

# Governance



Image // Auburn Hospital





# Governance

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# About us

NSW Ministry of Health

## We work to provide the people of NSW with the best possible health care

The NSW Department of Health became the NSW Ministry of Health on 5 October 2011. The Agency supports the NSW Minister for Health and Minister for Medical Research, and Minister for Mental Health and Minister for Healthy Lifestyles to perform their executive and statutory functions.

This includes promoting, protecting, developing, maintaining and improving the health and well-being of the people of NSW, while considering the needs of the State and the finances and resources available.

## Statewide Responsibilities

### Advice to Government

Provides advice and other support to the Minister for Health and the Minister for Medical Research in the performance of their roles and functions.

### Strategic Planning and Statewide Policy Development

Undertakes system-wide policy and planning in areas such as inter-government relations, funding, corporate and clinical governance, clinical redesign, health service resources and workforce development.

### Improvements to Public Health

Enhances community health through health promotion, preventative health, management of emerging health risks and protective regulation.

### Performance Management

Monitors health services' performance against key performance indicators and improvement strategies, such as performance agreements, Statewide reporting and managing property, infrastructure and other assets.

### Strategic Financial and Asset Management

Manages financial resources and assets, co-ordinates business and contracting opportunities and provides financial accounting policy for NSW Health.

### Community Participation

Liaises and fosters partnerships with communities, health professionals and other bodies.

### Workplace Relations

Negotiates and determines wages and employment conditions and develops human resource and OHS policies for the NSW health system.

### Workforce Development

Works in collaboration with other agencies and stakeholders to improve health workforce supply and distribution.

### Regulatory Functions

Manages professional registration, licensing, regulatory and enforcement functions to ensure compliance with the Acts administered by the Health portfolio.

### Legislative Program

Provides advice and support for the legislative program and subordinate legislative program for the Health portfolio.

### Corporate Governance

Provides advice, support and co-ordination for sound corporate governance across the health system.

### Corporate Support

Provides resources and support to enable the Agency staff to fulfil their roles effectively.

# Strategic Planning

NSW Health has a strategic planning framework to guide the development of services and investments in the NSW public health system over the next 10 to 20 years

## **Future Directions for Health in NSW - Towards 2025**

The extensive work undertaken in developing the publication *Future Directions for Health in NSW – Towards 2025* allowed consumers, clinicians and staff to see clearly the challenges ahead for the NSW health system, including serious challenges stemming from social, demographic, environmental and technological changes.

The Futures Directions planning process provided a solid basis upon which to build our future plans.

## **NSW 2021: A Plan to Make NSW Number One**

*NSW 2021: A Plan to Make NSW Number One* was launched in September 2011 and is the NSW Government's new 10 year plan to rebuild the economy, return quality services, renovate infrastructure, strengthen our local environment and communities, and restore accountability to Government.

The Plan sets immediate priorities for action and guide NSW Government resource allocation in conjunction with the NSW Budget. The Plan will include specific health related targets.

# What We Stand For

Our corporate charter

Our vision, values, goals and priorities are a set of guiding principles for how we go about our work

Being clear about our role enables us to move forward with common purpose and to work effectively with our partners.

## Our Vision

NSW Health provides system-wide leadership to ensure high quality health services which are responsive to consumers, the community and the challenges of the future. Our vision *Healthy People – Now and in the Future* and our goals reflect these aspirations.

## Our Values

The agency is guided by the public sector principles of responsibility to the Government, responsiveness to the public interest and promoting and maintaining public confidence and trust in our work. Our values statement applies to the Ministry, its staff and contractors. It forms the basis for decisions and actions on which performance ultimately depends.

NSW Health's CORE values are:

### **Collaboration**

We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.

### **Openness**

A commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.

### **Respect**

We have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.

### **Empowerment**

In providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment.

## Our Goals

Our focus is on meeting the health needs of the people of NSW within the resources available to us. Our goals are:

### **Keep People Healthy**

- More people adopt healthy lifestyles.
- Prevention and early detection of health problems.
- A healthy start to life.

### **Provide the Health Care That People Need**

- Emergency care without delay.
- Shorter waiting times for non-emergency care.
- Fair access to health services across NSW.

### **Deliver High Quality Services**

- Consumers satisfied with all aspects of services provided.
- High quality clinical treatment.
- Care in the right setting.

### **Manage Health Services Well**

- Sound resource and financial management.
- Skilled, motivated staff working in innovative environments.
- Strong corporate and clinical governance.

## Our Principles

The following principles underpin the NSW Health's accountabilities to deliver quality health services. We will:

- Focus on our fundamental accountability to promote and protect the health of the people of NSW and to ensure they have access to basic health services.
- Perform effectively and efficiently in clearly defined functions and roles.

- Promote our values for NSW Health and demonstrate them through leadership and behaviour.
- Take informed, transparent decisions and manage the risks we encounter on a daily basis.
- Develop our capacity and capability to ensure we provide effective and safe health services.
- Engage stakeholders and make accountability real for us all.

## Our Code of Conduct

NSW Health has a comprehensive Code of Conduct and support material that outlines standards of required conduct. The Code applies to staff working in any permanent, temporary, casual, term appointment or honorary capacity within any NSW Health facility or service. It assists staff by providing a framework for day-to-day decisions and actions while working in health services. Revisions to the Code are being introduced in 2011–12

## Our Commitment to Service

NSW Health is committed to providing the people of NSW with the best possible health care. Our commitment to service explains what you can expect from the NSW public health system as an Australian resident, no matter who you are, or where you live in NSW.

### Standards of Service

NSW Health will:

- Respect your dignity and needs.
- Provide care and skill, in keeping with recognised standards, practices and ethics.
- Offer access to a range of public hospital and community-based health services (eligibility criteria apply to some services).
- Offer health care based on individual health needs, irrespective of financial situation or health insurance status.

### Medical Records

Generally, people can apply for access to personal health information or other personal information relating to them. Access should be requested from the clinical information department or manager of the health service the person attended, or the head of the organisation that collected the personal information.

Government Information (Public Access) application may also be lodged, requesting access to records. Access to records may not be granted in special circumstances as determined by the *Government Information (Public Access) Act 2009* (GIPA Act).

Records are kept confidential and are only seen by staff involved in the care and treatment of the person, except where disclosure to third parties is required or allowed by law.

### Treatment Services

NSW Health will:

- Allow for and explain public and private patient treatment choices in a public hospital.
- Clearly explain proposed treatments, such as significant risks and alternatives, in understandable terms.
- Provide and arrange free interpreter services.
- Obtain consent before treatment, except in emergencies, or where the law intervenes regarding treatment.
- Assist in obtaining second opinions.

### Additional Information

NSW Health will:

- Allow people to decide whether or not to take part in medical research and health student education (although in some circumstances, information may be used or disclosed without consent, for public interest research projects and strict conditions apply, including privacy legislation).
- Respect a person's right to receive visitors, with full acknowledgement of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy.
- Inform a person of their rights under the *NSW Mental Health Act 2007* if admitted to a mental health facility.

