NCAHS Clinical Governance Framework Implementation Plan for implementation during 2006/07.
- Clinical leadership and support in the oversight of incident management, including the root cause analysis of all serious clinical adverse events and the implementation of recommended actions to minimise the risk of their recurrence.
- Provide support to managers and clinicians with the management of the Incident Information Management System (IIMS) to assist them with the timely notification and management of incidents and complaints;
- Facilitated and supported the following sites undergoing external accreditation Ballina Hospital and Community Health, Murwillumbah Hospital and Community Health, The Tweed Hospital and Community Health, Campbell Hospital and Community Health, Grafton Hospital and Community Health, Maclean Hospital and Community Health, Casino Hospital and Community Health and Byron/ Mullumbimby Hospitals and Community Health
- The establishment of the Area Clinical Policy Framework has facilitated the development of area clinical policies, guidelines and procedures. The framework will ensure clinical documents are based on best available evidence and undergo appropriate clinical consultation.
- Conducted three Safety Improvement Program training workshops. Following this 2-day workshop participants have a working understanding of how to effectively use the Root Cause Analysis tools, formulate appropriate recommendations that address the causal and contributing factors of critical incidents and "Close the loop" through implementation of recommendations and evaluation of the effectiveness of corrective actions.
- Developed Consumer Rights and Responsibility Policy and Brochure and Management of a Complaint Policy.

Organisation – Profile, Structure, Purpose & Goals

In 2005/06 the Clinical Governance Unit has provided leadership in the implementation of the following projects:

- Hand Hygiene
- Falls Coordination
- Rollout of Teleforms for clinical audits
- National Inpatient Medication Chart
- Venothromboembolism (VTE) Prevention Collaborative

The NCAHS Clinical Governance Framework Implementation Plan was endorsed by NCAHS Area Executive Team in August. The purpose of this Implementation Plan is to ensure that the NCAHS Clinical Governance Framework is utilized by clinician and health manager across the North Coast to progress patient safety, improve clinical practice and ensure patients receive high quality care.

The members of the CGU will conduct a Roadshow across the NCAHS to present the NCAHS Clinical Governance Framework Implementation Plan to clinicians and managers.

Copies of both the NCAHS Clinical Governance Framework Implementation Plan and the NCAHS Clinical Governance Framework will be made available to all sites during September 2006. The document can also be accessed by health managers and clinician on the Clinical Governance website.



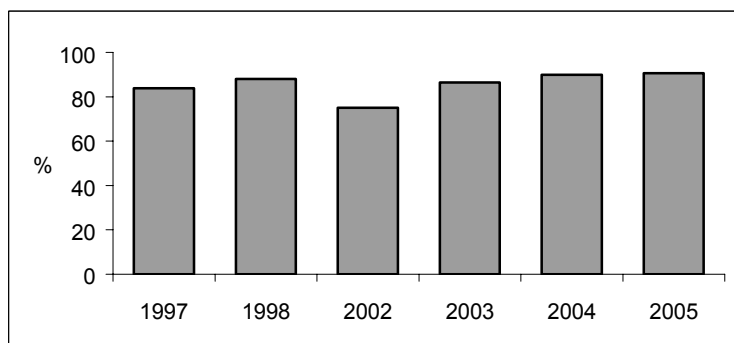
Supporting the Clean Hands Campaign from left: Beryl Jordan, Director of Nursing, Grafton Base Hospital, Robin Osborne, Area Media Manager, Janne Boot, Executive Director Workforce Development, Becky Wright, Infection Control Clinical Nurse Consultant, Northern, Maureen Lane, Director, Planning & Performance Unit, Chris Crawford, Chief Executive, Stewart Dowrick, Executive Director, Corporate Services and front Dr David Hutton, Executive Director, Clinical Governance.

Performance Highlights & Performance Indicators

Percentage of service users surveyed rating as excellent, very good or good

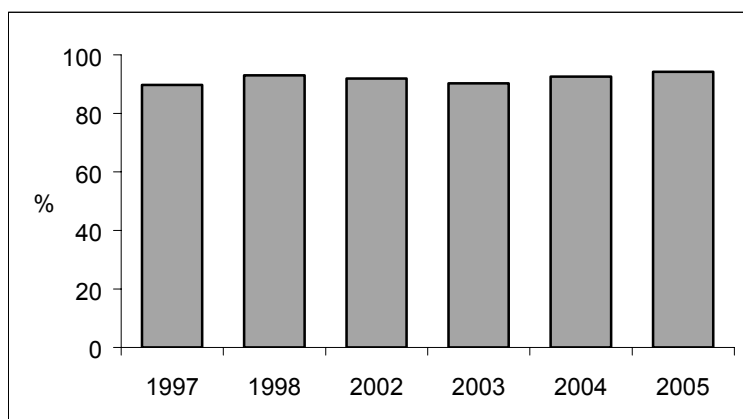
Emergency Department

1997	83.9
1998	88
2002	75
2003	86.5
2004	89.9
2005	90.6



Hospital inpatient

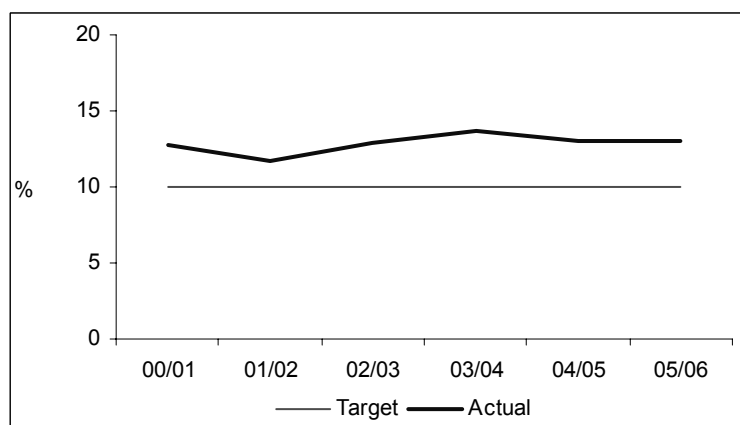
	Actual
1997	89.7
1998	93
2002	91.9
2003	90.3
2004	92.6
2005	94.2



Comment: consumer satisfaction has improved over the six-year period by 8% for emergency department and 5% for hospital inpatients.

Mental Health acute adult readmission - within 28 days to same mental health facility (%)

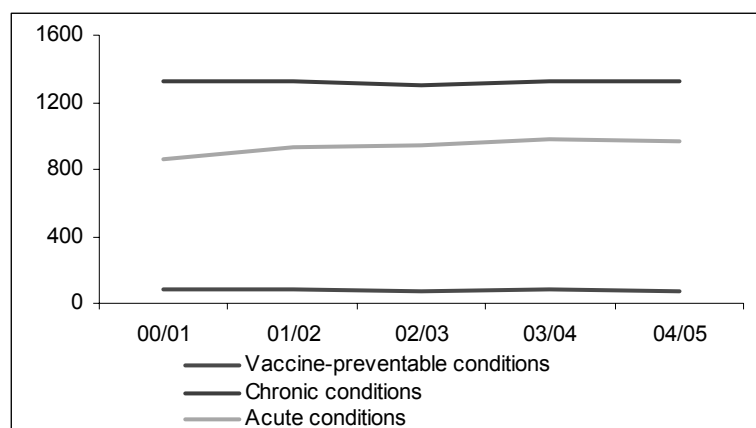
	Actual	Target
00/01	12.8	10
01/02	11.7	10
02/03	12.9	10
03/04	13.7	10
04/05	13.0	10
05/06	13.0	10



Section 2 - Performance

Vaccine-preventable conditions

	00/01	01/02	02/03	03/04	04/05
Vaccine-preventable conditions	84	85	71	88	67
Chronic conditions	1326	1326	1305	1322	1328
Acute conditions	860	932	943	982	970

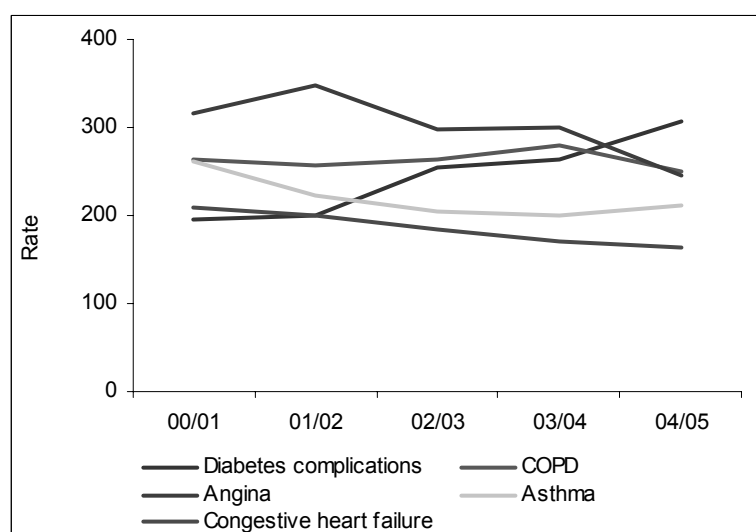


Comment: the target of less than 87.3 (age adjuster rate per 100,000 population) was exceeded by 20.1.

Potentially avoidable hospital admissions

Top 5 Chronic conditions - (age-adjusted rates of per 100,000 population)

	00/01	01/02	02/03	03/04	04/05
Diabetes complications	196	200	255	264	307
COPD	263	257	263	280	251
Angina	315	347	297	301	245
Asthma	261	224	205	200	211
Congestive heart failure	209	200	185	171	164



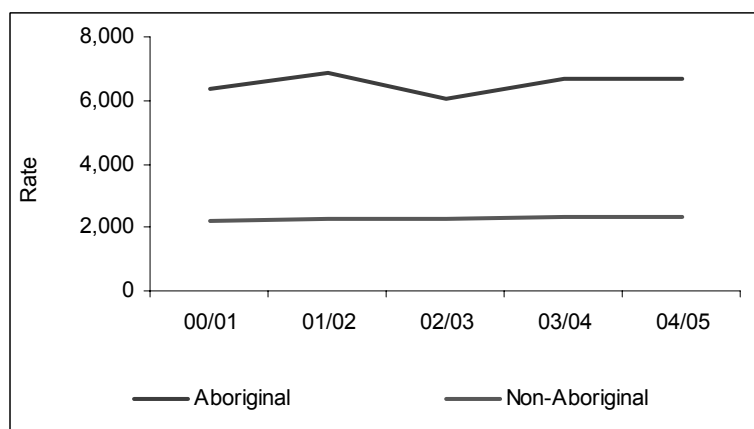
Comment: the target of 1190 (age adjusted rate per 100,000 population) was exceeded by 138, however, the Sustainable Access Program review conducted by NCAHS has demonstrated significant increase in acute bed-days saved as a result of programs including COMPACS, Transitional Care, Priority health Care Programs.

Section 2 - Performance

The next phase of the CSRP will focus on hospital avoidance for aged care and chronic care patients, expansion of community based programs including PHCP to better meet the needs of chronic care patients in the community and development of Area Wide Chronic Care Management Framework to better target priority areas will assist in meeting these targets.

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

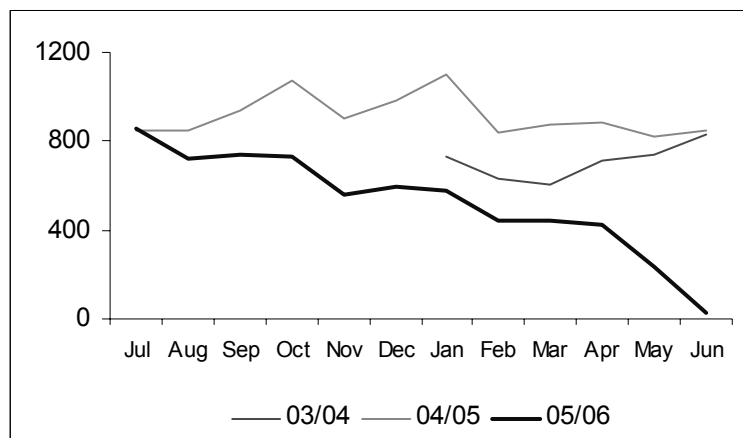
	00/01	01/02	02/03	03/04	04/05
Aboriginal	6393	6835	6030	6691	6668
Non-Aboriginal	2174	2245	2256	2312	2334



Comment: the target of less than 6691 (age adjusted rate per 100,000) was met.

Waiting times - booked medical and surgical patients: More than 30 days - categories 1 & 2 (number)

	03/04	04/05	05/06
Jul		849	854
Aug		851	722
Sep		935	740
Oct		1,075	733
Nov		906	557
Dec		981	597
Jan	731	1,100	580
Feb	629	841	439
Mar	602	875	442
Apr	717	887	427
May	744	824	235
Jun	829	846	25



Comment: The final Urgency category 1 and 2 result of 25 waiting by end of June 2006 is a significant improvement on previous results.

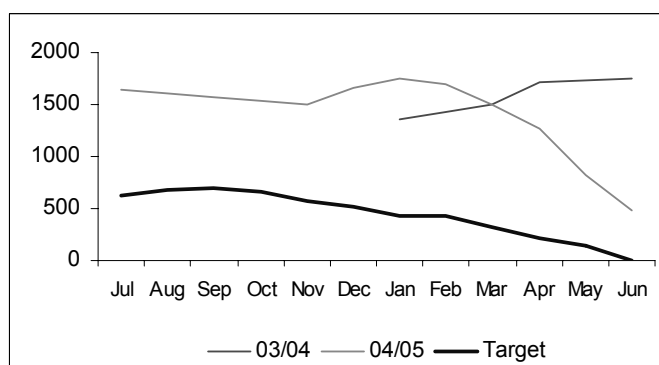
NCAHS has the highest proportion of people aged 65 years+ (19%) compared to the NSW average (14%). This age group has a high level of demand for surgery. Demand has also been driven by high population growth overall - NCAHS has a projected annual population growth of 1.2% compared to a Statewide figure of 0.8 %.

Section 2 - Performance

Waiting times - booked medical and surgical patients:

More than 12 months - categories 1,2, 7 & 8 (number)

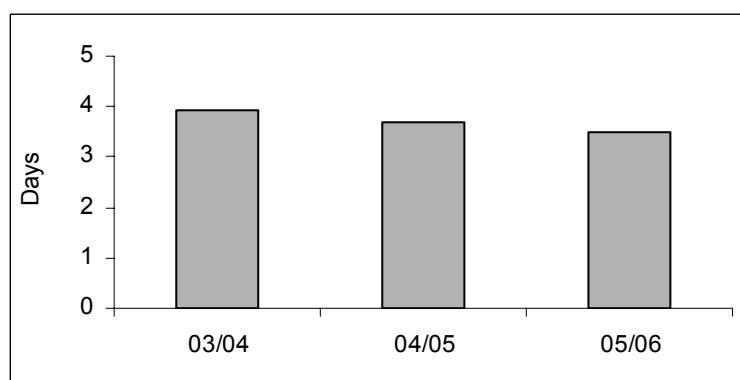
	03/04	04/05	Target
Jul		1,638	624
Aug		1,606	681
Sep		1,573	688
Oct		1,537	659
Nov		1,505	576
Dec		1,656	522
Jan	1,359	1,752	433
Feb	1,431	1,703	428
Mar	1,497	1,498	315
Apr	1,723	1,261	210
May	1,725	818	138
Jun	1,745	475	-



Comment: The target for medical and surgical ready for care patients waiting greater than 12 months was met.

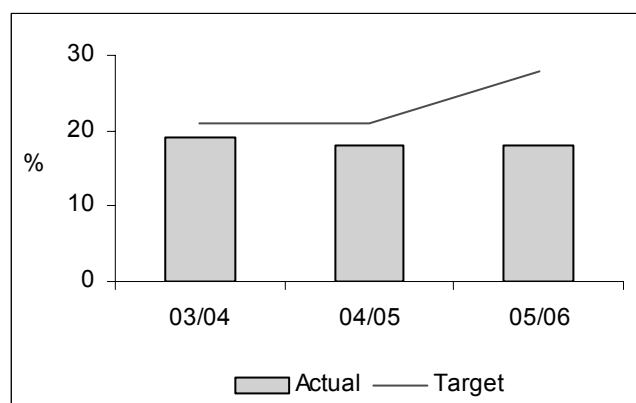
Overall Length of Stay - including same day admissions (days)

Year	Days
03/04	3.92
04/05	3.68
05/06	3.51



Comment: The average length of stay in hospital has reduced by 3.5%.

Weekend discharges for overnight emergency medical patients (%)



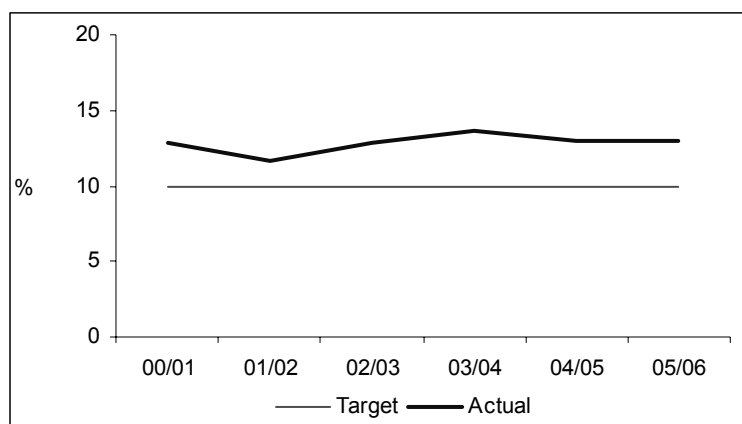
Comment: The target for weekend discharges for overnight emergency medical patients was not met. The major factors impacting on this result include an increase in medical admissions of 13% compared with 2004/05.

NCAHS has the higher proportion of people aged 65 years+ (19%) compared to the NSW average (14%). NCAHS has a projected annual population growth of 1.2% compared to a Statewide figure of 0.8 %.

Section 2 - Performance

Mental Health Need Met (%)

	00/01	01/02	02/03	03/04	04/05	05/06
Ambulatory care	47	49	51	51	66	66
Acute inpatient	39	31	70	76	84	84



Comment: NCAHS exceeded the ambulatory care target at 66%.



Maria Nind, Enrolled Nurse and Kym Hickey, A/Manager, Periop Unit with patient in one of the new 10 beds at Lismore Base Hospital Short Stay Unit.

Section 2 - Performance

1. Refer to Area Performance reports prepared by Information Mental Health for details about each indicator.
2. Actuals quoted for Provider Time and Outcome Collection Occasions were extracted only from the State HIE as at 15/09/06
These figures are currently indicating reporting compliance rather than service provision.
3. Outcome collection occasions include only inpatient and ambulatory settings

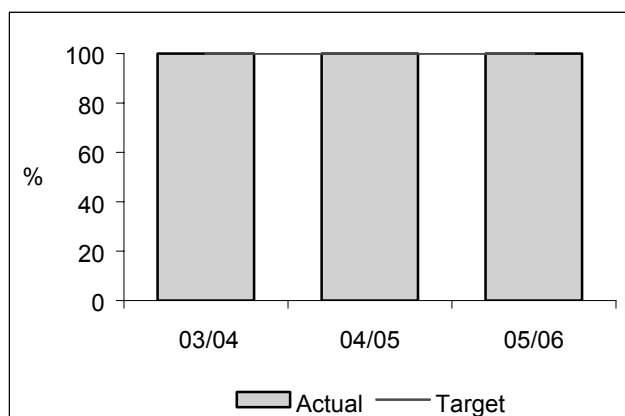
	Client Related Provider Time				Recorded Outcome Measures as % of Expected			Inpatient Self Sufficiency				Emergency Department Access Block for mental Health Problems			
	Area	Actual hours	Expected hours	Amb FTE Base	%	Actual	Expected	%	Seps Own Area	Seps Oth Area	Total seps own residents	%own res seps	%own res sep from oth area	% Jun '05	% Jun '06
	NC	99026.3	184457.7	157.5	54%	6575	12000	54.8	1555	51	1606	97%	3%	9%	19%
	NSW	878556.1	1985233.3	1695.1	44%	108259	170669	63	16448	1150	17598	93%	7%	31%	29%

Section 2 - Performance

Emergency Department - cases treated within Australian College of Emergency Medicine (ACEM) benchmark times (%): source: EDIS

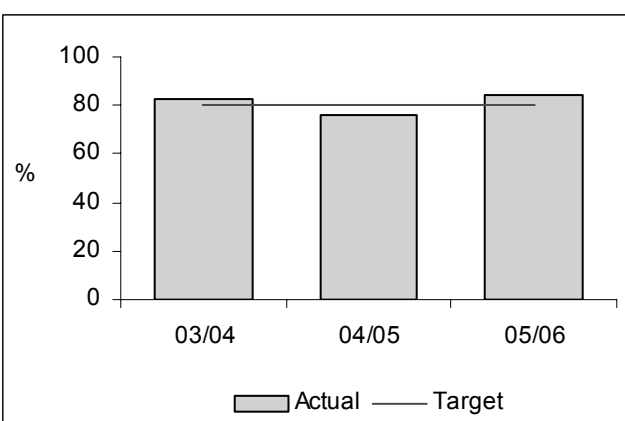
Triage 1 (within 2 minutes)

	Actual	Target
03/04	100	100
04/05	100	100
05/06	100	100



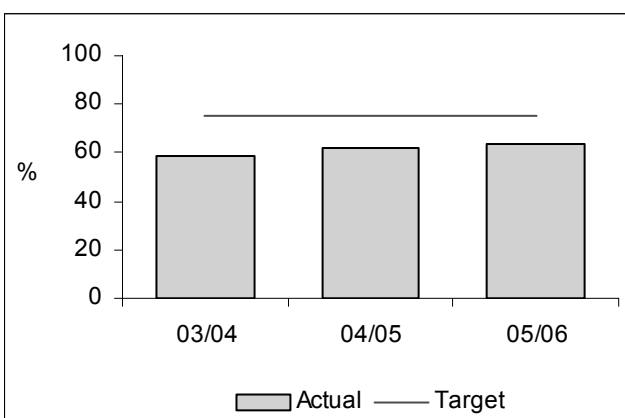
Triage 2 (within 10 minutes)

	Actual	Target
03/04	83	80
04/05	76	80
05/06	84	80



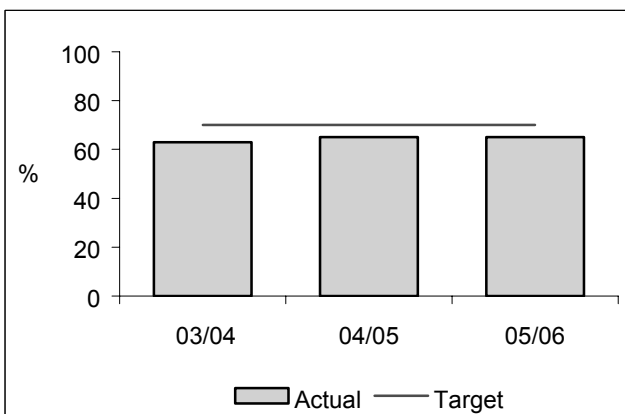
Triage 3 (within 30 minutes)

	Actual	Target
03/04	59	75
04/05	66	75
05/06	64	75



Triage 4 (within 60 minutes)

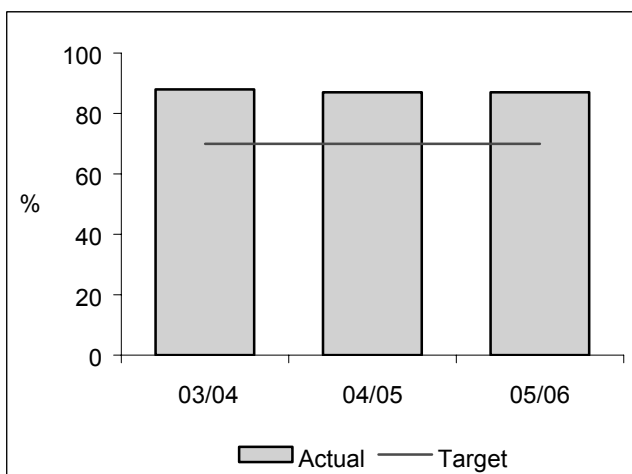
	Actual	Target
03/04	63	70
04/05	65	70
05/06	65	70



Section 2 - Performance

Triage 5 (within 120 minutes)

	Actual	Target
03/04	88	70
04/05	87	70
05/06	87	70

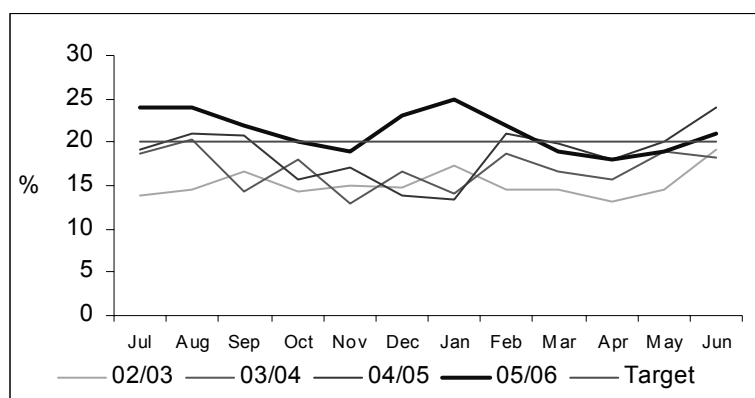


Comment

Triage 1, 2 and 5 targets were met. ED attendances in 2005/06 increased by 4% over the previous year. Growth in presentations was noted in all triage categories with exception of triage 5: Measures to improve future performance include development of business rules for EDIS and in-service education for staff planned for 2006/2007. Other targeted strategies will include the roll out of Clinical Service Redesign Programs across all NCAHS Emergency Departments & "hard-wire" practice improvement into local systems. Additionally, NSW Health is conducting ED models of care presentations.

Access block

AB	02/03	03/04	04/05	05/06	Target
Jul	14	19	19	24	20
Aug	15	20	21	24	20
Sep	17	14	21	22	20
Oct	14	18	16	20	20
Nov	15	13	17	19	20
Dec	15	17	14	23	20
Jan	17	14	13	25	20
Feb	15	19	21	22	20
Mar	15	17	20	19	20
Apr	13	16	18	18	20
May	14	19	20	19	20
Jun	19	18	24	20	20



Comment:

Access Block across NCAHS fluctuated throughout the year, particularly in the busy winter period, however the overall target of 20% was achieved.

Section 2 - Performance

To keep people healthy

More people adopt a healthy lifestyle

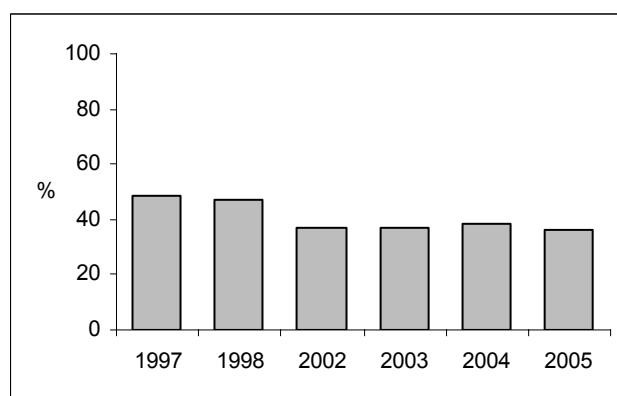
	Year					
Chronic Disease Risk Factors	1997	1998	2002	2003	2004	2005
Alcohol - risk drinking behaviour (%)	48.6	47.2	37.1	37.3	38.4	36.4
Smoking - daily or occasionally (%)	23.7	25	23.5	24.2	24.4	22.5
Overweight or obese (%)	41.9	42.5	43.1	49.3	46.3	51
Physical activity - adequate (%)	na	48.2	49.6	43.6	55.7	50.5
Fruit - recommended daily intake (%)	53.4	53.1	48.9	51.9	46.8	55.3
Vegetables - recommended daily intake (%)	13	11.1	10.3	11.9	9.9	11

Alcohol - risk drinking behaviour

Comment: Risk drinking behaviour has fallen by 12% between 1997 and 2005. This may be a result of television promotion campaigns and specific NCAHS programs in partnership with community groups including the Community Solutions, Traffic Offenders, Kick Start, Drink Spiking and Sober Driver programs. The NCAHS campaign aimed at senior high school students, RRISK (Reduce Risk Increase Student Knowledge), has also resulted in positive changes in attitudes and behaviour associated with risk-taking relating to alcohol, drug use, driving and celebrating. A 1% increase in risk drinking behaviour from 2003 to 2004 may be a result of an increase in alcohol advertising, availability and marketing to new target groups

Alcohol - risk drinking behaviour (%)

Percentage	
1997	48.6
1998	47.2
2002	37.1
2003	37.3
2004	38.4
2005	36.4

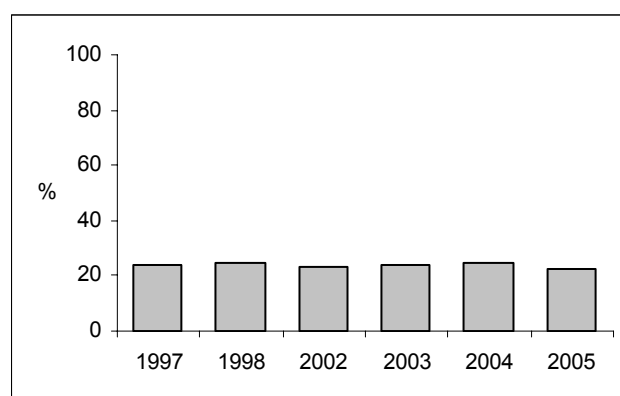


Smoking - daily or occasionally

The incidence of smoking across the North Coast has remained relatively constant however, the rate decreased slightly by 2% in the last 12 months. Health Promotion has provided consultancy on tobacco related issues to both clinical and community groups across the North Coast. Staff and community partners have been trained in intervention skills and the provision of QUIT Smoking groups. NCAHS is also focusing on providing leadership to the community by implementing Smoke Free sites across the North Coast. The latest major site to go Smoke Free was Lismore Base Hospital.

Smoking - daily or occasionally (%)

Percentage	
1997	23.7
1998	25
2002	23.5
2003	24.2
2004	24.4
2005	22.5



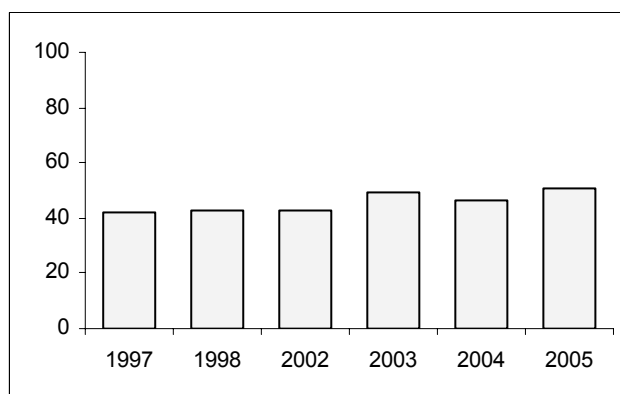
Section 2 - Performance

Overweight or obese

Comment: The number of overweight or obese people on the North Coast increased by more than 8% from 1997 to 2003. However in the last 12 months this has fallen by 3% from 49.3 to 46.3%. NCAHS Health Promotion has made childhood obesity prevention a key priority in response to recommendations of the NSW Childhood Obesity Summit. It is expected that NCAHS strategies targeting childhood obesity prevention will continue to have a flow-on effect to the adult population. These initiatives include the Fresh Tastes healthy school canteen program and the Tooty Fruity Vegies program.

Overweight or obese (%)

Percentage	
1997	41.9
1998	42.5
2002	43.1
2003	49.3
2004	46.3
2005	51



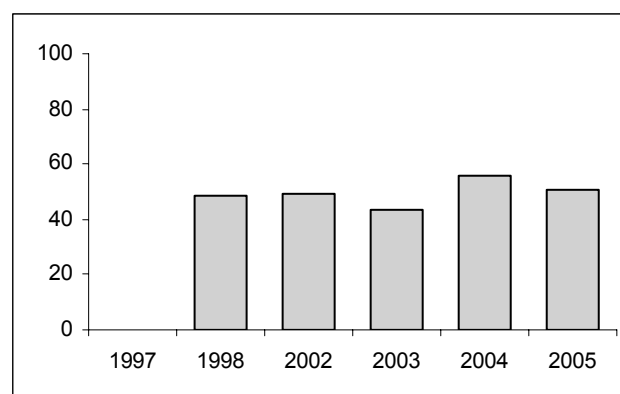
Physical activity adequate

Comment: Physical activity across the North Coast increased by 2% from 1998 to 2005. Initiatives NCAHS has in place to promote physical activity in older people include a Physical Activity directory, the Active and Older Program, Life Ball groups and the Stay Active Stay Independent multi-media campaign. Young people will be targeted with a new Physical Activity Directory for children on the North Coast.

