SERVICE DELIVERY

APPENDIX 3

Commitment to energy management

NSW Health is committed to achieving targets as established in the Government Energy Management Policy. The health sector is the largest NSW Government consumer of building-based energy (50%) and water, with expenditure of over $78.3 million p.a. on utilities. NSW Health's usage compares favourably when benchmarked against the Department of Human Services in Victoria which has a similar population and business/service delivery profile.

Planning

A Sustainability Strategy has been prepared which translates the State Strategy for the health system. A statewide Compliance and Reporting Manager is accountable for liaison with Area Health Service Energy Managers on implementation of the strategy and related energy and water management issues.

Implementation

NSW is participating in an Australasian Health Ecologically Sustainable Development database, which aims to establish benchmarking across health services in all jurisdictions. Currently, energy suppliers collect only minimal information based on aggregated meter readings. Emission figures are calculated based on meter readings and reflect average energy consumption measured at large sites only. They are based on electricity consumption, and exclude gas.

Future directions

The NSW Health Sustainability Strategy was prepared in consultation with the Department of Environment and Climate Change. Further development of performance targets is being carried out to align with the Government's policy objectives.

Initiatives include: -

- Area Health Services within the Sydney Water supply area maintained their commitment to the Every Drop Counts program and successfully obtained grant funding to undertake projects that contribute to much needed water savings.

- The new electrical contract for large health sites will include electronic meter reading capabilities which will improve monitoring and contract strategies.

There is continuing need to reduce energy consumption as costs are escalating above the inflation rate. The reductions in demand will mitigate these increases and potentially allow some savings to be redirected to the provision of direct patient services.

NSW Health will also participate in the Sustainability Advantage Program in conjunction with the Department of Environment and Climate Change.

The implications for NSW Health in achieving NSW Government Carbon Neutral by 2020 will be more accurately determined in early 2009. Current targets in the Health strategy are:

- Return to year 2000 Greenhouse emissions by 2019/20

- Reduce potable water consumption by 15% by 2010/11 over 2005/06 levels

- Complete an Accelerated Program of projects to improve energy and water efficiency at 57 identified health facilities by 30 June 2011.

Information management &
electronic service delivery

The Strategic Information Management (SIM) branch is responsible for designing and delivering IT systems to enhance patient safety and improve quality of care.

Through its Information and Communications Technology (ICT) Strategy, SIM is procuring, building and implementing statewide ICT solutions that underpin the management of healthcare delivery, streamline clinical decision making and provide insight to system performance.

In delivering the Strategy, engagement with corporate and clinical stakeholders is maximised so appropriate design decisions are made, good governance is in place and value for money achieved. This approach has been reinforced by the SIM transformation project which increases capability in these areas across NSW Health.

The five year ICT strategy has advanced, particularly corporate, clinical and business information programs. These will provide solid foundations for programs of change currently underway, such as Clinical Services Redesign, Shared Services and Corporate systems.

Key achievements

Clinical Strategy

Electronic Medical Record
Electronic Medical Record (eMR) captures patient information and clinical details from patient arrival to discharge. The system will allow clinicians to electronically order tests and services, access pathology and radiology results, manage emergency departments and operating theatres, and send discharge referrals to GPs.

The eMR is being implemented statewide following a trial of the design of the Emergency Department System at Sydney West Area Health Service. Emergency departments in South Eastern Sydney Illawarra and North Coast Area Health Services will go live following system testing and staff training. Planning is underway in other areas for a statewide roll-out.

Statewide design standards have been used so staff can move between facilities and be familiar with the system.

Electronic Health Record
The Electronic Health Record (EHR) is an online integrated electronic record of all care provided in public and private health settings. It aims to improve patient safety and quality and efficiency of healthcare by providing the right information to the right people at the right time.

Key benefits include improved coordination of care between health professionals and reduction in the duplication of information and diagnostics. Patients can add to their own information. It will enable ready access to patient history of treatment, medication and care.