Applications for financial assistance towards travel and accommodation costs incurred by patients who are disadvantaged by distance and who have to travel more than 100 km (one way) to access specialist medical treatment not available locally, can be made to the Transport for Health program in the Local Health District where they live. Contact details for the Transport for Health offices can be accessed via the NSW Health website.

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## Consumer Participation in 2010–11

### **NSW Health Care Advisory Council (HCAC)**

The NSW Health Care Advisory Council (HCAC), as a peak community and clinical advisory body, provided advice to the Minister for Health and the Director-General. It was co-chaired by Rt Hon Ian Sinclair, AC and Professor Judith Whitworth, AC.

### **Health Priority Taskforces**

Health Priority Taskforces developed and implemented new policy directions and service improvements in high priority areas for the NSW health system.

Health Priority Taskforces included:

- Children and Young People's Health
- Chronic, Aged and Community Health
- Critical Care
- Greater Metropolitan Clinical Taskforce
- Maternal and Perinatal Health
- Mental Health
- Population Health
- Rural and Remote
- Sustainable Access.

# NSW Health Statutory Framework

## The corporate governance framework distributes authority and accountability through the health system

This Annual Report is a key corporate governance report for NSW Health outlining its key achievements in 2010-11.

At 30 June 2011 NSW Health comprised:

- The Director-General
- NSW Department of Health (now Ministry of Health)
- Health Administration Corporation, including Ambulance Service of NSW, Health Support Services and Health Infrastructure
- Local Health Networks (now Districts)
- The Sydney Children's Hospital Network (Randwick and Westmead)
- The Agency for Clinical Innovation
- Bureau of Health Information
- Clinical Education and Training Institute
- Clinical Excellence Commission
- Justice Health

## Health Portfolio Ministers

The Hon. Jillian Skinner MP was appointed the Minister for Health and Minister for Medical Research on 3 April 2011.

The Hon. Kevin Humphries was appointed Minister for Mental Health and Minister for Healthy Lifestyles on 3 April 2011.

The Hon. Carmel Tebbutt MP was the Minister for Health until 28 March 2011.

The Hon. Frank Sartor MP was Minister assisting the Minister for Health (Cancer) until 28 March 2011.

The Hon. Barbara Perry MP was Minister Assisting the Minister for Health (Mental Health) until 28 March 2011.

## The Director-General

The NSW Department of Health became the Ministry of Health on 5 October 2011. The Director-General is the head of the agency. The Director-General has a range of functions and powers under the *Health Services Act 1997*, the *Health Administration Act 1982* and other legislation. These functions and powers include responsibility for the provision of ambulance services, provision of health support services to public health organisations and exercising, on behalf of the Government of NSW, the employer functions in relation to the staff employed in the NSW Health Service.

## Health Administration Corporation

Under the *Health Administration Act 1982*, the Director-General is given corporate status as the Health Administration Corporation for the purpose of exercising certain statutory functions. The Health Administration Corporation is used as the statutory vehicle to provide ambulance services and support services to the health system. A number of entities have been established under HAC to provide these functions.

## Ambulance Service of NSW

The Ambulance Service of NSW is responsible for providing responsive, high quality clinical care in emergency situations, including pre-hospital care, rescue, retrieval and patient transport services.

## Health Infrastructure

Health Infrastructure Board is responsible for the delivery of the NSW Government's major works hospital building program, under the oversight of a Board appointed by the Director-General.

## Health Support Services

Health Support Services, under a Management Committee, provides corporate services, health support services and information technology services to public health organisations across NSW Health.

## Health Networks

### Local Health Districts

Local Health Networks were established as corporate entities under the *Health Services Act 1997* on 1 January 2011. Now called Local Health Districts, they provide health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight Districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

### Specialty Health Networks

In addition, the Sydney Children's Hospital Network (Randwick and Westmead) provided children's and paediatric services. The Forensic Mental Health Network oversees forensic mental health services. In addition a non-government Local Health Network has been established called the St Vincent's Health Network. This network includes St Vincent's Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.

## Statutory Health Corporations

During the reporting period the following five statutory health corporations provided Statewide or specialist health and health support services.

- The Agency for Clinical Innovation
- Bureau of Health Information
- Clinical Education and Training Institute
- Clinical Excellence Commission
- Justice Health.

At 30 June 2011 there were 18 affiliated health organisations in NSW managed by religious and/or charitable groups operating 27 recognised establishments or services as part of the NSW public health system. They are an important part of the public health system, providing a wide range of hospital and other health services.

## Corporate Governance

The Director-General is committed to best practice corporate governance and has processes in place to ensure the primary governing responsibilities of NSW Health and its entities are fulfilled in respect to:

- Setting the strategic direction for NSW Health.
- Ensuring compliance with statutory requirements.
- Monitoring the performance of health services.
- Monitoring the quality of health services.
- Industrial relations/workforce development.
- Monitoring clinical, consumer and community participation.
- Ensuring ethical practice.
- Ensuring implementation of the NSW State Plan and the NSW State Health Plan.

## NSW Health

### Executive Leadership Team

During 2010–11 NSW Health's Senior Management Board was reconstituted as the Executive Leadership Team (ELT). It meets fortnightly to determine corporate priorities, consider major issues and set strategic directions. The ELT provides high-level oversight on implementation of Health's priorities including the NSW State Plan. It comprises the agency's senior management team, including the Director-General and Deputy Directors-General.

## Senior Executive Forum

In May 2011 the Senior Executive Advisory Board was retitled the Senior Executive Forum. It meets monthly to exchange information and ensure the strategic direction is understood and promulgated across the health system. It comprises the Director-General, Deputy Directors-General, the Chief Financial Officer and Chief Executives of Local Health Districts (previously Networks), the Ambulance Service, Clinical Excellence Commission, Cancer Institute NSW and other public health organisations.

## Finance, Risk and Performance Management Committee

Effective finance and business management practices are a key element of corporate governance responsibilities. The Finance, Risk and Performance Management Committee, chaired by the Director-General, advises the Minister for Health and relevant Cabinet committees on the financial, risk and performance management of NSW Health.

NSW Health assists public health organisations maintain appropriate finance and business accountability by ensuring that:

- Regular review of plans and reporting/monitoring of financial information are based on compliance with the Accounts and Audit Determination for Public Health Organisations and Accounting Manuals.
- Budgets and standard finance information systems and processes are in place, are understood, and comply with centralised procedures and templates.
- Financial management is at a reasonable level, budget variance is monitored, reported and reviewed as potential risk, and the Accounts and Audit Determination is appropriate and up to date.

Local Health Districts Chief Executives are accountable to their Board's for efficient and effective budgetary and financial management, and must have proper arrangements in place to ensure the organisation's financial standing is soundly based. Key accountabilities include the achievement of targets, monitoring and reporting of results in an accurate, efficient and timely manner, and compliance with standards and practice.