Physical activity - adequate (%)

Percentage	
1997	n/a
1998	48.2
2002	49.6
2003	43.6
2004	55.7
2005	50.5

n/a – not available



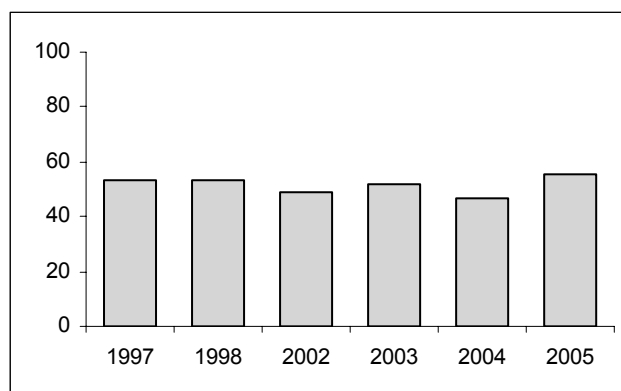
Section 2 - Performance

Fruit recommended daily intake

There is now discernable reason why the rate of vegetable consumption decreased below the target of 19.5% for the 2005/06 financial year despite being on par with the NSW Average. Fruit consumption increased by 8.8% above the target. NCAHS has a strong track record in increasing fruit and vegetable consumption through the Tooty Fruity Vegies Program, which has been implemented in 55 primary schools. This will continue during 2006/07, although it is targeted towards Children, it is anticipated it will have some impact on parents and the wider community"

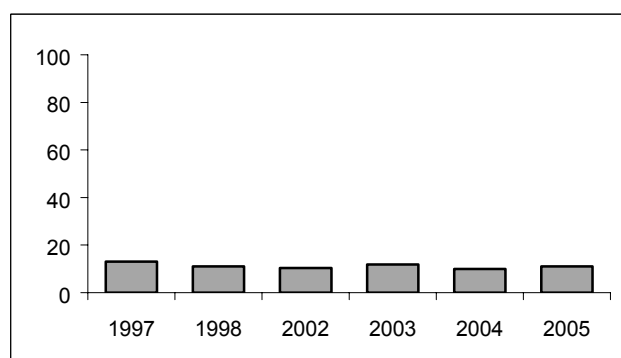
Fruit - recommended daily intake (%)

	Percentage
1997	53.4
1998	53.1
2002	48.9
2003	51.9
2004	46.8
2005	55.3



Vegetables – recommended daily Intake (%)

	Percentage
1997	13
1998	11.1
2002	10.3
2003	11.9
2004	9.9
2005	11



Section 2 - Performance

Prevention and early detection

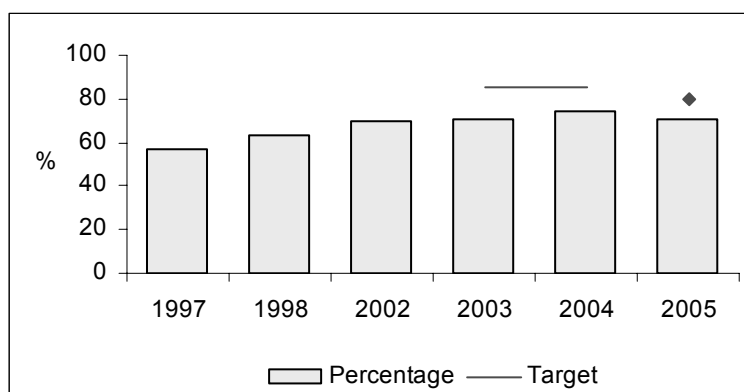
Adult immunisation

People aged 65 years and over vaccinated against:	Year					
	1997	1998	2002	2003	2004	2005
Influenza - in the last 12 months (%)	57.1	63	69.5	70.5	74.6	70.4
Pneumococcal disease - in the last 5 years (%)	na	na	37.7	40.3	41.8	52

People aged 65 years and over vaccinated against influenza - in the last 12 months

	Percentage	Target
1997	57.1	n/a
1998	63	n/a
2002	69.5	n/a
2003	70.5	85
2004	74.6	85
2005	70.4	80

n/a – not available

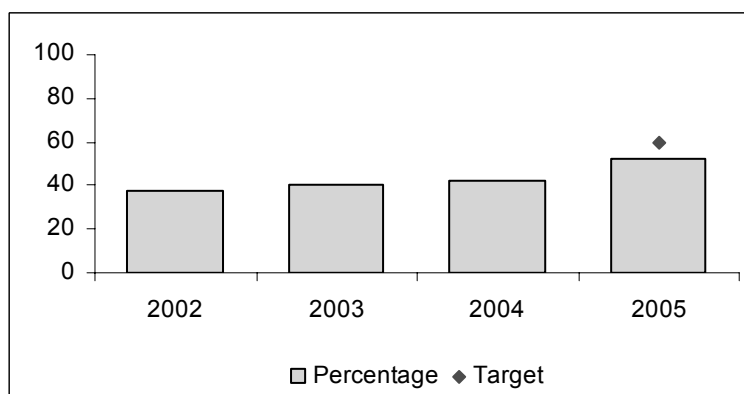


Comment: The great majority of Influenza Vaccine for people aged 65 and over is provided by local General Practitioners. NCAHS is working actively with the Divisions of General Practice and General Practitioners to encourage increases in the number of people vaccinated.

People aged 65 years and over vaccinated against pneumococcal disease - in the last 5 years (%)

	Percentage	Target
2002	37.7	n/a
2003	40.3	n/a
2004	41.8	n/a
2005	52	60

n/a – not available



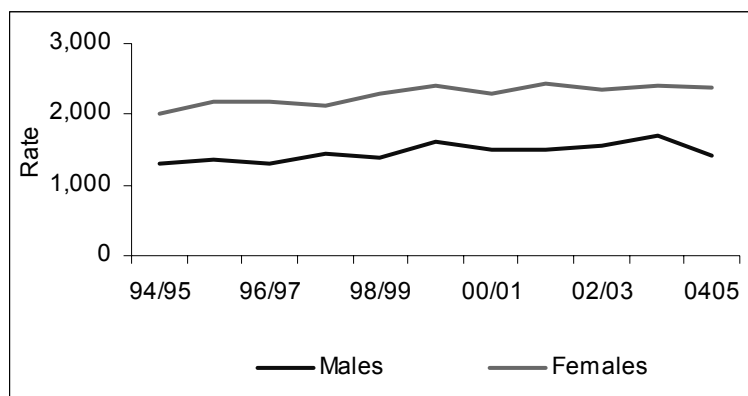
Comment: The North Coast continues to show an increase in the number of older people vaccinated against influenza and pneumococcal disease. NCAHS continues to work with the Division of General Practice to encourage the elderly community to immunise against these diseases. Based on the volume of influenza vaccine received this year, NCAHS expects to exceed its immunisation target next year.

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

The NCAHS rate has slightly decreased for women and more significantly for men. Both male and female groups in the NCAHS are lower than the average for the state.

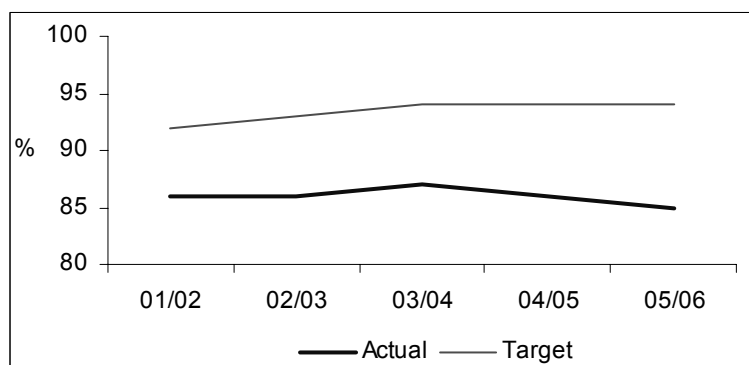
	94/95	95/96	96/97	97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05
Males	1294	1354	1311	1453	1398	1615	1503	1488	1570	1692	1425
Females	1998	2168	2189	2116	2278	2414	2288	2443	2343	2416	2370

Section 2 - Performance



Children fully immunised at 1 year (%)

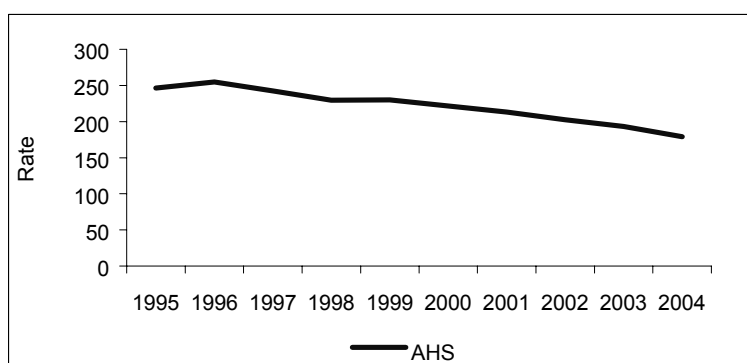
	01/02	02/03	03/04	04/05	05/06
Actual	86	86	87	86	85
Target	92	93	94	94	94



Comment: NCAHS has pockets of conscientious objectors across the Area. With an estimated 6.4% of the eligible population registered as such, compared to a State figure of 0.9%. This makes the target of 94% difficult to achieve.

Potentially avoidable mortality – persons aged 75 and under (aged-adjusted rate per 100,000 population)

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
AHS	246.3	255	242.5	229.7	229.9	221.7	213.3	202.4	193	179



Comment: There is a steady decrease across the NCAHS in potentially avoidable mortality (deaths) in persons age 75 and under, as health services improve and people are living longer.

Selected Activity Levels

Contracted to Private Hospitals

			Seps	LOS
St Vincent's Private Hospital, Lismore	Planned	Overnight	106	1,177
St Vincent's Private Hospital, Lismore	Planned	Same Day	669	669
St Vincent's Private Hospital, Lismore	UnPlanned/Other	Overnight	155	1,457
St Vincent's Private Hospital, Lismore	UnPlanned/Other	Same Day	20	20
Lismore Private Day Surgery	Planned	Same Day	226	226
Lismore Private Day Surgery	UnPlanned/Other	Same Day	82	82
			1,258	2,942

Public Hospital Activity Levels

Facility	Separations YTD	Planned Separations	Planned Sep %	Same Day Separations	Same day Sep %	Daily Average	Total Bed Days (Days episode)
Ballina District Hospital	6,919	4,071	58.84%	5,027	72.66%	48.4	17,664
Bellinger River District Hospital	2,177	786	36.10%	843	38.72%	25.8	9,414
Byron Bay District Hospital	1,411	638	45.22%	481	34.09%	16.4	5,985
Campbell Hospital, Coraki	544	180	33.09%	49	9.01%	9.7	3,533
Casino and District Memorial Hospital	3,049	1,266	41.52%	959	31.45%	31.4	11,447
Bonalbo Hospital	569	65	11.42%	55	9.67%	5.0	1,828
Coffs Harbour Base Hospital	19,808	9,325	47.08%	8,802	44.44%	209.4	76,413
Dorrigo Multi-Purpose Service	384	40	10.42%	147	38.28%	2.9	1,054
Grafton Base Hospital	12,224	6,845	56.00%	6,820	55.79%	97.3	35,513
Kempsey Hospital	8,327	3,228	38.77%	4,548	54.62%	66.5	24,256
Kyogle Memorial Health Service	945	80	8.47%	329	34.81%	10.7	3,916
Lismore Base Hospital	23,646	10,714	45.31%	10,002	42.30%	230.4	84,111
Nimbin Health Service	136	21	15.44%	8	5.88%	3.0	1,106
Macksville District Hospital	3,608	1,325	36.72%	1,647	45.65%	43.4	15,844
Maclean District Hospital	2,776	992	35.73%	850	30.62%	40.1	14,648
Mullumbimby & District War Memorial Hospital	1,451	521	35.91%	225	15.51%	18.1	6,590
Murwillumbah District Hospital	6,312	2,626	41.60%	2,446	38.75%	78.4	28,630
St Vincent's Rehabilitation Service Lismore	325	324	99.69%	N/A	N/A	21.9	7,989
The Tweed Hospital	25,857	10,435	40.36%	11,576	44.77%	209.6	76,518
Urbenville Health Service	23	9	39.13%	3	13.04%	0.8	274
Wauchope District Memorial Hospital	1,828	1,254	68.60%	866	47.37%	22.2	8,085
Riverlands Drug & Alcohol Centre	446	415	93.05%	7	1.57%	0.0	7
Port Macquarie Base Hospital	12,947	4,136	31.95%	2,959	22.85%	149.4	54,531
	135,712	59,296	43.69%	58,649	43.22%	1,340.7	489,356

Section 2 - Performance

Acute Activity

Facility	Separations YTD	Over night Bed Days	Acute Avg LOS	Total Bed Days (Days episode)
Ballina District Hospital	6,863	11,498	2.4	16,523
Bellinger River District Hospital	2,146	7,884	4.1	8,727
Byron District Hospital	1,410	5,503	4.2	5,984
Campbell Hospital, Coraki	526	3,121	6.0	3,169
Casino & District Memorial Hospital	3,015	9,629	3.5	10,587
Bonalbo Health Service	562	1,740	3.2	1,793
Coffs Harbour Base Hospital	19,569	61,229	3.6	70,015
Dorrigo Multi-Purpose Service	383	905	2.7	1,052
Grafton Base Hospital	11,885	20,944	2.3	27,758
Kempsey District Hospital	8,170	17,756	2.7	22,303.
Kyogle Memorial Health Service	932	3,059	3.6	3,386.
Lismore Base Hospital	23,638	74,062	3.6	84,063.
Nimbin Health Service	136	1,098	8.1	1,106.
Macksville District Hospital	3,581	12,057	3.8	13,704.
Maclean District Hospital	2,755	13,274	5.1	14,124.
Mullumbimby & District War Memorial Hospital	1,446	6,324	4.5	6,547.
Murwillumbah District Hospital	5,925	17,505	3.4	19,943.
St Vincent's Rehabilitation Hospital, Lismore	1	14	14.0	14.
The Tweed Hospital	25,805	63,935	2.9	75,511.
Urbenville Health Service	23	271	11.9	274.
Wauchope District Memorial Hospital	1,779	6,435	4.1	7,297.
Port Macquarie Base Hospital	12,860	50,290	4.1	53,247.
	133,410	388,533	3.4	447,127

June Occupancy

Facility	Peer Group	Total Bed Days (Days episode)	Available Beds	Occupancy Rate
Ballina District Hospital	C2	1310	1358.571	96.4%
Casino and District Memorial Hospital	C2	831	1122.857	74.0%
Coffs Harbour Base Hospital	B2	6301	6917.143	91.1%
Grafton Base Hospital	C1	2720	3535.714	76.9%
Kempsey District Hospital	C1	2118	2537.143	83.5%
Lismore Base Hospital	B2	6421	7628.571	84.2%
Macksville District Hospital	C2	1331	1208.571	110.1%
Maclean District Hospital	C2	1112	1285.714	86.5%
Murwillumbah District Hospital	C1	1880	2880	65.3%
The Tweed Hospital	B2	5708	6342.857	90.0%
Port Macquarie Base Hospital	B2	4345	5751.429	75.5%
		34,077	40568.57	84.0%

Section 2 - Performance

Equivalent Non Admitted Patients (NAPS)*, 05/06

Hospital name	Equiv_NAPS
Coraki Community Health Centre	10,721
Lismore Head Injury Service	2,324
Lismore Sexual Assault Service	5,591
Lismore Women's Health Matters Clinic	2,737
Ballina District Hospital	20,388
Byron District Hospital	13,460
The Campbell Hospital, Coraki	3,057
Casino & District Memorial Hospital	18,207
Bonalbo Health Service	5,385
Grafton Base Hospital	49,246
Kyogle Memorial Health Service	6,873
Lismore Base Hospital	118,535
Nimbin Health Service	4,183
Macleay District Hospital	11,998
Mullumbimby & District War Memorial Hospital	6,212
Murwillumbah District Hospital	30,776
St. Vincent's (Rehabilitation Services)	34,619
The Tweed Hospital	112,429
Urbenville Health Service	6,430
Ballina Community Health Service	88,541
Casino Community Health Service	45,667
Kyogle Community Health Service	15,963
Grafton Community Health	77,548
Lismore Community Health Service	79,294
Nimbin Community Health Service	7,266
Macleay Community Health Service	48,075
Mullumbimby Community Health Service	44,493
Murwillumbah Community Health Service	36,620
Tweed Heads Community Health Service	146,421
Riverlands Drug & Alcohol Centre	66,652
North Coast Area PECS Services	20,900
North Coast Pathology Service	80,858
Bellinger River District Hospital	11,853
Coffs Harbour Base Hospital	102,483
Dorrigo Multipurpose Service	4,291
Port Community Health	94,872
Kempsey District Hospital	32,135
Macksville and District Hospital	14,871
Wauchope District Memorial Hospital	7,117
Kempsey Community Health Centre	60,593
Wauchope Community Health Centre	8,660
Coffs Harbour Community Health Centre	163,571
Macksville Community Health Centre	19,087
Bellingen Valley Community Health Centre	8,923
Dorrigo Community Health Centre	3,848
Camden Haven Community Health	14,945
Port Macquarie Base Hospital	78,825
	1,847,543

Section 2 - Performance

Emergency Department Attendances

Hospital Name	attendances
Ballina District Hospital	17,874
Bellinger River District Hospital	6,060
Byron District Hospital	10,336
The Campbell Hospital, Coraki	3,167
Casino & District Memorial Hospital	12,455
Bonalbo Health Service	4,367
Coffs Harbour Base Hospital	32,559
Dorrigo Multipurpose Service	2,533
Grafton Base Hospital	25,500
Kempsey District Hospital	17,303
Kyogle Memorial Health Service	5,710
Lismore Base Hospital	26,247
Nimbin Health Service	4,058
Macksville and District Hospital	11,373
Maclean District Hospital	10,358
Mullumbimby & District War Memorial Hospital	5,772
Murwillumbah District Hospital	12,340
The Tweed Hospital	40,578
Urbenville Health Service	220
Wauchope District Memorial Hospital	4,153
Port Macquarie Base Hospital	23,989
	276,952

Creditor Performance

Average creditors days 30 days

Creditors over 45 days Nil

To keep people healthy

This year's focus has been the implementation of the new North Coast Health Promotion structure and the development of the draft North Coast Area Health Service Health Promotion Strategy 2006-10. Structure, Strategy and Leadership have been identified as the three pillars for Health Promotion in this Area Health Service to hardwire prevention across the continuum of care. Structure and strategy reflect an organisation wide approach to Health Promotion and focus on three priority areas: Healthy Weight, Tobacco Control and Falls Prevention. Our most innovative program this year is the Tooty Fruity in Preschools Trial, evaluating an intervention focussing on nutrition and physical activity in preschoolers on their fruit and vegetable consumption, fundamental movement skills and BMI.

Within the NCAHS Health Promotion Service, the teams around the three priority areas are supported by Research and Evaluation, Communication, Capacity Building and Equity in Health expertise to assure high quality programs, to connect with the community and to strengthen disadvantaged population groups.

The North Coast Health Promotion Team made significant progress towards a strong unified team. Establishing closer links with other parts of the Health Service will be one of the critical tasks ahead.

To improve Health Promotion communication across Directorates, to celebrate achievements and to foster a culture of Health Promotion, the first issue of *Absolutely Positively Health Promotion* was launched in June.

Healthy Weight

- **Tooty Fruity Veggie** program in primary schools and now adapted for preschools. NSW Health has funded \$100,000 for a pilot in six preschools to inform a Statewide training program for preschool teachers in 2007.
- **Active Play Guide** - physical activity options for children in all major towns and distributed by Local Government and Community Health.
- **Healthy Kids Conference** a successful collaboration with Department of Education.
- **GOSH** (Grant Opportunity for School Health) ongoing collaboration with Cancer Council awarding 24 seeding grants to primary schools for healthy eating and physical activity interventions.
- Primary and High School canteens **Fresh Tastes** motto supported by **Healthy School Canteen Expo**, workshops and Network meetings.

Tobacco Control

- **Smoke Free Health Care** policy was developed and accepted in 2005.
- 658 staff were educated in Smoke Free transition sessions.
- Smoke Free sites are Lismore Base Hospital, Nimbin Hospital, Kyogle Hospital, Bonalbo Hospital, Urbenville Health Service, South West Rocks and Evans Head Community Health, Port Macquarie Health Campus, South West Rocks bringing the total Smoke Free sites to 35.
- **Baxter Health Care Awards:** *Smoke Free Health Campus* nominated in 2005 for the category of Competence.
- **World No Tobacco Day** activities centred on providing free NRT to groups and services working with disadvantaged clients.
- **Brief Intervention for smoking cessation** workshops continue across the region.

Falls Prevention

- **Lifeball** groups – supported initially by Health Promotion, ten are now running independent of the NCAHS.
- **Stay Active, Stay Independent (SASI)** - this 5-year (2001-2006), multi component community-based falls prevention program has been fully implemented. A full report is in progress and will be available in September 2006.
- **Fall Injury Prevention and Management Plan 2005-2008** - developed and being implemented in acute care/ residential care and community settings.

Section 2 - Performance

RRISK-Reduce Risk Increase Students Knowledge

- The Seventh annual seminar with students from 27 high schools between Maclean and Tweed Heads registered to participate in 2006. Planning is underway to expand across the whole Area Health Service.
- Evaluation report launched in November 2005 with results indicating positive changes in student knowledge, attitudes and behaviours associated with alcohol and drug use, driving and celebrating.
- Service Excellence Award 1995, finalist in the National Drug and Alcohol Awards 2006, highly commended in the Local Government Institute of Public Works Engineers Institute Awards (IPWEA) 2006.

Drinkcheck-Alcohol Brief Intervention-

- A grant of \$27,500 was received from the Commonwealth Department of Health and Ageing - Alcohol and Harm Reduction Initiatives to produce a new client resource (self-help booklet).

ECHIDNA

- **HEALInG Program** (Healthy Eating Activities and Lifestyles for Indigenous Groups) has been adopted by Dharah Gibinj Medical Aboriginal Corporation.
- Two **HEALInG** Facilitation Workshops were conducted for staff as part of Aboriginal Cardiovascular Health Intervention Program.
- **Koori Fathering Program** Pilot Phase Evaluation Report was completed in January 2006.
- **Koori Fathering Program** funded by Department of Community Services to support the roll out of the program across NCAHS.

Health Equity

- A NCAHS Health Equity Committee has been established to facilitate an Executive driven, integrated and strategic approach towards improving Health Equity Practice across the Area. Chaired by the Chief Executive and Health Promotion providing Secretariat services.

Community Health Education Groups - CHEGS

- 35 exercise classes weekly, 20 Tai Chi classes weekly, five 'Stretch & Strengthen with Yoga principles' classes in 15 towns/villages in the Area from Grafton to Tweed.
- Nutrition and Weight Management and Memory Enhancing Workshops offered.
- Dr Paul Lam's Tai Chi for Arthritis training at Coraki Conference Centre attended by Allied Health professionals and registered Fitness Instructors.

Health Promotion Capacity Building

- Participation in organising a successful State Symposium around "Putting Evidence into Practice".
- Establishment of the Aboriginal Health Promotion Network.
- Implementation of NSW Health Promotion Directors Workforce Development Plan 2004 – 2006.

Chronic Disease Prevention Media Campaign Pilot

- Service information by telephone survey to 213 providers throughout November/December 2005 to determine relevant referral options in the event of a chronic disease media campaign.

Secretariat to NSW HP Directors' Network

- Secretariat for the NSW Health Promotion Directors' Network for the 2005 - 2006 financial year.

Solar Protection

- Resources and information products distributed to pre-schools and child care centres.
- Skin Cancer awareness for the over 55's project in collaboration with the Cancer Council is nearing completion.

Facilities and Centres

Ballina District Hospital

Executive Officer – Meryl Brown
Cherry St, PO Box 523, Ballina 2478
Phone: 02 6686 2111 Fax: 02 6686 6731

Bellinger River District Hospital

Executive Officer – Vince Carroll
Church St, PO Box 21, Bellingen 2454
Phone: 02 6655 1266 Fax: 02 6655 1838

Bonalbo Health Service

Executive Officer – Cheryl Ducat
Clarence Way, Bonalbo 2469
Phone: 02 6665 1203 Fax: 02 6665 1116

Byron District Hospital

Executive Officer – Jane Ackerman
Wordsworth St, PO Box 1066, Byron Bay 2481
Phone: 02 6685 6200 Fax: 02 6685 7521

The Campbell Hospital, Coraki

Executive Officer – Peter Jeffree
Union St, PO Box 93, Coraki 2471
Phone: 02 6683 2019 Fax: 02 6683 2573

Casino & District Memorial Hospital

Executive Officer – Peter Jeffree
Hotham St, PO Box 268, Casino 2470
Phone: 02 6662 2111 Fax: 02 6662 3774

Coffs Harbour Health Campus

Network Coordinator – Margaret Bennett
345 Pacific Highway, Coffs Harbour 2450
Phone: 02 6656 7000 Fax: 02 6656 7010

Dorrigo Multi Purpose Service

Executive Officer – Vince Carroll
Beech St, PO Box 114, Dorrigo 2453
Phone: 02 6657 2066 Fax: 02 6657 2577

Grafton Base Hospital

Executive Officer – John Wickham
Arthur St, PO Box 269, Grafton 2460
Phone: 02 6640 2222 Fax: 02 6640 2444

Kempsey District Hospital

Executive Officer – Lee Davidson
119 River St., Locked Bag 1, Kempsey 2440
Phone: 02 6562 6155 Fax: 02 6562 2038

Kyogle Memorial Health Service

A/Executive Officer – Liz Clarke
Summerland Way, PO Box 125, Kyogle 2474
Phone: 02 6632 1522 Fax: 02 6632 2237

Lismore Base Hospital

Executive Officer – Dan Madden
Uralba St, PO Box 419, Lismore 2480
Phone: 02 6621 8000 Fax: 02 6621 7088

Macksville Health Campus

Executive Officer – Peter Harper
Cnr Boundary St & Pacific H'way, Macksville 2447
Phone: 02 6568 1366 Fax: 02 6568 2348

Maclean District Hospital

Executive Officer – Paul Schofield
Union St, PO Box 93, Maclean 2463
Phone: 02 6640 0111 Fax: 02 6645 2862

Mullumbimby & District War Memorial Hospital

Executive Officer – Jane Ackerman
Azalea St, PO Box 240, Mullumbimby 2482
Phone: 02 6684 2266 Fax: 02 6684 1217

Murwillumbah District Hospital

Executive Officer – Ian Murray
Ewing St, PO Box 821, Murwillumbah 2484
Phone: 02 6672 1822 Fax: 02 6672 0299

Nimbin Health Service

Executive Officer – Ray Phelps
Cullen Street, Nimbin 2480
Phone: 02 6689 1400 Fax: 02 6689 1044

Port Macquarie Base Hospital

Network Coordinator – Jeff Pattinson
Wrights Road, PO Box 2466, Port Macquarie 2444
Phone: 02 6581 2000 Fax: 02 6580 1110

The Tweed Hospital

Network Coordinator – Trish Hogan
Powell St, PO Box 904, Tweed Heads 2485
Phone: 07 5536 1133 Fax: 07 5506 7411

Urbenville Health Service

Executive Officer – Mark Laird
45 Beauray Street, Urbenville 2475
Phone: 02 6634 1600 Fax: 02 6634 1625

Wauchope District Memorial Hospital

Executive Officer – Wilma Sims
69 High Street, Wauchope 2446
Phone: 02 6585 1300 Fax: 02 6585 3741

Community Health Centres

Alstonville Community Health

Suite 4, Robertson Ct, Green St.,
PO Box 224, Alstonville 2477
Phone: 02 6628 0849 Fax: 02 6628 7578

Ballina Community Health

Cnr Fox & Cherry Sts, PO Box 523, Ballina 2478
Phone: 02 6686 8977 Fax: 02 6686 0187

Bangalow Community Health

31 Granuaille Rd, PO Box 77, Bangalow 2479
Phone: 02 6687 0000 Fax: 02 6687 0001

Banora Point Community Centre

Cnr Woodlands & Leisure Drives, Banora Point
2486 PO Box 904 Tweed Heads 2485
Phone: 07 5524 9146 Fax: 07 5513 1440

Bellingen Community Health

Church St, PO Box 21, Bellingen 2454
Phone: 02 6655 1266 Fax: 02 6655 1838

Bonalbo Community Health

Clarence Way, Bonalbo 2469
Phone: 02 6665 1203 Fax: 02 6665 1417

Byron Bay Community Health

Shirley St., PO Box 1066, Byron Bay 2481
Phone: 02 6685 6254 Fax: 02 6685 5729

Camden Haven Community Health

Cnr Norman & Laurie Sts, Laurieton 2443
Phone: 02 6559 9003 Fax: 02 6559 9840

Casino Community Health

Canterbury & North Streets,
PO Box 268, Casino 2470
Phone: 02 6662 4444 Fax: 02 6662 4013

Coffs Harbour Community Health

Locked Bag 812, Coffs Harbour 2450
Phone: 02 6656 7200 Fax: 02 6656 7817

Coraki Community Health

Surrey St, PO Box 93, Coraki 2471
Phone: 02 6683 2019 Fax: 02 6683 2573

Evans Head Community Health

Old School Site, Woodburn St.,
PO Box 93, Evans Head 2473
Phone: 02 6682 4899 Fax: 02 6682 6414

Grafton Community Health

Arthur St, PO Box 368, Grafton 2460
Phone: 02 6640 2402 Fax: 02 6640 2422

Iluka Community Health

Corner Dulce & Micalo Street, ILUKA 2466
Phone: 02 6646 5455 Fax: 02 6646 5476

Kempsey Community Health

Locked Bag 1, Kempsey 2440
Phone 02 6562 6066 Fax: 02 6562 8116

Kingscliff Community Health

Turnock St, PO Box 1389, Kingscliff 2487
Phone: 02 6674 9500 Fax: 02 6674 9599

Kyogle Community Health

Summerland Way, PO Box 125, Kyogle 2474
Phone: 02 6632 2598 Fax: 02 6632 1699

Lismore Adult Health

29 Molesworth St, Lismore 2480
Phone: 02 6620 2967 Fax: 02 6620 2963

Lismore Child & Family Health

37 Oliver Avenue, Goonellabah 2480
Phone: 02 6625 0111 Fax: 02 6625 0102

Macksville Community Health

Cnr Boundary St & Pacific H'way, Macksville 2447
Phone: 02 6568 2677 Fax: 02 6568 2391

Maclean Community Health

Union St., Po Box 93, Maclean 2463
Phone: 02 6640 0123 Fax: 02 6645 4842

Mullumbimby Community Health

Azalea St., Po Box 240, Mullumbimby 2482
Phone: 02 6684 1677 Fax: 02 6684 1880

Murwillumbah Community Health

Cnr Wollumbin & Nullum Street
PO BOX 945, Murwillumbah 2484
Phone: 02 6670 9400 Fax: 02 6672 5133

Nimbin Community Health

Cullen Street, Nimbin 2480
Phone: 02 6689 1288 Fax: 02 6689 1044

Port Macquarie Community Health

Morton Street, Port Macquarie 2444
Phone: 02 6588 2882 Fax: 02 6588 2800

South West Rocks Community Health

7-9 Steve Eagleton Drive, South West Rocks 2431
Phone: 02 6565 9611 Fax: 02 6565 9625

Tweed Heads Community Health

Florence St, Po Box 904, Tweed Heads 2485
Phone: 07 5506 7540 Fax: 07 5506 7510

Section 3 - Health Services

Urbenville Community Health

45 Beaury Street, Urbenville 2475
Phone: 02 6634 1600 Fax: 02 6634 1625

Wauchope Community Health

High Street, Wauchope 2446
Phone: 02 6585 1133 Fax: 02 6585 3741

Woolgoolga Community Health

Beach Street, Woolgoolga 2456
Phone: 02 6654 1111 Fax:

Aboriginal Health Services

Aboriginal Health Teams can be contacted through
NCAHS Community Health Centres as well as:

Bawrunga Aboriginal Medical Service

53 High Street, Bowraville 2449
Phone: 02 6564 7506 Fax: 02 6564 7509

Bulgarr Ngaru Aboriginal Medical Service

131-133 Bacon Street, Grafton 2460
Phone: 02 6643 2199

Gurgun Bulahnggelah

51 Uralba Street, Lismore 2480
Phone: 02 6620 2740 Fax: 02 6620 7560

Dharah Gibinj Aboriginal Medical Service

43 Johnston Street, Casino 2470
Phone: 02 6662 3514 Fax: 02 6662 4849

Durri Aboriginal Medical Corporation

1 York Lane, Kempsey 2440
Phone: 6562 1604 Fax: 6562 7394

Bugalwena

Tweed Heads Community Health
Florence St, PO Box 904, Tweed Heads 2485
Phone: 07 5506 7597 Fax: 07 5506 7855

Bullegan Health Post

Bellbrook 2440 Ph: 65672006

Bawrunga Health Posts

20 - 22 Bowra Street, Nambucca Heads 2448
Phone: 02 6568 8144 Fax: 02 6568 8155
1/25 Princess Street, Macksville 2447

Jali Health Post

P O Box 24, Wardell 2477
Phone: 02 6683 4732 Fax: 6687 9751

Muli Muli Health Post Urbenville

Urbenville Health Services
Urbenville Muli Health Post
Phone: 02 6634 1600 Fax: 02 6634 1625

Partnership Aboriginal Care

Aboriginal Medical Clinic
Gordon Street, Port Macquarie 2444
Phone: 02 65881 400 Fax: 02 65881 600

Aged Care Assessment Team

Suite 9, Riverside Specialist Centre
80-82 Keith Crompton Drive,
PO Box 904, Tweed Heads 2485
Phone: 07 5506 7590 Fax: 07 5599 3757

Area Dental Office

29 Molesworth Street, Lismore, 2480
Phone: 02 6620 2142 Fax: 02 6620 7264

Area Drug and Alcohol Service

Riverlands

Hunter Street, Lismore, 2480
Detoxification Unit
Phone: 02 6620 7600 Fax: 02 6620 7639
Pharmacotherapy Unit
Phone: 02 6620 2244 Fax: 02 6620 2250

Grafton Pharmacotherapy Unit

Arthur Street, Grafton, 2460
Phone: 02 6640 2303 Fax: 02 6640 2461

MERIT (Magistrates Early Referral Into Treatment)

Suite 2, Level 2 (Box 17)
29 Molesworth Street, Lismore 2480
Phone: 02 6620 7650 Fax: 02 6621 621