The system is fully operational as a pilot in two Area Health Services. An evaluation of the pilot has been commissioned to inform the future business case for a statewide roll-out.

To date, more than 44,000 consumers have enrolled in the EHR program and 36 general practitioners have supported the initiative.

Medical Imaging
The Medical Imaging Program aims to provide an integrated digital imaging and radiology information system to areas within NSW Health. It provides clinicians with tools to improve workflow, decrease turnaround time, share images across facilities and implement alternative service delivery models to manage increasing workload.

A vendor has been selected following an extensive evaluation process, and contracts executed to supply Picture Archive Communications System/ Radiology Imaging System (PACS/RIS) equipment and implementation services to four Area Health Services; Sydney West, North Coast, Northern Sydney Central Coast, and Sydney South West. Equipment has been delivered to a number of sites and implementation planning activity commenced.

Patient Administration System

The Patient Administration System Program has been completed with the conclusion of the North Sydney Central Coast Area Health Service project.

Now fully implemented, the System delivers more effective and efficient patient management, and administration of medical records. It provides the foundation for core clinical systems, such as the eMR.

Infrastructure and Telecommunications

A telecommunications strategy has been developed to ensure clinical systems will be adequately supported by data communications capability. Upgrades to air-conditioning and power to data centres at Liverpool and Cumberland, and roll-out of a statewide service desk to South Eastern Sydney Illawarra, South West, Greater Western, Greater Southern Area Health Services, Ambulance, Justice Health, Health Support Services have been achieved.

Corporate strategy

Corporate Systems Phase One

The current systems supporting planning, management and funding of Area Health Services are aged and fragmented. Corporate management tools need to be modernised to better support Area Health Services' key management functions and accelerate development of shared services.

The Corporate Systems Phase One Program provides NSW Health with upgraded financial payroll, human resource and procurement information systems. It also includes the appropriate security and associated infrastructure. Contracts with system vendors have been signed and implementation activity is underway.

Business Information Strategy

Data warehouses, Reporting Tools and Dashboards

The Business Information Strategy will make timely, consistent and high quality information available to decision makers at all levels within NSW Health. Better business information will support and sustain the gains made through programs such as the Clinical Services Redesign Program and help to track the benefits of all health programs to NSW Treasury in a timely and transparent manner.

The Ward Activity Dashboard and Nursing Dashboards have been trialled in four wards at Westmead and John Hunter Hospitals and are being scoped for statewide roll-out along with the development of local data stores.

Future initiatives

In line with the ICT strategy, progress has been made on developing four business cases for future funding consideration. These include Community Health, Electronic Health Records, Corporate Systems Phase Two and Infrastructure. Subject to funding, these areas will progress in 2009. In addition, work will continue to support national initiatives currently underway with National e-Health Transition Authority (NeHTA) to ensure these are well integrated into the NSW Health forward program of activity.

Response to NSW Government waste reduction and purchasing policy

Sustainability

NSW Health leases ten floors of office space at 73 Miller Street, North Sydney and occupies premises at Gladesville Hospital. In 2007/08 the Department continued to take a proactive approach towards sustainability by adopting measures to reduce greenhouse emissions, save water, reduce waste and increase recycling. The adoption of new technologies has resulted in improvements in infrastructure and communications capabilities that in turn reduce the Department's consumption of resources. Initiatives implemented during the year to improve sustainability include:

- The promotion of video-conferencing facilities to further reduce travel requirements. The Department has recorded an increase in the use of video-conferencing facilities.

- The upgrade of the floor switches to improve the usage and reliability of voice over IP telephone technology which reduces the volume of data cabling required.

- The installation of new water efficiency dual flush toilets and waterless urinals.

- The upgrade of Electronic Document Management (EDM) System to improve and increase the use of EDM in the Department.

The Department continued to support and participate in corporate initiatives and sustainability programs including Earth Hour, the 3CBDs Greenhouse Initiative and Green Capital. This underscores a commitment to improve energy efficiency and reduce greenhouse emissions. It also ensures that the Department remains informed on the latest sustainability issues.