## Risk Management and Audit Committee

The Risk Management Committee comprises two independent members and a Deputy Director-General. Mr Jon Isaacs, is the independent chairperson and Mr Alex Smith is the other independent.

The Committee assists the Director-General to perform her duties under relevant legislation, particularly in relation to

the internal controls, risk management and internal and external audit functions, including:

- Assess and enhance NSW Health's corporate governance, including its systems of internal control, ethical conduct and probity, risk management, management information and internal audit.
- Assess the agency's role in monitoring risk management and the internal control environment.
- Monitor the agency's response to and implementation of any findings or recommendations of external bodies such as the Independent Commission Against Corruption and Audit Office of NSW.
- Monitor trends in significant corporate incidents.
- Ensure that appropriate procedures and controls are in place to provide reliability in the agency's compliance with its responsibilities, regulatory requirements, policies and procedures.
- Oversee and enhance the quality and effectiveness of the agency's internal audit function, providing a structured reporting line for the Internal Audit branch and facilitating the maintenance of its independence.

## Corporate Governance Principles and Practices

The Corporate Governance and Accountability Compendium contains the corporate governance principles and framework to be adopted by Health Services. The NSW Health governance framework requires each Health Service to complete a standard annual statement of corporate governance certifying their level of compliance against key primary governing responsibilities.

The Corporate Governance and Risk Management Branch is responsible for promoting corporate governance practice across the health system. The branch brings together risk management, regulatory affairs, corporate governance, external relations and employment screening and review.

## Internal Audit

During 2010–11 the Internal Audit Branch conducted a number of branch audits across the four divisions of the agency. These audits covered compliance, operational and management risks and the efficiency and effectiveness of internal controls.

Of note was the ongoing work to monitor and assess fraud risk within the agency, audits of contractor management, follow up action to previous audits, and continuous auditing activities covering key corporate functions.

## Risk Management

The integration of corporate governance and risk management responsibilities has resulted in efficiencies and enabled a better approach to risk management and assessment and implementation of recommendations and findings.

## Ethical Behaviour

Maintaining ethical behaviour is the cornerstone of effective corporate governance. Providing ethical leadership is an important ongoing task for NSW Health. This requires leading by example and providing a culture built on commitment to the core values of integrity, openness and honesty.

## Monitoring Health System Performance

NSW Health has produced a set of high-level performance indicators. Outcomes against these indicators are reported in the Performance Section of this Annual Report.

The indicators inform performance at the State level as well as drilling down to hospital level for local management. They provide a basis for a cascaded set of key performance indicators at the Local Health District, facility and service levels. The indicators are a basis for an integrated performance measurement system, linked to Chief Executive performance contracts and associated performance agreements. They also form the basis for reporting the performance of the health system to the public.

Service and Performance Agreements were prepared for Local Health Districts and other Public Health Organisations, using standard formats and reporting requirements for consistent performance measurement and accountability. Draft 2011–12 Service Agreements were developed for the Local Health Districts that would commence on 1 July 2011 and for other Public Health Organisations.

## Complaint management

### Overview

NSW Health is committed to improving the overall quality of health care. One of the challenges in this objective is to identify and promote strategies and practices that enhance services provided to the community and engender community trust in those who administer and provide those services. Complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. The challenge for health care services is collect better information about consumers' views to ensure the safe delivery of care.

### Policy Directive

NSW Health's Complaint Management Policy was developed to provide a consistent approach to frontline complaints handling.

The policy directive was developed around eight key elements:

- Organisational commitment.
- Accessible complaint processes for consumers.
- Timely and sensitive management of complaints.
- Appropriate assessment of complaints.
- Just and fair treatment to all involved.
- Complaint information management.
- Evaluation and review.

### Complaint management guidelines

Complaint Management Guidelines provide health workers with an operational framework for dealing with complaints. The guidelines aim to ensure that identified risks arising from complaints are managed appropriately, that complainants' issues are addressed satisfactorily, that effective action is taken to improve care for all patients, and that health service staff are supported.

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***Other specific corporate governance matters are reported as follows:***

Legislation (pp. 196 – 197)

Financial Management (pp. 83 – 146)

Workforce Management (pp. 178 – 191)

## Clinical governance is the cornerstone of quality health care and an important area of governance for NSW Health.

Under the NSW Patient Safety and Clinical Quality Program, a comprehensive clinical governance process was established to provide a systematic approach to improving patient safety and clinical quality across the whole of the NSW Health System. The Program is ambitious and sets the agenda for one of Australia's most comprehensive clinical quality programs supporting patient safety and excellence in health care.

### Clinical Governance Principles and Practices

The Patient Safety and Clinical Quality Program outlines key principles for Clinical Governance, which are:

- Openness about errors – errors are reported and acknowledged without fear and patients and their families are told what went wrong and why.
- Emphasis on learning – the system is oriented towards learning from its mistakes.
- Obligation to Act – the obligation to take action to remedy problems is clearly accepted.
- Accountability – limits of individual accountability are clear.
- Just Culture – individuals are treated fairly and are not blamed for system failures.
- Appropriate prioritisation of action – actions are prioritised according to resources and where the greatest improvements can be made.
- Teamwork – teamwork is recognised as the best defence against system failures and is explicitly encouraged.

Now in its sixth year, the Program has demonstrated improved transparency through an Incident Information Management System and regular public reporting, improved action through a Statewide systematic approach to clinical risk management including Safety Alerts, and a mandatory Quality Assessment Program for all public health organisations with improved management structures through establishment of the Clinical Excellence Commission and Clinical Governance Units in each Local Health District.

## Clinical Governance Responsibilities

### NSW Health

NSW Health is responsible for policy development, regulation and performance monitoring for patient safety and clinical quality. Through the NSW Health Performance Management Framework health service key performance indicators are monitored with actions taken to support improvement.

### 2010–11 Clinical Governance Structures

#### *The Clinical Risk Review Committee*

In 2010–11 the NSW Health Clinical Risk Review Committee was the primary audit committee responsible for monitoring and reviewing information on serious clinical incidents to agree Statewide implications and actions. Chaired by the Deputy Director-General, Health System Quality, Performance and Innovation, the Committee included the Chief Executives of both the Clinical Excellence Commission and the Agency for Clinical Innovation, and ensured appropriate action was taken at all levels to prevent recurrence of serious clinical incidents in New South Wales.

Root Cause Analysis reports are reviewed by one of three sub-committees of the NSW Health Clinical Risk Review Committee: Clinical Management (general), Maternity/Perinatal and Mental Health. The Clinical Excellence Commission provides secretariat functions for these committees. The sub-committees review all reports and look for trends or significant issues which require a State response. Issues are also raised with the Directors of Clinical Governance from Local Health Districts for their information, input into Statewide initiatives and local action.

A significant success of the RCA sub-committee process has been the identification of problems with early recognition and management of patients who are clinically deteriorating. This resulted in development of the *Between the Flags* program which was initially rolled-out in all Area Health Services in 2010 and continues to be a key initiative in patient clinical safety and quality.