Tweed Valley Drug & Alcohol Service
145 Wharf Street, Tweed Heads 2485
Phone: 07 5506 6800 Fax: 07 5506 6888

Ballina Community Health

Cnr Fox & Cherry Sts, PO Box 523, Ballina 2478
Phone: 02 6686 8977 Fax: 02 6686 0187

Byron Bay Community Health

Shirley St., PO Box 1066, Byron Bay 2481
Phone: 02 6685 6104 Fax: 02 6685 5729

Casino Community Health

Canterbury & North Streets,
PO Box 268, Casino 2470
Phone: 02 6662 4444 Fax: 02 6662 4013

Coffs Harbour Drug & Alcohol Service

Coffs Harbour Health Campus
345 Pacific Highway, Coffs Harbour 2450
Phone: 02 6656 7936 Fax: 02 6656 7937

Grafton Community Health

Arthur St, PO Box 368, Grafton 2460
Phone: 02 6640 2402 Fax: 02 6640 2422

Section 3 - Health Services

Kempsey Drug & Alcohol Service

Kempsey District Hospital
119 River St., Locked Bag 1, Kempsey 2440
Phone: 02 6562 0318 Fax: 02 6586 6040

Kyogle Community Health

Summerland Way, PO Box 125, Kyogle 2474
Phone: 02 6632 2598 Fax: 02 6632 1699

Maclean Community Health

Union St., Po Box 93, Maclean 2463
Phone: 02 6640 0123 Fax: 02 6645 4842

Mullumbimby Community Health Centre

Azalea Avenue, Mullumbimby 2482
Phone: 026684 1677 Fax: 02 6684 1880

Nimbin Community Health

Cullen Street, Nimbin 2480
Phone: 02 6689 1288 Fax: 02 6689 1044

Port Macquarie Drug & Alcohol Service

Horton Street, Port Macquarie 2444
Phone: 02 6588 2882 Fax: 02 6588 2910

Harm Reduction/Needle and Syringe Program

Primary Outlets

Tweed Heads Community Health
Corner Florence and Powell Streets,
Tweed Heads 2485
Phone 07 5506 7556

Murwillumbah Community Health
Corner Nullum and Wollumbin Streets,
Murwillumbah 2484
Phone 02 6670 9423

C/- Byron Bay Hospital,
Corner Shirley & Wordsworth Streets,
Byron Bay 2481
Phone 02 6639 6635

C/- Ballina Community Health,
Corner Fox & Cherry Streets,
Ballina 2478
Phone 02 6620 6105

C/- Lismore Hospital,
Corner Laurel Avenue & Hunter Street,
Lismore 2480
Phone 02 6622 2222

C/- Nimbin Health Centre,
Cullen Street, Nimbin 2480
Phone - 02 6689 1500

Area Mental Health Service

57 Hunter Street, Lismore, 2480
Phone: 02 6620 7587 Fax: 02 6620 7693

Bellingen Community Mental Health

Church Street, Bellingen 2454
Phone: 02 6659 800

Byron Community Mental Health

Shirley Street, Byron Bay 2481
Phone: 02 6685 6524 Fax: 02 6685 5729

Casino Community Mental Health

Canturbury Street, Casino 2470
Phone: 02 6662 4444 Fax: 02 6662 4013

Clarence Valley Community Mental Health

Arthur Street, Grafton 2460
Phone: 02 6640 2393 Fax: 02 6640 2399

Coffs Harbour Community & Inpatient Mental Health

345 Pacific Highway, Coffs Harbour 2450
Phone: 02 6656 7900 Fax: 02 6656 7928

Kempsey Community & Inpatient Mental Health Services

River Street, Kempsey 2440
Phone: 02 6562 0256 Fax: 02 6563 1819

Kyogle Community Mental Health

Summerland Way, Kyogle 2474
Phone: 02 6630 0488 Fax: 02 6632 1699

Lismore Community Mental Health

72 Hunter Street, Lismore 2480
Phone: 02 6620 2300 Fax: 02 6620 7693

Macksville Community Mental Health

Boundary Street, Macksville 2477
Phone: 02 6568 2677 Fax: 02 6568 2391

Mullumbimby Community Mental Health

Azalea Street, Mullumbimby 2482
Phone: 02 6684 1677 Fax: 02 6684 1880

Murwillumbah Community Mental Health

Cnr Wollumbin & Nullum Streets,
Murwillumbah 2484
Phone: 02 6670 9400 Fax: 02 6672 5133

Port Macquarie Community & Inpatient Services

Wrights Road, Port Macquarie 2440
Phone: 02 6581 2000 Fax: 02 6580 1185

Richmond Clinic Inpatient Unit

72 Hunter Street, Lismore 2480
Phone: 02 6620 2240 Fax: 02 6620 2197

Tweed Heads Community Mental Health

Powell Street, Tweed Heads 2485
Phone: 07 5506 7370 Fax: 07 5536 7972

Section 3 - Health Services

Tweed Valley Clinic Inpatient Unit

Powell Street, Tweed Heads 2485

Phone: 07 5506 7300 Fax: 07 5506 7303

Public Health Unit

Uralba Street, Lismore 2480

Phone: 02 6620 7500 Fax: 02 6622 2151

Morton Street, Port Macquarie

Phone: 02 6588 2750

Women's Health Services

Family Planning Service

Kempsey Community Health

Locked Bag 1, Kempsey 2440

Phone: 02 6562 6066

Port Macquarie Community Health

PO Box 126 Port Macquarie

Phone: 02 6588 2817 Fax: 02 6588 2800

Women's Health Matters

29 Molesworth Street, Lismore 2480

Phone: 02 6620 2999

Women's Health Nurse Service

Kempsey Community Health

Locked Bag 1, Kempsey 2440

Phone: 02 6562 6066

Macksville Community Health

PO Box 127 Macksville

Phone: 02 6568 2677

Port Macquarie Health Campus

PO Box 126, Port Macquarie NSW 2444

Phone: 02 6588 2817 Fax: 02 6588 2800

Sexual Assault Service

Coffs Harbour Community Health

Locked Bag 812 Coffs Harbour

Phone: 02 6656 7200

Kempsey Community Health

Locked Bag 1, Kempsey 2440

Phone: 02 6562 6066 Fax:

Lismore 'Indigo House'

PO Box 419 Lismore

Phone: 02 6620 2970 Fax: 02 6620 2161

Port Macquarie Community Health

PO Box 126, Port Macquarie 2444

Phone: 02 6588 2882 Fax: 02 6588 2800

Community Health Services may include:

Aboriginal Health Educators
Audiometrist
Child Protection
Community Nurses
Counselling
Dental Services
Diabetics Educator
Dietitian/Nutritionist
Drug & Alcohol Services
Early Childhood Nurses
Farm Safety
Health Promotion
Mental Health
Needle Syringe Program
Podiatry Service
Occupational Therapist
Physiotherapists
Receptionists
Sexual Assault
Sexual Health
Speech Pathologists
Social Worker
Support for Aged and the Disabled
Women's Health Service

Sexual Health Services/HIV Aids

Clinic 916, Coffs Harbour Sexual Health

345 Pacific Highway, Coffs Harbour 2450

Phone: 02 6656 7865 Fax: 02 6656 7817

Clinic C

Coffs Harbour Health Campus

Locked Mail Bag 812 / 345 Pacific Highway

Coffs Harbour NSW 2450

Phone: 6656 7865 Fax: 6656 7817

Clinic 229 - Grafton Sexual Health

Grafton Base Hospital

Arthur Street, Grafton NSW 2460

Phone: 6640 2229 Fax: 6656 7865

Sexual Health/AIDS (SHAIDS)

4 Shepherd Lane, Lismore 2480

Phone: 02 6620 2980 Fax: 02 6620 2985

Port Macquarie Community Health

9 Morton Street, Port Macquarie 2444

Phone: 02 6588 2882 Fax: 02 6588 2800

Clinic 145 Tweed Valley Sexual Health Service

Level 1/145 Wharf Street, PO Box 904

Tweed Heads 2485

Phone: 07 5506 6850 Fax: 07 5506 6866

Liver Clinic

29 Molesworth Street, Lismore

Phone: 02 6620 7539

Area Healthcare Service Planning

Planning & Performance Unit



Director – Maureen Lane

Overview

The purpose of the Planning and Performance Unit is to provide strategic direction, advice and consultation on policy, planning, and performance management to the NCAHS, in order to meet the health needs of our community.

The Unit undertakes to ensure that all planning in the Area is consistent with NSW Health and NCAHS policy in order to achieve better health outcomes for the community.

The Unit also ensures that Health Service development is informed by an ongoing process of consultation and input from Health Service providers, latest research, clients and consumer input, Non Government Organisations, professional and community groups. The incorporation of Government Policy into health service planning and development is a key function of the unit.

The Unit is responsible for the development of the NCAHS Performance Agreement with the NSW Health Department, and also monitoring and reporting of Service Agreements with other Non-Government Organisations.

Key focuses for the Unit in 2005/2006 included:

- Implementation of the new organisational structure with appointment of the Director and three Planning and Performance Officers.
- Completion of the following Plans:- Falls Prevention & Management, Health Promotion, Port Macquarie Base Hospital and Coffs Harbour Health Campus (CHHC) Service and Master Plans, Lismore Base Hospital Clinical Service Plan Supplement and Service Procurement Plan.
- Completion of the NCAHS Health Care Services Plan 2005-2010, Financial Impact Statement and submission to the Department of Health.
- Completion of the combined Service Procurement Plan / Project Definition Plan for CHHC Cardiac Catheterisation Laboratory.
- Continued reporting on the NCAHS Performance Agreement with NSW Health.
- Participation in Australian Council on Healthcare Standards (ACHS) internal assessment Corporate Equip.

Key Milestones were:

- ❖ North Coast Area Health Service Health Service Plan completed.
- ❖ North Coast Area Health Service Health Service Plan submitted to NSW Department of Health.
- ❖ Planning has commenced and being managed by NSW Department of Health.
- ❖ Key strategies of the Health Service Plan are being implemented including networking of facilities and clinical streaming
- ❖ North Coast Area Health Service Workforce Development Plan completed.
- ❖ North Coast Area Health Service Corporate Strategic Plan completed and submitted for NSW Department of Health.

Clinical Operations - Hospital Facilities and Services

Overview

NCAHS provides a comprehensive range of clinical services that are delivered from a total of 21 hospitals (includes 4 Multi Purpose Services) and 32 Community Health Centres throughout the NCAHS. This clinical platform is patient centred and recognises the need for patients to receive care and move smoothly between differing health settings.

There is an integrated platform for service delivery across the North Coast Area Health Service, the three component elements to this system are:

- Geographic Networks
- Hospital and Community Health Facilities and
- Area-wide Clinical Streams.

The four Geographic Networks provide a manageable framework within which care can be better planned and provided. The Networks are expected to achieve 85% to 90% in self-sufficiency in time and are the setting for the provision of most primary and secondary clinical services. The Area-wide Clinical Streams interrelate and manage services that stream across all the Networks.

Tweed/Byron Network



Network Co-ordinator - Trish Hogan

Overview

The Tweed Byron Network covers the geographic area from the Queensland border in the north to midway between Byron Bay and Ballina to the south taking in the Tweed and the majority of Byron Local Government Areas (LGAs). The Network's catchment population includes South East Queensland residents who access medical services in NSW and is characterised by high levels of coastal growth and a significant aged population.

Achievements

- Continuing accreditation for The Tweed and Murwillumbah Hospitals and Tweed Valley Community Health Services.
- Achieved zero waiting targets for long wait and urgent elective surgery patients by 30 June 2006.
- Opened the Orthopaedic step down beds at Murwillumbah District Hospital.
- Commenced the planning process for the development of the Pottsville Community Health Centre.
- Completed the relocation of The Tweed Hospital's outpatients department.
- Commenced construction of the Tweed Clinical Education and Research institute at The Tweed Hospital.
- Commenced construction of the new Tweed Breast Screening facility.
- Commenced up to sixteen community based support packages funded through the Transitional Care and COMPACS programs across the Tweed Valley.
- Established Clinical Services Redesign Program (CSRP) to review and improve clinical practice, patient flows and reduce length of stay.
- Implementation of the Shared Care Antenatal Program at Mullumbimby Hospital, offering mothers the choice of GP or midwife for their antenatal care.
- Rollout of Network management, services and resourcing commenced.

Future directions

- Open Tweed Clinical Education and Research Institute.
- Open the new Tweed Breast screening facility.
- Work towards improving the integration and utilisation of all Network facilities.

Section 3 - Health Services

Major Hospital Facilities and Other Health Services

The Network's comprehensive range of acute and community clinical services are provided from four Hospitals and seven Community Health Centres. The Tweed Hospital is the Networks major referral facility and is supported by district level hospitals located at Murwillumbah, Mullumbimby and Byron Bay. Community Health centres are located at Tweed Heads, Kingscliff, Banora Point, Murwillumbah, Mullumbimby, Bangalow and Byron Bay.

Summary of Activity

- Total admissions to hospitals increased 13.6% to 34,699.
- Operations increased 8.2% to 8,459.
- Births increased by 3.9% to 1,604.
- Occasions of services increased to 368,790.

Richmond Network



Network Co-ordinator - Deb Podbury

Overview

The Richmond Network covers the geographic areas of the Richmond and Upper Clarence Valleys taking in the Lismore, Kyogle, Richmond River and Ballina and part of the Byron Local Government Areas. The Network's catchment population is characterised by a high growth coastal fringe to relatively isolated stable populations in the west.

Achievements

- Continuing ACHS accreditation for all facilities across the Network.
- Commenced construction of Lismore Redevelopment Stage I for new Mental Health Unit.
- Progressed planning for Lismore Redevelopment Stages II and III.
- Opened thirteen additional inpatient beds including three high dependency beds at Lismore Base Hospital.
- Achieved zero waiting targets for urgent and long wait elective surgery patients.
- Opened six additional inpatient beds at Ballina Hospital
- Expanded renal dialysis services at Ballina Hospital with funding for an extra shift 3 days per week.
- Commenced construction of the new twelve bed Rehabilitation and six bed Transitional Care Units at Ballina Hospital.
- Finished redevelopment works for Casino Hospital's CSSD and installation of a new steriliser.
- Community consultation process undertaken on the options for the future development of Campbell Hospital at Coraki.

Future Directions

- Finalise planning and secure funding to progress further stages of the Lismore Redevelopment.
- Open Ballina Rehabilitation and Transitional Care Units.
- Progress integration and development of Network services.

Major Hospital Facilities and Other Health Services

The Network's comprehensive range of acute and community clinical services are provided from five Hospitals, three Multi Purpose Service (MPS) sites and eleven Community Health Centres. The Lismore Base Hospital is the Networks major referral facility and is supported by district level hospitals located at Ballina, Casino, Coraki and Bonalbo. MPS sites are located at Nimbin, Kyogle, and Urbenville and Community Health Centres at Ballina, Alstonville, Lismore, Goonellabah, Nimbin, Kyogle, Casino, Coraki, Evans Head, Bonalbo and Urbenville.

Summary of Activity

- Total admissions to hospitals increased 6.6% to 36,683.
- Operations increased 6.6% to 10,345.
- Births increased by 11.8% to 1,536
- Occasions of services increased to 546,669

Coffs/Clarence Network



Network Co-ordinator - Margaret Bennett

Overview

The Coffs Clarence Network covers the geographic area from the Clarence Valley in the north to the Nambucca Valley in the south and incorporates the LGA's of Clarence Valley, Coffs Harbour, Bellingen and Nambucca. The Network's catchment population is characterised by high levels of coastal growth and a significant aged population.

Achievements

- Commenced construction of the new Cardiac Angiography Unit at Coffs Harbour.
- Expanded ICU services to four ventilated beds at Coffs Harbour.
- Opened additional six acute inpatient beds at Coffs Harbour.
- Expansion of Renal Dialysis services through the funding of three additional dialysis chairs at Coffs Harbour.
- Commenced construction of the new North Coast Cancer Services, Radiotherapy Unit at Coffs Harbour.
- Recruitment to key medical specialist vacancies in Gastroenterology, Endocrinology and Obstetrics at Coffs Harbour and Emergency Medicine, General Medicine and Surgery at Grafton.
- Installation of CT scanner at Grafton Base Hospital.
- Installation of new medical imaging equipment at Bellingen and Macksville Hospitals.
- Living Well forums successfully running at Dorrigo Multi Purpose Service.
- Implementation of the Clinical Risk Management Program for GP's at Bellingen Hospital.
- Redevelopment of the Emergency Department at Macksville Health Campus.
- Introduction of COMPACS and Community Options Programs.

Future Directions

- Open new services in Radiotherapy and interventional Cardiology.
- Progress strategies to overcome Clinical workforce challenges.
- Develop and expand transitional and ambulatory models of care.
- Enhance Geriatric Services within the Network.

Major Hospital Facilities and Other Health Services

The Network's comprehensive range of acute and community clinical services are provided from six Hospitals, one Multi Purpose Service (MPS) site and ten Community Health Centres. The Coffs Harbour Base Hospital is the Networks major referral facility and is supported by Grafton Base and district level hospitals located at Bellingen, Macksville and Maclean. The MPS site is located at Dorrigo and community health centres at Iluka, Maclean, Grafton, Woolgoolga, Coffs Harbour, Bellingen, Dorrigo, and Macksville.

Summary of Activity

- Total admissions to hospitals increased 10.8% to 40,094.
- Operations increased 16.6% to 12,456.
- Births increased by 5.1% to 1,403.
- Occasions of services increased to 317,142.

Hastings/Macleay Network



Network Co-ordinator - Jeff Pattinson

Overview

The Hastings Macleay Network covers the geographic area from the Macleay Valley in the north to the Hastings Valley in the south and incorporates the Local Government Areas of Port Macquarie, Hastings and Kempsey. The Network's catchment population is characterised by high levels of coastal growth and a significant aged population.

Section 3 - Health Services

Achievements

- Opening of fourteen additional acute inpatient beds at Port Macquarie Base Hospital.
- Commenced construction of the new \$19 million Integrated Cancer Care facility at Port Macquarie Base Hospital.
- Completed Master Development Plan for Port Macquarie Base Hospital.
- Replacement of monitoring systems and equipment at Port Macquarie Base Hospital's ICU/CCU, Emergency and HDU departments.
- Commenced building works for the new six-bed rehabilitation service at Wauchope District Hospital.
- Opened the new South West Rocks Community Health Centre.
- Completed electrical and air-conditioning upgrade at Kempsey District Hospital.
- Provided secure parking area at Kempsey District Hospital.
- Commenced community support packages (ie COMPACS program) in Port Macquarie.
- Progress the development and integration for Network clinical services.
- Maintain timeframes for patients waiting for elective surgery.
- Reduce Access Block to Statewide benchmark (currently 80%).
- Progress the planning for the establishment of gazetted mental health beds for Port Macquarie Base Hospital.
- Worked towards improving access and availability of non-emergency transport services to residents of the Hastings Macleay.

Major Hospital Facilities and Other Health Services

The Network's comprehensive range of acute and community clinical services are provided from three Hospitals and five Community Health Centres. The Port Macquarie Base Hospital is the Networks major referral facility and is supported by District level Hospitals located at Kempsey and Wauchope. Community health centres operate from Kempsey, South West Rocks, Port Macquarie, Wauchope and Camden Haven.

Summary of Activity

- Total admissions to hospitals increased 10.7% to 22,785
- Operations increased 4.4% to 8,312.
- Births increased by 4.2% to 1,082
- Occasions of services increased to 120,335.

Area Clinical Streams



Director - Wayne Jones

Overview

The development of services along clinical stream program areas is a major step in ensuring service models reflect a broad view of service needs. Streams can be defined as an integration and coordination system for all the elements of care within a program. The aim of streams is to facilitate:

- Continuous improvement in the quality of services.
- Safeguarding high standards of care.
- Ensuring equitable distribution of resources across the Area within the Stream.

Streaming provides the opportunity to inform resource decision-making processes across the Area. Historically, services have developed in particular locations, and the movement of resources from these locations to regions of rapidly increasing demand has been difficult. The use of streaming is intended to develop an equitable resource distribution within that Stream.

Achievements

- Implemented the Area Stream Model for Clinical Services including Drug & Alcohol, Women's Health, Child Protection, Oral Health, Renal Services, Cancer, Palliative Care, Breast Screen and Head Injury Services.
- Progressing the area Stream model for service delivery in Chronic Care, Community Paediatric and Cardiac Services.

- Commenced new Opioid Treatment Clinic on The Tweed Health campus and expanded opioid services in Kempsey to support the Correctional Centre Release Treatment Scheme.
- In Women's Health, rolled out to eight schools the 'Lovebites' early intervention/ prevention high school program around the issues of Domestic violence and Sexual Assault.
- Upgraded Dental Clinic infrastructure in Mullumbimby, Ballina, Goonellabah, Kempsey and Coffs Harbour.
- Expanded Renal Dialysis Services at Tweed Heads, Ballina, Coffs Harbour, Port Macquarie and Kempsey.
- Commenced construction for two Integrated Cancer Care Centres including radiation oncology services at Coffs Harbour and Port Macquarie

Future directions

- Consolidate Stream management structures and ensure seamless service provision with geographically networked services
- Progress evaluation and development of Streaming models for approved clinical services
- Open Integrated Cancer Care Centres at Coffs Harbour and Port Macquarie

Mental Health Services



Area Director - Richard Buss

Overview

Four Mental Health Networks have been in operation since 1 November 2005. When previous sites or geographical areas merged to form a Network, Mental Health Services worked hard to achieve the successful integration of services to promote continuity of practice with minimal disruption to consumers or service provision.

Mental Health Services include inpatient services, Acute Care Services (triage, assessment, and assertive follow up of clients in acute psychiatric crises); Extended Care Service (age related, case management and appropriate therapeutic interventions such as Family Therapy, CGT) Clinical Rehabilitation and Disability Support Rehabilitation.

Achievements

- Expansion of Mental Health Services for Older People.
- Housing and Accommodation Support Initiative (HASI) to promote greater interdependence for people living with mental illness.
- Family and Carers Mental Health, enabling NCAHS Mental Health Services and Carers NSW to work in close partnership.
- Signing of the Joint Guarantee of Service (JGOS) for people with mental health problems and disorders living in Aboriginal, Community and Public Housing;
- Implementation of the Mental Health Emergency Department Program to improve the emergency response for mental health consumers.
- Construction commenced in Lismore for the new 40 beds inpatient unit, with an additional 8-bed unit for Child and Adolescent clients.

Future directions

- Progress planning for new 20-bed non-acute mental health inpatient facility at Coffs Harbour.
- Progress planning for the development of gazetted mental health beds at Port Macquarie.
- Implementation of the NCAHS Mental Health Rehabilitation Plan.
- Reduce access block with a Clinical Services Redesign Project.
- Promote the investigation and development of new models of care for case management teams to improve coverage, continuity of care and decrease admission rates.

Other Health Services

Health Promotion Unit



Director - Uta Dietrich

Overview

Promoting and sustaining the health and wellbeing of our community is integral to the work of North Coast Area Health Service (NCAHS) and seeks to improve the health of the population through the development of public policy and structures that promote health, and through the provision of environmental, social, psychosocial and educational support systems.

Achievements

- NCAHS Health Promotion Structure finalised.
- Draft NCHAS Health Promotion Strategy developed.
- *Absolutely Positively Health Promotion* periodic newsletter published.
- Successful Tooty Fruity Vegie Program adapted for preschools.
- Seven further sites smoke free (phase 4), with a total of 35 sites smoke free.
- NCAHS Fall Injury Prevention & Management plan approved and implementation commenced.
- RRISK (reduce risk increase student knowledge) program evaluation completed with positive results.

Public Health Unit



Director – Paul Corben

Public Health Division is comprised of the Area's HIV and Related Program services and the Public Health Unit.

Public Health Division is primarily responsible for, and occupied by, delivery of public health services in accordance with relevant Legislation and in response to emerging public health issues and established community need. Under the new structure there is an operational centre in Lismore and Port Macquarie.

Inclusion of the Area's HIV and Related Programs responsibilities within Public Health Division has more closely aligned this Program's individual clinical and population services with the activities of the PHU under a single management structure. HIV / Sexual Health clinics are located in Tweed Heads, Lismore, Grafton, Coffs Harbour, Kempsey and Port Macquarie with Needle & Syringe Program outlets in numerous locations across the Area.

Communicable Disease Control

- 3,265 notifications of Scheduled Medical Conditions were received, which was 35% higher than the average of the previous five years.
- Of the most common notifiable conditions, higher than average numbers of cases were reported of Chlamydia (90% above five year average), Ross River virus (110% above), Barmah Forest virus (25% above), Salmonella (11% above), Cryptosporidium (175% above), Influenza (177% above), Gonorrhoea (17% above) and Invasive Pneumococcal Disease (132% above).
- The Area had 2 confirmed cases of measles, the first reported since March 2004. There were also 13 reported cases of mumps between May 2005 and June 2006, the first cases reported since February 2003.
- There were below average numbers of reported cases of Hepatitis C (8% below) and Q Fever (32% below).
- Coffs Harbour Refugee Clinic was established as cooperative initiative of NCAHS, MNC Division General Practice, NSW Refugee Health Service and community-based humanitarian agencies. The Clinic commenced operations in late February 2006.

Section 3 - Health Services

- Occupational Infectious Diseases Screening & Vaccination – Nurse Practitioner position established. Transitional nurse recruited to progress implementation of the Policy across the Area.
- Although the number of reported cases of Tuberculosis was small (4 cases) the public health response required quite extensive contact tracing and provision of clearance antibiotics over several months to close contacts of each case.

Immunisation

Childhood immunisation rates for NCAHS residents up to 2 years of age remain below state average levels. Efforts to raise immunisation levels focus on regular review of the Australian Childhood Immunisation Register and sending reminder letters sent to parents/carers of all overdue children. The high prevalence of conscientious objectors to immunisation, with 6.4% of children registered, remains a significant barrier to raising immunisation rates.

A TV advertising campaign encouraging uptake of five-yearly pneumococcal immunisation was conducted over 13 weeks in autumn/winter to boost vaccination uptake amongst the target populations (Aboriginal people aged 50+ years and others aged 65+ years).

The School-based Vaccination program offered Hepatitis B and Varicella (chickenpox) vaccination offered to all Year 7 children in the Area's 70 secondary schools, with 65 schools participating. Approximately 3000 children completed the two doses course of Hepatitis B vaccination and over 2400 children received Varicella vaccination.

Environmental Health

- Re-establishment of mosquito trapping to improve understanding of vector populations behind persistently high rates of mosquito-borne disease (Barmah Forest virus and Ross River virus).
- Establishment of Environmental Health Officer position in Lismore office of PHU.
- Conduct of Smoke Free Environment Act compliance activities in clubs and pubs following introduction of new legislation.
- Annual visits of 9 Local Aboriginal Land Councils completed to identify Environmental/Public Health issues with a view to addressing directly or indirectly issues of priority.
- Housing for Health projects were developed and delivered in partnership with Local Aboriginal Land Councils, NSW Health's Environment Health Branch and the Public Health Unit. Projects were commenced and/or completed in communities of Baryulgil, Malabugilmah, Coffs Harbour, Yamba, Maclean, Lismore and Port Macquarie.

HIV & Related Programs

- Successful amalgamation/alignment of all HIV, Hepatitis C, Sexual Health & Harm Reduction services into new structure/stream within Public Health Division.
- Developed a set of Aboriginal specific resources (pamphlets) covering most blood borne viruses and sexually transmitted infections. NSW Health is costing large scale printing and distribution through Better Health Centre.
- Conducted Venipuncture Training for Aboriginal Sexual Health staff throughout NSW.
- Delivered Pre & Post Test Counselling training for Hastings / Macleay health staff.
- Participated in HIV Treatment research with the National Centre.
- Increased the number of patients on Hepatitis C Treatment by 40%.

Aboriginal Health Unit



Director – Robyn Martin

Otitis Media (middle ear disease) and Conductive Hearing Loss

- The 2005/06 North Coast Area Health Service screening target for Otitis Media and Conductive Hearing Loss was 70%. The Area Health Service achieved 76%.
- Otitis Media Screening Training was also conducted with the Area Health Service achieving a total of eight (8) Area Health Service workers and seven (7) Aboriginal Medical Service staff trained.
- A further training program will be conducted in February 2007 to increase the number of Aboriginal Health Workers trained in this area.

Aboriginal Maternal & Infant Health (Coffs Harbour)

- In Coffs Harbour, the North Coast Area Health Service increased the percentage of Aboriginal women receiving antenatal care prior to 20 weeks pregnancy from 79% in 2003 to 88% in 2004¹. This percentage has continued to increase during the 2005/06 year.
- The number of new referrals to the Coffs Harbour AMIHS Service has increased from 69 women in 2004/05 to 91 women in 2005/06, a 32% increase. The service is also currently providing postnatal care to 90% of families.
- In Coffs Harbour, 97% of women in the program commenced breastfeeding in 2004. This was an increase from 86% in 2003¹.
- A priority for 2006/07 will be to expand the program into the Richmond Network.

Partnership for Aboriginal Care

- Moved from the Coordinated Care Trial phase on 1 July 2005 to a program phase.
- Establishment and opening of an Aboriginal Medical Clinic in Port Macquarie.

Nursing & Midwifery

Overview

This year saw the creation of a new Area wide Nurse Management Team. Together with the Executive Director of Nursing and Midwifery, the three new portfolios of Workforce, Professional Development, and Policy / Evidence Based Nursing Practice, have a nursing clinical governance and support role for all nurses regardless of the setting in which they work. The team was formed at the beginning of 2006 calendar year and in its short life has already supported Area wide Nurse Managers and Nurse Clinicians with a number of new initiatives.

One of the most significant was employment of Nurse Practitioners in the Area Health Service for the first time. For two temporary periods we had an authorised Nurse Practitioner work in the Emergency Department at Nimbin Hospital, then employed an authorised Nurse Practitioner in the inpatient Mental Health Unit at Coffs Harbour and another in the Area of Oncology at Lismore.

The Area Health Service is extremely proud to have the first authorised Psychogeriatric Nurse Practitioner in the State - this is particularly relevant as the North Coast also has the fastest growing aged population in the State. Besides the three practicing authorised Nurse Practitioners, the Area has another five in transitional positions. These nurses are preparing for authorisation.

Workforce

The Area had sufficient numbers of nurses to meet the surgical waiting list targets and opening of new beds (and bed equivalents) associated with the Department of Health Sustainable Access Program. Moreover, there were less staffing issues than the previous year in meeting the increased activity associated with winter demand. Although there were occasions when overtime was a necessity, improved staffing success can be attributed to early recruitment planning for winter and implementation of strategies such as attracting and employing 62 nurses who returned to the workforce after being away for a period of time. The Area also began a serious overseas recruitment program and by the end of June had 53 nurses on the books for recruitment. Our target was 45. Next year will see the majority of these speciality nurses arrive in the North Coast Area Health Service.

The NSW Health "Nursing Workload Project" is being implemented to ensure that all medical and surgical wards have a 'reasonable workloads' for nurses. It is believed that 'reasonable workloads' will have a very positive long term impact on nursing recruitment and retention.

Professional Development

During May the Area hosted a Nursing Innovations Day, which showcased creative nursing practices and models of care being implemented in the Area Health Service. Nurses from across the Area submitted 21 abstracts and of these 8 were presented. Prizes were awarded for the best papers, which were presented on an innovative way of providing bedside clinical handover in a paediatric unit and a model for the assessment and avoidance of delirium.

For the first time a number of education programs and nursing competencies have been placed within an E learning environment and nurses can now access these on-line rather than having to travel to a classroom. The Area has also piloted and developed a major medication education and assessment package, which is ready to be implemented as a standardised package for the North Coast Area Health Service.

Policy and Evidence Based Practice

The development of a North Coast Policy Framework was a major work collaboratively developed by the Nurse Manager of Policy and Evidence Based Practice, and the Clinical Governance Unit, Clinical Practice Manager. The Area now has a formalised Framework for developing Policies and Guidelines and also has a systematic process for communicating with all Area clinicians those policies being developed. Importantly, there is a clear consultation strategy and process for policies being ratified and entered onto the Area database. Following endorsement of the Framework five education sessions were delivered about its content and use. Clinicians can now be assured of a robust process for sourcing best practice and Policy development. Two evidence based practice workshops will be held in September to support clinicians in the development of best practice in policy and guideline development.

The Nursing and Midwifery Directorate has established a Risk Management Business Plan that identifies and ranks risks relevant to the Nursing Profession and patient care. Steps have been implemented to reduce and minimise risks with increased attention to policy and competency development, skill development and recruitment and retention.

Future Directions

Opportunities exist for increasing the number and scope of Nurse Practitioner roles. A number of Emergency Department Physicians have expressed interest in this aspect of advanced nursing practice and the Area nursing team are discussing the potential for this role with the Area Planning Unit.

One of the major activities planned for 2006-2007 is development of clear operational and clinical governance roles for community nurses. Options for nursing clinical governance will be explored with the aim of all community nurses having a documented pathway for support and guidance in relation to professional issues.

Nurses will continue to explore and introduce new models of care and once again a nursing innovations day will be organised to ensure spread and sustainability of those creative practices and models introduced across the Area Health Service.

We will continue to refine workforce data and improve systems to ensure nurses can continue to deliver safe, appropriate, efficient and effective care to our community.

Shared Corporate Services

Shared Corporate Services is responsible for Hotel Services, Food Services, Physical Resources, Purchasing and Supply, Fleet Management and Payroll Services.

Major goals and outcomes for 2005/06 included:

- The amalgamation and centralisation of all supply services within the NCAHS.
- The amalgamation of payroll services across two sites.
- The expansion of the food services to incorporate the facilities of the Hastings/Macleay Network.
- Demonstrable improvements in driver awareness and safety.
- Ongoing implementation of an Area-wide menu.
- Standardisation of Fleet Services across the Area.
- Establishment of a 'Virtual' Pay Office with standardised processes.
- Maintenance of the Minor Works priority listing.