Waste reduction and recycling

During 2007/08, the annual waste audit showed a 15% decrease in the total weight of waste generated per week in comparison to the previous year. This was mainly due to the reduction in the amount of waste paper generated, and can be attributed to the adoption of strategies such as electronic document management (EDM) and duplex printing.

The Department continues to recycle items such as used toner cartridges, fluorescent tubes and mobile telephones.

Purchasing policy

NSW Health promotes the purchase and use of environmentally friendly products and services. Goods and services are procured through NSW Government contracts where possible and are regularly reviewed to identify the availability of environmentally friendly options.

Wherever possible, NSW Health purchases items that have a high recycled content and are energy efficient.

Energy consumption

The Department works cooperatively with the landlord of 73 Miller Street to improve the energy efficiency of its tenancy.

The Department has achieved a Green Star tenancy rating of 4.5 in 2007 due to initiatives such as the introduction of flat screen computer monitors and power saving switches on multi-function devices.

The size and composition of the motor vehicle fleet is regularly monitored to maximise efficiency. Through the development and regular review of a Departmental Fleet Profile, the procurement of smaller and more fuel efficient vehicles has been mandated.

The Department has consistently exceeded Cleaner NSW Government Fleet targets set by the Premier's Department.

Shared services program

Health Support Services

In April 2007/08, Health Support Services became the delivery arm of the NSW Health Shared Services Program following the merger of HealthSupport and HealthTechnology. The merger presents a unique opportunity to maximise efficient, effective and innovative business practices to benefit healthcare delivery.

Health Support Services operations

Service Centre Parramatta
Based at Phillip Street, Parramatta, the centre provides transactional shared services to Health Support Services, including Linen Services, and to the Institute of Medical Education and Training. It also provides transactional shared services to Sydney West (SWAHS), Greater West (GWAHS), and Greater Southern (GSAHS) Area Health Services as well as the Children's Hospital at Westmead and Justice Health. Staff are working with Sydney South West Area Health Service (SSWAHS) which is due to transition its shared service functions next financial year.

Service Centre Newcastle
Since March 2007, Newcastle has transitioned payroll, financial and supply services from Hunter New England (HNEAHS) and North Coast (NSAHS) Area Health Services, and payroll functions for Northern Sydney Central Coast Area Health Service (NSCCAHS).

In 2008/09, its customer base will expand when finance and payroll services for South Eastern Sydney Illawarra Area Health Service (SESIAHS) are transitioned.

Shared Business Services
Shared Business Services aims to develop Food and Linen Services into statewide business units with consistent financial and pricing models, billing processes and KPI reports.

Business Procurement Services
This unit's function is to obtain better value by enhancing contract implementation using whole-of-health approval and informing the contracting management when significant issues arise.

Technology and Systems Support
Technology Shared Services (TSS) manages in excess of 50 projects centred on the management and provision of support and operational services to NSW Health and Area Health Services Information Communication Technology (ICT) programs and projects.

The TSS activities fall into five skill based areas:

- Enterprise Integration
- Support Services
- Operations, Software Development & Support
- Technical Services
- Statewide Service Desk

Achievements

Payroll and finance transitions
Undertook successful transition of payroll services for NCAHS, NSCCAHS AND GSAHS, and finance and supply functions for HNEAHS AND NCAHS.

The transition of NSCCAHS finance, SESIAHS finance and payroll services, and SSWAHS payroll and finance will take place next financial year.

Transforming health procurement
The Health Item Master File (HIMF) went live at the Parramatta service centre in October 2007. It will transform how AHSs undertake procurement by providing more product information and allowing detailed analysis of product spend.

Currently there are 22,000 items defined in the HIMF covering medical and surgical, pharmaceutical, food, engineering and pathology products. These items were previously only known as 'stock' and 'non-stock' items.