#### *Committees for Improving Medication Management*

Chaired by the Deputy Director-General, Health System Quality, Performance and Innovation, the Statewide Medication Strategy Co-ordination Committee was responsible for co-ordination of the effort of various sectors to improve medication management. This included supporting procurement for safety through Health Support Services, development of safe, efficient systems throughout

the supply chain from manufacturer to bedside and the information technology systems used to drive improvements in this area.

The functions of the Committee included:

- provide a co-ordination point for actions being undertaken by various medication safety, procurement and pharmacy reform projects
- develop and update a NSW Health Medication Management Action Plan
- support and inform the development of electronic medication management systems
- develop a communication strategy to ensure that NSW Health staff and external stakeholders are informed and engaged in the planned medication safety initiatives.

Membership of this committee comprised the Chairs or co-chairs of the four committees active in the area of medication strategy with representation from the NSW Clinical Excellence Commission and other key stakeholders.

One such committee is the Medication Safety Expert Advisory Committee established in 2009 chaired by Professor Ric Day, Professor of Clinical Pharmacology, St Vincent's Clinical School. The Committee comprises a wide range of expertise and provides expert advice on medication safety issues in NSW as well as supporting action to improve medication safety.

During 2010-11 the Committee finalised a medication management plan outlining the various strategies being actioned in this area. The plan can be found on the NSW Health website.

### ***The Healthcare Associated Infections (HAI) Steering Committee***

The HAI Steering Committee is responsible for setting strategic direction for HAI prevention and control in NSW. Key responsibilities include ensuring action on the five priority areas of hand hygiene, adherence to precautions to prevent the spread of infections in hospitals, effective use of cleaning programs, correct use of antibiotics, and adherence to evidence based guidelines in intensive care units. Following a workshop of expert clinicians in September 2010, a draft HAI Strategic Plan is being developed which will be reviewed by the Taskforce on Infection Control for release in 2011-12.

Another major initiative of the Committee has been to adapt the recommendations from Commonwealth strategies to improve Antimicrobial Stewardship for NSW hospitals. Sponsored by the NSW Clinical Excellence Commission, the HAI Expert Advisory sub-committee provides HAI technical advice to the Steering Committee

and is chaired by Professor Lyn Gilbert, Director, Centre for Infectious Diseases and Microbiology – Public Health Western Sydney Local Health District.

### ***The Directors of Clinical Governance Forum***

The Directors of Clinical Governance Forum provides a State forum for discussion and action on safety and quality issues and in 2010–11 it included the NSW Clinical Excellence Commission, the Deputy Director-General, Health System Quality, Performance and Innovation and Directors of Clinical Governance from the NSW Local Health Districts. This forum provides an effective vehicle for communication and facilitation of discussion between local State bodies responsible for clinical governance.

### **Local Health Districts, the Sydney Children's Hospital Network, Justice Health and the Ambulance Service of NSW Clinical Governance Units**

Health Services have primary responsibility for providing safe high quality care for patients. As part of the NSW Health Patient Safety and Clinical Quality Program clinical governance units were established in each health service with patient safety as their priority. These units are responsible for system-wide incident reporting, management of patient complaints and concerns about clinicians, local implementation of safety and quality policies and procedures, and quality systems improvement processes. Responsible to the Chief Executive, the Clinical Governance Unit Director provides advice and reports to health service governance structures on:

- Serious incidents or complaints including investigation, analysis and implementation of recommendations.
- Performance against safety and quality indicators and recommendations on actions necessary to improve patient safety.
- The effectiveness of performance management, appointment and credentialing policies and procedures for clinicians.
- Complaints or concerns about individual clinicians, in accordance with NSW Health policies and standards.

### **The Clinical Excellence Commission**

The Clinical Excellence Commission (CEC) is a key component of the NSW Patient Safety and Clinical Quality Program to improve frontline clinical care. The CEC is central to NSW Health's continuous quality improvement effort. The NSW government established the CEC in 2004 to reduce adverse events in public hospitals and support improvements in the safety and quality of the health

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system. A key role of the CEC is building capacity for quality and safety improvement in Health Services. This is driven through training and education initiatives such as Clinical Practice Improvement and patient safety programs.

The CEC is a board-governed statutory health corporation with the Chief Executive Officer reporting directly to the Director-General.

As part of the Statewide clinical governance system the CEC conducts a Statewide mandatory Quality Systems Assessment program which tests compliance with standards, facilitates system improvement, assesses implementation of safety and quality programs in health services and assists services to target areas for improvement.

## **The Agency for Clinical Innovation**

Unexplained or unjustified clinical variation can result in adverse patient events. The recently established Agency for Clinical Innovation is responsible for reviewing clinical variation and supporting clinical networks in clinical guideline/pathway development with encouragement toward standardised clinical approaches based on best evidence. The Chief Executive is a key member of the NSW Health Reportable Incident Review Committee.

The ACI is a board-governed statutory health corporation with the Chief Executive Officer reporting directly to the Director-General.

# What we do

## Structure and responsibilities

**Please note:** On 5 October 2011 the name of the Department of Health was changed to the Ministry of Health. This annual report records the activities, operation and achievements of the organisation in 2010–11.

## At June 2011 the NSW Department of Health was administered through seven main functional areas.

### Director-General Dr Mary Foley

Dr Mary Foley took up the position of Director-General, NSW Health on 4 April 2011.

Mary's career has focused on health care at State and Federal government levels and in the corporate sector with extensive senior level experience across Australia's health care sector.

Prior to joining NSW Health, Mary was National Health Practice Leader for PricewaterhouseCoopers Australia, and foundation Chief Executive of St Vincent's & Mater Health Sydney, where she led the merger of public and private hospitals and affiliated medical research institutes.

Mary has previously held senior corporate positions in private health care and senior public service positions in NSW Health. Mary was awarded Business Woman of the Year (NSW) for her achievements in the private sector. She was also awarded the Centenary Medal by the Federal Government for service to Australian society in business leadership.

Mary has written extensively on health policy and served as an adviser to the National Health and Hospitals Reform Commission. She served on the board of University of Western Sydney (1993–2009), was Deputy Chancellor (2007–2009) and is an Adjunct Professor with the University's School of Biomedical and Health Sciences. Mary has also served on the Board of Governors of the University of Notre Dame Australia (2005–2011).

### Office of the Director-General

The Office of the Director-General provided high-level executive and co-ordinated administrative support to the Director-General across the full range of issues and functions relevant to the operation of NSW Health.

The Office worked with the Deputy Directors-General and members of the NSW Health Executive to ensure the Director-General received advice that was accurate, timely and reflected an integrated, cross-agency view on critical policy and operational issues.

The Office also supported the Director-General in her provision of high quality, timely and well co-ordinated advice and information to relevant Ministers.