Key issues and events include:

The implementation of a web-based on-line requisitioning system (ORS) for the ordering of non-stock items including the centralisation of travel and accommodation bookings and linking to the NCAHS Delegation Manual (Schedule 6) to further support the Purchasing and Supply Chain.

Future directions:

- The smooth consolidation and transition of services to the HealthSupport Unit and
- Transition and Due Diligence Process for the transfer of Linen and Food Services.

Financial Services

Financial Services is responsible for the provision of financial performance reporting to the Department of Health, Area Finance and Performance Committee, the Chief Executive and various Health Services Managers, provision of Financial Accounts to the Auditor General's Office, provision of accounts payable services to trade suppliers and Visiting Medical Officers and the provision of payment to persons eligible under the Isolated Patients Travel Assistance and Accommodation Scheme (IPTAAS) guidelines.

Major goals and outcomes for 2005/06 included:

- The production of timely and accurate financial reports for all internal and external customers.
- Ensuring that all trade creditors were paid within Department of Health benchmark of no creditors over 39 days.
- The reduction of the number of invoices held - down from 5,600 (at 30 June 2005) to 4700 (at 30 June 2006).
- The review and restructure of Area Finance, following the amalgamation of the Area Health Service. Substantial progress made to fill positions.
- Developing and implementing an improved budget allocation tool for Hospitals and Clinical Streams.
- Standardisation of fleet services across the area.
- Establishment of a 'Virtual' pay office with standardised processes.
- Maintenance of the minor works priority listing.

Key events and issues:

Consolidation of the new financial systems and service departments following the creation of the North Coast Area Health Service, including a new accounting system, new creditors system, new Visiting Medical Officer (VMO) payment system and new IPTAAS system.

Future directions:

- Implementation of the process for Shared Corporate Services, including separation of Food, Linen and Pathology Services to move to Health Support Unit.
- Introduction of new financial system (ORACLE).
- Refinement of financial reporting tools to support budget holders in the achievement of budget.

Asset Management Services

Asset Management is generally divided into two departments. Area Capital Works is responsible for the planning and implementation of all major capital works building projects and the Area Physical Resources Department, which is part of the Shared Services portfolio, is responsible for the ongoing maintenance of all of the Area's physical assets.

Capital Works implementation is carried out in accordance with the NSW Health Process of Facility Planning Guidelines and Health Facility Design Guidelines and the NSW Government Capital Project Procurement manual. The Area Capital Works team managed and/or co-ordinated the planning and implementation of Capital Works projects in excess of \$37M in 2005/06 and this capital expenditure is expected to increase over the coming year.

Major building works outcomes for 2005/06 included:

- Continuation of the Lismore Stage 1 – Mental Health Redevelopment. This is the enabling works for the new 40 bed Adult Mental Health Unit and the new 8 bed Child & Adolescent Mental Health unit. Total project cost of \$38,457M with \$5.6M expenditure in 2005/06.
- Continuation of the Integrated Cancer Care projects. This included all enabling works and commencement of main building works for the new Coffs Harbour and Port Macquarie Integrated Cancer Centres. The total project cost of \$39.4M with \$13.4M spent in 2005/06. This project also includes the Port Macquarie Fixed Breast Screening Unit.
- Commencement of the Ballina 18 bed Transitional Care Unit. This project has a total capital budget of \$5.371M with \$4.9M spent in 2005/06.
- Commencement of the Coffs Harbour Cardiac Catheterisation Lab at a cost of \$3.5M for completion in September 2006.
- New 10-bed ward and a new 3 bed High Dependency Unit (as an extension of the existing Intensive Care Unit) at Lismore Base Hospital at a cost of \$1.5M as part of the Sustainable Access Program funding.
- Commencement of the new Clinical Training and Research Institute at The Tweed Hospital. This project is jointly funded by the Commonwealth Government, NSW Health, Bond University and Griffith University. The total project cost is \$4.066M with \$2.64M expenditure in 2005/06.
- Commencement of the building works for the new Fixed Breast Screen Unit at The Tweed Hospital at a total cost of \$1.065M.
- Completion of the South West Rocks Community Health Centre.
- A new lift for the West Wing at Grafton Base Hospital.
- A new 5 bed Coronary Care Unit at The Tweed Hospital.
- Expansion of the Renal Unit at Coffs Harbour Base Hospital.
- Upgrade of the Electricity supply and installation of room air conditioning systems at Kempsey District Hospital.
- Renovations to the Emergency Department including a Mental Health secure room at Macksville Hospital.
- Establishment of a Slow Stream Rehabilitation service at Wauchope District Hospital.
- Establishment of 4 new acute care beds at Port Macquarie Base Hospital.
- Expansion of the Namatjira Haven Aboriginal Health Clinic at Alstonville.

Planning works were completed for the following future projects:

- A revised Service Procurement Plan, Project Definition Plan and Master Plan was completed for the Grafton Base Hospital Surgical Services.
- Project Definition Plan was completed for the future 24 bed Rehabilitation Unit and Ambulatory Care Unit at Ballina Hospital.
- A Service Procurement Plan was completed for the Lismore Base Hospital Stage 2 redevelopment (new Integrated Cancer Centre including Radiotherapy) and Stage 3 (new Procedures Centre).
- Project Definition Plan completed for a new 20-bed Non Acute Mental Health unit planned for the Coffs Harbour Base Hospital.
- A Master Planning study was completed for the Port Macquarie Health Campus.
- A Master Planning study was completed for the Coffs Harbour Health Campus.
- Planning and evaluation of suitable land for the future Byron Central Hospital.

Section 4 - Health Support Services

Future directions include capital works funding for the following projects in 2006/07:

- Completion of the 18 bed Transitional Care Unit at Ballina Hospital.
- Commencement of the 24 bed Rehabilitation Unit and Ambulatory Care Unit at Ballina Hospital.
- Continuation of the Lismore Stage 1 – Mental Health Redevelopment for completion in Dec 2007.
- Completion of the Integrated Cancer Care Units at Coffs Harbour and Port Macquarie and the Port Macquarie Fixed Breast Screening Unit with project completion scheduled for April 2007.
- Purchase of a suitable portion of land for the future Byron Central Hospital.
- Continuation of the planning and commencement of construction of the new 20 bed Non Acute Mental Health Unit at Coffs Harbour Base Hospital.
- Completion of the Clinical Training & Research Institute at The Tweed Hospital.
- Completion of the Fixed Breast Screening Unit at The Tweed Hospital.
- Upgrade of the Central Serialisation Department at Port Macquarie Base Hospital.
- Commencement of a new 12 bed gazetted Mental Health Unit at the Port Macquarie Base Hospital.

Information Management Services

Information Management is responsible for Clinical Information Systems, Corporate Records, Health Information and Privacy Management, Health Economics and Casemix, Information Management and Telecommunications.

Major goals and outcomes for 2005/06 included:

- The implementation of the new Cerner Patient Administration System (PAS) at Port Macquarie Base Hospital in August 2005 saw the completion of rollout to all facilities in NCAHS.
- Commenced work on amalgamation of the records management TRIM database, the application will potentially facilitate greater deployment of TRIM across the NCAHS.
- Implementation of the NSW Health Bed Board Application completed, assisting Clinicians with management of patient flows, bed utilisation and service delivery.
- The staged implementation of the Area Coding Management Plan with Clinical Coding Audits and benchmarking at major facilities across the NCAHS underpinning the process.
- Clinical Services Re-design Program (CSRP) KPI dashboard for Emergency Department and ward activity performance developed to provide weekly demand and performance information to clinical staff at all four Base Hospitals via Business Objects (BO).
- Development and progressive deployment of a NCAHS Desktop Standard Operations Environment.
- A robust internal activity-monitoring tool developed to measure the Health Service's Performance in key activity indicators linked to resource allocation & funding, Chief Executive's Performance Agreement and the Department of Health (DOH) Sustainable Access Program (SAP) initiatives.

Key Issues and Events:

- Enhancements to the NCAHS Internet and Intranet Sites.
- Privacy training incorporating the Health Records and Information Privacy Act Legislation rolled out across the Area Health Service.
- Enhanced Emergency Department activity reports have been published via the BO WEBi environment detailing Separations by Discharge Hour to assist with investigations into Access Block performance.
- Comprehensive suite of FTE and Human Resources reports now available that enable analysis and monitoring of a range of Key performance Indicators (KPIs).
- Freedom of Information (FOI) key performance indicators developed and monitored with 100% compliance to legislative guidelines now being reported.
- Progress towards the rollout of the Exchange Outlook to all NCAHS e-mail users. The new NCAHS Active Directory being deployed will host the new e-mail server environment and integrated line of business applications.
- Progression of the EMR through working with Health Technology in rolling-out NSW Health's Integrated Clinical Information Program (ICIP).

Future directions include:

- The rollout of TRIM across all sites.
- The automation of monthly activity and service performance reports.
- The continued implementation and evaluation of the Area Coding Management.
- Developing an electronic learning package for Privacy Education.

Section 4 - Health Support Services

Public Affairs and Marketing

The NCAHS Media Unit is comprised of a Media Manager and a Public Relations Officer/Media Assistant and is located within the Chief Executive's Unit. It is responsible for communicating the key activities and achievements of the Health Service to the regional community through the mainstream media. This is achieved through the issuing of media releases, the holding of press conferences and facility openings.

The Unit is also charged with handling a wide range of inquiries from media organizations, including bringing journalists into contact with NCAHS staff who can provide expert commentary on public health topics, service planning issues and other health related matters.

The Media Unit produces and publishes a regular magazine, North Coast Health News, providing coverage of major NCAHS events to staff, a wide range of stakeholders and the general public. The Area Media Manager contributes articles and a weekly column, Health Bites, to a range of regional newspapers.

A key function of the Media Unit is the arranging and coordinating of Area inspection visits and official openings by the NSW Health Minister. The Media Unit is also responsible for all non-recruitment advertising and long service awards.

Telehealth Service

NSW Department of Health has established one of the largest integrated Telehealth Networks in the world with over 240 sites in Public Hospitals, Community Health Centres, Aboriginal Medical Services, Correctional Health Centres and the Mental Health Review Tribunal.

The NCAHS Telehealth Network has expanded to include 28 Videoconferencing sites and 8 digital data transfer sites.

Achievements

- The NCAHS has demonstrated that Telehealth can enhance traditional service delivery models and provides tangible benefits for patients, clinicians and communities.
- NCAHS Telehealth structure finalised.
- Review of NCAHS videoconferencing program completed.
- Current videoconferencing and Telehealth program strengthened.

Community Participation Unit

The role of the Community Participation Unit is to support, promote, and develop effective consumer and community participation processes for the NCAHS.

The Community Participation Unit also provides the Secretariat support for the North Coast Area Health Advisory Council.

North Coast Area Health Advisory Council and Community Participation structures were established and operational.

- Area Health Advisory Council appointed.
- Two-day orientation conducted in November 2005.
- Meeting schedule in place and a Work plan now prepared.
- Community Participation structures all recruited to and provided with formal orientation in January 2006.
- Community Participation Newsletter produced quarterly.
- Inaugural NCAHS Community Participation Conference planned for September 2006.
- Creation of guidelines and policy for Community Participation for the North Coast Area Health Service.

Section 4 - Health Support Services

Internal Audit Summary of Business Activity

Internal Audit conducted a wide range of audits throughout the year, including financial, operational and information technology audits.

During 2005/06 the following audits were completed:

- ✓ Private Use of Motor Vehicles
- ✓ Career Medical Officers
- ✓ Electronic Funds Transfers
- ✓ HealthPlan
- ✓ Workers Compensation (MNCAHS)
- ✓ Radiation Control Licensing
- ✓ Wauchope Hospital
- ✓ Protected Disclosures Act
- ✓ Cash Handling
- ✓ Non Government Organisations - Financials
- ✓ Corporate Records Management
- ✓ Dorrigo Multi Purpose Service
- ✓ Port Macquarie Base Hospital
- ✓ Macksville Hospital
- ✓ Records Management
- ✓ Casino Hospital

In addition, the Internal Audit Unit was involved in the follow up of all previous audit recommendations, reviews and special investigations at the request of the Chief Executive.

The Internal Audit Unit provided advice and assistance to staff throughout the North Coast Area Health Service on a wide range of topics and issues.

Major Goals and Outcomes

The Internal Audit Unit seeks to provide an independent and objective assurance and consulting service to the Health Service. It aims to add value and improve operations by bringing a systematic disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

The provision of quality professional and technical expertise ensures the Area Health Service receives the optimal level of assurance available.

The outcomes for the year are reflected in the audits completed as set out in the summary of business activities. Internal Audit reports and recommendations were progressively considered by the Audit and Risk Committee. A system of following up outstanding recommendations ensured that agreed recommendations were satisfactorily implemented within reasonable timeframes.

Continuous quality improvement, best practice recommendations and benchmarking are used to achieve the highest quality outcomes.

Key Issues and Events

During 2005/06 the North Coast Area Health Service combined the two separate Internal Audit Units of the former Northern Rivers Area Health Service and portions of the Mid North Coast Area Health Service into a single Internal Audit Unit. The retirement of the Internal Audit Manager saw a new manager appointed in June 2006.

The 2006/07 Audit Plan has been reviewed and approved for implementation by the Audit and Risk Committee. The plan includes audits that cover a wide range of functions within the Area Health Service.

Future Direction

The Internal Audit Unit aims to deliver a more comprehensive Internal Audit function through a combination of in-house resources and increasing use of contracted audit professionals.

The future direction of Internal Audit is focusing on a risk-based methodology for all audits and more detailed consultation with key stakeholders throughout the audit process.

Workforce Development

Key responsibilities

The Workforce Development Directorate consists of four key areas:

- Human Resources and Industrial Relations;
- Rehabilitation and Claims;
- Occupational Health and Safety, and
- Learning and Workforce Development.

The key role of the Workforce Development Directorate is to assist and work with the clinical and support services in the attraction, recruitment, retention, training, safety and support of employees.

Significant Achievements

The completed Workforce Development Plan has established the key areas for assisting the workforce in the Area Health Service. The plan examines opportunities and strategies to ensure a sustainable, well trained and multi disciplinary workforce. In addition, strategies to continue to develop and foster a highly skilled and well-trained workforce are core elements of the plan. The organisation is moving towards the implementation of the Workforce Development Plan having established a steering committee to oversight the implementation of the short-term strategies.

The Workforce Development Directorate has had a busy productive year finalising the amalgamation process and consolidation of the North Coast Area Health Service. This has included a comprehensive consultation process with industrial bodies, management and staff resulting in agreement being reached on various issues through Union Specific Consultative Committee meetings, staff consultations and Joint Consultative Committees across the Area.

The Area is moving towards a centralised area recruitment unit, putting in place the first two stages of a centralised electronic recruitment system. (E-Recruit). Work is also being undertaken towards consolidating an Employee Assistance Officer model of service (ESO) by putting in place a centralised model at two locations: Coffs Harbour and Lismore. This model of support for staff and managers is assisted by the placement of HR/IR Advisors within each of the four Networks.

The Area established a Staff Support and Redeployment Unit to assist staff and managers through the transition and changes of amalgamation. The assistance provided to staff by the unit has included advice on access to counselling services, advice on determining vocational skills, retraining possibilities, career advice and job search assistance etc.

The number of workplace injuries across the Area has reduced by 14% over the year. The Rehabilitation and Claims Unit has assisted injured staff to successfully return to work, this combined with the overall reduction of injuries has resulted in a reduction in the overall cost of claims for the NCAHS. A number of sites across the Area achieved high numerical profile results over the last year indicating the ongoing commitment from employees and managers in providing a safe and healthy work environment for all.

The completion of an Organisational Culture Survey during the financial year will now allow the organisation to establish base line data with a view to improving culture and morale across the organisation. We also conducted a training needs assessment to identify future training needs to be included in the Area Training Calendar.

The Workplace English Language and Literature (WELL) project to address numeracy and literacy skills of existing workers was completed during the year. 131 qualifications were issued under this project, involving Hotel Services and Environmental Services staff from Kempsey, Dorrigo, Coffs Harbour and Wauchope.

Summary

The Workforce Development Directorate has had a busy and productive year in all areas of service provision. The majority of the strategic and consolidation of the amalgamation process was completed through the year.

Executive Reports



Chief Executive – Chris Crawford

Key responsibilities

- Delivery of high quality health services and effective financial management.
- Leading the governance and management of North Coast Area Health Service.
- Effective exercise of the Area's statutory powers, authorities, duties and functions consistent with NSW Government policy.

Strategic initiatives

- Health Care Services Plan 2005-2010, which will guide the development of clinical services over the next five years, finalized after receipt of feedback and resubmitted to the Department of Health.
- Corporate Plan setting out overall strategic direction for the Area finalized and submitted to the Department of Health.
- Implementation of the Workforce Development Plan, which will improve recruitment and retention of staff, commenced.
- Comprehensive Health Promotion Plan developed to promote wellness and early intervention to prevent illness and better avoid hospital admissions.
- Clinical Governance Framework Implementation Plan setting out how strategies to enhance patient safety and improve service quality will be implemented, developed and implementation commenced.
- Risk Mitigation Plans for each facility developed consistent with the overall North Coast Area Health Service Risk Management Framework.
- Area Health Advisory Council established to provide formal advice from the community and clinicians to Area senior management.

Management accountabilities

- Completed consolidation of the amalgamation of the Northern Rivers and Mid North Coast Area Health Services into the North Coast Area Health, including transferring savings from administration and corporate services into clinical services.
- Port Macquarie Base Hospital fully integrated into the Public Health Care System.

- Improved flow of patients between the community and hospital services to improve the timeliness of treatment of emergency and booked surgical patients.
- Activity targets met with an extra 12,305 inpatients treated, an increase of 10.0% on 2004/2005, and an extra 150,699 non-inpatient occasions of service provided, an increase of 9% on 2004/05 figures.
- Significant above-target (60%) achievement for day of admission booked surgery (73%) and significant above target (80%) performance in relation to percentage of booked surgery undertaken on a day-only basis (94%).
- A 100% reduction in the number of patients waiting more than 12 months for booked surgery, down from 475 at the end of June 2005 to zero at the end of June 2006, achieving target in 2005/2006.
- A 97% reduction in the number of patients waiting more than 30 days for more urgent booked surgery, down from 846 at the end of June 2005 to 25 at the end of June 2006.
- An additional 925 operations performed in 2005/2006, an increase of 5.1% on the same period last year.
- Continued implementation of the Sustainable Access Program resulted in an additional 30 beds or bed equivalents opened in the Base Hospitals and larger District Hospitals across the Area. This has led to more timely treatment of patients in Emergency Departments and quicker transfer of patients from Emergency Departments to Ward beds.
- Further enhancement of cancer services, renal services and mental health services.
- Key Capital Works progressed, the \$39.4 million Mid North Coast Integrated Cancer Care Service, \$5.8 million of preliminary works for Stage One of the Lismore Base Hospital redevelopment, the new 40 bed Mental Health Admission and 8 bed Child and Adolescent Mental Health Units, \$3.5 million Coffs Harbour Base Hospital Cardiac Catheter Laboratory, new \$0.5 million The Tweed Hospital Coronary Care Unit and \$0.3 million Coffs Harbour Base Hospital Renal Dialysis Unit expansion, \$4.8 million Transition Care Unit at Ballina Hospital and the establishment of a Rehabilitation Unit at Wauchope District Hospital and completion of the new \$1.0 million South West Rocks Community Health Centre.

Corporate Services



Executive Director - Stewart Dowrick

Key responsibilities

The NCAHS's Corporate Services Team is committed to providing services in an accurate, timely and appropriate manner in the areas of Financial Management, Fleet, Purchasing, Payroll, Information Technology, Information Management, Health Economics and Casemix, Capital Works, Physical Resources, Linen, Food Services, Shared Services, Privacy, Freedom of Information and Risk Management.

The Executive Director is the lead Executive in the Integrated Cancer Care Projects for Port Macquarie and Coffs Harbour and Chaired the Committees developing the Master Services Plans for Coffs Harbour and Port Macquarie Base Hospitals as well as Mental Health PP&D and Corporate Services Finance Working Party.

Corporate Services is represented on State Committees of the State Risk Management Steering Committee and the State Risk Management Project Group; the State Shared Corporate Services Implementation Committee as well as the State Human Resource Information Systems Steering Committee, the Shared Corporate Services – Procurement Working Party and Supply Chain Reforms Project Managers Committee, Awards Impact Assessment Working Group, Micropay User Group and NSW State ProAct User Group.

Significant achievements during the reporting year

- The implementation of On-Line Requisitioning across all NCAHS sites.
- Review of Internet Audit Use to ensure appropriate protocols are in place and followed by NCAHS employees.
- The implementation of the Cerner PAS rollout across all NCAHS sites.
- The implementation of the ProAct Staff Rostering System across all sites.
- The progression of the On-line Pathology Test Handbook.
- Implementation of the NSW Health Bed Board Application completed, assisting clinicians with management of patient flows, bed utilisation and service delivery.
- Continuing with level two of the implementation of the NCAHS Risk Framework. Commenced benchmarking of the NCAHS Risk Management Framework with Peninsula Health Service (Victoria).

- The Premiers Public Sector Award – Risk Management (Commendation).
- Under the direction of Corporate Services, the Area Capital Works team managed and/or co-ordinated the planning and implementation of Capital Works projects in excess of \$37M in 2005/06 and this capital expenditure is expected to increase over the coming years. In 2005/06, the most significant capital works projects include:
 - Continuation of the Lismore Stage I – Mental Health Redevelopment. This is the enabling works for the new 40 bed Adult Mental Health Unit and the new 8 bed Child & Adolescent Mental Health Unit.
 - Continuation of the Integrated Cancer Care projects. This includes all enabling works and commencement of main building works for the new Coffs Harbour and Port Macquarie Integrated Cancer Centres. This project also includes the Port Macquarie Fixed Breast Screening Unit.
 - Commencement of the Ballina 18 bed Transitional Care Unit.
 - Commencement of the Coffs Harbour Cardiac Catheterisation Laboratory.
 - New 10-bed ward and a new 3 bed High Dependency Unit (as an extension of the existing ICU) at Lismore Base Hospital.
 - Commencement of the new Clinical Training & Research Institute at The Tweed Hospital. This project is jointly funded by the Commonwealth Government, NSW Health, Bond University and Griffith University.
 - Commencement of the building works for the new Fixed Breast Screen Unit at The Tweed Hospital.
 - Completion of the South West Rocks Community Health Centre.
 - A new lift for the West Wing at Grafton Base Hospital.
 - A new 5 bed Coronary Care Unit at The Tweed Hospital.
 - Expansion of the Renal Unit at Coffs Harbour Base Hospital.
 - Upgrade of the Electricity supply and installation of room air conditioning systems at Kempsey District Hospital.
 - Renovations to the Emergency Department including a Mental Health secure room at Macksville Hospital.
 - Establishment of a Slow Stream Rehabilitation service at Wauchope District Hospital.
 - Establishment of 4 new acute care beds at Port Macquarie Base Hospital.
 - Expansion of the Namatjira Haven Aboriginal Health Clinic at Alstonville.

Clinical Operations



Executive Director - Denice Fletcher

Key responsibilities

- Effective and efficient management of the Area's clinical services across the spectrum of health service delivery settings.
- Implementation of clinical management structures on a unified basis through the development and support of Clinical Networks.
- Implementation of an effective program to deliver and maintain high quality and safe clinical services across NCAHS and ensure maintenance of same.
- Establishing and maintaining an effective management framework for the development of Clinical Networks within NCAHS and with other Area Health Services.
- Implementation of policies and practices, which enhance access and promote a focus on the needs of patients as individuals and responsiveness to patient complaints and feedback.

Significant Achievements

- Completion of the operational management structures for the four Clinical Networks and Streamed Clinical Services including Mental Health, Drug and Alcohol, Oral Health, Renal Dialysis and Cancer and Palliative Care Services.
- Achieved and/or maintained ACHS accreditation for all hospitals and community health facilities.
- Access block target of 20% achieved.
- Achieved zero waiting targets for long wait and urgent elective surgery patients by 30 June 2006.
- Reduced unplanned readmissions within 28 days by over 30% during 2005/06.
- Met or improved Emergency Department triage waiting time benchmarks while overall attendances increased by 4%.
- Reduced inpatient length of stay.

- Continued improvement in patient access flows to Hospitals and Community Services by:
 - Establishing additional inpatient beds and clinical staffing
 - Improved co-ordination and networking of surgical services.
 - Increased elective surgery funding.
 - Further rollout and increased availability of community based clinical support packages.
 - Further development of early discharge lounges.
- Improved streaming and expanded Renal Dialysis services across the Area Health Service.
- Continued expansion of Chronic Care programs in respiratory and cardiac care.
- Implementation of Clinical Service Redesign Program within majority of Base Hospitals (ie including Lismore, Coffs Harbour and Port Macquarie).
- Implementation of a number of Emergency Department initiatives designed to improve patient flows and more timely patient assessments. Commencement of programs including:
 - Patient fast tracking system.
 - Rapid assessment teams.

Population Health, Planning and Performance (PHPP)



Executive Director – Vahid Saberi

Key Responsibilities

PHPP Directorate provides a comprehensive and broad range of health and support services. The Directorate is responsible for leadership in, and provision of:

- Health Promotion projects and programs
- Public Health services including management of communicable diseases, environmental health, immunisation and sexual health and HIV AIDS
- Aboriginal Health
- Planning and Performance
- Telehealth services
- Clinical Research and Evaluation
- Community Participation.

In 2005/06 financial year the amalgamation of the Directorate was completed.

The Directorate structure was finalised and Directors recruited as follows:

- Director Health Promotion – Uta Dietrich
- Director Public Health – Paul Corben
- Director Planning & Performance – Maureen Lane
- A/Director Aboriginal Health – Robyn Martin

In addition, the following Managers were recruited:

- Manager Telehealth – Sandra Moffatt
- Manager Community Participation – Murray Spriggs
- Manager Business Services – Peter Smith

Significant Achievements

The Directorate's achievements for the financial year included (please refer to sections 3 and 4 for more detailed information):

- NCAHS Health Promotion Structure was finalised and the draft NCHAS Health Promotion Strategy developed.
- *Absolutely Positively Health Promotion* periodic newsletter published.

- For Health Promotion projects and programs please see section 3.
- Public Health Units were established at Port Macquarie and Lismore.
- Communicable Disease Control was provided during the year.
- Campaigns were run to maintain and increase childhood immunisation rates.
- Environmental Health activities were maintained during the year (please see section 3).
- HIV, Sexual Health and Related Programs were provided and increased during the year.
- High quality plans were completed including:
 - Port Macquarie Base Hospital and Coffs Harbour Health Campus (CHHC) Service and Master Plans, Lismore Base Hospital Clinical Service Plan Supplement and Service Procurement Plan.
 - Completion of the NCAHS Healthcare Services Plan 2005-2010, Financial Impact Statement and submission to the Department of Health.
 - Completion of the combined Services Procurement Plan and Project Development Plan (SPP/PDP) for Coffs Harbour Health Campus Cardiac Catheterisation Laboratory.
 - Continued reporting on the NCAHS Performance Agreement with NSW Health.
 - Participation in ACHS internal assessment Corporate Equip.
- Partnership for Aboriginal Care moved from the Coordinated Care Trial phase on 1 July 2005 to a program phase.
- Aboriginal Medical Clinic in Port Macquarie Establishment and opened. (For more Aboriginal Health related activities see section 3).
- NCAHS Telehealth structure was finalised.
- Review of NCAHS videoconferencing program completed.
- Current videoconferencing and Telehealth program strengthened.
- NCAHAC and Community Participation structures established and made operational.
- Orientation was conducted for Community Forums including Area Health Advisory Council.
- Community Participation Newsletter produced quarterly.
- Research and evaluation (please see Section 5).

Clinical Governance

Executive Director - Dr David Hutton



Key responsibilities

- Provide strategic leadership and direction to promote a culture of clinical excellence among clinicians and health managers within the Area Health Service.
- Develop and maintain a strong collaborative relationship with DOH Patient Safety Branch and Clinical Excellence Commission.
- Provide high-level expert advice to the Chief Executive on clinical governance, ethical and medical issues.
- Work collaboratively with other members of the Area Health Service Executive, especially the Executive Director of Clinical Operations, to analyse, maintain and improve patient safety and clinical quality systems.

Significant achievements

- Promote the role and functions of the Clinical Governance Unit.
- Oversee the establishment and operation of the six CGU Clinical Governance Program areas.
- Employment of the one Patient Safety Officer in each Network.

- Development of the Clinical Governance Framework Implementation Plan and Clinical Governance Brochure.
- Provide leadership and direction for the credentialing and performance review of Visiting Practitioners and Staff Specialists in collaboration with the Directors of Medical Services
- Oversee the implementation and maintenance of the NCAHS Medical & Dental Appointments manual.
- Chair the Human Research Ethics Committee.
- Developed Area Policy for Research Ethics Approval that will streamline approval processes at Network level.
- Provided strategic leadership for the complaints management system, the development of *A Compliments and Complaints-Information for Patients and Clients* and *A Consumer Rights and Responsibilities* brochure.
- Provided strategic direction of the NCAHS incident Management System, including the root cause analysis of all serious clinical adverse events and the implementation of recommended actions to minimise the risk of their recurrence.
- Oversee the implementation and maintenance of the Incident Information Management System (IIMS).

Nursing and Midwifery

Executive Director – Anne O'Donoghue



Key Responsibilities

- Advise the Chief Executive on matters relating to the Nursing and Midwifery workforce and services.
- Provide advice in relation to setting the strategic direction for nursing services and implement local nursing initiatives to ensure the workforce meets identified health service delivery needs.
- Provide high-level advice and assist in the development of an Area Healthcare Services Plan.
- Provide advice on the professional learning and development requirements of the Area's Nursing staff.
- Collaborate with other senior Area Executives in the development and implementation of policy and initiatives.
- Provide advice on the development of clinical information systems that impact on clinicians and their responsibilities for reporting clinical data.

Significant Achievements

- Recruitment of three Area Senior Nurse Managers for the portfolios of Workforce and Special Initiatives, Professional Development and Policy / Evidence Based Practice. These three portfolios together with the Executive Director of Nursing & Midwifery have a

nursing clinical governance and support role regardless of the setting in which they work.

- Recruitment of 7.6 FTE Nurse Practitioners. One incumbent is the first Psychogeriatric Nurse Practitioner in NSW. The Nurse Practitioners work in the speciality areas of:
 - Renal (2)
 - Mental Health
 - Oncology
 - Psychogeriatrics (2)
 - Occupational Health & Screening
 - Emergency Department
- In collaboration with the Clinical Governance Unit development of a Clinical Policy Framework.
- Creation of a NCAHS Nursing Website to promote and showcase nursing – both within Australia and overseas.
- A total of 47 individualised facilitated re-entry and refresher nurses recruited to NCAHS.
- Conduct of a Nursing Innovations Day to share 'the lessons learnt' and showcase the creative and innovative nurse practices.
- Conduct of process mapping at three sites to rethink and re-engineer the method of nursing practice and service delivery.
- Introduction of a new renal model of care which intimately involves utilisation of Enrolled Nurse skills and competencies.
- Roll out of the Reasonable Workload Tool in appropriate medical and surgical units.
- Through conduct of an overseas recruitment campaign during 2005/06 there have been 22 Registered Nurses on the books.
- Recruitment of a permanent Director of Nursing at the Port Macquarie Base Hospital and an Acting Director of Nursing to Lismore Base Hospital.
- Recruitment of new nurses to open a range of new services and beds.

Workforce Development

Executive Director – Janne Boot



Key Responsibilities

The Workforce Development Directorate is responsible for leading the development of a sustainable, valued NCAHS workforce through innovation, to support health care delivery. This is achieved through a strategic and proactive approach, supported learning culture and organization, innovative workforce development models, facilitate and broker learning options, standardized Area systems, processes and resources, defined communication and promotion, functional targeted partnerships, use of evidence, measuring outcomes/achievements and a customer focus.

The primary functions of the Area Directorate are:

- Development of the Workforce through attraction, recruitment and retention.
- Strategies defined in the Area Workforce Development Plan.
- Development of Aboriginal Workforce through the Area Aboriginal Workforce Development Strategy.
- Development of a learning and development culture across NCAHS.
- Area Learning and Training Program for NCAHS.
- Operation of the Coraki Conference Centre.

Significant Achievements

The accomplishments of the Learning and Development Unit include:

- Completion of an integrated organizational structure for Learning and Workforce Development across the Area Health Service;
- Establishment of Steering Committee to commence implementation of the draft Workforce Development Plan 2005-2015. As at June 2006, 13% (10 of 76) - benchmark 10% short-term strategies had commenced;
- Establishment of Steering Committee to develop an Aboriginal Workforce Development Strategy. Draft Strategy with defined objectives and strategies completed

for consultation with key Aboriginal stakeholders;

- Completion of an Organisational Culture Survey of all staff with working group to be established for ongoing implementation of strategies to improve culture;
- Training Needs Assessment conducted with information from interviews with key stakeholders, incident management system and organisational culture survey. Key training needs included in future training calendars. System for ongoing monitoring of organisational training needs to be developed;
- Amalgamation of six monthly Area Training Calendar with the coordination of 176 courses in 2005/2006 with a total of 3696 attendees;
- Interagency partnership through a Workforce Education group with University Department of Rural Health and TAFE;
- Development of a standardised Induction Manual, Area Policy and an Orientation Video for Area Induction Programs for all staff;
- Area support for the implementation of PATHLORE Learning Management System as monitoring program for learning and development activities across the Area. Rollout to occur in 2006/07;
- Development of e-learning as an additional delivery of training options including the successful submission for an E-learning grant to develop an on-line package for Zero Tolerance to Violence modules; a trial of online mandatory training and exploration of 'Moodle' as a platform for E-learning;
- Completion of Workplace English Language and Literature (WELL) project to address numeracy and literacy skills of existing workers. 131 qualifications were issued under this project, involving Hotel Services and Environmental Services staff from Kempsey, Dorrigo, Coffs Harbour, and Wauchope;
- Review of the management structure of library services with decision made to transfer libraries to Network management to ensure local needs are being met and enhanced partnerships with Universities. Development of Area library website in progress; and
- Continued regular use of Coraki Conference Centre as a training and accommodation facility. Marketing strategies explored including the AAA tourism Star rating system. Development of CCC website with links to local Council and Premier's Department websites.