One Build, One Plan, One Health System

The development of a single install interim State Baseline Build Financial Management Information System (SBB) FMIS was completed in October 2007. The SBB FMIS will be used to implement the new NSW Health Standard Chart of Accounts (SCOA) and HIMF for all customer AHSs.

ENABLE NSW - Supporting people with disabilities and their families

EnableNSW was established in August 2007 within Health Support Services to implement major reforms to five NSW Health disability support programs. These programs provide equipment and/or attendant care services to assist eligible residents to live and participate in the community.

These programs are:

- Program of Appliances for Disabled People (PADP)

- Artificial Limb Service (ALS)

- Home Respiratory Programs

- Home Oxygen Service (HOS)

- Ventilator Dependant Quadriplegia Program (VDQP)

- Children's Home Ventilation Program (CHVP).

Approximately 20,000 people are eligible each year for these programs.

In 2007/08, EnableNSW progressed the following initiatives:

- Establishment of the EnableNSW Transition Steering Committee to assist with the transition of services across AHSs to a single statewide service.

- Better information for clinicians and clients through a regular e-newsletter and the development of an EnableNSW website at www.enable.health.nsw.gov.au.

- Establishment of expert Statewide Clinical Advisor positions for PADP and Home Respiratory Programs.

- Development and piloting of new prescription processes for clinicians and uniform application processes.

- Development of an information system to support more efficient service delivery.

- Release of an expression of interest for positions on a new EnableNSW Advisory Council (ENAC).

Electronic Medical Record (eMR) Program

The Electronic Medical Record (eMR) program is a $95 million investment to improve patient care and service delivery through the deployment of clinician support tools and improved clinical support practices.

A State Baseline Build (SBB) design incorporating clinical data standards and processes is being deployed across AHSs over an 18 to 24 month period. The eMR program and State Base Build (SBB) design support improvement in the patient experience by focusing on key high volume care delivery settings and processes including electronic orders, results reporting, enterprise scheduling, the emergency department, Operating Theatres, and electronic discharge referrals.

The eMR should result in improved safety, quality and efficiency of health care delivery, with fewer errors of duplication, omission, interpretation, and transcription. Increased surgical capacity will result from fewer cancelled procedures due to over-runs, blocking issues or lost paperwork. Savings will be achieved through a reduction in duplicated orders for tests and cost reductions associated with availability of improved clinician decision support tools.

During the past year, most of the focus has been on designing and documenting the SBB, and supporting the first two implementation projects at SESIAHS and NCAHS.

The eMR will go live at sites in both of these areas in late 2008, and will be progressively rolled out through to July 2010. The eMR team will manage the overall program of work across the state via its experienced team of business analysts, project managers, change managers, testers, trainers, and report developers.

Clinical Care – Patient Administration Program

The Patient Administration System (PAS) provides the foundation for core clinical systems, such as Electronic Medical Record (eMR) and the Unique Patient Identifier (UPI), to link patient records across an Area Health Service.

The roll-out of iSOFT's iPM application for PAS to Justice Health adolescent facilities occurred in March 2008. SESIAHS, GWAHS and GSAHS upgraded to iPM/e*Index application SBB Version 2.0 in December 2007.

The SBB approach supports effective delivery and maintains systems. Version 2.0 of the iPM/e*Index application PAS Unique Patient Identifier (UPI) State Based Build provides enhanced functionality in the management of waiting lists, and patient registration and identification.

The Cerner Millennium Patient Administration System (PAS) was implemented across all of the NSCCAHS facilities and Sydney Home Nursing Service during 2007/ 08.

Extensive preparatory work was undertaken for the implementation of the Cerner Results Reporting for Port Macquarie Base Hospital.

Healthelink Electronic Health Record (EHR) Program

The Healthelink pilot EHR aims to improve patient safety, and quality and efficiency of health care through the provision of the right information to the right people at the right time. Healthelink securely brings together information collected from public and private health information systems into a single electronic record. This information is available online to both the patient and authorised health care providers.

In the past year, Healthelink has successfully operated as a pilot in the Maitland region and parts of greater western Sydney. It now holds the health information of over 40,000 individuals.

