

Health Services



Image // Canterbury Hospital



Health Networks

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Health Networks

Local Health Networks

At 30 June 2011, eight Local Health Networks covered the Sydney metropolitan region, and seven covered rural and regional NSW.

Metropolitan NSW Local Health Networks

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

Rural and Regional NSW Local Health Networks

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

Specialty Health Networks

In addition, a specialist network focused on Children's and Paediatric Services – The Sydney Children's Hospital Network (Randwick and Westmead).

Another network operated across the public health services provided by three Sydney facilities operated by St Vincent's Health. These include St Vincent's Hospital and the Sacred Heart Hospice at Darlinghurst and St Joseph's at Auburn.

Reports

Annual Reports for the Health Networks are contained in Volume 2 of the NSW Health Annual Report.

Health Administration Corporation

(HAC)

Ambulance Service of NSW

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Rozelle NSW 2039
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Facsimile: 9320 7800
Website: www.ambulance.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Mike Willis

Chief Executive's Year In Review

The 2010-11 reporting year was another positive year for the Ambulance Service of New South Wales with a range of projects enhancing operational, clinical and corporate performance.

Positive cultural changes initiated in previous years have continued to gain momentum across the organisation through the Healthy Workplace Strategy, designed to support and strengthen our capacity to deal with workplace conflict, bullying and harassment, and through training courses such as the Promoting Employee Mental Health and Wellbeing Course for managers. A co-ordinator, Health and Wellness was appointed to progress the introduction of a Health and Wellness Program under the Death and Disability Award. Our commitment to our organisation is underpinned by our determination to do our best for patients and staff and our core values of team work, professional standards of behaviour, responsibility and accountability, and care and respect.

Clinical service improvements included establishing a Service Planning Unit to identify the volume and spread of Ambulance services required to meet projected future population requirements. A *Between the Flags and Clinical Handover* project helped to ensure that patients are safe while in our care by improving the clinical capability to identify, manage and respond to deteriorating patients. Low Acuity Pathway training continues to be delivered to all qualified paramedics to ensure that patients who do not require transport to an emergency department receive appropriate care.

Operational developments included the separation of emergency services and non-emergency transport services and an Operational Redesign resulted in the establishment of a Metropolitan Division, Regional Division, Control Division and Statewide Services Division, with re-drawn boundaries aligning more closely to Local Health Districts. Operational performance is being enhanced through the work of the newly established Performance Improvement Team.

These major operational reforms will continue to support how we respond to medical emergencies in the face of increasing demand for services.

Mike Willis, Chief Executive

Key Achievements 2010-11

- Commenced the Operational Redesign with the establishment of a Metropolitan Division, a Regional Division, a Control Division and a Statewide Services Division. Sector boundaries have been re-drawn to more closely align with the Local Health Districts.
- Separation of the management and dispatch of non-emergency transport services from emergency services.
- Established a Performance Improvement Team enabling the development, review, interpretation and distribution of performance results (Production) for Operations Divisions.
- Commenced the Statewide roll-out of the Electronic Medical Record (eMR) to regional areas in September 2010. By June 2011, over 700 paramedics and 85 stations were trained and using eMR to collect patient information. Roll-out will continue to the metropolitan area during 2011-12.
- Commenced an eRostering project which will provide Ambulance with standardised, documented and implemented rostering protocols and procedures.
- Established a Service Planning Unit to identify the volume and spread of Ambulance services required to best meet projected future population requirements.
- Finalised a proof of concept pre-hospital thrombolysis project aimed at enhancing the rapid delivery of early cardiac reperfusion treatments for heart attack patients.
- Continued engagement by the Ambulance Research Institute in clinical and organisational research projects. A substantial research program is underway, including several randomised controlled trials.
- Developed an enhanced Workforce planning model which incorporates a more accurate measure of paramedic demand. The *Managing a Transition to a Tertiary Sourced Workforce Scoping Project* has mapped out the transition to a tertiary educated paramedic workforce.
- Ongoing roll-out of the Healthy Workplace Strategy to further support and strengthen our capacity to deal with workplace conflict, bullying and harassment and implemented a *Promoting Employee Mental Health and Wellbeing Course* for managers and provided Stress Management and Resilience training during paramedic and corporate induction.

Key Planned Activities and Outcomes 2011-12

- Undertake major analysis of Ambulance's Key Performance Indicators as part of demand management initiatives.
- Implement Performance Improvement Team recommendations on rostering to demand models, to better provide ambulance services to the community.
- Review the reporting requirements for Non-Emergency Patient Transport activities.
- Trial the after hours Health Advisory initiatives to reduce ambulance responses to low acuity requests.
- Commence the staged transition to a tertiary sourced paramedic workforce.
- Roll-out Low Acuity Pathways (LAP) training to all qualified paramedics by June 2012.
- Continue to improve patient outcomes through research undertaken by the Ambulance Research Institute. This research is designed to assist Ambulance and NSW Health better understand patient needs, and the best methods of care and transport for patients, whilst in the care of paramedics.
- Continue workforce planning activities in relation to Control Centre and Patient Transport staffing and strategies. Finalise a 10 year paramedic demand projection which will enable Workforce to model changes in paramedic demand demographics until 2021.
- Improve Aboriginal workforce profile to meet the Closing the Gap targets of 2.4% workforce participation by 2013 and 2.6% by 2015.
- Upgrade the Electronic Medical Record (eMR) technical environment including moving to Windows 7 and installing an application upgrade. eMR summaries will be made available to hospital staff through the NSW Health intranet and an interface will be developed between the eMR and LifePak15 defibrillators.