Staff Profile as at 30 June 2006

Number of Full Time Equivalent Staff (FTE) Employed in North Coast Area Health Service as at June 2006

	June -03	June -04	June -05	June -06
Medical	209	211	236	270
Nursing	2,645	2,771	2,651	2,848
Allied Health	402	420	401	439
Other Prof. & Para professionals	361	340	243	237
Oral Health Practitioners & Therapists	92	89	79	81
Corporate Services	291	282	297	261
Scientific & technical clinical support staff	262	284	329	356
Hotel Services	676	638	624	639
Maintenance & Trades	105	104	93	90
Hospital Support Workers	675	736	710	756
Other	10	52	10	11
Total	5,727	5,927	5,673	5,987
Medical, nursing, allied health, other health professionals & oral health practitioners as a proportion of all staff	64.8	64.4	63.6	64.7

Source: Health Information Exchange & Health Service local data

Note: June 04 Corporate Services has decreased by 24 FTE, which were transferred to Hunter & New England Area Health Service

Notes:

1. FTE calculated as the average for the month of June, paid productive & 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 Annual Report as employees.
3. Includes salaried (FTEs) staff employed with Health Services and the NSW Department of Health. All non-salaried staff such as contracted Visiting Medical Officers (VMO) are excluded.
4. In 2006, the collation of data has been improved by including an additional 4 staff categories to provide greater clarity between staff functions. Previous years data has been re-cast to reflect these changes, which has resulted in variations from figures reported in previous Annual Reports. The previous category 'Hospital Employees' has been replaced with 'Other Professionals & Para-professionals', which includes health education officers, interpreters etc and 'Scientific & technical support workers' e.g. hospital scientists & cardiac technicians.

Award codes assigned to allied health have been reviewed and only the following professions have been included in the category; audiologist, pharmacist, social worker, dietician, physiotherapist, occupational therapist, medical radiation scientist, clinical psychologist, psychologist, orthoptist, speech pathologist, orthotist/prosthetist, medical radiation therapist, nuclear medical technologist, radiographer and podiatrist to more accurately reflect this workforce. A category for Oral Health Practitioners & Therapists has been included as well as one for Hospital support workers, which includes ward clerks & IT support officers etc. Uniformed Ambulance officers have been revised to reflect ambulance on road staff & ambulance support staff.

Equal Employment Opportunity

Parliamentary Annual Report Tables

A. Trends in the Representation of EEO Groups

EEO Group	Benchmark or Target	2003	2004	2005	2006
Women	50%				75%
Aboriginal people and Torres Strait Islanders	2%				3.5%
People whose first language was not English	20%				3%
People with a disability	12%				4%
People with a disability requiring work-related adjustment	7%				0.9%

B. Trends in the Distribution of EEO Groups

EEO Group	Benchmark or Target	Distribution Index			
		2003	2004	2005	2006
Women	100				93
Aboriginal people and Torres Strait Islanders	100				83
People whose first language was not English	100				118
People with a disability	100				107
People with a disability requiring work-related adjustment	100				115

Notes:

1. Staff numbers are as at 30 June.
2. Excludes casual staff
3. A Distribution Index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the EEO group is less concentrated at lower salary levels. The Distribution Index is automatically calculated by the software provided by ODEOPE.
4. The Distribution Index is not calculated where EEO group or non-EEO group numbers are less than 20.

Table I.2 Staff Numbers by Level

LEVEL	TOTAL STAFF		Respondents			Men	Women	Aboriginal People & Torres Strait Islanders	People from Racial, Ethnic, 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
< \$32,606	142	< \$32,606	54	19	123	5	3	3	0	0	0	0	0	0	
\$32,606 - \$42,824	2,485	\$32,606 - \$42,824	1,032	664	1,821	49	19	16	32	7					
\$42,825 - \$47,876	483	\$42,825 - \$47,876	203	110	373	8	5	1	6	1					
\$47,877 - \$60,583	2,560	\$47,877 - \$60,583	1,143	447	2,113	37	51	41	40	9					
\$60,584 - \$78,344	1,051	\$60,584 - \$78,344	512	291	760	9	32	19	27	10					
\$78,345 - \$97,932	336	\$78,345 - \$97,932	164	140	196	0	7	9	4	2					
> \$97,932 (non SES)	169	> \$97,932 (non SES)	55	121	48	0	1	5	3	1					
> \$97,932 (SES)		> \$97,932 (SES)	0	0	0	0	0	0	0	0					
TOTAL	7,226		3,163	1,792	5,434	108	118	94	112	30					

Section 5 - Our People

Table 2 Staff Numbers by Employment Basis

OCCUPATION GROUP	TOTAL STAFF	Label	Respondents			Aboriginal People & Torres Strait Islanders		People from Racial, Ethnic, Ethno-Religious Minority Groups		People Whose Language First Spoken as a Child was not English		People with a Disability Requiring Work-related Adjustment	
			Men	Women									
Managers and Administrators	155	Managers and Administrators	101	89	0	6	3	5	1				
Professionals	4,057	Professionals	1,776	3,151	23	81	68	63	21				
Technicians and Associate Professionals	779	Technicians and Associate Professionals	336	606	30	6	3	11	2				
Tradespersons	110	Tradespersons	46	13	1	0	1	2	0				
Advanced Clerical and Service Workers	48	Advanced Clerical and Service Workers	31	45	0	0	0	0	0				
Intermediate Clerical, Sales and Service Workers	1,142	Intermediate Clerical, Sales and Service Workers	526	903	43	19	10	21	4				
Intermediate Production and Transport Workers	24	Intermediate Production and Transport Workers	9	3	0	0	0	0	0				
Elementary Clerical, Sales and Service Workers	278	Elementary Clerical, Sales and Service Workers	110	150	1	2	2	2	0				
Labourers	633	Labourers	228	474	10	4	7	8	2				
TOTAL	7,226		3,163	1,792	108	118	94	112	30				

Occupational Health & Safety - Injury by Occupation 2001/2002 to 2005/2006

	Hit by Moving Objects	Biological Factors	Body Stress	Chemicals and Other Substances	Falls, slips, trips by Person	Radiated Heat and Electricity	Body part Hitting Objects	Mental Stress	Unspecified Mechanisms	Sound and Pressure	Vehicle	Total
	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred	Net Incurred
2001/2002												
General Admin	\$85		\$160,179	\$1,380	\$40,245	\$8,681	\$479	\$217,450	\$34,884		\$1,188	\$484,506
Hotel Service	\$4,222	\$1,179	\$487,753	\$9,513	\$29,322	\$437	\$22,688	\$7,530	\$321,356		\$23,466	\$878,457
Linen Service			\$43,320		\$912						\$157	\$43,395
Maintenance	\$783	\$272	\$61,833		\$3,822			\$28,668				\$92,479
Medical Supp	\$123,037		\$139,154		\$90,003	\$431	\$3,146	\$94,369		\$1,314	\$19,348	\$469,824
Nurses	\$447,597	\$146,105	\$1,563,275	\$13,253	\$43,017		\$47,147	\$850,238	\$51,132		\$72,429	\$3,234,268
2002/2003												
General Admin	\$1,591	\$225	\$409,017	\$7,435	\$5,235			\$88,456	\$3,261		\$39,945	\$551,345
Hotel Service	\$6,779		\$694,010	\$124	\$156,313	\$2,292	\$5,120	\$10,962	\$15,670	\$68	\$19,919	\$881,247
Linen Service			\$28,180									\$28,180
Maintenance	\$720		\$61,076		\$26,957	\$160						\$88,523
Medical Supp	\$63,905	\$1,370	\$72,228		\$3,890		\$50,219	\$46,695				\$349,806
Nurses	\$75,649	\$2,781	\$2,982,595	\$4,918	\$330,741	\$659	\$145,305	\$542,765	\$169,445		\$21,079	\$4,255,816
2003/2004												
General Admin			\$348,206		\$18,869			\$997	\$85,608			\$453,700
Hotel Service	\$9,366		\$474,557	\$45,270	\$441,036	\$1,757	\$2,714	\$24,803				\$959,904
Linen Service			\$21,796	\$123	\$966		\$1,685					\$24,268
Maintenance	\$1,414		\$9,873		\$5,887		\$746	\$49,748		\$13,357		\$62,026
Medical Supp	\$23,020		\$410,779		\$3,446			\$414,305			\$15,176	\$866,525
Nurses	\$78,737	\$563	\$501,794	\$1,302	\$413,005	\$268	\$10,738	\$515,938	\$39,859		\$38,997	\$2,007,430
2004/2005												
General Admin	\$6,290		\$77,114		\$9,771		\$443	\$142,608			\$18,863	\$256,178
Hotel Service	\$4,012		\$586,052	\$10,489	\$382,452		\$12,526	\$14,150			\$682	\$1,010,362
Linen Service			\$50,473		\$2,953				\$8,551			\$59,987
Maintenance		\$176	\$40,445	\$425	\$18,919		\$17,205			\$72,092	\$2,608	\$161,871
Medical Supp	\$25,017	\$594	\$178,407	\$1,190	\$51,431		\$1,408	\$78,470			\$5,949	\$342,462
Nurses	\$54,258	\$1,414	\$1,228,459	\$5,323	\$71,751	\$782	\$9,502	\$71,029		\$1,590	\$395,015	\$1,837,533
2005/2006												
General Admin			\$91,599	\$245	\$48,712	\$1,001	\$4,324	\$132,313				\$55,683
Hotel Service	\$13,347		\$364,503	\$6,645	\$74,759	\$964	\$2,684	\$35,004			\$23,622	\$521,006
Linen Service	\$3,003		\$63,579	\$1,105				\$503				\$68,588
Maintenance			\$86,773	\$746	\$33,441		\$756					\$91,345
Medical Supp	\$46,307	\$1,546	\$245,361	\$1,034	\$7,329		\$1,224	\$68,290			\$13,093	\$584,274
Nurses	\$703,457	\$4,637	\$674,038	\$6,488	\$127,644		\$1,677	\$192,973	\$4,276		\$139,474	\$1,254,124
Total	\$1,093,536	\$161,418	\$12,406,999	\$113,218	\$2,445,030	\$17,445	\$347,833	\$3,710,722	\$645,537	\$88,421	\$396,554	\$21,987,761

Section 5 - Our People

Area OH&S Manager – Fauna Tyne



The Occupational Health and Safety Unit is managed by Ms Fauna Tyne. The Unit is supported by two OHS Advisors, an Administration Support Officer and a number of OHS Officers working proactively at the site / network level.

Overview of Service

The Occupational Health and Safety Unit is responsible for the following functions:

- Security
- Occupational Health and Safety Management (OHSM)
- Fire Safety Training
- Manual Handling
- Employee Assistance Program

Major Goals and Outcomes

Development of a platform of Occupational Health, Safety and Security policies that enables the management of Occupational Health and Safety and Security throughout NCAHS.

An Area-wide review of security infrastructure and services to ensure that all sites and services within the NCAHS are able to provide a secure environment for the delivery of health services by protecting staff, patients, visitors, contractors and volunteers.

The coordination of an ongoing OH&S audit process using the 'Numerical Profile' tool. The NCAHS has achieved enviable results relative to other NSW Area Health Services clearly demonstrating that the management of OH&S is taken seriously by all levels of management and staff within the NCAHS.

The development of an Employment Assistance Program (EAP) to support staff with immediate access to counselling services clearly demonstrates an organizational commitment to the welfare of NCAHS staff. This program enables staff to contact a counsellor 24 hours a day 7 days per week either by telephone or appointment.

The Chief Executive, Chris Crawford provides active support and commitment to OH&S by facilitating two OH&S Health Safe forums each year. These forums enable the delivery and exchange of information between the Executive, OHSM team, Workers Compensation and Claims team, management and staff on matters pertaining to OHSM and Workers Compensation / Rehabilitation.

Area Manager - Workers Compensation & Claims -



Lesley Bazley

Overview of Service

The Workers Compensation / Claims Management Unit is responsible for the following functions:

- Workers Compensation processes
- Rehabilitation of injured / ill employees
- Claims Management
- Fitness for Duty Assessments
- Pre-Employment Assessments

The unit is supported by 2 Claims Officers, Administration Assistant and a number of Return to Work Co-ordinators working proactively at the site / network level.

Major Goals and Outcomes

- Development of NCAHS policies and procedures in relation to Claims Management, Injury Management and Rehabilitation of injured employees.
- Strategies implemented with support of Executive, OH&S, HR and Network Managers have resulted in a reduction of the number of injuries from 450 injuries in 2003/2004 to 387 injuries in 2005/2006.
- Achieved a reduction in the cost of claims from \$4,272,646 in 2003/2004 to approximately \$3,000,000 in 2005/2006.
- Training of a further 15 Return to Work Co-ordinators during August 2006.
- High scores (mostly A's at all sites) across NCAHS in Numerical Profile results – See Section 5.
- No WorkCover prosecutions / common law claims initiated for claims occurring in 2005/2006

Key Issues / Events

- Implementation of strategies to achieve targets outlined in the Premiers Department Strategic Plan – Taking Safety Seriously 2005 – 2008.
- Involvement in a Working Party to review Insurer Service Level Agreement.

Future Direction

- Development of Web Page for distribution of access to information.
- Implementation of uniform strategies across NCAHS to address high number of claims associated with psychological illness / muscle strains (average 70% of all claims).
- Strong partnerships to be developed with other Departments supporting safety strategies / improved fitness / health strategies / education and creation of Positive Culture for NCAHS.
- Expand partnerships with Key Service Providers (Doctors, Treatment Providers, Insurer, WorkCover Industry Group).

Human Resources & Industrial Relations (HR/IR)



Area HR/IR Manager – Denis Hognio (April – June 2006)

Overview of Service

The Human Resource/Industrial Relations Unit is responsible for the following functions:-

- Industrial Relations
- Staff Support and Redeployment
- Grievance Management
- Performance Management

Major Goals and Outcomes

- Development of NCAHS policies and procedures in relation to Human Resources and Industrial Relations.
- Establishment of a staff support and deployment unit.
- Development of version two of an electronic recruitment program.

Key Issues / Events

The HR/IR Unit has had a busy and productive year in all areas of service provision. The major focus for this unit was the consolidation of the amalgamation process, working closely with unions to support and provide assistance to displaced employees. This has included a comprehensive consultation process with industrial bodies, management and staff resulting in agreement being reached on various issues through union specific meetings, staff consultations, Union Specific Consultative Committees and Joint Consultative Committees across the Area.

The Area is moving towards a centralised area recruitment unit, putting in place the first two stages of a centralised electronic recruitment system. (E-Recruit). Work is also being undertaken towards consolidating an Employee Assistance Officer model of service (ESO) by putting in place a centralised model at two locations: Coffs Harbour and Lismore. This model of support for staff and managers is assisted by the placement of HR/IR Advisors within each of the four Networks.

The Area established a Staff Support and Redeployment Unit to assist staff and managers through the transition and changes of amalgamation. The assistance provided to staff by the unit has included advice on access to counselling services, advice on determining vocational skills, retraining possibilities, career advice and job search assistance etc.

Future Direction

Finalise the centralisation of the Area Recruitment Unit.

Finalisation of two centralised Employee Assistance Officers' units, one in Lismore and one in Coffs Harbour.

Develop/review and deliver training programs on Grievance Management, Performance Management, Workplace Behaviour and conducting investigations.

Learning and Workforce Development



Acting Area Learning and Workforce Development Manager – Katie Willey

Overview of the Service

The key role of the Learning and Workforce Development Unit is to assist and work with the clinical and support services to attract, recruit, develop and retain a sustainable workforce now and into the future. The unit is responsible for: -

- Library Services
- Coraki Conference Centre
- Learning and Development

Major Goals and Outcomes

- Commenced implementation of the draft Workforce Development Plan 2005-2015. As at June 2006, 13% (10 of 76) - benchmark 10% short-term strategies had commenced.
- Establishment of a Steering Committee to develop an Aboriginal Workforce Development Strategy. Draft Strategy with defined objectives and strategies completed for consultation with key Aboriginal stakeholders.
- Completion of an Organisational Culture Survey of all staff with working group to be established for ongoing implementation of strategies to improve culture.
- Training Needs Assessment conducted with information from interviews with key stakeholders, incident management system and organisational culture survey. Key training needs included in future training calendars. System for ongoing monitoring of organisational training needs to be developed.
- Amalgamation of six monthly Area Training Calendar with the coordination of 176 courses in 2005/2006 with a total of 3696 attendees.
- Interagency partnership through a Workforce Education group with University Department of Rural Health and TAFE.

- Development of a standardised Induction Manual, Area Policy and an Orientation Video for Area Induction Programs for all staff.
- Area support for the implementation of PATHLORE Learning Management System as monitoring program for learning and development activities across the Area. Rollout to occur in 2006/07.
- Development of e-learning as an additional delivery of training options including the successful submission for an E-learning grant to develop an on-line package for Zero Tolerance to Violence modules; a trial of online mandatory training and exploration of 'Moodle' as a platform for E-learning.
- Completion of Workplace English Language and Literature (WELL) project to address numeracy and literacy skills of existing workers. 131 qualifications were issued under this project, involving Hotel Services and Environmental Services staff from Kempsey, Dorrigo, Coffs Harbour, and Wauchope.
- Review of the management structure of library services with decision made to transfer libraries to Network management to ensure local needs are being met and enhanced partnerships with Universities. Development of Area library website in progress.
- Continued regular use of Coraki Conference Centre as a training and accommodation facility. Marketing strategies explored including the AAA tourism Star rating system. Development of Coraki Conference Centre website with links to local Council and Premier's Department websites.

In addition, the Area Health Service supported two management trainees through the Australian College of Health Service Executives and 26 Existing Worker Traineeships were in progress throughout the year.

Teaching and Training Initiatives

Aboriginal Healing Program	Renal Update
Acceptance and Commitment Therapy	School Health Nursing
Acupuncture Update for Physios	Scorpio Drugs In Pregnancy
Acquired Dyslexia and Dysgraphia Update	Self-Acceptance Skills Method
Anthropometry	Social Work Theory Refresher
Anxiety in the Elderly	Stomal Therapy
Blades Language Therapy	The Power Of Puppets
Breast Feeding	Ups & Downs Of Pelvic Floor
Cardiac Rehabilitation	Working With People With Risk Of Suicide
Carers Initiatives	Wound Management
Changed Behaviours Associated With Dementia	Safety
Child Obesity & Body Image	Activities included:
Child Protection	Aggression Minimisation
Clinical Supervision	Fire Safety
Clients Who Use Psychostimulants	Hazardous Substances
Community Nurses Forum	Mandatory training programs
Communication	Manual Handling For Managers & Supervisors
Critical Care	OHS Consultation
Diabetes Type 1 In Children And Teenagers	OHS Risk Management
ECG Advanced Interpretation	Smoke Free Workplace
Emergency Care Protocol	Strategies for Stress
Emergency Paediatric Nursing	Zero Tolerance
Foetal Surveillance	
Food allergy and intolerance	Infrastructure and Management Support
Helping People Change Applying Health Psychology	Activities included:
Immunisation Update	Orientation / Induction
Medical Grand Rounds	Clinical Leadership
Mental Health First Aid	Conflict Management
Muscle Imbalance	Defensive Driving / Driver Awareness
National Clinical Guidelines	Electronic Assessment Tool
Nicotine Addiction & Treatment	Employee Screening Allegations & Response
NSW Rural Emergency Clinical Guidelines	Training
Nursing Triage	Engineers Conference
Orthopaedic Update For Physios	E-Recruit
Pain Management	Introduction To Excel
Physiotherapy Assistants Workshop	Ministerial Training
Picc Line Education	Quality EQUIP standards
Practical Voice Techniques	Recruitment & Selection
Principles Of Emergency Care	Research Critiquing

Future Directions

Ongoing implementation of the Workforce Development plan will be the major priority for the next year as well as developing an Aboriginal Workforce Development strategy. E-Learning will also be a targeted initiative.

Nursing and Midwifery

Nursing staff of the NCAHS have had opportunities to attend a wide variety of education and professional development programs. These programs have focussed on ensuring nurses have the knowledge and skills to provide care that is relevant and appropriate to all communities and facilities.

Our Clinical Nurse Consultants, Clinical Nurse Specialists as well as Nurse Educators conduct a significant amount of nursing education on site. External education providers have included the College of Nursing, Southern Cross University and the North Coast Institute of TAFE.

Over the last year in partnership with the North Coast Institute of TAFE over 130 Enrolled Nurses have been trained to formally administer medications. 40 Enrolled Nurses upgraded their Certificate III qualification and we trained over 60 new Enrolled Nurses.

23 Registered Nurses have completed graduate certificate courses with the College of Nursing.

Midwifery

A variety of courses have been conducted for Midwives including workshops on foetal monitoring, over 100 Midwives have attended this latter course

Emergency Department Education

Workshops have also been conducted throughout the area to increase nursing skills in emergency situations.

- 42 Registered Nurses and 20 Enrolled Nurses have completed the Principles of Emergency Care Course
- 36 Registered Nurses have completed the Trauma Nursing Core course and
- 36 Registered Nurses have completed the Emergency Nursing Paediatric course.

Critical Care

142 Nurses were trained in ECG interpretation and 96 Registered Nurses attended Critical Care Workshops conducted throughout the Area. 7 nurses completed a Graduate Certificate in Critical Care.

Nurse strategy funds were used to support the above programs as well as support Nurses to complete the UK Clinical Leadership Program that was piloted in NSW.

47 Nurses were supported with refresher and re-entry programs.

The transitional support program for new graduate nurses attracted 58 nurses this year. The program provides professional support, guidance, valuable experience and orientation to specific clinical areas for nurses in their first year of registration.

Nursing students continue to be placed at our facilities gaining valuable skills and experience in all areas of Nursing. An Undergraduate Student Committee has been successful in bringing all of the universities who send students to the NCAHS together to look at how we can improve student placements, evaluate the placements and work together to improve the clinical experience for students

Future directions will see more structured and standardised education programs for nurses, more online programs to allow greater access, programs to increase the number of nurses trained in renal, programs to support current and upcoming nurse managers, dementia awareness and support for newly Registered and Enrolled Nurses and Midwives.

Research

Evaluation of the Reduce Risk Increase Student Knowledge (RRISK) program

Researchers: Avigdor Zask, Eric van Beurden, Reyna Dight, Lyndon Brooks.

Reference details: 1. Zask A, van Beurden E, Dight R. RRISK Reduce Risk Increase Student Knowledge. Evaluation Report 2002-2005: Reducing Harmful Outcomes of Adolescent Risk Taking. Lismore: North Coast Area Health Service NSW Health; 2005. 2. Zask A, van Beurden E, Brooks LO, Dight R. Is it worth the RRISK? Evaluation of the RRISK (Reduce Risk Increase Student Knowledge) program for adolescents in rural Australia. Journal of Adolescent Health. 2006;38(5):495-503. 3. Elkington J, van Beurden E, Zask A, Dight R, Johnson W. RRISK: A sustainable intersectoral partnership. Youth Studies Australia. 2006;20:17-24. On behalf of NSW Motor Accident Authority, Health Promotion, NCAHS.

Baseline Evaluation - Tooti Fruity Vegie for Preschools

Researchers: Avigdor Zask, Jillian Adams, Denise Hughes

On behalf of North Coast Area Health Service.

Official Overseas Travel by Health Service Staff

Name of Officer	Unit	Purpose of Visit	Place visited	Funds
Chris Dransfield Chief Radiographer	Kempsey District Hospital	2005 Fusion Conference	New Zealand	General Funds
Assoc. Prof Tom Shakespeare, Director	North Coast Cancer Institute Coffs Harbour Health Campus	Chinese Academy of Medical Sciences	Cancer Hospital, Beijing, China	Sponsorship
Andrew Kovendy Area Chief Physicist & Radiation Safety Officer	North Coast Cancer Institute Coffs Harbour Health Campus	Chinese Academy of Medical Sciences	Cancer Hospital, Beijing, China	Sponsorship
Stuart Greenham Manager, Radiation Therapy	North Coast Cancer Institute Coffs Harbour Health Campus	University of Indonesia, Faculty of Medicine	Department of Radiology, Jakarta Indonesia	Sponsorship

Working with Clinicians and the Community

North Coast – Area Health Advisory Council (NC-AHAC)

The role of the Area Health Advisory Council is to facilitate the involvement of providers and consumers of health services and of other members of the local community, in the development of the Area Health Service's policies, plans and initiatives for the provision of health services.

On 29 September 2005 the Minister for Health, the Hon John Hatzistergos announced Cabinet had approved the following members of the NCAHS Health Advisory Council (AHAC).

Chair – 3 Years

Dr Sue Page is immediate past president, Rural Doctors Association Australia and Director of Education, Northern Rivers University Department of Rural Health and a Senior lecturer at the University of Sydney.

Members – 4 YEARS

- **Dr Christopher Ingall** is a Paediatrician Visiting Medical Officer at Lismore Base Hospital. Dr Ingall resides in Lismore.
- **Dr Geoff Ramin** is Director of Emergency and Visiting Medical Officer Intensivist at The Tweed Hospital. He was educated in the United Kingdom. Dr Ramin resides in Tweed Heads.
- **Mr Stephen Blunden** is Chief Executive Officer of the Durri Aboriginal Medical Service at Kempsey. He was appointed to the State Board Aboriginal Housing Office and is Chair of the Aboriginal Housing Committee (Hawks Nest - Tweed Heads). Mr Blunden resides in Coffs Harbour.
- **Dr Bruce Hodge** is a General Surgeon at Port Macquarie Base Hospital, Kempsey and Wauchope. Dr Hodge resides in Port Macquarie.
- **Dr Helena Johnston** is a part time General Practitioner in Coffs Harbour. Dr Johnston is the Campus Coordinator for University NSW Rural Clinical School at Coffs Harbour. She resides in Bonville.
- **Mrs Carrol-Ann Maher** is employed by the Nambucca Community Services Council as a case manager for Indigenous specific Community Aged Care Packages and Extended Aged Care at Home. She resides in Macksville.
- **Dr Janice Herbert** is Chair of St Andrews Village Ballina, a community based not for profit aged care organisation. She was previously Deputy Chair of Uniting Care Aging ACT and Deputy Chair Northern Rivers Social Development Council. Dr Herbert resides in Ballina.

Members – 2 YEARS

- **Ms Hazel Bridgett** is a long-serving volunteer for Legacy and has recently been appointed as coordinator of Legacies National Aged Care Forum. She is a former Member of the Northern Rivers Area Health Service Board. Her professional training is as a registered nurse. Ms Bridgett is President of the Mental Health Accommodation and Rehabilitation Service (MHARS). Ms Bridgett resides in Rous Mill.
- **Mr Warren Grimshaw** AM is the Chair of TAFE NSW North Coast Institute Council, a member of the Southern Cross University Council and member of Coffs Harbour Future Development Board. Mr Grimshaw lives in Coffs Harbour.
- **Mr Scott Wagner** is a Paediatric Dietician and is manager of Nutrition and Dietetics at Lismore Base Hospital. He resides in Alstonville.
- **Ms Sandra Woods** is retired. She is a member of several community organisations including MacLean-Lower Clarence Hospital Auxiliary since 1985. Ms Woods resides in Yamba.
- **Ms Leone Crayden** currently is the General Manager of On Track Community Programs Inc. On Track provides a variety of human services to people living with mental illness, disabilities and homeless families. Leone initially commenced her career as a nurse and later completed further studies in psychology, and post graduate qualifications in Social Research. Currently Leone sits on the NSW Priority Mental Health Task Force and is in her third term as the Chairperson of the Mental Health Coordinating Council (the peak organisation for Non-Government Mental Health Services in NSW). Leone is the mother of three and is the primary carer of a person living with a mental illness and lives in Terranora.

The NC-AHAC had a two-day orientation meeting in Grafton in December 2005. At this orientation the NC-AHAC agreed on the following purposed statement and key priorities areas.

Section 6 - Our Community

Purpose Statement

The Area Health Advisory Council brings communities and clinicians together to talk about health and health care. We aim to advise NCAHS how best to achieve health care services that are focussed on health as well as treatment of disease; and that are safer, more affordable, and more available.

Access to community knowledge is invaluable for planning, policy, and monitoring, and AHAC will assist the NCAHS to prioritise demand and make difficult decisions in resource allocation. By efforts to keep communities informed, AHAC aims to build high levels of trust and confidence that our Health Services can deliver effective health outcomes.

Key priority areas

- Aboriginal Health
- Mental Health
- Health Promotion and Disease Prevention
- Health Inequalities (housing, transport, education)
- Emerging issues (ageing population and workforce development)

Meetings

Meetings are held every six weeks in a different community and generally include a community meeting, tour of a local facility, speaker relating to priority areas and the AHAC committee meeting. Four AHAC meetings have been held in the first six months of 2006 these have been in Kempsey, Bowraville, Tweed Heads and Port Macquarie.

Community Activity

Community and Clinical Participation

The AHAC supported recommendations from an Area Advisory Arrangements Taskforce, which had reviewed existing clinical and community participation structures. These recommendations included the establishment of new structures for the North Coast Area Health Service based on the strengths of the existing structures.

An Area Clinical Council has been established which meets every two months with representatives from medical, nursing, allied health and population health disciplines. In addition three discipline based clinical councils for Nursing, Allied Health and Medical meet on the alternate months.

In addition four Community Participation Forums for Tweed Bryon, Richmond, Coffs Clarence and Hastings Macleay Networks and an Area Mental Health Forum have been established. The Ngayundi Aboriginal Health Council has continued to meet and an Aboriginal Health Council in the southern end of the area is to be established. Details of these community participation groups can be found on the Community Participation Internet site <http://www.ncahs.nsw.gov.au/participation/>. These structures are the formal community structures for consultation on a range of issues in relation to planning, delivery and evaluation of health services and broader community engagement. A format for quarterly reports to the NC-AHAC from these structures is being established.

Along with the Community Participation Internet site other communication strategies include the establishment of a quarterly community participation newsletter, which is distributed by email or post to 244 organisations, and 839 individuals/families who have registered an interest in being informed about community participation activities. The newsletter and membership form for the community participation database are available on the Internet site. An annual conference for representatives from the community participation structures is to be established with the inaugural conference planned for September 2006.

Other activities of the health forums/councils and the North Coast Area Health Service have included:

- Hosting 'Planning for the Future 2025' consultations in Tweed Heads, Lismore, Coffs Harbour, Grafton, and Port Macquarie.
- In June 2005 there were over 80 positions on NCAHS committees for community representation.
- Coffs Clarence Health Participation Forum working with Coffs Harbour Health Campus to focus on the needs of people with a Vision Impairment during quality week leading to the campus being awarded the Best Practice Award in Vision Australia's "Making a difference awards".
- A two page insert in the May 2006 edition of the Health Participation Newsletter on the North Coast Area Health Service Health Promotion Team and initiatives.

Section 6 - Our Community

- Hosting a Department of Health community consultation on PADP in Lismore.
- Hastings Macleay Health Participation Forum hosting a community meeting in Wauchope to provide information and seek community input on the establishment of a long term Rehabilitation Unit at Wauchope District Hospital.
- Creation of guidelines and policy for Community Participation for the North Coast Area Health Service.

Patient Feedback

Our Health Facilities across the North Coast Area Health Service regularly receive letters of appreciation. These letters are addressed to Executive Officers and Managers of our Hospitals from members of the community giving high praise to our Staff, especially to the Nurses and Doctors for the care, kindness and support they have received in hospital while a patient. Many letters also contain praise to our Domestic Staff and Wardsmen for the attention they also offer to patients. Such letters often appear in the local papers from former patients and relatives expressing appreciation to staff in our Emergency Departments, Intensive Care Units and Operating Theatre Staff for the quick response and attention they receive when in crisis. Our Cancer Care Staff too receive many accolades for the care and support to family and friends of patients. Our Staff are encouraged by the feedback they receive. They work very hard in their chosen professions and are certainly deserving of such praise.

Fundraising

Most fundraising activities are undertaken by the United Hospital Auxiliaries and Pink Ladies, however many community groups such as Apex, Rotary and Lions Clubs and there are those individual smaller groups like Scope and Inner Wheel who raise money to purchase equipment for our patients care and comfort.

‘Our Kids’ Northern Rivers Children’s Health Fund’

The aim of ‘Our Kids’ is to improve the health services for children in Northern Rivers area. Our Kids achieves this through raising awareness and vital funds to purchase lifesaving medical equipment for Children’s Ward and Special Care Nursery at Lismore Base Hospital.

Currently ‘Our Kids’ is focusing on purchasing equipment for Special Care Nursery and Children’s Ward at Lismore Base Hospital. With the recent fund-raising ventures the Our Kids Community Committee, who encourage the community to become involved through partnerships, sponsorship and donations, have been able to purchase equipment for the wards some of which include Oxygen Blenders, Humidifiers, Phototherapy Lights, Humidicribs, Infant Baby Warmers, Baby Head Boxes, Monitors, Breast Pump, Resusitaires and Paediatric Resource Program.