State Unique Patient Identifier (SUPI) Facility Program

The State Unique Identifier is used by the Healthelink electronic health record to allow health professionals share patient information and allows patient information to be linked between different health entities.

SWAHS, Children's Hospital at Westmead and HNEAHS have been contributing data to support the Healthelink pilot. GWAHS and GSAHS began contributing data to the SUPI in 2008.

The SUPI facility also supports the linkage of mental health data, required for Commonwealth reporting.

The way forward

Health Support Services will continue to listen to and consult with our clients about the way shared corporate and technology services are provided. We remain committed to enhancing our business processes to ensure best practice service delivery.

Among our priorities for 2008/ 09 are:

- Completion of the transition of all corporate services to Health Support Service Centres, including those transitions from SSWAHS and SESIAHS.

- Implementing the Linen Load Redistribution Strategy which will see the decommissioning of Concord Linen Service and the realignment of linen work loads at Newcastle, Illawarra, Parramatta and Orange Linen Services.

- Transitioning of Food Services to Health Support Services to be managed as a statewide business unit under Shared Business Services.

- Business transformation programs including automated invoice processing, electronic business to business for purchase orders, and shipping notices and invoices with selected vendors.

- Implementation of new major clinical and corporate IT systems including a State Based Build EMR (Electronic Medical Record) and the Corporate IT program.

The NSW Institute of Medical Education and Training

The NSW Institute of Medical Education and Training (IMET) was established in 2005 to support and coordinate post-graduate medical education and training. Over the past year it has:

- Successfully placed 663 interns and Australian Medical Council graduates to commence work in the 2008 clinical year, an increase of 103 (18%) from 2007.

- Successfully delivered a pre-employment program to 51 Australian Medical Council graduates prior to their commencement of training in NSW and ACT hospital networks.

- Improved the rural preferential recruitment program in which 10 rural hospitals are now participating and 52 postgraduate year one trainees were directly recruited to rural hospitals for 2009, a 33% increase from the previous year.

- Accredited the first independent Prevocational General Practice Placement Program (PGPPP) placement in NSW. The PGPPP provides prevocational trainees with an experience in general practice to encourage them to pursue a career in this vital speciality.

- Reaccredited 20 facilities for prevocational education and training and provisionally accredited 66 new prevocational terms.

- Approved new basic physician training positions for 2009 at Liverpool, Royal North Shore, Gosford, Manly and Westmead Hospitals, to be incorporated into the training networks, together with an Expanded Settings position at Campbelltown/Camden.

- Introduced the principle of priority filling for rural psychiatry training positions.

- Continued development of rotational cardiology training networks to provide better distribution of trainees, particularly to rural areas. In 2008, three additional rural training positions were introduced at Port Macquarie Base, Wagga Wagga Base, and Tamworth Base Hospitals.

- Introduced a Statewide Education Program for cardiology trainees, including monthly lectures and access to a continuing professional development website for cardiologists.

- Coordinated a series of statewide surgical courses to support exam preparation, including Microbiology and Physiology, Pathology, Pharmacology and the newly developed Anatomy program.

- Continued to develop a Hospital Skills Program to support training and professional development of non-specialist doctors working in emergency, mental health, aged care, paediatrics, medicine, surgery, and obstetrics and gynaecology. The program aims to improve the quality and safety of patient care by recognising and enhancing the skills of the non-specialist medical staff who work in these departments.

Future directions

- Work with Area Health Services and NSW Health to manage the increasing number of medical graduates.

- Implementation of new rotational training networks for emergency medicine, anaesthetics and radiology.

- Help Area Health Services ensure structures for training and education of the medical workforce meet strategic workforce directions.

- Support for development of PGPPP, in particular ensuring that the accreditation process meets this need.

- Completion of an online accreditation system that aims to streamline the administrative processes for facilities, surveyors and IMET.