The Office had a role in relation to key Government and agency policy and projects that required a strategic, co-ordinated, whole-of-health approach. This included leading and reporting on NSW Health's implementation of the State Plan.

In addition, the Office managed a number of strategic policy initiatives that cross agency Divisions and have whole-of-system implications. These initiatives often have a particular focus on opportunities for improved efficiency and strategic reform.

### Executive and Ministerial Services

The Executive and Ministerial Services Branch provided a range of services to assist and support the Minister for Health, the Director-General and agency in performance of duties. Its operations were conducted through the Parliament and Cabinet Unit, the Executive and Corporate Support Unit and the Media, Marketing and Communications Unit.

The Parliament and Cabinet Unit assisted relevant Ministers and the Director-General in responding to the Parliament, Cabinet and the central agencies of Government. It managed the preparation of material for the Minister for Estimate Committee hearings and other parliamentary committees and inquiries. It co-ordinated responses on behalf of the Minister on matters considered by the Cabinet, questions asked in the NSW Parliament and requests from Members of Parliament. It also liaised with parliamentary committees, Local Health Districts and assisted the Director-General and executive with special projects, as required.

The Executive and Corporate Support Unit provided advice and information in response to matters raised by, or of interest to, the public, Members of Parliament, central agencies and various Ministerial councils.

The Media, Marketing and Communications Unit provided leadership in communications initiatives across the public health system. It issued health messages to health professionals and the general community through targeted campaigns, publications and the media.

## Internal Audit

Provided financial and compliance audit and assurance services to branches and key functions of the agency. Undertook special investigations of matters within the agency as referred by the Minister, the Director-General, NSW Auditor-General, Ombudsman and the Independent Commission Against Corruption. Provided specific audit, review and advisory services on information systems across the NSW Health.

## Strategic Development

### Deputy Director-General Dr Richard Matthews, AM

Dr Richard Matthews was Deputy Director-General, Strategic Development Division in the reporting year. He joined the agency in November 2003.

Dr Matthews commenced his career in general practice and developed a special interest in the field of drug and alcohol. In this role Dr Matthews had strategic planning responsibility for Statewide Services Development Branch, Primary Health and Community Partnerships Branch, Mental Health and Drug and Alcohol Office, Inter-Government and Funding Strategies, transition to the National Health and Hospitals Network and rural health and chronic disease management initiatives.

### Functions of the Division

The Strategic Development Division was responsible to the Director-General for overall health policy development, funding strategies and the system-wide planning of health services in NSW. The division also supported the Health Care Advisory Council and a number of Health Priority Taskforces.

The key role of the Strategic Development Division was to develop policies, guidelines and plans for improving and maintaining health and to guide allocation of resources to Health Services. Equitable access, effectiveness, appropriateness and efficiency of health services are key themes that influence the development of policies and strategic plans.

The development of policy follows strong adherence to social justice principles, promotion of co-ordination of health services, and the advancement of inter-sectoral linkages with related portfolios, the non-government sector and the Australian Government.

## Mental Health and Drug and Alcohol Office

In 2010–11 the Mental Health and Drug and Alcohol Office (MHDAO) was responsible for developing, managing and co-ordinating policy, strategy and program funding relating to mental health and the prevention and management of alcohol and drug-related harm. It also supported the maintenance of the mental health legislative framework. The work of MHDAO is delivered mainly through the mental health program and the drug and alcohol program, in partnership with Local Health Districts, Justice Health, the Children's Hospital Network, non-government organisations, research institutions and other partner departments. The office has led agency responsibility for co-ordinating whole-of-government policy development and implementation in mental health and drug and alcohol, such as actions arising from the Sate Plan and drug and alcohol summits. MHDAO was also responsible for convening or playing a lead role in inter-jurisdiction and cross-government forums, such as the Inter-Governmental Committee on Drugs and Alcohol, the State Reference Group on Diversion, the NSW Council of Australian Governments' Mental Health Group and the Senior Officers' Group on Drugs and Alcohol and Mental Health. In June 2001 MHDAO assisted with the establishment of the Mental Health Taskforce, the first step toward the formation of the Mental Health Commission.

### Statewide Services Development Branch

The branch developed NSW Health policy, planning tools, frameworks, clinical plans and strategy for a range of acute and specialty health services with Statewide implications. It also collaborated with the Assets and Contract Services to develop strategic planning for capital infrastructures. It collaborated with rural Local Health Districts and the NSW Rural Health Priority Taskforce, to ensure implementation of the NSW Rural Health Plan.

### Statewide and Selected Specialty Services

Statewide and Selected Specialty Services are those services that have a specific Statewide strategic importance; provide services for residents across a number of Local Health Districts, or across the State; may require high cost and complex equipment; and, usually, highly trained clinical staff and support services. In addition, outcomes are generally related to volume of activity and the frequency of service provision. Therefore, these services are generally provided from a small number of hospitals for all residents of NSW.

In order to ensure NSW continues to provide access to high quality specialist services for the people of NSW, Selected Specialty and Statewide Service Plans were developed during the year, for both Blood and Marrow Transplantation (BMT) and Spinal Cord Injury.

Implementation of these plans commenced with the provision of additional acute and sub-acute beds for spinal cord injury services, and an expanded BMT service at Liverpool Hospital for people requiring the most complex forms of blood and marrow transplantation. This Statewide approach to highly specialised care ensures that the health care people need is provided in a safe and efficient manner into the future in order to optimise outcomes and resource use.

### ***Telehealth Support for the NSW Statewide Complex Epilepsy Service***

The NSW Statewide Complex Epilepsy Service (SCES) networks across the Sydney Children's Hospital Network (Randwick and Westmead), the Royal Prince Alfred Hospital, Prince of Wales Hospital and Westmead Hospital.

During 2010-11, a collaboration with Australia's Academic and Research Network (AARNet) and investment from NSW Health enhanced clinical meetings across the sites using high quality video electroencephalography data in real time. This allowed peers to collaborate on the management of complex in a more effective manner.

### ***Upgrade and Extension of the Telehealth Network in Rural NSW***

In 2010-11 rural sites in NSW were assessed for extension and refresh of the telehealth network. More than 36 sites were able to be upgraded, representing a significant expansion of the NSW telehealth system, with a commitment from NSW Health of over \$590,000.

### ***Multi Purpose Services in NSW***

The Multi Purpose Services (MPS) model of service delivery is aimed at providing sustainable health and aged care services to rural and remote communities by integrating acute, high and low aged care services.

MPSs play an increasingly important role in delivering health care to rural and remote populations. By June 2011, there were 52 operation MPSs across NSW with more planned. In 2010-11, construction was completed on three new MPSs in rural NSW and all sites were within the Greater Western Area Health Service. Eugowra MPS, constructed at a cost of \$7.72 million, was completed in July 2010. Coonamble, an MPS/HealthOne was completed in August 2010 for a total cost of \$15.28 million. Balranald MPS, constructed at a cost of \$14.9 million, was completed in September 2010. Eugowra and Balranald were established as part of the National Health Reforms agenda through COAG, with \$19 million in capital funding provided towards their redevelopment.