The equipment purchase through the works of Our Kids has enabled more children to receive their medical treatment locally.

Donations and Bequests

Many significant financial donations were made to NCAHS facilities throughout the financial year, they were from Health Service groups, Community groups and individuals some of those were:

Riley Bondflid to Lismore Cancer Care Unit \$108,423
The Boulwood Estate to Coffs Harbour Health Campus of \$24,502.
The Kokoda Track tour to Grafton Base Hospital \$19,040
AMP Foundation and Perpetual Nominees.

The NCAHS Executive and staff sincerely appreciate the generosity and ongoing commitment of our communities, particularly the Hospital Auxiliary members, for enhancing our services through the continued efforts in raising and donating funds.

Ethnic Affairs Priority Program

North Coast Area Health Service (NCAHS) has historically had a significantly lower percentage of residents from non-English speaking backgrounds (2.6%) compared to the NSW average of approximately 18%. The Area does not currently have an Ethnic Affairs Plan, however the development of a Refugee Screening program was the result of population and client data evaluation.

The NCAHS Corporate Plan provides for all people in the diverse North Coast community to feel welcome at our services. The Area is committed to improving the health status of residents, especially the most disadvantaged. The Area has outlined its commitment to improving equitable access to health services in the Area Strategic Direction Plans.

The Area communicates information on developments and plans through the NCAHS Intranet and Internet website and the Media and Public Relations Unit puts all media releases on both. Additionally, the Media and Public Relations Unit has an extensive mailing list, which includes local Politicians, Councils, Libraries, interested community groups and members of Hospital Auxiliaries and Community Participation groups when they distribute publications such as the Annual Report and the NCAHS Health News magazine. The Area has also established several community consultation mechanisms that incorporates:

- Area Health Advisory Council
- Network Participation Forums
- Aboriginal Health Council
- Mental Health Forum
- Consultation with Sudanese Community

These measures take into account the special needs of minority groups in the community. Additionally, the NCAHS has implemented training programs for staff that address the need for cultural awareness, child protection and refugees. The Area has available in its facilities access to multilingual information sheets for a variety of services including oral health, emergency services and elective surgery.

Access to an Interpreter Services is also available by calling 1800 674 994 number. This number is used to access an Interpreter Service during office hours and has the numbers of Interpreters to call to attend in Emergency situations. The after hours number is 02 4921 3000, this number connects callers to the John Hunter Hospital that has a list of Interpreters to allocate for attendance at sites to provide an after hours on call service.

The NCAHS provides funding for a Mental Health Culturally and Linguistically Diverse (CALD) worker in the Coffs Harbour locality where a need was recognized. CALD groups are represented on Health Participation Forums. All members of the community are invited to attend Public Forums and Participation Forums through advertising in the local media across the Area Health Service.

The NCAHS commenced its Corporate Planning in September 2005, following an Executive Workshop, a draft Corporate Plan was distributed across the organization in December 2005. In addition, presentations were made to Area Clinical Forums, Local Councils and at the Senior Management Forums.

All plans are registered with the Aboriginal Health Unit and a consultation plan was developed resulting in the completion of an Aboriginal Health Impact Statement. The Aboriginal Health Council meets regularly and is consulted on policy and planning.

A Consumer Consultation Plan is developed at the beginning of each planning process. In Coffs Harbour for example, the Punjabi community was consulted in relation to the Families First Plan.

Based on data analysis and research outcomes in design and evaluation of services, the CALD worker initially focused on Afghanistan refugees. Based on the ethnicity data findings, more general CALD programs are being developed and a working party was formed to plan services to a Sudanese refugee community, as a result specific clinics targeting Sudanese refugees have commenced in Coffs Harbour.

Section 6 - Our Community

Links with Non Government Organisations

	04/05 annual	Total	0506 annual (includes CE)	Difference paid
Buttery	325,100	325,100.00	334,000.00	8,900.00
Buttery (Drug Summit)	47,450	47,450.00	47,450.00	0.00
Buttery MERIT	100,740	100,740.00	100,740.00	0.00
Lismore Womens Health Centre	154,500	154,500.00	158,700.00	4,200.00
Lismore Womens Health Centre (NWH)	60,700	60,700.00	62,400.00	1,700.00
Lismore Women's Health Centre Eating Disorders	41,300	41,300.00	41,300.00	0.00
Lismore Family Planning Service	78,800	78,800.00	80,300.00	1,500.00
Kyogle Family Planning Service	9,900	9,900.00	10,200.00	300.00
Bay Ami Accommodation Inc	54,600	54,600.00	54,600.00	0.00
Community Programs	341,500	341,500.00	341,500.00	0.00
Child & Adolescent Specialist Programs and Accommodation	28,800	28,800.00	29,600.00	800.00
Mental Health Accommodation Rehabilitation Services	657,900	657,900.00	657,900.00	0.00
On Track Community Programs	419,566	419,566.00	419,566.00	0.00
Dharah Gibinj Corp (Casino AMS)	551,800	551,800.00	567,000.00	15,200.00
Dharah Gibinj Corp (Casino AMS)	80,000	80,000.00	80,000.00	0.00
Jali Health Post	16,800	16,800.00	17,300.00	500.00
Muli Healt Post	16,800	16,800.00	17,300.00	500.00
North Coast GROW	20,400	20,400.00	21,000.00	600.00
Casino Neighbourhood Centre	21,400	21,400.00	21,400.00	0.00
Coffs Harbour Women's Health Centre	187,400	187,400.00	192,600.00	5,200.00
Coffs Harbour Women's Health Centre (NWH)	57,900	57,900.00	59,500.00	1,600.00
Coffs Harbour Women's Health Centre (Family Planning)	18,900	18,900.00	19,400.00	500.00
Coffs Harbour Women's Health Centre (carer's grant)	33,967	33,967.00	33,967.00	0.00
Centacare	73,400	73,400.00	73,400.00	0.00
Moomba Accommodation	357,900	357,900.00	357,900.00	0.00
Durri Aboriginal Corporation	51,000	51,000.00	51,000.00	0.00
Durri Aboriginal Medical Service	51,000	51,000.00	51,000.00	0.00
Benelong's Haven	100,740	100,740.00	100,740.00	0.00
Adele House		50,370.00	50,370.00	0.00

Section 6 - Our Community

	50,370			
Namitjira Haven	50370	50,370.00	50,370.00	0.00
Northern Rivers Community Transport	26,300	26,300.00	27,000.00	700.00
Northern Rivers Community Transport	4,700	4,700.00	4,700.00	0.00
Tweed Ballina Byron Community Transport	27500	27,500.00	28,300.00	800.00
Clarence Community Transport	18,800	18,800.00	18,800.00	0.00
Clarence Community Transport	31300	31,300.00	32,700.00	1,400.00
Coffs Harbour Bellingen Community Transport	31300	31,300.00	32,200.00	900.00
Hastings Macleay Community Transport	18800	18,800.00	19,300.00	500.00
Macleay Kalipso Inc	49,833	49,833.00	49,833.00	0.00
Shared Vision Aboriginal Corporation	50,000	50,000.00	50,000.00	0.00
Tweed Valley Respite	34,157	34,157.00	34,157.00	0.00
Mission Australia	325,000	325,000.00	325,000.00	0.00
New Horizons Enterprises	581,200	581,200.00	581,200.00	0.00
Hastings Macleay Division of GPS	2940	0	2,940.00	2,940.00
Interrelate	6000	0	6,000.00	6,000.00
Hastings Macleay Headway	10000	0	10,000.00	10,000.00
TOTAL	5,278,833	5,259,893.00	5,324,633.00	64,740.00

Note: Shaded Areas in Organisation column are those funded by NCAHS.

Our Volunteers

Hospital Auxiliaries and Pink Ladies

The Hospital Auxiliaries and Pink Ladies (and men) volunteers dedicate many hundreds of hours of service and support to hospitals across the North Coast. Their tireless revenue-raising efforts have allowed many of the hospitals to purchase equipment to better care for and improve the comfort of the patients across the North Coast. The efforts of these volunteers and the many others including Red Cross, Rotary and Lions just to name a few, are valued and greatly appreciated by the NCAHS and we look forward to their support for many years to come.

In the last 12 months The Tweed Hospital Auxiliary raised a grand total of \$236,325 and at the State Conference held in Dubbo last October, the Auxiliary were presented with a certificate for raising over \$100,000 in 12 months, a truly magnificent effort. Lismore Base Hospital Auxiliary raised \$99,676 and the Coffs Harbour Pink Ladies Auxiliary raised \$87,385. Our smaller Hospital Auxiliary members who live further away from the larger towns, such as Urbenville, Casino, Coraki, Maclean and Wauchope all have hard working members who manage to continue to raise funds from these small communities.

The following details committee membership of the Hospital Auxiliary and Pink Ladies for our Hospitals and Health Services.

Ballina District Hospital

President: Sue Jarman
Secretary: Marlene Rennie
Treasurer: Heather Dowse

Bellinger River District Hospital

President: Nancy Hobson
Secretary: Ann Hodgson
Treasurer: Jan Deane

Bonalbo Health Service

President: Marie Butler
Secretary: Merrill Carr
Treasurer: Diane Carr

Byron District Hospital Auxiliary

President: Jan Lang
Secretary: Maureen Weir
Treasurer: Pam McRae

Byron District Hospital Pink Ladies

President: Phil Barnes
Secretary: Jeanette Phelps
Treasurer: Pam Buckby

Camden Haven

President: Maria Wilson
Secretary: Alayne Menzies
Treasurer: Percy Fry

The Campbell Hospital, Coraki

President: Joyce Skinner
Secretary: Norma Wise
Treasurer: Margaret Williams

Casino & District Memorial Hospital

President: Edna Fuller
Secretary: Robyn Spruce
Treasurer: Fay Donnelly

Coffs Harbour Health Campus

President: Linda Ladd
Secretary: Jean McGrath
Treasurer: Loretta Larson

Pink Ladies

President: Helen Mears
Secretary: Sandy Smart,
Treasurer: Pam Garden

Dorrigo Multi Purpose Service

President: Mavis Brady
Secretary: Jean Tasker
Treasurer: Audrey Woodland

Grafton Base Hospital

President: Alab Linklater
Secretary: Joy Southcott
Treasurer: Judy Irving

Kempsey District Hospital

President: Carrie Lewthwaite
Secretary: Chick Bub-Edwards
Treasurer: Ruth Woodward

Pink Ladies

President: Maria Stegman
Secretary: Sonia Walker
Treasurer: Joan Hawkins

Kyogle Memorial Health Service

President: Christine Strangeways
Secretary: Dyann Clark
Treasurer: Ellen Dougherty

Lismore Base Hospital

President: Mollie Strong
Secretary: Rita Richards
Treasurer: Helen Bryant

Section 6 - Our Community

Macksville Health Campus

NB. Macksville has three Auxiliaries

Bowraville

President: Nell Fuller

Secretary: Isabel Hooper

Treasurer: Heather Lufcombe

Macksville

President: Gwen Bonser

Secretary: Janette Bonser

Treasurer: Pat Hill

Nambucca Heads

President: Alma Armstrong

Secretary: Ray Anscombe

Treasurer: Lyn Thompson

Maclean Hospital

President: Gwen Dowling

Secretary: Marg Morton

Treasurer: Judy Brown

Mullumbimby Hospital Auxiliary

President: Janine Slater

Secretary: Ann Schneider

Treasurer: Norma Parker

Mullumbimby Hospital Lilac Ladies

President: Betty Hughes

Secretary: Alicia Fawcett

Treasurer: Louise Van Angeren

Murwillumbah District Hospital

President: Val Foster

Secretary: Elspeth Vernon

Treasurer: Tuppy Loder

Pink Ladies

President: Kay Bewes

Secretary/Treasurer: Jan Woods

Nimbin Health Service

President: Faye Sherf

Secretary: Florence Carter

Treasurer: Alva Sandor

Port Macquarie Base Hospital

President: Phillipa Passfield

Secretary - Lois O'Connor

Treasurer - Judith Rieschke

The Tweed Hospital

President : Mary Ranger

Treasurer : Helen Boddington

Secretary : Marie Bolster

Pink Ladies

President : Yvonne Killin

Vice President : Faye Money

Secretary : Judy McKenzie

Roster Clerk : Helen Jarvis

Chaplains

Dorothy Owen

Lyn Twin

Urbenville Health Service

President: Yvonne Campbell

Secretary: Lorraine Stubbings

Treasurer: Daphne Fegan

Wauchope Health Service

President: Monica Gemmell

Secretary: Joie Black

Treasurer: Verna Wallace

Pink Ladies

President: Yvonne O'Donnell

Secretary: June Fowler

Treasurer: Joan Egan

Chaplaincy Services

A number of hospitals have a Chaplain available on site for periods of each week (The Tweed Hospital, Lismore Base Hospital, Coffs Harbour Health Campus and Port Macquarie Base Hospital). These services are supported by a call back service for a range of other denominations supported by volunteers in pastoral care that visit inpatients on a regular basis.

Statement of Affairs

Statement of Affairs

Under the Freedom of Information Act 1989, each NSW Government department and agency is required to publish an annual Statement of Affairs. The Statement in this report describes the structure and functions of the North Coast Area Health Service, how these functions affect the public and how the public can participate in the Area Health Service's policy development. Additionally, the Statement of Affairs requires the inclusion of the Area Health Services categories of documents and how these can be accessed or amended by members of the public.

Structure and Functions

The purpose of the North Coast Area Health Service is promoting healthy living and providing quality, accessible healthcare for the people of the North Coast. The structure of the North Coast Area Health Service is detailed elsewhere in the North Coast Area Health Service Annual Report.

Effect of functions on members of the public

The functions of the North Coast Area Health Service have an effect on members of the public through the provision of services. These services include the provision of health care and achieving government policies to serve the people of NSW.

Public participation in policy development

Members of the public are able to participate in the policy development process within the North Coast Area Health Service. The NCAHS can be contacted by mail to Locked Bag 11, by telephone on 02 6620 2100 or by fax on 02 6621 7088. Information about electronic access to the North Coast Area Health Service can be obtained through the website at www.ncahs.nsw.gov.au

The North Coast Area Health Service encourages community participation through Community Health Participation Forums, Aboriginal Health Councils, Mental Health Forum and the North Coast Area Health Advisory Council.

Categories of documents held by the Department

All policy documents of the North Coast Area Health Service are published every six months in the Summary of Affairs. A copy of the Summary of Affairs can be obtained from the Government Gazette.

Accessing and amending the Department's documents

Documents may be accessed by contacting the Freedom of Information Coordinator.

Applications for access to documents under the provisions of the Freedom of Information Act 1989 should be in writing, accompanied by the \$30 application fee and directed to:

The FOI Coordinator
North Coast Area Health Service
Locked Bag 11
Lismore NSW 2480

Applications to amend documents relating to a person's own personal affairs may also be made to the FOI Coordinator.

Section 7 – Freedom of Information

NORTH COAST AREA HEALTH SERVICE

Locked Mail Bag 11
Lismore NSW 2480

Section A – Numbers of new FOI Requests 1/7/05 to 30/6/06 - **Information relating to numbers of new FOI requests received, those processed and those incomplete from the previous period.**

FOI Requests	Personal		Other		TOTAL	
	Current Year	Previous Year	Current Year	Previous Year	Current Year	Previous Year
A1 New (inc. transferred in)	7	11	8	7	15	18
A2 Brought forward	0	0	0	1	0	1
A3 Total to be processed	7	11	8	8	15	19
A4 Completed	4	7	6	8	10	15
A5 Transferred Out	2	3	1	0	3	6
A6 Withdrawn	0	1	1	0	1	1
A7 Total processed	6	11	8	8	14	19
A8 Unfinished (carried forward)	1	0	0	0	1	1

Section B – What happened to completed requests? **(Completed requests are those on Line A4).**

Result of FOI request	Personal		Other	
	Current Year	Previous Year	Current Year	Previous Year
B1 Granted in full	0	4	4	4
B2 Granted in part	3	1	1	1
B3 Refused	1	2	1	3
B4 Deferred	0	0	0	0
B5* Completed	4	7	6	8

* Note: The figures on line B5 should be the same as the corresponding ones on A4.

Section C - Ministerial Certificates - number issued during the period.

C1 Ministerial Certificates issued	Nil (2004/5 Nil)
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Section D - Formal Consultations - number of requests requiring consultations (issued) and total number of formal consultation(s) for the period.

D1 Total number of requests requiring formal consultation(s)	Issued 1 (2004/5 - 5)
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Section E - Amendment of personal records - number of requests for amendment processed during the period.

Result of Amendment Request	Total 2005/6	Total 2004/5
E1 Result of amendment – agreed	Nil	Nil
E2 Result of amendment - refused	Nil	Nil
E3 Total	Nil	Nil

Section F - Notation of personal records - number of requests for notation processed during the period.

F3 number of requests for notation	Nil (2004/5 Nil)
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Section 7 – Freedom of Information

Section G - FOI requests granted in part or refused - **basis of disallowing access - Number of times each reason cited in relation to completed requests which were granted in part or refused.**

Basis of disallowing or restricting access	Personal 2005/6	Other 2005/6	Personal 2004/5	Other 2004/5
G1 S19 (incomplete, wrongly addressed)				
G2 S22 (deposit not paid)			1	
G3 S25(1)(a1) (diversion of resources)				
G4 S25(1)(a) (exempt)	3	1	1	1
G5 S25(1)(b), (c), (d) (otherwise available)				
G6 S28(1)(b) (docs not held)				
G7 S24(2) (deemed refused, over 21 days)	1	1	1	3
G8 S31(4) (released to Medical Practitioner)				
G9 TOTAL	4	2	3	4

Note – the total need not reconcile with the refused requests total as there may be more than one reason cited for refusing an individual request.

Section H – Costs and fees of requests processed **during the period (i.e. those included in lines A4, A5 and A6). Please DO NOT include costs and fees for unfinished requests (i.e. those requests included in line A8).**

	Assessed Costs 2005/6	FOI fees received 2005/6	Assessed Costs 2004/5	FOI fees received 2004/5
H1 All completed requests	\$1530	\$405	\$2520	\$360

Section I - Discounts allowed - **numbers of FOI requests processed during the period where discounts were allowed.**

Type of Discount Allowed	Personal 2005/6	Other 2005/6	Personal 2004/5	Other 2004/5
I1 Public interest				
I2 Financial hardship – Pensioner / Child	1	1	4	
I3 Financial hardship - Non-profit organisation				1
I4 Totals	1	1	4	1
I5 Significant correction of personal records				

Note: except for item I5. Items I1, I2, I3, and I4 refer to requests processed as recorded in A7. For I5, however, the show the actual number of requests for correction of records processed during the period.

Section J – Days to process - **number of completed requests (A4) by calendar days (elapsed time) taken to process.**

Elapsed Time	Personal 2005/6	Other 2005/6	Personal 2004/5	Other 2004/5
J1 0 – 21 days	0	4	2	3
J2 22 – 35 days	3	2	4	5
J3 Over 35 days	1	0	1	0
J4 TOTALS	4	6	7	8

Section 7 – Freedom of Information

Section K – Processing time - number of completed requests (A4) by hours taken to process.

Processing Hours	Personal 2005/6	Other 2005/6	Personal 2004/5	Other 2004/5
K1 0 – 10 hours	3	6	4	6
K2 11 – 20 hours	1	0	2	2
K3 21 – 40 hours	0	0	0	0
K4 Over 40 hours	0	0	1	0
K5 TOTALS	4	6	7	8

Section L – Reviews and Appeals - number finalised during the period.

L1 Number of Internal Reviews finalised	0	1 (2004/5)
L2 Number of Ombudsman Reviews finalised	0	1
L3 Number of District Court/ADT appeals finalised	0	1

Details of internal review results - in relation to internal reviews finalised during the period.

Bases of internal review	Personal 2005/6		Other 2005/6	
Result*	Upheld*	Varied*	Upheld*	Varied*
Grounds on which internal review requested				
L4 Access refused	Nil	Nil	Nil	Nil
L5 Deferred				
L6 Exempt matter				
L7 Unreasonable charges				
L8 Charge unreasonably incurred				
L9 Amendment refused				
L10 Totals	0	0	0	0

*Note: relates to whether or not the original agency decision was upheld or varied by the internal review.

Financial Overview

The audited financial statements presented for the North Coast Area Health Service recognise the amalgamation of the Northern Rivers and Mid North Coast Area Health Services, excluding the local government areas of Taree, Wingham, Great Lakes, Gloucester and Bulahdelah, which had effect from 1 January 2005. Audited financial statements appear in the Annual Report covering the twelve months ended 30 June 2006. However, as the amalgamation was only effected from 1 January 2005 the previous year comparisons shown in the audited statements are restricted to a period of six months only. For the period 1 July 2005 to 30 June 2006 the Net Cost of Services budget was \$660.3 million, against which the audited actuals of \$660.1 million represents a variation of \$0.2m million or 0.03%.

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

Although the audited financial statements show only comparative data for the six months ended 30 June 2005 (consistent with the establishment date of the Area Health Service) information is available for the twelve months ended 30 June 2005, and is shown below with comparison with the 2005/06 result.

	2005/06 Actuals \$000	2005/06 Budget \$000	2004/05 Actuals \$000
Employee Related Expenses	430,580	444,329	370,767
Visiting Medical Officers	67,314	57,096	55,519
Goods & Services	221,846	209,064	220,761
Maintenance	19,425	16,540	18,242
Depreciation & Amortisation	23,403	23,426	19,614
Grants & Subsidies	5,466	4,500	4,559
Finance Costs	159	212	214
Payments to Affiliated Health Organisations	7,351	5,774	6,199
Total Expenses excluding losses	775,544	760,941	695,875
Sale of Goods & Services	89,487	82,324	78,128
Investment Income	1,087	729	1,085
Grants & Contributions	17,909	10,405	12,611
Other Revenue	8,149	7,659	4,810
Total Retained Revenue	116,632	101,117	96,634
Gain/(Loss) on Disposal	-141	-225	
Other Gains/(Losses)	-1,049	-242	144
Net Cost of Services	660,102	660,291	599,097

Section 8 – Financial Report

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

Budget Increases 2005/06		\$'000s
Award Increases		11,868
Special Projects		
	Aged Care Enhancements	850
	Cancer Care Enhancements	1,907
	AIDS Enhancements	346
	Aboriginal Health Enhancements	867
	Women's Health Enhancements	918
	PADP Enhancements	2,310
	Mental Health Enhancements	2,781
	Renal Enhancements	732
Other Variations		
	Patient Flows	32,889
	High Cost Drugs	960
	Additional Surgery Enhancements	4,758
	Other General Enhancements	4,274
	Workforce Development Enhancements	1,108
		<u>66,568</u>

PROGRAM REPORTING

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

No full year comparisons are available in the audited statements, although the table under has been prepared comparing the combined results of the North Coast Area Health Service and its former Area components for the full two-year period 1 July 2004 to 30 June 2006.

Program increases of more than 10% together with all program reductions are explained as follows:

- Outpatients Services expenditure increased by 27% following increased growth funding provided to Renal services as Grafton, Lismore, Coffs Harbour and Tweed Heads, plus increased Oncology services at Coffs Harbour
- Emergency Service expenditure increased by 22% following increased growth funding provided to Tweed Heads, Coffs Harbour, Lismore and Port Macquarie
- Overnight Acute Services expenditure increased by 22% due to increased funding provided to reduce surgery waiting lists plus the impact of increased medical admission rates experienced at several sites.
- Same Day Acute expenditure decreased by 79% mainly due to allocation of Inter AHS Patient Flows dissection changes to prior years and affects of transfer of LGA Taree services to Hunter New England AHS.
- Rehab and Extended Care expenditure decreased by 90% due to the effects of the transfer of LGA Taree services to Hunter New England AHS.
- Population Health expenditure increased by 35% due to specific project funding provided for population health initiatives

Section 8 – Financial Report

Program	2005/06			2004/05		
	Exp	Rev	NCOS	Exp	Rev	NCOS
	\$000	\$000	\$000	\$000	\$000	\$000
Primary & Community	69,415	13,567	55,848	65,278	9,515	55,763
Aboriginal Health	5,989	807	5,182	5,137	336	4,801
Outpatient Services	35,108	2,311	32,797	28,233	2,310	25,923
Emergency Care Services	80,198	6,350	73,848	64,650	4,248	60,402
Overnight Acute	369,793	68,208	301,585	309,323	61,432	247,891
Same Day Acute	64,208	6,876	57,332	79,354	6,866	72,488
Mental Health Services	53,677	1,359	52,318	50,893	1,650	49,243
Rehab & Extended Care	66,821	12,674	54,147	68,672	8,774	59,898
Population Health	19,209	2,631	16,578	13,393	1,080	12,313
Teaching & Research						
	11,126	659	10,467	10,942	567	10,375
Total	775,544	115,442	660,102	695,875	96,778	599,097

Australian Equivalents To International Financial Reporting Standards 2004/05

As a result of the establishment of the new Area Health Services on 1 January 2005, it was necessary for each Area Health Service to prepare its 2004/05 financial statements utilising the Australian Equivalents to International Financial Reporting Standards (AEIFRS). Each Area Health Service is therefore twelve months in advance of the majority of Government agencies.

Directions In Funding

Significant additional funding was directed by the Government to a range of health priorities as part of the 2005/06 State budget. In particular, increased funding has been directed towards:

- Improving access to hospital services, including measures designed to reduce access block in hospitals.
- Reducing the number of elective/surgical patients, ready for care, especially those who have waited longer than 12 months for treatment.
- Further increasing the level of emergency care, community based, acute and sub acute mental health services available across the State.
- Increasing service capacity across a range of Statewide and selected speciality services. These include neonatal, paediatric and adult intensive care; severe burn services; genetics; and interventional neuroradiology.
- Ongoing funding of prior year initiatives.
- Clinical Redesign Program.
- Burns Services.

Overview

1. Admissions are 3.0% or 3,923 above the full year target for 2005/06. YTD June 2006 compared to YTD June 2005 shows an increase of 10% or 12,305.
2. Significant increases that occurred throughout the year remain evident in the results for Hastings Macleay, Coffs Clarence and Tweed Byron Networks. The Tweed Hospital continues to indicate a significant growth in admissions, being 20% or 4,345 above the YTD results for last year. Port Macquarie Base is 9% or 1,077 above the YTD result for the previous year, Coffs Harbour 11% or 1,954 and Grafton Base Hospital is 19% or 1,854 above.
3. Medical Admissions, YTD are 13% or 9,955 above the YTD results for the previous year. Sites demonstrating a notable increase in Medical Admissions include The Tweed Hospital (+3,277 or 21%), Grafton Base (+1,412 or 22%), Port Macquarie Base (+676 or 12%), Kempsey District (+435 or 10%) and Lismore Base Hospitals (+1,578 or 13%). Contributing to this is an increase in renal activity across the AHS of 3,681 or 21% compared to the previous year.
4. The numbers of operations performed are 898 or 2.3% above the full year target for 2005/06. The Health Service has performed 2,024 or 5% more operations YTD June 2006 compared to YTD June 2005. YTD the Health Service has performed 39,351 operations for 2005/06 compared to 37,327 for the 2004/05 year.
5. Emergency Department attendances have increased by 4% or 5,823 YTD June 2006 compared to YTD June 2005.
6. The Health Service met its Access Block target in June 2006.

Section 8 – Financial Report

7. The Health Service has met its target for the number of Long Wait Ready for Care patients over 12 months, decreasing the total to zero (0) at the end of June 2006 which is also a decrease from 1,751 as at January 2005. The number of Urgency 1 and 2 patients improved 1,030 as at January 2005 to almost zero at 30 June 2006
8. The Waiting List Total Ready for Care (RFC) patients has decreased to 7,879 at the end of June 2006 when compared to the start of the financial year of 10,175, and this is a reduction from 10,875 as at January 2005.
9. The Health Service achieved its Same Day (73%) and Day of Surgery Targets (88%).

The Health Service achieved its cash target in regards to creditor payments as set by the Department of Health.

The Health Service has reported it has achieved its Amalgamation target of \$5.1M recurrently as well as the reduction of 68 staff.

The 2006/07 Budget – About the forthcoming year

The North Coast Area Health Service received its 2006/07 allocation on 30 June 2006. The allocation is earmarked by the provision of additional funding to address:

- Sustainable Access Program (stage 3) provision of 30 beds - \$7.385m
- One adult Intensive Care Bed at Port Macquarie - \$0.800m
- 10 Nursing shifts for Casino - \$0.162m
- General growth - \$11.500m, to be funded by increased amalgamation savings \$3.600m and operational efficiency \$1.034m
- Mental Health Community Initiatives - \$1.753m

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

- Ballina 24 Bed Rehabilitation and Ambulatory Care Unit
- Port Macquarie Base Hospital 12 bed gazetted Mental Health unit
- Upgrade of Port Macquarie Base Hospital CSSD

In addition, the 2006/07 capital program also provides for the continuation of 2005/06 projects including:

- Richmond Clinic, Lismore
- Port Macquarie and Coffs Harbour Radiotherapy Units
- Port Macquarie Breast Screening Unit
- Tweed Hospital – Breast Screening unit
- Ballina Transition Care Facility
- Byron Bay Hospital SPP (Service Procurement Plan)
- Byron Bay Hospital land acquisition
- Lismore Base Hospital - ICC and Procedure Centre, 8 Bed Child and Adolescent Mental Health unit, fit out of Womens Health Centre, 10 bed ward, 4 bed High Dependency unit
- Coffs Harbour Cardiac Catheterisation
- Coffs Harbour Non Acute Mental Health beds.
- Tweed Heads Clinical Training and Research Institute.
- Coraki Aboriginal Outreach clinic.

Certification of Financial Statements

NORTH COAST
AREA HEALTH SERVICE
NSW HEALTH

Certification of Special Purpose Service Entity Financial Statements for Period Ended 30 June 2006

The attached financial statements of the North Coast Area Health Service Special Purpose Service Entity for the year ended 30 June 2006

- (ii) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AEIFRS), the requirements of the Public Finance and Audit Act, 1983 and its regulations, the Health Services Act 1997, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;
- (iii) Present fairly the financial position and transactions of the North Coast Area Health Service Special Purpose Service Entity;
- (iv) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate.



Chris Crawford
Chief Executive
North Coast Area Health Service
Date: 10 October 2006



Stewart Dowrick
Director - Corporate Services
North Coast Area Health Service
Date: 10 October 2006

North Coast Area Health Service
Locked Bag 11 Lismore NSW 2480
Tel (02) 6620 2100 Fax (02) 6621 7088
Website www.ncahs.nsw.gov.au
ABN 37 940 606 983

Certification of Parent/Consolidated Financial Statements for Period Ended 30 June 2006

The attached financial statements of the North Coast Area Health Service for the year ended 30 June 2006

- (ii) Have been prepared in accordance with the requirements of applicable Australian Accounting Standards which include Australian equivalents to International Financial Reporting Standards (AEIFRS), the requirements of the Public Finance and Audit Act, 1983 and its regulations, the Health Services Act 1997, the Accounts and Audit Determination and the Accounting Manual for Area Health Services and Public Hospitals;
- (iii) Present fairly the financial position and transactions of the North Coast Area Health Service;
- (iv) Have no circumstances which would render any particulars in the financial statements to be misleading or inaccurate;
- (v) The provisions of the Charitable Fundraising Act 1991, regulations under the Act and the conditions attached to the fundraising authority have been complied with by the North Coast Area Health Service; and
- (vi) The internal controls exercised by the North Coast Area Health Service are appropriate and effective in accounting for all income received and applied by the North Coast Area Health Service from any of its fundraising appeals.



Chris Crawford
Chief Executive
North Coast Area Health Service
Date: 10 October 2006



Stewart Dowrick
Director - Corporate Services
North Coast Area Health Service
Date: 10 October 2006

North Coast Area Health Service
Locked Bag 11 Lismore NSW 2480
Tel (02) 6620 2100 Fax (02) 6621 7088
Website www.ncahs.nsw.gov.au
ABN 37 940 606 983

Independent Audit Report



GPO BOX 12
Sydney NSW 201

INDEPENDENT AUDIT REPORT

NORTH COAST AREA HEALTH SERVICE SPECIAL PURPOSE SERVICE ENTITY

To Members of the New South Wales Parliament

Audit Opinion

In my opinion, the financial report of the North Coast Area Health Service Special Purpose Service Entity (the Entity):

- presents fairly the Entity's financial position as at 30 June 2006 and its performance for the period 17 March 2006 to 30 June 2006, in accordance with Accounting Standards and other mandatory financial reporting requirements in Australia, and
- complies with section 41B of the *Public Finance and Audit Act 1983* (the Act) and the *Public Finance and Audit Regulation 2005*.

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

Scope

The Financial Report and Chief Executive's Responsibility

The financial report comprises the balance sheet, income statement, statement of changes in equity, cash flow statement and accompanying notes to the financial statements for the Entity, for the year ended 30 June 2006.

The Chief Executive of the Entity is responsible for the preparation and true and fair presentation of the financial report in accordance with the Act. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit Approach

I conducted an independent audit in order to express an opinion on the financial report. My audit provides reasonable assurance to Members of the New South Wales Parliament that the financial report is free of material misstatement.

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

- assessed the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the Chief Executive in preparing the financial report, and
- examined a sample of evidence that supports the amounts and disclosures in the financial report.

Section 8 – Financial Report

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

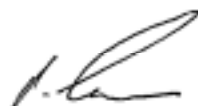
My opinion does not provide assurance:

- 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.

Audit Independence

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

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



Peter Carr
Director, Financial Audit Services

SYDNEY
13 October 2006



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDIT REPORT NORTH COAST AREA HEALTH SERVICE

To Members of the New South Wales Parliament

Audit Opinion Pursuant to the Public Finance and Audit Act 1983

In my opinion, the financial report of the North Coast Area Health Service (the Service):

- presents fairly the Service's and the consolidated entity's (defined below) financial position as at 30 June 2006 and their performance for the year ended on that date, in accordance with Accounting Standards and other mandatory financial reporting requirements in Australia, and
- complies with section 45E of the *Public Finance and Audit Act 1983* (the PF&A Act) and the *Public Finance and Audit Regulation 2005*.