Significant committees

Governance Committees

Senior Executive Advisory Board

Chair: Director-General
Responsible Branch: Executive and Ministerial Services

The key meeting of NSW Health Chief Executives and the Department's Management Board, the Senior Executive Advisory Board is responsible for:

- Advising the Management Board on system-wide matters including budget management, strategies and policies.

- Statewide planning, direction setting and guidance of NSW Health.

- Providing leadership on statewide health issues, including population and community health and health promotion.

- Improving executive communication within the NSW health system.

- Ensuring all health care services work collaboratively to deliver equitable and effective integrated services to the community.

Department of Health Management Board

Chair: Director-General
Responsible Branch: Office of the Director-General

The Director-General chairs the NSW Health Management Board which is the key management meeting and forum for NSW Health. The Management Board considers and makes decisions on issues of departmental and health systemwide interest, including the NSW Health budget, development of health policy and monitoring of health system performance.

Finance, Risk and Performance Committee

Chair: Director-General
Responsible Branch: Finance and Business Management

Advises the Director-General, Minister for Health and the Budget Committee of Cabinet of the financial, risk and performance management of NSW Health. Each Area Health Service and Statutory Health Corporation establishs its own Finance Committee as a condition of subsidy.

Risk Management and Audit Committee

Chair: Jon Isaacs (Independent Chair)
Responsible Branch: Internal Audit

Assists the Director-General to perform her duties under the relevant legislation, particularly in relation to NSW Health internal control, risk management and internal and external audit functions. Area Health Services and Statutory Health Corporations establish their own Audit Committee as a condition of subsidy.
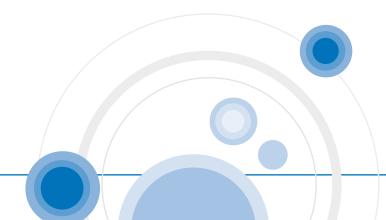
Reportable Incident Review Committee

Chair: Deputy Director-General, Health System Performance
Responsible Branch: Quality and Safety

Examines and monitors serious clinical adverse events reported to NSW Health via Reportable Incident Briefs and ensures appropriate action is taken. Identifies issues relating to morbidity and mortality that may have statewide implications. Advises on policy development to effect health care system improvement.

NSW Health Care Advisory Council

Co-chairs: Rt Hon Ian Sinclair AC, Professor Judith Whitworth

Peak clinical and community advisory body for the Minister for Health and the Director-General on clinical services, innovative service delivery models, health care standards, and performance management and reporting within the health care system.

Health Priority Taskforces

Part of the reporting structure for the NSW Health Care Advisory Council, HPTs advise the Director-General and Minister for Health on policy directions and service improvements for high priority areas.

Aboriginal Health Priority Task Force

Co-Chairs: Ms Sandra Bailey, Dr Sandra Eades

Function: provides strategic advice to the Director-General on Aboriginal health.

Children and Young People's Health Priority Taskforce

Co-Chairs: Professor Graham Vimpani, Ms Irene Hancock

Function: provides leadership across child and young people's health services, and strategic advice to the Minister and NSW Health.

Chronic, Aged and Community Health Priority Taskforce

Co-Chairs: Professor Ron Penny, Ms Kath Brewster

Function: provides direction and leadership for NSW Chronic, Aged and Community Health Services to achieve highly integrated services reflecting best national and international standards.

Maternal and Perinatal Health Priority Taskforce

Chair: Professor William Walters

Function: provides direction and leadership for NSW maternal and perinatal services reflecting best national and international standards.

Critical Care Health Priority Taskforce

Co-Chairs: Dr Tony Burrell, Ms Barbara Daly

Function: provides direction and leadership for NSW critical care services to achieve highly integrated services which reflect best national and international critical care standards. Advises the Department on the coordination, planning and development of critical care services at a statewide level, and on strategic directions for models of care and the implications of planning initiatives. Monitors and evaluates clinical effectiveness and outcome measures, resource utilisation and current research trends. Provides support and guidance to clinicians and Area Health Services on critical care service management, planning and implementation processes.