### ***Inpatient Service Planning***

In 2010-11, the Sub-acute Inpatient Activity Model (SiAM 2010), the agency's service planning tool for sub-acute services, was updated.

Demands for sub-acute care are driven by a number of factors, including population ageing and the increasing chronic nature of illnesses. SiAM 2010 includes palliative care, maintenance, psycho-geriatric (older person's mental health services) and rehabilitation services and provides medium to long-term projections of sub-acute inpatient services. The review was undertaken with considerable input from clinicians involved in these service areas.

SiAM 2010 is a computer based interactive planning tool which is now available for use by all Local Health Districts. SiAM 2010 will assist the new Local Health Districts in updating their local clinical services planning, to better reflect the local population needs for these inpatient services.

### ***The Rural Health Minor Works Program***

The Rural Health Minor Works Program (RHMWP) complements Health Services to improve services for smaller scale projects that address an identified service need, are of demonstrable benefit to the community and align with the District Services Plans and asset strategic planning. This includes projects such as emergency department upgrades, improvements to consulting suites in small rural hospitals, refurbishments of wards, staff accommodation upgrades, and relocation of services to improve patient and staff amenity and access.

In 2010-11, \$2 million was allocated across the four former rural area health services. These projects focused on upgrade and refurbishments of Emergency Departments at Goulburn, new outpatient area at Tweed, Imaging support capacity at Port Macquarie and new staff accommodation at Coolah and Manilla.

### ***Health and Hospitals Fund – Successful NSW Health Applications***

NSW Health has again been successful in the latest Regional Priority Round, with five Applications developed by Statewide Services, in conjunction with the rural Area Health Services. The projects include: Port Macquarie Expansion, Tamworth Health Service Redevelopment (Stage 2), Bega Health Service Redevelopment, Dubbo Base Hospital Redevelopment and Wagga Wagga Base Hospital Redevelopment.

Delivery of these projects will be undertaken by NSW Health Infrastructure, in collaboration with the agency and the relevant Local Health Districts.

## Primary Health and Community Partnerships Branch

The branch was responsible for developing strategic policies, innovative service models and programs to ensure improved equity, access and health outcomes for targeted population groups, who often require special advocacy and attention, because of particular health needs.

A related objective was the development of policies that give direction to primary and community-based services and improve the participation of consumers and communities in health care planning.

The branch also had a key role in implementing effective clinician and community engagement in the delivery of health services, through the Health Care Advisory Council, former health advisory councils and the work of the health priority taskforces.

In addition, in 2010–11 the branch was responsible for the NSW Health response to *Keep Them Safe: A Shared Approach to Child Wellbeing*, the NSW Government's approach to the Special Commission of Inquiry into Child Protection Services in NSW, headed by Justice Wood. The branch was also responsible for the implementation of *NSW Kids*, recommendation nine under Commissioner Garling's Special Inquiry into the NSW public health system.

## Inter-Government and Funding Strategies

This branch led and managed strategic relationships with the Australian Government, other State and Territory governments, private sector and other strategic stakeholders. It was responsible for ensuring that a comprehensive framework for the funding and organisation of the NSW health system is in place, to translate government priorities into effective strategies and to ensure that the system is able to respond to changes in its environment. It advised on distribution of resources to health services and develops tools to inform allocation of resources from health services to facilities, including the implementation of episode funding. It also provided leadership in the development and implementation of State and national health priority policies and programs.

## NSW National Health and Hospitals Network Transition Office

The NSW National Health and Hospitals Network Transition Office led the development and implementation of the NSW Health work on the development of planning and action on COAG national health reform agreements. It was established as a temporary Office for this purpose in June 2010.

The Office had a central co-ordination role in implementing national health reform system change across the NSW health system, including engaging with other branches, Local Health Districts, central government agencies.

It co-ordinated strategic policy advice on national health reform including matters concerning financial policy, system management, performance management, intergovernmental relations and legislative change.

It was responsible for the preparation of major briefings for the Government and Minister on the national health reform process.

During 2010-11 the Transition Office:

- Co-ordinated policy and advice arising from the COAG deliberations on the National Health and Hospital Network Agreement 2010, on the development of the COAG Heads of Agreement 2011, and on the work towards the final National Health Reform Agreement in 2011.
- Co-ordinated the development of NSW implementation plans, action, advice and negotiations on funding under the National Partnership Agreement on Improving Public Hospital Services.
- Undertook extensive financial modelling to ensure that the NSW public health system and patients would receive significant financial benefit from the national health reform process.
- Co-ordinated the NSW Health governance process around the national health reform negotiations and action.
- Provided strategic advice on proposed national health legislation prepared by the Commonwealth Government.
- Provided strategic policy advice on the establishment of local health structures, primary health care, and Medicare Locals.
- Provided advice on clinical engagement in NSW and proposals for National Lead Clinician Groups.

## Population Health

### Deputy Director-General, Population Health and Chief Health Officer Dr Kerry Chant

Dr Kerry Chant is the Deputy Director-General, Population Health and Chief Health Officer. Dr Chant is a Public Health physician with extensive experience, having held a range of senior positions in NSW public health units since 1991. Dr Chant has a particular interest in communicable diseases and Aboriginal health, and led the NSW public health response to pandemic (H1N1) 09 Influenza in 2009.

## Functions of the Division

The Population Health Division co-ordinated the strategic direction, planning, monitoring and performance of population health services across the State. The division responded to the public health aspects of major incidents or disasters in NSW, monitors health, identifies adverse trends and evaluates the impact of health services.

The division is responsible for improving health through measures that prevent disease and injury.

Population health services aim to create social and physical environments that promote health and provide people with accessible information to encourage healthier choices. Effective population health practice implements evidence-based strategies and interventions.

## Centre for Aboriginal Health

The Centre for Aboriginal Health had responsibility for developing, managing and coordinating Statewide strategy, policy program funding and performance monitoring in relation to the health of Aboriginal people in NSW. The Centre led the implementation of initiatives to deliver on the Indigenous Health National Partnership Agreement and the NSW State Plan targets of closing the gap in Aboriginal life expectancy within a generation and halving the gap in mortality rates for Aboriginal children under five within a decade.

The Centre for Aboriginal Health led the agency's partnership with the Aboriginal Health and Medical Research Council, Local Health Districts, Justice Health, Children's Hospital Westmead, research institutions and other State and Australian government departments.

## Centre for Epidemiology and Research

The Centre for Epidemiology and Research provides high quality population health information and leads the development of population health capability and research infrastructure. The centre co-ordinates the public health and biostatistical officers training programs.

The Centre was also responsible for developing best practice models for research governance and ethical review, ensuring expert clinical ethics advice underpins health service policy decisions, promoting translation of research evidence and information into policy and practice, and contributing to building a comprehensive, accurate and accessible evidence base for population health practice.