Audit Opinion Pursuant to the Charitable Fundraising Act 1991

In my opinion:

- the financial report of the Service shows a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2006
- the ledgers and associated records of the Service have been properly kept during the year in accordance with the *Charitable Fundraising Act 1991* (the CF Act) and the *Charitable Fundraising Regulation 2003* (the CF Regulation)
- money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with the CF Act and the CF Regulation, and
- there are reasonable grounds to believe that the Service will be able to pay its debts as and when they fall due.

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

Scope

The Financial Report and Chief Executive's Responsibility

The financial report comprises the operating statements, statements of changes in equity, balance sheets, cash flow statements, the program statement - expenses and revenues and accompanying notes to the financial statements for the Service and consolidated entity, for the year ended 30 June 2006. The consolidated entity comprises the Service and the entities it controlled during the financial year.

The Chief Executive is responsible for the preparation and true and fair presentation of the financial report in accordance with the PF&A Act. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Section 8 – Financial Report

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

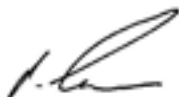
My opinion does not provide assurance:

- 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.

Audit Independence

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

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



Peter Carr
Director, Financial Audit Services

SYDNEY
13 October 2006



Section 8 – Financial Report

Income statement of the North Coast Area Health Service Special Purpose Service Entity for the period ended 30 June 2006

	2006 \$000
Income	
Personnel services	133,244
Acceptance by the Crown Entity of Employee Superannuation Benefits	<u>2,463</u>
Total income	<u><u>135,707</u></u>
Expenses	
Salaries & Wages	102,958
Defined Contribution Superannuation	8,203
Defined Benefit Superannuation	2,463
Long Service Leave	4,860
Recreation Leave	11,703
Nursing Agency Payments	6
Other Agency Payments	75
Workers Compensation Insurance	2,926
Fringe Benefits Tax	50
Grants & Subsidies	<u>2,463</u>
Total expenses	<u><u>135,707</u></u>
Operating Result	<u><u>0</u></u>

The accompanying notes form part of these Financial Statements

Section 8 – Financial Report

Statement of changes in equity of the North Coast Area Health Service Special Purpose Service Entity for the period ended 30 June 2006

	2006 \$000
Opening Equity	0
Result for the Year	0
Balance at 30 June 2006	<u>0</u>

The accompanying notes form part of these Financial Statements

Section 8 – Financial Report

Balance sheet of the North Coast Area Health Service Special Purpose Service Entity as at 30 June 2006

		2006 \$000
ASSETS		
Current Assets		
Receivables	2	<u>117,384</u>
Total Current Assets		<u>117,384</u>
Non-Current Assets		
Receivables	2	<u>2,042</u>
Total Non-Current Assets		<u>2,042</u>
Total Assets		<u>119,426</u>
LIABILITIES		
Current Liabilities		
Payables	3	13,076
Provisions	4	<u>104,308</u>
Total Current Liabilities		<u>117,384</u>
Non-Current Liabilities		
Provisions	4	<u>2,042</u>
Total Non-Current Liabilities		<u>2,042</u>
Total Liabilities		<u>119,426</u>
Net Assets		<u>0</u>
EQUITY		
Accumulated funds		<u>0</u>
Total equity		<u>0</u>

The accompanying notes form part of these Financial Statements

Section 8 – Financial Report

Cash flow statement of the North Coast Area Health Service Special Purpose Service Entity for the period ended 30 June 2006

	2006 \$000
Net cash flows from operating activities	<u>0</u>
Net cash flows from investing activities	<u>0</u>
Net cash flows from financing activities	<u>0</u>
Net increase / (decrease) in cash	<u>0</u>
Opening Cash and Cash Equivalents	<u>0</u>
Closing Cash and Cash Equivalents	<u>0</u>

The Special Purpose Service Entity does not hold any cash or cash equivalent assets and therefore there are nil cashflows.

The accompanying notes form part of these Financial Statements

Section 8 – Financial Report

North Coast Area Health Service Special Purpose Service Entity Notes to and forming part of the Financial Statements For the Year Ended 30 June 2006

Note 1 Summary of Significant Accounting Policies

(a) Reporting Entity

The North Coast Area Health Service Special Purpose Service 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 Lismore.

The Entity's objective is to provide personnel services to North 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 North Coast Area Health Service. The assumed liabilities were recognised on 17 March 2006 together with an offsetting receivable representing the related funding due from the former employer.

The financial report was authorised for issue by the Chief Executive on 10 October 2006. The report will not be amended and reissued as it has been audited.

(b) Basis of preparation

This is a general purpose financial report and has been 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.

This is the first financial report prepared on the basis of Australian equivalents to International Financial Reporting Standards.

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.

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

As this is the Entity's first financial report, comparative information for the previous year is not provided.

(d) Income

Income is measured at the fair value of the consideration received or receivable. Revenue from the rendering of personnel services is recognized when the service is provided and only to the extent that the associated recoverable expenses are recognised.

(e) Goods & Services Tax (GST)

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

- * the amount of GST incurred by the Entity 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) 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.

A receivable is measured initially at fair value and subsequently at amortised cost using the effective interest rate method, less any allowance for doubtful debts. A short-term receivable with no stated interest rate is measured at the original invoice amount where the effect of discounting is immaterial. An invoiced receivable is due for settlement within thirty days of invoicing.

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 doubtful debts 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.

Section 8 – Financial Report

North Coast Area Health Service Special Purpose Service Entity Notes to and forming part of the Financial Statements For the Year Ended 30 June 2006

(g) Payables

Payables include accrued wages, salaries, and related on costs (such as 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 substituted.

A short-term payable with no stated interest rate is measured at historical cost if the effect of discounting is immaterial.

(h) Employee benefit provisions and expenses

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

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".

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 Benefits

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 17.4% for short term entitlements and 7.6% for long term entitlements above the salary rates immediately payable at 30 June 2006 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 Superannuation 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 by the NSW Health Department. The expense for certain superannuation schemes (ie Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (ie State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Parent Health Service beyond that date.

(i) Accounting standards issued but not yet effective

The following Accounting Standards are being early adopted from 1 July 2005:

- AASB 2005-4 regarding the revised AAS139 fair value option;
- UIG 9 regarding the reassessment of embedded derivatives; and
- AASB 2005-06, which excludes from the scope of AASB3, business combinations involving entities or businesses under common control.

Section 8 – Financial Report

North Coast Area Health Service Special Purpose Service Entity Notes to and forming part of the Financial Statements For the Year Ended 30 June 2006

	2006 \$000
2. Receivables	
Current	
Accrued Income - Personnel Services Provided	117,384
	117,384
Non-Current	
Accrued Income - Personnel Services Provided	2,042
	2,042
3. Payables	
Current	
Accrued Salaries and Wages	12,689
Payroll Deductions	387
	13,076
4. Provisions	
Current Employee benefits and related on-costs	
Employee Annual Leave - Short Term Benefit	35,490
Employee Annual Leave - Long Term Benefit	5,777
Employee Long Service Leave - Short Term Benefit	8,774
Employee Long Service Leave - Long Term Benefit	54,267
	104,308
Non-Current Employee benefits and related on-costs	
Employee Long Service Leave - Conditional	2,042
	2,042
Aggregate Employee Benefits and Related On-costs	
Provisions - current	104,308
Provisions - non-current	2,042
Accrued Salaries and wages and on costs (Note 3)	13,076
	119,426

Section 8 – Financial Report

North Coast Area Health Service Special Purpose Service Entity Notes to and forming part of the Financial Statements For the Year Ended 30 June 2006

5. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. The North Coast Area Health Service Special Purpose Service Entity's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the Balance Sheet date are as follows:

Financial Instruments	Floating interest rate	Fixed interest rate maturing in:			Non-interest bearing	Total carrying amount as per the Balance Sheet	Weighted average effective interest rate *
		1 year or less	Over 1 to 5 years	More than 5 years			
	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 %
Financial Assets							
Receivables	-	-	-	-	119,426	119,426	-
Total Financial Assets	-	-	-	-	119,426	119,426	
Financial Liabilities							
Payables	-	-	-	-	13,076	13,076	-
Total Financial Liabilities	-	-	-	-	13,076	13,076	

* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The North Coast Area Health Service Special Purpose Service Entity's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the Balance Sheet.

Credit Risk by classification of counterparty.

	Governments	Banks	Patients	Other	Total
	2006 \$000	2006 \$000	2006 \$000	2006 \$000	2006 \$000
Financial Assets					
Receivables	119,426	-	-	-	119,426
Total Financial Assets	119,426	-	-	-	119,426

c) Net Fair Value

Financial instruments are carried at cost.
The resultant values are reported in the Balance Sheet and are deemed to constitute net fair value.

d) Derivative Financial Instruments

The North Coast Area Health Service Special Purpose Service Entity holds no Derivative Financial Instruments.

END OF AUDITED FINANCIAL STATEMENTS

Financial Report

PARENT

Actual	Budget	Actual
2006	2006	2005
\$000	\$000	\$000

Notes	Actual 2006 \$000	Budget 2006 \$000	Actual 2005 \$000
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			Expenses excluding losses				
			Operating Expenses				
297,336	306,830	196,745	Employee Related	3	430,580	444,329	196,745
133,244	137,499	0	Personnel Services	4	0	0	0
67,314	57,096	30,185	Visiting Medical Officers		67,314	57,096	30,185
241,271	225,604	113,078	Other Operating Expenses	5	241,271	225,604	113,078
23,403	23,426	10,858	Depreciation and Amortisation	2(i), 6	23,403	23,426	10,858
5,466	4,500	2,327	Grants and Subsidies	7	5,466	4,500	2,327
159	212	98	Finance Costs	8	159	212	98
7,351	5,774	3,339	Payments to Affiliated Health Organisations	9	7,351	5,774	3,339
775,544	760,941	356,630	Total Expenses excluding losses		775,544	760,941	356,630
			Retained Revenue				
89,487	82,324	43,237	Sale of Goods and Services	10	89,487	82,324	43,237
1,087	729	603	Investment Income	11	1,087	729	603
20,372	12,868	6,630	Grants and Contributions	12	17,909	10,405	6,630
8,149	7,659	1,615	Other Revenue	13	8,149	7,659	1,615
119,095	103,580	52,085	Total Retained Revenue		116,632	101,117	52,085
(141)	(225)	145	Gain/(Loss) on Disposal	14	(141)	(225)	145
(1,049)	(242)	(719)	Other Gains/(Losses)	15	(1,049)	(242)	(719)
657,639	657,828	305,119	Net Cost of Services	33	660,102	660,291	305,119
			Government Contributions				
619,560	619,560	277,158	NSW Health Department Recurrent Allocations	2(d)	619,560	619,560	277,158
35,330	35,330	10,116	NSW Health Department Capital Allocations	2(d)	35,330	35,330	10,116
6,110	6,070	17,361	Acceptance by the Crown Entity of employee superannuation benefits	2(a)	8,573	8,533	17,361
661,000	660,960	304,635	Total Government Contributions		663,463	663,423	304,635
3,361	3,132	(484)	RESULT FOR THE YEAR	28	3,361	3,132	(484)

2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Financial Report

PARENT

Actual 2006 \$000	Budget 2006 \$000	Actual 2005 \$000		Notes	Actual 2006 \$000	Budget 2006 \$000	Actual 2005 \$000
161,418	0	0	Net increase/(decrease) in Property, Plant and Equipment Revaluation Reserve	28	161,418	0	0
161,418	0	0	TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		161,418	0	0
3,361	3,132	(484)	Result for the Year	28	3,361	3,132	(484)
164,779	3,132	(484)	TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR		164,779	3,132	(484)

2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Section 8 – Financial Report

North Coast Area Health Service Balance Sheet as at 30 June 2006

PARENT			CONSOLIDATION				
Actual 2006 \$000	Budget 2006 \$000	Actual 2005 \$000		Notes	Actual 2006 \$000	Budget 2006 \$000	Actual 2005 \$000
ASSETS							
Current Assets							
17,584	19,285	24,453	Cash and Cash Equivalents	18	17,584	19,285	24,453
17,844	17,581	18,825	Receivables	19	17,844	17,581	18,825
4,710	4,799	5,464	Inventories	20	4,710	4,799	5,464
9,798	9,562	364	Other	21	9,798	9,562	364
49,936	51,227	49,106	Total Current Assets		49,936	51,227	49,106
Non-Current Assets							
412	477	477	Receivables	19	412	477	477
521,947	354,382	370,288	Property, Plant and Equipment				
28,896	52,006	25,756	- Land and Buildings	22	521,947	354,382	370,288
22,539	6,017	7,508	- Plant and Equipment	22	28,896	52,006	25,756
573,382	412,405	403,552	- Infrastructure Systems	22	22,539	6,017	7,508
			Total Property, Plant and Equipment		573,382	412,405	403,552
573,794	412,882	404,029	Total Non-Current Assets		573,794	412,882	404,029
623,730	464,109	453,135	Total Assets		623,730	464,109	453,135
LIABILITIES							
Current Liabilities							
42,823	49,095	45,245	Payables	24	42,823	49,095	45,245
731	827	827	Borrowings	25	731	827	827
104,308	100,845	92,234	Provisions	26	104,308	100,845	92,234
1,247	420	4,209	Other	27	1,247	420	4,209
149,109	151,187	142,515	Total Current Liabilities		149,109	151,187	142,515
Non-Current Liabilities							
1,267	1,169	1,999	Borrowings	25	1,267	1,169	1,999
2,042	1,851	1,851	Provisions	26	2,042	1,851	1,851
3,140	3,377	3,377	Other	27	3,140	3,377	3,377
6,449	6,397	7,227	Total Non-Current Liabilities		6,449	6,397	7,227
155,558	157,584	149,742	Total Liabilities		155,558	157,584	149,742
468,172	306,525	303,393	Net Assets		468,172	306,525	303,393
EQUITY							
161,061	0	0	Reserves	28	161,061	0	0
307,111	306,525	303,393	Accumulated Funds	28	307,111	306,525	303,393
468,172	306,525	303,393	Total Equity		468,172	306,525	303,393

The accompanying notes form part of these Financial Statements

2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Section 8 – Financial Report

North Coast Area Health Service Cash Flow Statement for the year ended 30 June 2006

PARENT				CONSOLIDATION			
Actual 2006 \$000	Budget 2006 \$000	Actual 2005 \$000		Notes	Actual 2006 \$000	Budget 2006 \$000	Actual 2005 \$000
CASH FLOWS FROM OPERATING ACTIVITIES							
Payments							
(278,072)	(289,623)	(175,586)	Employee Related		(411,316)	(427,122)	(175,586)
(13,721)	(11,240)	(3,673)	Grants and Subsidies		(13,721)	(11,240)	(3,673)
(159)	(212)	(98)	Finance Costs		(159)	(212)	(98)
(469,007)	(439,157)	(142,226)	Other		(335,763)	(301,658)	(142,226)
(760,959)	(740,232)	(321,583)	Total Payments		(760,959)	(740,232)	(321,583)
Receipts							
90,180	83,472	41,150	Sale of Goods and Services		90,180	83,472	41,150
945	616	509	Interest Received		945	616	509
46,736	36,769	18,103	Other		46,736	36,769	18,103
137,861	120,857	59,762	Total Receipts		137,861	120,857	59,762
Cash Flows From Government							
623,040	620,370	273,677	NSW Health Department Recurrent Allocations		623,040	620,370	273,677
35,330	35,330	10,116	NSW Health Department Capital Allocations		35,330	35,330	10,116
658,370	655,700	283,793	Net Cash Flows from Government		658,370	655,700	283,793
35,272	36,325	21,972	NET CASH FLOWS FROM OPERATING ACTIVITIES	33	35,272	36,325	21,972
CASH FLOWS FROM INVESTING ACTIVITIES							
580	434	578	Proceeds from Sale of Land and Buildings, Plant and Equipment and Infrastructure Systems		580	434	578
(41,893)	(41,097)	(9,111)	Purchases of Land and Buildings, Plant and Equipment and Infrastructure Systems		(41,893)	(41,097)	(9,111)
(41,313)	(40,663)	(8,533)	NET CASH FLOWS FROM INVESTING ACTIVITIES		(41,313)	(40,663)	(8,533)
CASH FLOWS FROM FINANCING ACTIVITIES							
(828)	(830)	(397)	Repayment of Borrowings and Advances		(828)	(830)	(397)
(828)	(830)	(397)	NET CASH FLOWS FROM FINANCING ACTIVITIES		(828)	(830)	(397)
(6,869)	(5,168)	13,042	NET INCREASE / (DECREASE) IN CASH		(6,869)	(5,168)	13,042
24,453	24,453	11,411	Opening Cash and Cash Equivalents		24,453	24,453	11,411
17,584	19,285	24,453	CLOSING CASH AND CASH EQUIVALENTS	18	17,584	19,285	24,453

The accompanying notes form part of these Financial Statements
2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Section 8 – Financial Report

North Coast Area Health Service Program Statement - Expenses and Revenues for the Year Ended 30 June 2006

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	
	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005	2006	2005
	\$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	47,777	23,298	3,906	1,787	17,010	8,043	48,502	20,504	180,787	75,700	28,152	17,904	35,795	17,892	45,409	23,321	14,105	5,415	9,137	2,881	430,580	196,745
Employee Related	953	663	0	0	1,412	461	8,840	3,449	37,086	15,401	12,063	5,714	4,210	2,151	2,053	1,101	213	48	484	1,197	67,314	30,185
Visiting Medical Officers	14,168	6,354	843	352	14,356	4,790	17,986	7,273	133,562	57,030	20,045	14,233	7,748	4,062	8,188	5,461	3,842	995	1,108	1,350	221,846	101,900
Goods and Services	2,162	1,520	202	119	986	589	1,944	1,200	7,564	3,959	1,824	1,360	2,202	736	1,779	1,380	630	224	132	91	19,425	11,178
Maintenance	2,037	1,195	138	72	1,327	490	2,903	1,067	10,704	4,557	2,105	1,107	1,533	869	1,998	1,198	394	166	264	137	23,403	10,858
Depreciation and Amortisation	2,302	890	899	348	2	0	5	0	18	0	3	0	2,181	835	35	114	21	140	0	0	5,466	2,327
Grants and Subsidies	16	3	1	0	15	3	18	11	72	40	16	22	8	5	8	13	4	1	1	0	159	98
Finance Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7,351	3,339	0	0	0	0	7,351	3,339
Payments to Affiliated Health Organisations																						
Total Expenses excluding losses	69,415	33,923	5,989	2,678	35,108	14,376	80,198	33,504	369,793	156,687	64,208	40,340	53,677	26,550	66,821	35,927	19,209	6,989	11,126	5,656	775,544	356,630
Revenue																						
Sale of Goods and Services	1,669	1,092	46	39	1,373	595	5,962	1,799	65,558	31,937	6,355	3,167	945	652	6,871	3,413	244	321	464	222	89,487	43,237
Investment Income	321	77	20	3	49	47	31	47	230	270	34	38	25	28	173	84	189	9	15	0	1,087	603
Grants and Contributions	9,314	3,525	593	125	522	342	129	120	1,548	755	269	278	220	150	4,471	1,091	779	177	64	67	17,909	6,630
Other Revenue	2,404	202	148	7	367	168	234	229	1,725	588	253	184	186	45	1,297	129	1,419	49	116	14	8,149	1,615
Total Revenue	13,708	4,896	807	174	2,311	1,152	6,356	2,195	69,061	33,550	6,911	3,667	1,376	875	12,812	4,717	2,631	556	659	303	116,632	52,085
Gain / (Loss) on Disposal	(141)	96	0	0	0	0	0	0	0	49	0	0	0	0	0	0	0	0	0	0	(141)	145
Other Gain / (Losses)	0	(45)	0	(2)	0	(34)	(6)	(51)	(853)	(405)	(35)	(100)	(17)	(29)	(138)	(39)	0	(7)	0	(7)	(1,049)	(719)
Net Cost of Services	55,848	28,976	5,182	2,506	32,797	13,258	73,848	31,360	301,585	123,493	57,332	36,773	52,318	25,704	54,147	31,249	16,578	6,440	10,467	5,360	660,102	305,119

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

The program statement uses statistical data to 31 December 2005 to allocate the current period's financial information to each program. No changes have occurred during the period between 1 January 2006 and 30 June 2006 which would materially impact this allocation.

2005 comparatives cover only the six months ended 30 June 2005 as the Area was only established with effect from 1 January 2005.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

1 The Health Service Reporting Entity

The North Coast Area Health Service was established under the provisions of the Health Services Act with effect from 1 January 2005. As a reporting entity the Health Service comprises the services previously provided by the former Northern Rivers and Mid North Coast Area Health Services.

The Health Service, as a reporting entity, comprises all the operating activities of the Hospital facilities and the Community Health Centres under its control. It also encompasses the Special Purposes and Trust Funds which, while containing assets which are restricted for specified uses by the grantor or the donor, are nevertheless controlled by the Health Service. The 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 amendment to the Public Sector Employment and Management Act 2002 and other Acts including the Health Services Act 1997. The status of the 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 for the economic entity. Notes have been extended to capture both the Parent and Consolidated values with Notes 3, 4, 12, 24, 26 and 33 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 10 October 2006.

2 Summary of Significant Accounting Policies

The Health Service's financial statements are 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 (AIFRS)), 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, assets held for trading and available for sale are measured at fair value. Other financial statements 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.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

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

The financial statements and notes comply with Australian Accounting Standards which include AEIFRS. As Area Health Services were established with effect from 1 January 2005 the comparatives available for the previous accounting period are based on the six months of operation and have been presented in accordance with AEIFRS requirements.

The following Accounting Standards are being early adopted from 1 July 2005

- AASB 2005-4 regarding the revised AAS139 fair value option;
- UIG 9 regarding the reassessment of embedded derivatives; and
- AASB 2005-06, which excludes from the scope of AASB3, business combinations involving entities or businesses under common control.

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

a) Employee Benefits and Other Provisions

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

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".

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.

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Parent Health Service beyond that date.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

ii) Long Service Leave and Superannuation Benefits

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 17.4% for short term entitlements and 7.6% for long term entitlements above the salary rates immediately payable at 30 June 2006 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 24, "Payables".

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

Consequential to the legislative changes of 17 March 2006 no salary costs or provisions are recognised by the Parent Health Service beyond that date.

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.

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.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

c) **Borrowing Costs**

Borrowing 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 Health Department from time to time.

Investment Income

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 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 Health Department. 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 Health Service has been unable to reliably estimate the value of services provided and as such no amounts have been taken up in the financial report.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

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.

The Health Service, as a not-for-profit entity has applied the requirements in AASB 1004 "Contributions" regarding contributions of assets (including grants) and forgiveness of liabilities.

NSW Health Department Allocations

Payments are made by the NSW Health Department on the basis of the allocation for the Health Service as adjusted for approved supplementations mostly for salary agreements, patient flows between Health Services and other States and approved enhancement projects. This allocation is included in the 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. Confirmed Department of Health allocations for 2006-07 will facilitate the payment of commitments as and when they fall due.

General operating expenses/revenues of St Vincent's Private Hospital have only been included in the Operating Statement prepared to the extent of the cash payments made to the Health Organisation concerned. The Health Service is not deemed to own or control the various assets/liabilities of the aforementioned Health Organisation and such amounts have been excluded from the Balance Sheet. Any exceptions are specifically listed in the notes that follow.

e) Goods & Services Tax (GST)

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

- * the amount of GST incurred by the Health Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense;
- * receivables and payables are stated with the amount of GST included.

f) Inter Area and Interstate Patient Flows

Inter Area Patient Flows

Health Services recognise patient flows from acute inpatients (other than Mental Health Services), emergency and rehabilitation and extended care.

Patient flows have been calculated using benchmarks for the cost of services for each of the categories identified and deducting estimated revenue, based on the payment category of the patient.

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

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

Inter State Patient Flows

Health Services recognise the outflow of acute inpatients from the area in which they are resident to other States and Territories within Australia. The Health Services also recognise the value of inflows for acute inpatient treatment provided to residents from other States and territories. The expense and revenue values reported within the financial statements have been based on 2004/05 activity data using standard cost weighted separation values to reflect estimated costs in 2005/06 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.

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

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

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 costing \$5,000 and above are capitalised.

"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.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

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%
Office Equipment	10.0%
Plant and Machinery	10.0%
Linen	20.0%
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.

j) Revaluation of Non Current Assets

Physical non-current assets are valued in accordance with the NSW Health Department's TPP 05-3 "Valuation of Physical Non-Current Assets at Fair Value". This policy adopts fair value in accordance with AASB116, "Property, Plant & Equipment" and AASB140, "Investment Property".

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 five 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 was completed on 01 July 2005 and was based on an independent assessment.

Non-specialised generalised assets with short useful lives are measured at depreciated historical cost, as a surrogate for fair value.

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

**North Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2006**

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 exempted 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.

l) 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.

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

The Health Service may have 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.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

n) Investment Property

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".

Investment properties are stated at fair value supported by market evidence at the balance sheet date. Gains or losses arising from changes in fair value are included in the Operating Statement in the period in which they arise. No depreciation is charged on investment properties.

o) 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. The useful lives of intangible assets are assessed to be finite. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Health Service's intangible assets, the assets are carried at cost less any accumulated amortisation. In general, intangible assets are tested for impairment where an indicator of impairment exists. However, as a not-for-profit entity the Health Service is effectively exempted from impairment testing (see Note 2[k]).

p) Maintenance and Repairs

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.

q) 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.

r) Inventories

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

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

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

s) Other Financial Assets

Financial assets are initially recognised at fair value plus, in the case of financial assets not at fair value through profit or loss, transaction costs.

The Health Service subsequently measures financial assets classified as held for trading at fair value through profit or loss. Gains or losses on these assets are recognised in the Operating Statement. Assets intended to be held to maturity are subsequently measured at amortised cost using the effective interest method. Gains or losses on impairment or disposal of these assets are recognised in the Operating Statement. Any residual investments that do not fall into any other category are accounted for as available for sale financial assets and measured at fair value directly in equity until disposed or impaired. All financial assets (except those measured at fair value through profit or loss) are subject to annual review for impairment.

Purchases or sales of financial assets 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 itself to purchase or sell the assets.

t) 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 establishment of North Coast Area Health Service as at 1 January 2005 was made by the transfer of Net Assets of \$141.342m from the former Northern Rivers Area Health Service and \$95.451m from the former Mid North Coast Area Health Service.

The Statement of Changes in Equity does NOT reflect the Net Assets or change in equity in accordance with AASB 101 Paragraph 97.

u) Financial Instruments

Financial instruments give rise to positions that are a financial asset of either North Coast Area Health Service or its counter party and a financial liability (or equity instrument) of the other party. For North Coast Area Health Service these include cash at bank, receivables, payables and borrowings.

In accordance with Australian Accounting Standard AASB139, "Financial Instruments: Recognition and Measurement" disclosure of the carrying amounts for each of the AASB139 categories of financial instruments is disclosed in Note 38. The specific accounting policy in respect of each class of such financial instrument is stated hereunder

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

Classes of instruments recorded and their terms and conditions measured in accordance with AASB139 are as follows:

Cash

Accounting Policies - Cash is carried at nominal values reconcilable to monies on hand and independent bank statements.

Terms and Conditions - Monies on deposit attract an effective interest rate of approximately 5.06% as compared to 4.55% in the previous year.

Loans and Receivables

Loans and receivables 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. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. An allowance for impairment of receivables is established when there is objective evidence that the entity will not be able to collect all amounts due. 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. Bad debts are written off as incurred.

Terms and Conditions Accounts are generally issued on 30 day terms

Trade and Other Payables

Accounting Policies -- These amounts represent liabilities for goods and services provided to the Health Service and other amounts, including interest. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the Health Service.

Terms and Conditions - Trade liabilities are settled within any terms specified. If no terms are specified, payment is made by the end of the month following the month in which the invoice is received

Borrowings

Accounting Policies - Bank Overdrafts are carried at the principal amount. Other loans are classified as non trading liabilities and measured at amortised cost. Interest is charged as an expense as it accrues. Finance Lease Liability is accounted for in accordance with AASB117, "Leases".

Terms and Conditions - Bank Overdraft interest is charged at the bank's benchmark rate. Interest bearing loans are payable at quarterly intervals with interest charged at 6.40%.

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

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

v) **Trust Funds**

The Health Service receives monies in a trustee capacity for various trusts as set out in Note 30. As the Health Service performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the Health Service's own objectives, they are not brought to account in the financial statements.

w) **Budgeted Amounts**

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.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
3. Employee Related				
Employee related expenses comprise the following:				
222,581	143,856	Salaries and Wages	318,760	143,856
14,221	6,415	Awards	19,964	6,415
6,110	17,361	Superannuation [see note 2(a)] - defined benefit plans	8,573	17,361
17,765	0	Superannuation [see note 2(a)] - defined contributions	25,968	0
7,576	8,368	Long Service Leave [see note 2(a)]	12,436	8,368
22,457	15,749	Annual Leave [see note 2(a)]	34,160	15,749
0	0	Redundancies	1,037	0
13	41	Nursing Agency Payments	19	41
141	168	Other Agency Payments	216	168
6,455	4,771	Workers Compensation Insurance	9,380	4,771
17	16	Fringe Benefits Tax	67	16
297,336	196,745		430,580	196,745

The following additional information is provided:

197	0	Employee Related Expenses capitalised - Land and Buildings	277	0
-----	---	--	-----	---

Note 1 addresses the changes in employment status effective from 17 March 2006

4. Personnel Services

Personnel Services comprise the purchase of the following:

102,958	0	Salaries and Wages	0	0
2,463	0	Superannuation [see note 2(a)] - defined benefit plans	0	0
8,203	0	Superannuation [see note 2(a)] - defined contributions	0	0
4,860	0	Long Service Leave [see note 2(a)]	0	0
11,703	0	Annual Leave [see note 2(a)]	0	0
6	0	Nursing Agency Payments	0	0
75	0	Other Agency Payments	0	0
2,926	0	Workers Compensation Insurance	0	0
50	0	Fringe Benefits Tax	0	0
133,244	0		0	0

The following additional information is provided:

80	0	Personnel Services Expenses capitalised - Land and Buildings	0	0
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Note 1 addresses the changes in employment status effective from 17 March 2006

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
		5. Other Operating Expenses		
2,854	2,389	Blood and Blood Products	2,854	2,389
5,158	2,155	Domestic Supplies and Services	5,158	2,155
28,251	12,103	Drug Supplies	28,251	12,103
6,226	2,874	Food Supplies	6,226	2,874
6,058	2,862	Fuel, Light and Power	6,058	2,862
19,953	8,441	General Expenses (See (b) below)	19,953	8,441
8,714	4,002	Hospital Ambulance Transport Costs	8,714	4,002
1,142	941	Information Management Expenses	1,142	941
710	275	Insurance	710	275
44,397	19,599	Inter Area Patient Outflows, NSW	44,397	19,599
29,835	10,359	Interstate Patient Outflows	29,835	10,359
		Maintenance (See (c) below)		
5,448	2,420	Maintenance Contracts	5,448	2,420
6,254	4,034	New/Replacement Equipment under \$5,000	6,254	4,034
3,480	1,714	Repairs	3,480	1,714
1,754	1,895	Maintenance/Non Contract	1,754	1,895
2,489	1,115	Other	2,489	1,115
39,497	17,477	Medical and Surgical Supplies	39,497	17,477
3,199	1,915	Postal and Telephone Costs	3,199	1,915
2,306	1,250	Printing and Stationery	2,306	1,250
293	117	Rates and Charges	293	117
1,919	971	Rental	1,919	971
7,964	2,243	Special Service Departments	7,964	2,243
1,183	530	Staff Related Costs	1,183	530
9,262	10,037	Sundry Operating Expenses	9,262	10,037
2,925	1,360	Travel Related Costs	2,925	1,360
241,271	113,078		241,271	113,078
		(a) Sundry Operating Expenses comprise:		
7,079	8,889	Contract for Patient Services	7,079	8,889
2,183	1,148	Isolated Patient Travel and Accommodation Assistance Scheme	2,183	1,148
9,262	10,037		9,262	10,037

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
1,105	299	(b) General Expenses include:-	1,105	299
423	172	Advertising	423	172
		Books, Magazines and Journals		
255	187	Consultancies	255	187
1,195	517	- Operating Activities	1,195	517
132	133	Courier and Freight	132	133
573	269	Auditor's Remuneration - Audit of financial reports	573	269
316	226	Legal Services	316	226
2,232	1,108	Membership/Professional Fees	2,232	1,108
3,651	1,661	Motor Vehicle Operating Expenses	3,651	1,661
3,693	1,571	Motor Vehicle Operating Lease Expense - minimum lease payments	3,693	1,571
1,304	407	Other Operating Lease Expense - minimum lease payments	1,304	407
28	7	Security Services	28	7
23	5	Payroll Services	23	5
176	159	Translator Services	176	159
		Quality Assurance/Accreditation		
		(c) Reconciliation Total Maintenance		
19,425	11,178	Maintenance expense - contracted labour and other (non employee related), included in Note 5	19,425	11,178
6,220	3,473	Employee related/Personnel Services maintenance expense included in Notes 3 and 4	6,220	3,473
25,645	14,651	Total maintenance expenses included in Notes 3 and 4	25,645	14,651
		(d) Expenses for Inter Area Patient Flows, NSW on an Area basis are as follows:-		
8,359	3,731	Hunter New England Area Health Service	8,359	3,731
2,889	843	Children's Hospital Westmead	2,889	843
8,630	3,456	Northern Sydney Central Coast Area Health Service	8,630	3,456
14,756	6,566	South East Illawarra Area Health Service	14,756	6,566
6,615	3,077	Sydney South West Area Health Service	6,615	3,077
3,148	1,926	Other Health Services	3,148	1,926
44,397	19,599		44,397	19,599
		(e) Expenses for Interstate Patient Flows are as follows:-		
28,496	9,838	Queensland	28,496	9,838
574	215	Victoria	574	215
765	306	Other States	765	306
29,835	10,359		29,835	10,359