Mental Health Priority Taskforce

Co-Chairs: Professor Philip Mitchell, Ms Laraine Toms

Function: provides direction and leadership for the development of integrated mental health services reflecting best practice national and international standards. Provides advice on strategic planning and reviews programs and initiatives to maintain a focus on NSW mental health priorities.

Population Health Priority Taskforce

Co-Chairs: Professor Bruce Armstrong, Professor Louise Baur

Function: provides direction and leadership for population health issues. Identifies priority initiatives that can achieve sustainable health gain and advises on key design, implementation and evaluation issues.

Rural and Remote Health Priority Taskforce

Co-Chairs: Dr Peter Davis, Ms Liz Rummery

Function: works with rural Area Health Services to monitor the implementation of the recommendations in the NSW Rural Health Report and the NSW Rural Health Plan. Provides advice on rural and remote health issues to the Minister for Health and the Director-General.

Sustainable Access Health Priority Taskforce

Co-Chairs: Professor Brian McCaughan, Ms Wendy McCarthy.

Function: monitors and advises on improving and sustaining access to quality services through a focus on the patient journey. The Surgical Services, Emergency Care, and Acute Care Taskforces report to this HPT.

Ministerial Advisory Committees

Ministerial Advisory Committee on Hepatitis

Chair: Professor Geoffrey McCaughan

Function: provides the Minister with expert advice on all aspects of the strategic response to blood borne hepatitis (ie hepatitis B and hepatitis C).

Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

Chair: Dr Roger J Garsia

Function: provides the Minister with expert advice on all aspects of the strategic response to HIV and sexually transmitted infections (STIs).

Ministerial Standing Committee on Hearing

Chair: Professor Jennie Brand-Miller

Function: advises the Minister on strategic directions for hearing services in NSW. Has a broad strategic focus, including other Government departments and non-government organisations involved in the provision of hearing services. The focus includes multidisciplinary collaboration of service providers across the whole spectrum of care including screening, diagnosis, treatment, research, education and occupational safety.

NSW Mental Health Sentinel Events Review Committee

Sentinel Events are incidents involving serious injury to, or the death of a person, where a person suffering or reasonably believed to be suffering from a mental illness is involved. Established in 2002, the Committee reviews sentinel events in circumstances where a public sector agency was involved in an event relating to a person's care, management or control. The Committee reported directly to, the Minister for Health through its Chair. The fourth and final report of the Committee was completed during 2008 and the Committee wound up on 30 April 2008.

NSW General Practice Council

Chair: Dr Diane O'Halloran

Function: provides expert and strategic advice to the Minister and the Department. Provides formal liaison and consultation mechanisms between NSW Health and General Practice, and facilitates the involvement of general practitioners in the development of health policies and initiatives aimed at improving health.

Maternal and Perinatal Committee

Chair: Professor William A Walters
Responsible Branch: Primary Health and Community Partnerships

The principal function of the Committee is to review maternal and perinatal morbidity and mortality in NSW, and advise on matters relating to the health of mothers and newborn infants. The Committee is privileged under section 23(7) of the Health Administration Act 1982.

Ministerial Taskforce on Emergency Care

Co-Chairs: Mr Rod Bishop, Ms Sue Strachan
Responsible Branch: Health Service Performance Improvement

Established in November 2007 to advise the Minister for Health and the Director-General on the key issues of emergency demand and workforce.

- The Aboriginal Vascular Health Program (AVHP) is now operational in nine correctional centres.

- Establishment of a "Continuum of Care" group to facilitate entry into and exit from custody on hepatitis C treatment.

Area Health Advisory Councils

Area Health Advisory Councils facilitate the involvement of health service providers, consumers and community members in the development of policies, plans and initiatives at local level.

They are established in all Area Health Services.

The Children's Hospital at Westmead also has an advisory council constituted similarly to the Area Health Advisory Councils. An Ambulance Service Advisory Council advises the Director-General with respect to the provision of Ambulance Services, as required under the Health Services Act 1997.