## Centre for Health Protection

The Centre for Health Protection aims to reduce the threats to health and burden of illness from communicable diseases and the environment. It does so through planning, developing policies, funding and managing activities across a range of clinical, public health, community, government and research settings.

The Centre reduces communicable diseases risks through surveillance, investigation and control of disease outbreaks, and programs to promote healthy behaviours, including immunisation. The Centre reduces the burden of blood-borne and sexually transmissible infections through prevention activities and by funding clinical services.

The Centre works closely with other national, State and local government agencies to develop policy and to assess and respond to environmental health risks including in relation to drinking water, food safety, air quality, waste management, and Chemical, Biological, Radiological and Nuclear (CBRN) emergencies.

## Co-ordination and Policy Unit of the Chief Health Officer

The Unit was established in June 2010 to lead and co-ordinate policy regarding cancer screening, organ and tissue donation, blood and blood products and forensic pathology and medicine. The unit also leads the development, implementation, co-ordination and evaluation of comprehensive strategies to prepare the NSW health system for major population health emergencies.

## Centre for Health Advancement

The Centre for Health Advancement leads development and co-ordination of health promotion and disease prevention policy for NSW. The Centre is responsible for implementation of major Statewide projects and programs to address the priority areas determined by the National Prevention Partnership and the NSW State Health Plan targets to reduce obesity in children and adults and reduce smoking rates, and oversees research and evaluation initiatives to underpin health promotion policy. The priorities of the Centre are tobacco control, overweight and obesity prevention, and the prevention of falls in the elderly.

## Centre for Oral Health Strategy

The Centre for Oral Health Strategy leads the strategic development and co-ordination of oral health policy and programs for NSW. The Centre monitors and implements population oral health prevention initiatives and service

delivery in NSW for those eligible for receipt of public oral health services. The priorities of the Centre are:

- promotion of water fluoridation
- early childhood oral health
- Aboriginal oral health
- performance monitoring and reporting.

The Centre also has a focus on oral health workforce development and planning.

## Health System Quality Performance and Innovation

### Deputy Director-General Dr Tim Smyth

Dr Tim Smyth was Deputy Director-General Health System Quality Performance and Innovation Division during the reporting year. He has degrees in medicine, law and business administration. Dr Smyth had more than 25 years experience across the NSW health system, having worked as a doctor, director of medical services, hospital general manager, Chief Executive Officer of a former Area Health Service and senior executive with the agency. Dr Smyth was a partner with DLA Phillips Fox lawyers for eight years prior to his return to the agency as Deputy Director-General of the Division in November 2008.

### Functions of the Division

The focus of the Division was to support health services in the provision of safe, patient-centred, high quality and effective health services to the people of NSW. While its primary focus was the acute hospital system, the Division planned and implemented better models of care across the spectrum of health care settings. Its key interfaces are with the Local Health Districts, the Clinical Excellence Commission, the agency for Clinical Innovation and the Bureau of Health Information. The Division co-ordinated and managed the integrated Performance Management Framework for health services.

There were four Branches in the Division – Clinical Safety, Quality and Governance, Health Services Performance Improvement, Demand and Performance Evaluation and eHealth and ICT Strategy. During the year, a major realignment of functions occurred between the former Strategic Information Management (SIM) Branch and Health Support Services ICT. The SIM Branch was dissolved in November 2010. Mr Ian Rodgers was recruited from Melbourne to head up the new eHealth and ICT Strategy Branch.

The Nursing and Midwifery Office transferred from the Division to the Health System Support Division in 2010.

### Clinical Safety, Quality and Governance

The Branch played a key role in patient safety, clinical incident management, clinical governance and safety and quality monitoring and reporting. Through its Private Health Standards and Regulation and Pharmaceutical Services Units, the Branch licenced and regulated private health care facilities and regulated drugs and drug wholesalers, including investigation of misuse of drugs by health professionals. The Branch also administered the registers and regulatory framework for assisted reproduction and surrogacy.

Working closely with health services and the Clinical Excellence Commission, the Branch has had a strong focus on continued development of the Between the Flags patient safety program launched in January 2010, addressing healthcare associated infections (including public reporting of key indicators) and effective management of clinical incidents. The former Reportable Incidents Review Committee was revamped and new terms of reference approved by the Minister for Health.

A new Private Health Facilities Advisory Committee was established and the Branch expanded its regulatory role with additional classes of private facilities requiring licensing.

### Health Services Performance Improvement

The core role of the Branch was monitoring the performance of health services, particularly in relation to ED access, acute hospital patient flow and planned surgery under the Performance Management Framework. The Branch also led a number of important portfolios for the NSW health system, including clinical service redesign, patient centred care, hospital in the home services and the NSW Patient Survey. Working closely with clinicians and the agency for Clinical Innovation, the Branch supported the Surgical Services Taskforce, the Ministerial Taskforce on Emergency Care, the Acute Care Taskforce and the Sustainable Access Committee.

Major work undertaken by the Branch this year included an ED access diagnostic project across 15 hospitals to improve patient flow, completion of the Greater Sydney region Surgery Futures project and commencement of the Rural Surgery Futures project, establishing Urgent Care Centres, a Rehabilitation Redesign project, planning for the patient survey tender and development of new Service Agreements for the Local Health Districts. After many years of awareness raising, redesign projects and analysis, it was also very pleasing to see a growing acceptance by clinicians that a more strategic approach to the utilisation of acute hospitals, especially by physicians, should be a high priority for 2011–12.

## Demand and Performance Evaluation

The Branch maintained the core patient data sets for the agency, produces a range of performance reports for health services, the Director-General and the Minister, undertook analysis of demand trends and, in conjunction with health services, prepares the hospital activity targets for the Service Agreements.

The Branch worked closely with the Bureau of Health Information, the Australian Institute of Health and Welfare (including the *My Hospitals* website) and the National Health Information Statistics and Standards Committee.

During the year the Branch undertook developmental work to establish a data quality and governance framework for the NSW health system (including a structured external data quality audit program). A revamped monthly performance report was introduced with additional content, trend analyses and a detailed casemix activity report.

## eHealth and ICT Strategy

This new branch was formed in late 2010 following major realignment of ICT functions between the agency and Health Support Services ICT. The key role of the Branch is development of strategy and governance of implementation of major ICT projects. With the significant progress with implementation of the NSW Health personally-controlled electronic medical record, the approaching national electronic health record, the rapid adoption of mobile technologies and its impact on the 'nature' of work and the growing use of social media, ICT has now broadened to an eHealth agenda. Mr Ian Rodgers commenced as inaugural Branch Director on 30 March 2011.

Building a stronger clinical engagement was a high priority in 2011 with the establishment of an eHealth and ICT Strategy Council, supported by a multidisciplinary Clinical Advisory Group.

Key priorities of the new Branch have been commencement of a 'refresh' of the existing NSW Health ICT Strategy, close interaction with NeHTA and the Commonwealth of the national eHealth agenda, improved governance of the ICT program implementation, vendor management and working with the new Local Health Districts and former Local Health District CIOs on an effective governance framework that meets the needs of the health districts and encourages innovation while maintaining the benefits of Statewide core systems and ICT network infrastructure.