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
6. Depreciation and Amortisation				
17,193	8,284	Depreciation - Buildings	17,193	8,284
5,324	2,447	Depreciation - Plant and Equipment	5,324	2,447
886	127	Depreciation - Infrastructure Systems	886	127
<u>23,403</u>	<u>10,858</u>		<u>23,403</u>	<u>10,858</u>
7. Grants and Subsidies				
1,409	1,636	Non Government Voluntary Organisations	1,409	1,636
4,057	691	Other	4,057	691
<u>5,466</u>	<u>2,327</u>		<u>5,466</u>	<u>2,327</u>
8. Finance Costs				
159	98	Interest on Bank Overdrafts and Loans	159	98
<u>159</u>	<u>98</u>	Total Borrowing Costs	<u>159</u>	<u>98</u>
9. Payments to Affiliated Health Organisations				
(a) Recurrent Sourced				
7,351	3,339	St Vincent's	7,351	3,339
<u>7,351</u>	<u>3,339</u>		<u>7,351</u>	<u>3,339</u>

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
10. Sale of Goods / Rendering of Services				
(a) Sale of Goods comprise the following:-				
738	340	Sale of Prosthesis	738	340
(b) Rendering of Services comprise the following:-				
37,007	18,231	Patient Fees [see note 2(d)]	37,007	18,231
1,128	251	Staff-Meals and Accommodation	1,128	251
4,508	2,257	Infrastructure Fees - Monthly Facility Charge [see note 2(d)]	4,508	2,257
130	264	- Annual Charge	130	264
341	236	Cafeteria/Kiosk	341	236
2,225	304	Clinical Services (excluding Clinical Drug Trials)	2,225	304
130	57	Fees for Medical Records	130	57
718	350	Linen Service Revenues - Non Health Services	718	350
667	474	Meals on Wheels	667	474
13	109	Other Commonwealth Receipts (excluding DVA fees)	13	109
171	0	Pharmacy Sales	171	0
28,117	14,562	Patient Inflows from Interstate	28,117	14,562
11,384	5,019	Inter Area Patient Inflows, NSW	11,384	5,019
2,210	783	Other	2,210	783
89,487	43,237		89,487	43,237
(c) Revenues from Inter Area Patient Flows, NSW on an Area basis are as follows:				
7,115	2,548	Hunter New England Area Health Service	7,115	2,548
1,224	730	Northern Sydney Central Coast Area Health Service	1,224	730
947	589	South East Illawarra Area Health Service	947	589
733	626	Sydney South West Area Health Service	733	626
746	191	Sydney West Area Health Service	746	191
619	335	Other Health Services	619	335
11,384	5,019		11,384	5,019
(d) Revenues from Patient Inflows from Interstate are as follows:-				
26,793	13,662	Queensland	26,793	13,662
849	552	Victoria	849	552
475	348	Other States	475	348
28,117	14,562		28,117	14,562
11. Investment Income				
945	509	Interest	945	509
142	94	Lease and Rental Income	142	94
1,087	603		1,087	603

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
		12. Grants and Contributions		
984	286	Clinical Drug Trials	984	286
9,613	2,686	Commonwealth Government grants	9,613	2,686
2,494	1,077	Industry Contributions/Donations	2,494	1,077
4,542	1,639	NSW Government grants	4,542	1,639
2,463	0	Personnel Services - Superannuation Defined Benefits	0	0
276	942	Other grants	276	942
20,372	6,630		17,909	6,630
		13. Other Revenue		
		Other Revenue comprises the following:-		
38	7	Bad Debts recovered	38	7
77	32	Commissions	77	32
25	33	Conference and Training Fees	25	33
0	26	Discounts	0	26
320	315	Sale of Merchandise, Old Wares and Books	320	315
5,704	0	Treasury Managed Fund Hindsight Adjustment	5,704	0
1,985	1,202	Other	1,985	1,202
8,149	1,615		8,149	1,615
		14. Gain/(Loss) on Disposal of Non Current Assets		
6,179	1,172	Property Plant and Equipment	6,179	1,172
5,458	739	Less Accumulated Depreciation	5,458	739
721	433	Written Down Value	721	433
580	578	Less Proceeds from Disposal	580	578
(141)	145	Gain/(Loss) on Disposal of Property Plant and Equipment	(141)	145
		15. Other Gains/(Losses)		
(1,049)	(719)	Impairment of Receivables	(1,049)	(719)
(1,049)	(719)		(1,049)	(719)

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT

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	330	1,236	2,488	4,054
Contributions recognised in amalgamated balance as at 1 July 2005 which were not expended in the current reporting period	826	701	0	1,527
Total amount of unexpended contributions as at balance date	1,156	1,937	2,488	5,581

CONSOLIDATION

	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	330	1,236	2,488	4,054
Contributions recognised in amalgamated balance as at 1 July 2005 which were not expended in the current reporting period	826	701	0	1,527
Total amount of unexpended contributions as at balance date	1,156	1,937	2,488	5,581

Comment on restricted assets appears in Note 23

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

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.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
18. Current Assets - Cash and Cash Equivalents				
17,584	24,453	Cash at bank and on hand	17,584	24,453
17,584	24,453		17,584	24,453
Cash assets recognised in the Balance Sheet are reconciled to cash at the end of the financial year as shown in the Cash Flow Statement as follows:				
17,584	24,453	Cash and cash equivalents (per Balance Sheet)	17,584	24,453
17,584	24,453	Closing Cash and Cash Equivalents (per Cash Flow Statement)	17,584	24,453
19. Current/Non Current Receivables				
Current				
8,019	7,250	(a) Sale of Goods and Services	8,019	7,250
5,329	1,882	Goods & Services Tax	5,329	1,882
168	18	Leave Mobility	168	18
5,175	10,268	NSW Health Department	5,175	10,268
18,691	19,418	Sub Total	18,691	19,418
(847)	(593)	Less Allowance for impairment	(847)	(593)
17,844	18,825		17,844	18,825
Non Current				
789	854	(a) Sale of Goods and Services	789	854
789	854	Sub Total	789	854
(377)	(377)	Less Allowance for impairment	(377)	(377)
412	477		412	477
(b) Impairment of Receivables during the year				
795	279	- Sale of Goods and Services	795	279
0	4	- Other	0	4
795	283		795	283
(c) Sale of Goods and Services Receivables include:				
869	967	Patient Fees - Compensable	869	967
291	176	Patient Fees - Ineligible	291	176
2,958	1,849	Patient Fees - Other	2,958	1,849

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
20. Inventories				
		Current - at cost		
2,580	2,679	Drugs	2,580	2,679
1,870	2,734	Medical and Surgical Supplies	1,870	2,734
260	41	Food and Hotel Supplies	260	41
0	10	Engineering Supplies	0	10
4,710	5,464		4,710	5,464
21. Current/Non-Current Asset - Other				
		Current		
9,798	364	Prepayments	9,798	364
9,798	364		9,798	364
22. Property, Plant and Equipment				
		Land and Buildings		
762,215	579,733	At Fair Value	762,215	579,733
240,268	209,445	Less Accumulated depreciation and impairment	240,268	209,445
521,947	370,288		521,947	370,288
		Plant and Equipment		
73,155	65,251	At Fair Value	73,155	65,251
44,259	39,495	Less Accumulated depreciation and impairment	44,259	39,495
28,896	25,756		28,896	25,756
		Infrastructure Systems		
35,264	10,506	At Fair Value	35,264	10,506
12,725	2,998	Less Accumulated depreciation and impairment	12,725	2,998
22,539	7,508		22,539	7,508
573,382	403,552	Total Property, Plant and Equipment At Net Carrying Value	573,382	403,552

Section 8 – Financial Report

North Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2006

PARENT

22. Property, Plant and Equipment - Reconciliations

	Land	Buildings	Plant and Equipment	Infrastructure Systems	Total
	\$000	\$000	\$000	\$000	\$000
2006					
Carrying amount at start of year	42,953	327,335	25,756	7,508	403,552
Additions	1,250	22,701	8,526	59	32,536
Disposals	(470)	(170)	(62)	(19)	(721)
Net revaluation increment less revaluation decrements recognised in reserves	13,882	141,164		6,372	161,418
Depreciation expense		(17,193)	(5,324)	(886)	(23,403)
Reclassifications		(9,505)		9,505	0
Carrying amount at end of year	57,615	464,332	28,896	22,539	573,382

	Land	Buildings	Plant and Equipment	Infrastructure Systems	Total
	\$000	\$000	\$000	\$000	\$000
2005					
Carrying amount at start of year	33,519	275,351	23,661	6,734	339,265
Additions	437	6,288	2,920	0	9,645
Disposals	(208)	(220)	(5)	0	(433)
Administrative restructures - Port Macquarie Base Hospital	9,205	54,200	1,628	900	65,933
Depreciation expense	0	(8,284)	(2,448)	(126)	(10,858)
Carrying amount at end of year	42,953	327,335	25,756	7,508	403,552

Above categories and transaction type should be deleted if not applicable.

- (i) Land and Buildings include land owned by the NSW Health Department and administered by the Health Service [see note 2(g)].
- (ii) Land and Buildings were valued by the Department of Commerce - Property Valuation Services on 1 July 2005 (see note 2(j)). The Property Valuation Service is not an employee of the Health Service.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

CONSOLIDATION

22. Property, Plant and Equipment - Reconciliations

	Land	Buildings	Plant and Equipment	Infrastructure Systems	Total
	\$000	\$000	\$000	\$000	\$000
2006					
Carrying amount at start of year	42,953	327,335	25,756	7,508	403,552
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	Land	Buildings	Plant and Equipment	Infrastructure Systems	Total
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Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
		23. 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.		
		Category		
1,156	1,054	Equipment Buildings & Refurbishments	1,156	1,054
1,937	1,647	Education & Research	1,937	1,647
2,488	2,375	Other	2,488	2,375
<u>5,581</u>	<u>5,076</u>		<u>5,581</u>	<u>5,076</u>
		24. Payables		
		Current		
0	13,319	Accrued Salaries and Wages	12,689	13,319
0	1,001	Payroll Deductions	387	1,001
13,076	0	Accrued Liability - Purchase of Personnel Services	0	0
26,780	26,359	Creditors	26,780	26,359
		Other Creditors		
1,269	2,070	- Capital Works	1,269	2,070
1,698	2,496	- Intra Health Liability	1,698	2,496
<u>42,823</u>	<u>45,245</u>		<u>42,823</u>	<u>45,245</u>
		25. Current/Non Current Borrowings		
		Current		
731	827	Other Loans and Deposits	731	827
<u>731</u>	<u>827</u>		<u>731</u>	<u>827</u>
		Non Current		
1,267	1,999	Other Loans and Deposits	1,267	1,999
<u>1,267</u>	<u>1,999</u>		<u>1,267</u>	<u>1,999</u>
		Other loans still to be extinguished represent monies to be repaid to the NSW Health Department of \$0.538M and the NSW Treasury of \$1.460M. Final Repayments are scheduled for 30th June 2007 for the NSW Health Department Loan and 30th June 2013 for the NSW Treasury Loan.		
		Repayment of Borrowings (excluding Finance Leases)		
731	827	Not later than one year	731	827
867	1,377	Between one and five years	867	1,377
400	622	Later than five years	400	622
<u>1,998</u>	<u>2,826</u>	Total Borrowings at face value (excluding Finance Leases)	<u>1,998</u>	<u>2,826</u>

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006	2005		2006	2005
\$000	\$000		\$000	\$000
		26. Provisions		
		Current Employee benefits and related on-costs		
0	29,566	Employee Annual Leave - Short Term Benefit	35,490	29,566
0	5,517	Employee Annual Leave - Long Term Benefit	5,777	5,517
0	6,332	Employee Long Service Leave - Short Term Benefit	8,774	6,332
0	50,819	Employee Long Service Leave - Long Term Benefit	54,267	50,819
104,308	0	Provision for Personnel Services Liability	0	0
104,308	92,234	Total Current Provisions	104,308	92,234
		Non Current Employee benefits and related on-costs		
0	1,851	Employee Long Service Leave - Conditional	2,042	1,851
2,042	0	Provision for Personnel Services Liability	0	0
2,042	1,851	Total Non Current Provisions	2,042	1,851
		Aggregate Employee Benefits and Related On-costs		
104,308	92,234	Provisions - current	104,308	92,234
2,042	1,851	Provisions - non-current	2,042	1,851
0	14,320	Accrued Salaries and Wages and on costs (Note 24)	13,076	14,320
13,076	0	Accrued Liability - Purchase of Personnel Services (Note 24)	0	0
119,426	108,405		119,426	108,405

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
27. Other Liabilities				
Current				
349	362	Income in Advance (1)	349	362
5	55	Lease Incentive (2)	5	55
893	3,792	Employee Entitlement transferred to HNEAHS (3)	893	3,792
1,247	4,209		1,247	4,209
Non Current				
330	401	St Vincent's Contractual Liability (4)	330	401
0	5	Lease Incentive (2)	0	5
2,429	2,730	Employee Entitlement transferred to HNEAHS (3)	2,429	2,730
381	241	Other (5)	381	241
3,140	3,377		3,140	3,377

1 Income in Advance represents grant monies to be expended in future financial years.

2 Lease Incentive represents benefits received in kind from a lessor. The liability is being reduced on a straight-line basis over the term of the lease.

3 Employee Entitlements transferred under Administrative transfer arrangements to the Hunter New England Area Health Service.

4 Contracts were entered into to transfer employees of the Health Service to St Vincent's private hospital. The liability above represents employee benefits transferred at the contract

5 Other represents transferred employees benefits at fixed transfer dates.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

28. Equity	PARENT					
	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
Balance at the beginning of the financial reporting period	303,393	0	0	0	303,393	0
Changes in equity - transactions with owners as owners						
Amounts transferred on 1 January 2005 from administrative restructure of health services	0	236,793	0	0	0	236,793
Amount transferred on 29 January 2005 from administrative restructure - Acquisition of Port Macquarie Base Hospital	0	67,084	0	0	0	67,084
Total	303,393	303,877	0	0	303,393	303,877
Changes in equity - other than transactions with owners as owners						
Result for the year	3,361	(484)			3,361	(484)
Increment/(Decrement) on Revaluation of:						
Land and Buildings			13,882	0	13,882	0
Plant and Equipment			141,164	0	141,164	0
Infrastructure Systems			6,372	0	6,372	0
Total	3,361	(484)	161,418	0	164,779	(484)
Transfers within equity						
Asset revaluation reserve balances transferred to accumulated funds on disposal of asset	357	0	(357)	0	0	0
Balance at the end of the financial reporting period	307,111	303,393	161,061	0	468,172	303,393

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(i).

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

CONSOLIDATION

28. Equity

	Accumulated Funds 2006 \$000	2005 \$000	Asset Revaluation Reserve 2006 \$000	2005 \$000	Total Equity 2006 \$000	2005 \$000
Balance at the beginning of the financial reporting period	303,393	0	0	0	303,393	0
Changes in equity - transactions with owners as owners						
Amounts transferred on 1 January 2005 from administrative restructure of health services	0	236,793	0	0	0	236,793
Amount transferred on 29 January 2005 from administrative restructure - Acquisition of Port Macquarie Base Hospital	0	67,084	0	0	0	67,084
Total	303,393	303,877	0	0	303,393	303,877

Changes in equity - other than transactions with owners as owners

Result for the year	3,361	(484)			3,361	(484)
Increment/(Decrement) on Revaluation of:						
Land and Buildings			13,882	0	13,882	0
Plant and Equipment			141,164	0	141,164	0
Infrastructure Systems			6,372	0	6,372	0
Total	3,361	(484)	161,418	0	164,779	(484)

Transfers within equity

Asset revaluation reserve balances transferred to accumulated funds on disposal of asset

	357	0	(357)	0	0	0
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Balance at the end of the financial reporting period

	307,111	303,393	161,061	0	468,172	303,393
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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).

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006 \$000	2005 \$000		2006 \$000	2005 \$000
		29. Commitments for Expenditure		
		(a) Capital Commitments		
		Aggregate capital expenditure contracted for at balance date but not provided for in the accounts:		
22,624	852	Not later than one year	22,624	852
99	0	Later than one year and not later than five years	99	0
<u>22,723</u>	<u>852</u>	Total Capital Expenditure Commitments (including GST)	<u>22,723</u>	<u>852</u>
		Of the commitments reported at 30 June 2006 it is expected that no amount 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:		
3,752	4,718	Not later than one year	3,752	4,718
<u>3,752</u>	<u>4,718</u>	Total Other Expenditure Commitments (including GST)	<u>3,752</u>	<u>4,718</u>
		(c) Operating Lease Commitments		
		Commitments in relation to non-cancellable operating leases are payable as follows:		
6,780	7,309	Not later than one year	6,780	7,309
6,009	11,774	Later than one year and not later than five years	6,009	11,774
1,322	0	Later than five years	1,322	0
<u>14,111</u>	<u>19,083</u>	Total Operating Lease Commitments (including GST)	<u>14,111</u>	<u>19,083</u>

These operating leases are not recognised in the financial statements as liabilities. Operating leases cover motor vehicles, other major items of plant and equipment, and buildings.

Motor vehicles are leased under an ongoing master rental agreement.

Other plant and equipment leases have terms up to 8 years. Under the master rental agreements in place at the end of the lease terms the Health Service has the option to return the equipment, acquire the item at market value or renew the lease at market value. There are no contingent rental provisions within the lease agreements.

Property leases have varying terms up to 40 years. Contingent rental provisions within the lease agreements require the minimum lease payments shall be increased by CPI per annum. In the majority of instances an option exists to renew the lease at the end of the term.

(d) Contingent Asset related to Commitments for Expenditure

The total of "Commitments for Expenditure" above includes input tax credits of \$3.665 million that are expected to be recoverable from the Australian Taxation Office.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

30. Trust Funds

The Health Service holds trust fund moneys of \$1.667 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:

	PARENT					
	Patient Trust		Refundable Deposits		Private Practice Trust Funds	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
Cash Balance at the beginning of the financial reporting period	41	0	605	0	930	0
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	0	293	0	4,369	0	787
Receipts	259	68	13,702	1,678	7,332	3,656
Expenditure	226	320	13,581	5,442	7,395	3,513
Cash Balance at the end of the financial reporting period	74	41	726	605	867	930

	CONSOLIDATION					
	Patient Trust		Refundable Deposits		Private Practice Trust Funds	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
Cash Balance at the beginning of the financial reporting period	41	0	605	0	930	0
Amount transferred on 1 January 2005 from Administrative Restructure of Health Services	0	293	0	4,369	0	787
Receipts	259	68	13,702	1,678	7,332	3,656
Expenditure	226	320	13,581	5,442	7,395	3,513
Cash Balance at the end of the financial reporting period	74	41	726	605	867	930

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT

CONSOLIDATION

31. 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 1999/2000 fund year and an interim adjustment for the 2001/2002 fund year were not calculated until 2005/06. As a result, the 2000/2001 final and 2002/03 interim hindsight calculations will be paid in 2006/07.

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.

Section 8 – Financial Report

North Coast Area Health Service
Notes to and forming part of the Financial Statements
for the Year Ended 30 June 2006

PARENT				
32. Charitable Fundraising Activities				
Fundraising Activities				
The North Coast Area Health Service conducts direct fundraising in all hospitals under its control.				
All revenue and expenses have been recognised in the financial statements of the North Coast Area Health Service. Fundraising activities are dissected as follows:				
	INCOME RAISED \$000	DIRECT EXPENDITURE* \$000	INDIRECT EXPENDITURE* \$000	NET PROCEEDS \$000
Appeals (In House)	149	47	15	87
	<u>149</u>	<u>47</u>	<u>15</u>	<u>87</u>
Percentage of Income	100%	32%	10%	58%
* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc				
+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.				
The net proceeds were used for the following purposes:				\$000
Purchase of Equipment				87
				<u>87</u>
The provision of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the North Coast Area Health Service are considered appropriate and effective in accounting for all the income received in all material respects.				

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

CONSOLIDATION				
32. Charitable Fundraising Activities				
Fundraising Activities				
The North Coast Area Health Service conducts direct fundraising in all hospitals under its control.				
All revenue and expenses have been recognised in the financial statements of the North Coast Area Health Service. Fundraising activities are dissected as follows:				
	INCOME RAISED \$000	DIRECT EXPENDITURE* \$000	INDIRECT EXPENDITURE* \$000	NET PROCEEDS \$000
Appeals (In House)	149	47	15	87
	<u>149</u>	<u>47</u>	<u>15</u>	<u>87</u>
Percentage of Income	100%	32%	10%	58%
* Direct Expenditure includes printing, postage, raffle prizes, consulting fees, etc				
+ Indirect Expenditure includes overheads such as office staff administrative costs, cost apportionment of light, power and other overheads.				
The net proceeds were used for the following purposes:				\$000
Purchase of Equipment				87
				<u>87</u>
The provision of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the North Coast Area Health Service are considered appropriate and effective in accounting for all the income				

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT			CONSOLIDATION	
2006	2005		2006	2005
\$000	\$000		\$000	\$000
33. Reconciliation Of Net Cost Of Services To Net Cash Flows from Operating Activities				
35,272	21,972	Net Cash Flows from Operating Activities	35,272	21,972
1,250	0	Asset Received by Donation	1,250	0
(23,403)	(10,858)	Depreciation	(23,403)	(10,858)
(1,049)	(360)	Provision for Doubtful Debts	(1,049)	(360)
(6,110)	(17,361)	Acceptance by the Crown Entity of Employee Superannuation Benefits	(8,573)	(17,361)
(12,265)	(6,709)	(Increase) in Provisions	(12,265)	(6,709)
2,354	(5,992)	Increase/(Decrease) in Prepayments and Other Assets	2,354	(5,992)
4,823	(2,163)	(Increase)/Decrease in Creditors	4,823	(2,163)
(141)	145	Net Gain on Sale of Property, Plant and Equipment	(141)	145
(623,040)	(273,677)	(NSW Health Department Recurrent Allocations)	(623,040)	(273,677)
(35,330)	(10,116)	(NSW Health Department Capital Allocations)	(35,330)	(10,116)
(657,639)	(305,119)	Net Cost of Services	(660,102)	(305,119)
34. Non Cash Financing and Investing Activities				
0	67,084	Assets Received by Administrative Restucture	0	67,084
0	236,793	- Port Macquarie Base Hospital	0	236,793
1,250	0	- Establishment of NCAHS	1,250	0
1,250	303,877	Assets Received by Donation	1,250	303,877

35. 2005/06 Voluntary Services

It is considered impracticable to quantify the monetary value of voluntary services provided to the health service. Services provided include:

- Chaplaincies and Pastoral Care - 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

36. 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.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT

37. Budget Review

Net Cost of Services

The actual Net Cost of Services was lower than budget by \$0.189 million.

Result for the Year

The Result for the Year was \$0.229 million higher than budget.

Assets and Liabilities

Current Assets were \$1.291 million lower than budget. This was due primarily to reduction of the cash balance which was utilised to reduce the trade creditors balance.

Non-Current Assets were higher than budget by \$160.912 million which resulted from the revaluation of Land, Buildings and Infrastructure.

Current Liabilities were lower than budget by \$2.078 million. This resulted from a reduction in creditor balances and is reflected in the result in current assets with the cash reduction being applied to the creditor payments.

Non Current Liabilities were higher than budget by \$0.052 million.

Cash Flows

Operating Activities - Net inflow lower than budget by \$1.053 million which resulted from the application of cash to reduce trade creditors as reflected in the Balance Sheet

Investing Activities - Net outflow higher than budget by \$0.650 million.

Financing Activities - Net outflow lower than budget by \$0.002 million.

Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 22 July 2005 are as follows

	\$000
Initial Allocation, 22 July 2005	535,878
Award Increases	11,868
Special Projects	
Aged Care Enhancements	850
Cancer Care Enhancements	1,907
AIDS Enhancements	346
Aboriginal Health Enhancements	867
Womens Health Enhancements	918
PADP Enhancements	2,310
Mental Health Enhancements	2,781
Renal Enhancements	732
Other	
Patient Flows	32,889
High Cost Drugs	960
Additional Surgery Enhancements	4,758
Other General Enhancements	4,274
Workforce Development Enhancements	1,108
Non Cash Adjustments (Increase Superannuation & Depreciation)	17,114
Balance as per Operating Statement	<u>619,560</u>

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

CONSOLIDATION

37. Budget Review

Net Cost of Services

The actual Net Cost of Services was lower than budget by \$0.189 million.

Result for the Year

The Result for the Year was \$0.229 million higher than budget.

Assets and Liabilities

Current Assets were \$1.291 million lower than budget. This was due primarily to reduction of the cash balance which was utilised to reduce the trade creditors balance.

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Current Liabilities were lower than budget by \$2.078 million. This resulted from a reduction in creditor balances and is reflected in the result in current assets with the cash reduction being applied to the creditor payments.

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Cash Flows

Operating Activities - Net inflow lower than budget by \$1.053 million which resulted from the application of cash to reduce trade creditors as reflected in the Balance Sheet

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Movements in the level of the NSW Health Department Recurrent Allocation that have occurred since the time of the initial allocation on 22 July 2005 are as follows

	\$000
Initial Allocation, 22 July 2005	535,878
Award Increases	11,868
Special Projects	
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Cancer Care Enhancements	1,907
AIDS Enhancements	346
Aboriginal Health Enhancements	867
Womens Health Enhancements	918
PADP Enhancements	2,310
Mental Health Enhancements	2,781
Renal Enhancements	732
Other	
Patient Flows	32,889
High Cost Drugs	960
Additional Surgery Enhancements	4,758
Other General Enhancements	4,274
Workforce Development Enhancements	1,108
Non Cash Adjustments (Increase Superannuation & Depreciation)	17,114
Balance as per Operating Statement	619,560

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT

38. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. North Coast Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Balance Sheet date are as follows:

Financial Instruments	Floating interest rate		Non-interest bearing		Total carrying amount as per the Balance Sheet		Weighted average effective interest rate *	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 %	2005 %
Financial Assets								
Cash	17,538	24,408	46	45	17,584	24,453		
Receivables	0	0	18,256	19,302	18,256	19,302	5.06	4.55
Total Financial Assets	17,538	24,408	18,302	19,347	35,840	43,755		
Financial Liabilities								
Borrowings-Other	1,998	2,826	0	0	1,998	2,826		
Payables	0	0	42,823	45,245	42,823	45,245	6.40	6.40
Other	0	0	4,033	7,164	4,033	7,164		
Total Financial Liabilities	1,998	2,826	46,856	52,409	48,854	55,235		

* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

CONSOLIDATION

38. Financial Instruments

a) Interest Rate Risk

Interest rate risk, is the risk that the value of the financial instrument will fluctuate due to changes in market interest rates. North Coast Area Health Service's exposure to interest rate risks and the effective interest rates of financial assets and liabilities, both recognised and unrecognised, at the (consolidated) Balance Sheet date are as follows:

Financial Instruments	Floating interest rate		Non-interest bearing		Total carrying amount as per the Balance Sheet		Weighted average effective interest rate *	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 %	2005 %
Financial Assets								
Cash	17,538	24,408	46	45	17,584	24,453	5.06	4.55
Receivables	0	0	18,256	19,302	18,256	19,302		
Total Financial Assets	17,538	24,408	18,302	19,347	35,840	43,755		
Financial Liabilities								
Borrowings-Other	1,998	2,826	0	0	1,998	2,826	6.40	6.40
Payables	0	0	42,823	45,245	42,823	45,245		
Other	0	0	4,033	7,164	4,033	7,164		
Total Financial Liabilities	1,998	2,826	46,856	52,409	48,854	55,235		

* Weighted average effective interest rate was computed on a semi-annual basis. It is not applicable for non-interest bearing financial instruments.

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

PARENT

38. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The North Coast Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty.

Financial Assets	Governments		Banks		Patients		Other		Total	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
Cash	46	45	17,538	24,408	0	0	0	0	17,584	24,453
Receivables	10,995	11,956	0	0	4,118	2,992	3,143	4,354	18,256	19,302
Total Financial Assets	11,041	12,001	17,538	24,408	4,118	2,992	3,143	4,354	35,840	43,755

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totalled \$0.29M at balance date.

c) Net Fair Value

As stated in Note 2(u) financial instruments are carried at cost. The resultant values are reported in the Balance Sheet and are deemed to constitute net fair value.

d) Derivative Financial Instruments

The North Coast Area Health Service holds no Derivative Financial Instruments.

Section 8 – Financial Report

North Coast Area Health Service Notes to and forming part of the Financial Statements for the Year Ended 30 June 2006

CONSOLIDATION

38. Financial Instruments

b) Credit Risk

Credit risk is the risk of financial loss arising from another party to a contract/ or financial position failing to discharge a financial obligation thereunder. The North Coast Area Health Service's maximum exposure to credit risk is represented by the carrying amounts of the financial assets included in the consolidated Balance Sheet.

Credit Risk by classification of counterparty.

Financial Assets	Governments		Banks		Patients		Other		Total	
	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000	2006 \$000	2005 \$000
Cash	46	45	17,538	24,408	0	0	0	0	17,584	24,453
Receivables	10,995	11,956	0	0	4,118	2,992	3,143	4,354	18,256	19,302
Total Financial Assets	11,041	12,001	17,538	24,408	4,118	2,992	3,143	4,354	35,840	43,755

The only significant concentration of credit risk arises in respect of patients ineligible for free treatment under the Medicare provisions. Receivables from these entities totalled \$0.29M at balance date.

c) Net Fair Value

As stated in Note 2(u) financial instruments are carried at cost.

The resultant values are reported in the Balance Sheet and are deemed to constitute net fair value.

d) Derivative Financial Instruments

The North Coast Area Health Service holds no Derivative Financial Instruments.

END OF AUDITED FINANCIAL STATEMENTS

A

Aboriginal Health Services.....	35
Aboriginal population	6
Aboriginal Health Unit Director	45
Activity levels	27-30
Age of population	6
Aged Care Assessment Team.....	35
Area Clinical Streams	42
Area Dental Office	35
Area Drug & Alcohol Service.....	35-36
Area Health Advisory Council	73
Area Healthcare Service Planning.....	38
Area Mental Health Outlets.....	36-37
Asset Management Services	49
Auxiliaries.....	79

C

Certification of Financial Statements.....	89
Chief Executive Report.....	54
Chief Executive's Year in Review.....	3
Clinical Governance Executive Director.....	58
Clinical Governance Statement.....	12-13
Clinical Operations	39
Clinical Operations Executive Director	56
Coffs Clarence Network	41
Community Activity.....	74
Community & Clinical Participation	74
Community Health Centres.....	34-35
Community Participation Unit.....	51
Contents	2
Corporate Governance Statement.....	9-11
Corporate Services Executive Director	55
Cultural diversity	7

D

Donations and Bequests	75
------------------------------	----

E

Equal Employment Opportunity.....	62
Ethnic Affairs Priority Program	76
Executive Reports	54-60

F

Financial Overview	85-88
Financial Report.....	85
Financial Services	48
Financial Statements.....	95-150
Freedom of Information.....	81-84
Fundraising	75

G

Geography	6
Goals	7
Growth.....	6
Growth in Aged population	6

H

Harm Reduction/Needle & Syringe Program Outlets.....	36
Hastings/Macleay Network	41
Health Promotion Unit Director	44
Health Service Profile.....	6
Health Services	33-47
Hospital Auxiliaries	79
Hospitals.....	33
Human Resources & Industrial Relations (HR/IR) Manager	68

I

Independent Audit Report	91
Information Management Services.....	50
Internal Audit.....	52

L

Learning & Workforce Development Manager ...	69
Letter to Minister.....	1
Links with Non Government Organisations	77

M

Mental Health Services.....	43
-----------------------------	----

N

Nursing & Midwifery.....	46
Nursing & Midwifery Executive Director.....	59

O

Occupational Health & Safety – Injury by Occupation	65
OH&S Manager	66
Organisation Structure	8
Other Health Services.....	44-47
Our Community.....	73-80
Our Kids	75
Our People	53-72
Our Volunteers	79
Overseas travel.....	72

P

Patient Feedback.....	75
Performance Indicators.....	14-30
Performance – keep people health.....	31-32
Pink Ladies	79
Population	6
Population Health, Planning & Performance Executive Director.....	57
Public Affairs & Marketing	51
Public Health Unit Director	44
Public Health Unit.....	37
Purpose & Goals.....	7

R

Research.....	72
Richmond Network.....	40

S

Sexual Assault Services	37
Shared Corporate Services	48
Socio-economic status	7
Staff Numbers by Employment Basis.....	64
Staff Numbers by Level	63
Staff Profile.....	61
Statement of Affairs	81

T

Teaching & Training Initiatives.....	70
Teaching & Training Nursing & Midwifery	71
Telehealth Service	51
Tweed Byron Network.....	39

V

Values.....	7
Vision	7

W

Women's Health Matters.....	37
Workers Compensation & Claims Manager	67
Workforce Development.....	53
Workforce Development Executive Director.....	60
Working with Clinicians and Community.....	73

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**North Coast Area Health Service
Head Office**

Crawford House
Hunter Street
LISMORE NSW 2480

Telephone 02 6620 2100
Facsimile 02 6621 7088

Correspondence

Locked Mail Bag 11
LISMORE NSW 2480

Health Infoline

1800 620 693

Website

www.ncahs.nsw.gov.au