## Health System Support

### Deputy Director-General Ms Karen Crawshaw

Ms Crawshaw held various legal positions in the public sector before being appointed Director Legal NSW Health in 1991. The role was subsequently expanded to Director Employee Relations, Legal and Legislation and General Counsel. It included responsibility for NSW Health's legal services, the legislative program for the Health portfolio, and industrial relations and human resource policy for the NSW public health system.

Ms Crawshaw was appointed Deputy Director-General Health System Support in October 2007.

### Functions of the Division

In 2010–11 Health System Support Division led and managed strategic advice on finance and business management, asset management, strategic procurement and business development, legal and legislative services, workforce development and leadership, workplace relations and management, corporate governance and risk management. The division was responsible for ensuring that the health system operated within available funds.

### Finance and Business Management

Provided financial management, monitoring, reporting and budgetary services for the NSW health system, including financial policy, financial analysis, insurance/risk management, GST advice and monitoring key performance indicators for support services. Provided internal support services to the agency, including purchasing, fleet management and purchase order transactions.

### Strategic Procurement and Business Development

Provided leadership in procurement policy development and asset management and directs specific procurement projects to support the efficient delivery of health services. The division managed the Asset Acquisition Program and implements the Government's Total Asset Management policies across the health system. It was also responsible for operational services such as the computer network, email services, corporate knowledge services and building management.

## **Workforce Development and Leadership**

Led strategic policy development to ensure a sustainable workforce supply and distribution through planning, development, implementation and evaluation of workforce strategies.

## **Workplace Relations and Management Branch**

Managed the agency's human resources strategy and provides support and guidance to staff on all personnel and payroll issues. Led system-wide industrial relations issues, including the conduct of arbitration, negotiating and determining wages and employment conditions. Provided administration for the Health Executive Service, and leads human resource and OHS policy development.

## **Nursing and Midwifery**

The Nursing and Midwifery Office played a major role in supporting nursing and midwifery practice, recruitment, retention and professional development. The Office played a key role in the implementation of the Caring Together Action Plan with a particular focus on support and development of Nursing and Midwifery Unit Managers through the innovative Take the Lead program and ward level Essential of Care program.

## **Corporate Governance and Risk Management**

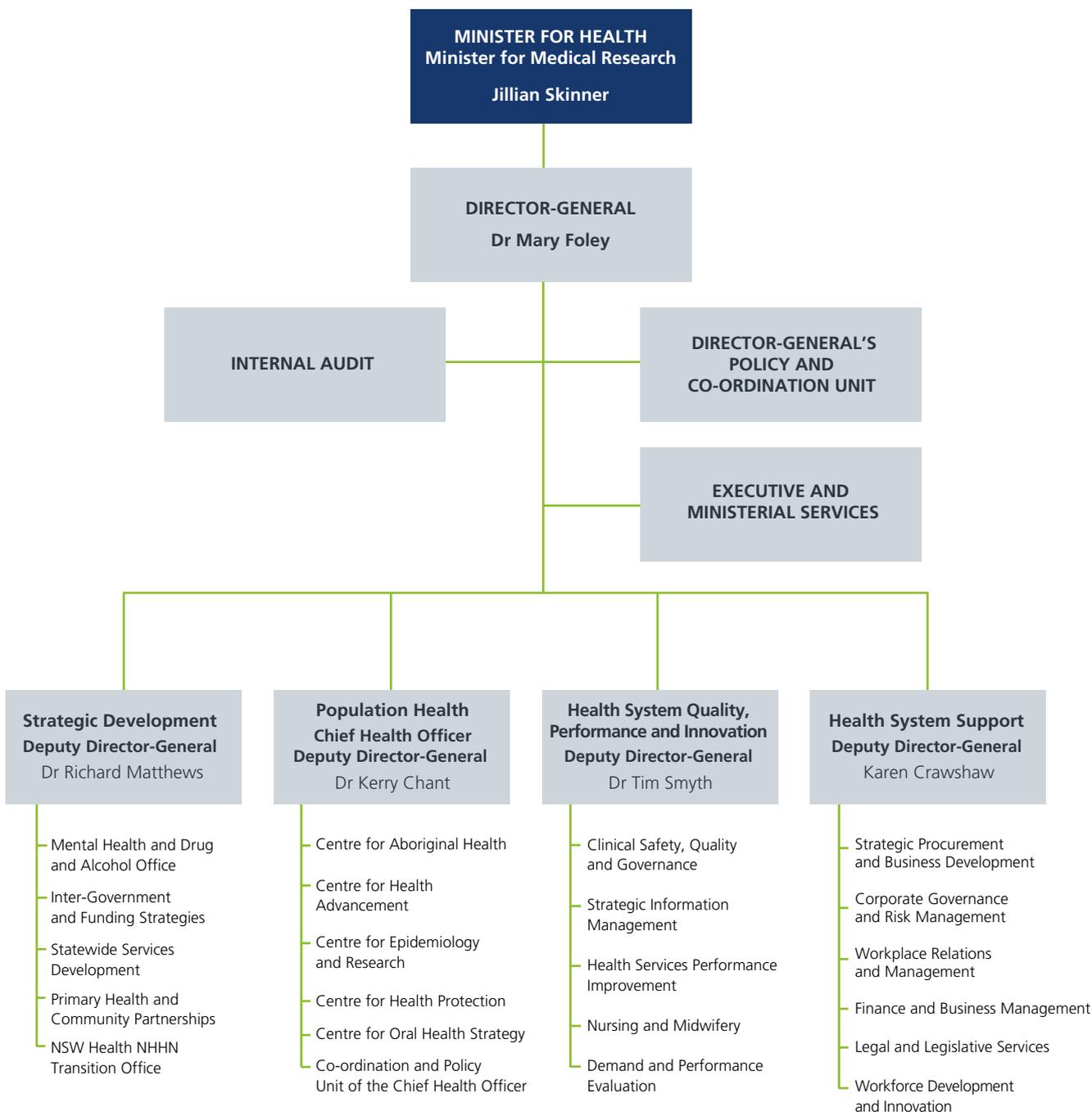
Provided a comprehensive framework for corporate governance and risk management, and guided and monitored these functions in the NSW public health system. The division managed relationships with key external agencies, undertakes employment screening and investigates allegations of abuse by health service employees.

## **Legal and Legislative Services**

Provided comprehensive legal and legislative services for the agency and Minister, specialist legal services and privacy policy support for the health system, compliance support and prosecution services for NSW Health and registrar and administrative services to the nine health professionals registration boards.

# Organisation chart

30 June 2011



A Governance Review of NSW Health recommended changes to the structure and role of the Department of Health and other organisations within the NSW Health administration. The Department became a Ministry of Health on 5 October 2011 with a new structure established from 1 November 2011.

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