Government Information (Public Access) Act 2009

A total of 33 valid access applications were received by the Ambulance Service of NSW during 2010-11, with 21 decisions made to grant access to the information requested either in full or in part. One decision was made to refuse access, five decisions were made where information was not held, four decisions were made to refuse to deal with the application, and two applications were withdrawn.

No applications were refused, either wholly or partly, because the application was for the disclosure of information referred to in Schedule 1 of the Act (Information for which there is conclusive presumption of overriding public interest against disclosure).

No applications for internal review were received by the Ambulance Service of NSW.

A review of the Ambulance Service program for the proactive release of government information was conducted in accordance with section 7(3) of the Act.

During 2010-11, senior Ambulance managers were requested to review the information produced by their units and give consideration to the release of information in an appropriate manner. The most accessible way for the public to access this information is via the Ambulance Service website.

An extensive range of additional policies and other publications were made available on the Ambulance website. The Policy Documents and Publications pages were also restructured to be more accessible to the public, and documents were placed under specific categories to assist with locating information.

In addition, the link to Right to Information was made more prominent on the Ambulance website.

In 2010-11, the Ambulance Service also published new information on the website about Ambulance Aeromedical Services, and non-emergency patient transport for health professionals. Additional information was published in relation to employment with the Ambulance Service, and community education programs.

The Ambulance Public Affairs Unit is currently co-ordinating updated information about the Ambulance Service performance for 2010-11 to be placed on the website, and the Ambulance Service will continue to review and monitor information for proactive release throughout the year.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the Ambulance Service of NSW during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	3	0	0	2	0	2	0	0
Members of Parliament	0	1	0	1	0	0	0	1
Private sector business	1	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	9	4	0	2	0	0	0	1
Members of the public (other)	2	1	1	0	0	2	0	0

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	11	5	0	2	0	2	0	1
Access applications (other than personal information applications)	4	1	1	3	0	2	0	1
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	1
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	1
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	5
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	28
Decided after 35 days (by agreement with applicant)	2
Not decided within time (deemed refusal)	0
Total	30

*All applications continued to be processed with the applicant receiving Notice of Decision.

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see Section 54 of the Act)	0

Health Infrastructure Office

Level 8, 77 Pacific Highway, North Sydney
 PO Box 1060
 North Sydney NSW 2059
 Telephone: 9978 5402
 Facsimile: 8904 1377
 Website: www.hinfra.health.nsw.gov.au
 Business Hours: 9.00 am – 5.00 pm, Monday to Friday
 Chief Executive: Robert Rust

Project Value

Health Infrastructure is responsible for planning, management and delivery of major capital works projects and programs over \$10 million across NSW Health. Health Infrastructure was established in 2007 as an entity within the Health Administration Corporation (HAC) governed by a Board.

The approved value of capital projects managed by Health Infrastructure as at 30 June 2011 was \$3.433 billion.

Project	(\$M)
Planning Projects	16.0
Work in progress projects	2,533.0
Public private partnership projects	884.0

Capital Spend in 2010-11

Health Infrastructure capital project spend in 2010-11 was \$488 million.

Project	(\$M)
Planning projects	10.0
Work in progress projects	271.0
Private public partnerships	207.0

New Planning Projects in 2010-11

The following projects were included in the Health Infrastructure Planning Capital Program in 2010-11:

- Armidale Hospital Refurbishment
- Blacktown and Mt Druitt Redevelopment/Expansion
- Campbelltown Redevelopment Stage 1
- Campbelltown Mental Health Expansion
- Port Macquarie 4th Pod Stage 1
- Sutherland ED/Theatres
- Wollongong Ambulatory Care – Emergency Department
- RNSH Clinical Services Building
- Dubbo Health Service
- Lockhart MPS

New Works in Progress in 2010–11

The following are major projects commenced as new construction works in 2010-11:

Project (ETC)	(\$M)
Gundagai MPS	13.2
Hornsby Hospital Mental Health Unit	33.6
Prince of Wales Mental Health Intensive Care Unit	15.4
Shoalhaven Regional Cancer Centre	34.8
Werris Creek Multi Purpose Service	11.2

Projects Completed in 2010-11 include

Project (ETC)	(\$M)
Auburn Community Hub	13.6
Balranald MPS	14.2
Maitland Emergency Department	10.3
Orange Dental Clinic/Orange Radiotherapy	14.9
Orange/Bloomfield Redevelopment PPP	162.0

Other Project Delivery Achievements in 2010-11

- Completion of the Chatswood Community Health Facility
- Sale of Queen Victoria and Governor Philip Nursing Homes

Major Project Delivery Priorities for 2011-12

Delivery of the 2011-12 capital project program with a current forecast total value of \$594 million.

Project (ETC)	(\$M)
Planning	15.0
Work in Progress	455.0
PPPs	124.0

New Planning Projects in 2011-12

Health Infrastructure will take on the following planning projects in 2011-12:

- Lachlan Health Service
- Missenden Mental Health Support Services
- Blacktown Hospital
- Hornsby Ku-ring-gai Redevelopment
- Upper Hunter Valley

New Works in Progress in 2011-12

The following projects have been announced as new works as part of the NSW Health capital expenditure program in 2011-12.

- Campbelltown Hospital Redevelopment and Emergency Department
- Graythwaite Rehabilitation Centre
- Illawarra Hospitals Upgrade
- Prince of Wales Hospital Comprehensive Cancer and Blood Disorder Centre
- St George Hospital Emergency Department

Regional Hospital Upgrades

Under the Regional Priority Round of the Australian Government's Health and Hospitals Fund (HHF), five regional hospital upgrades were announced in May 2011. These five projects will be delivered over the next four years with funding contributions by the NSW Government in addition to HHF Funding.

Project (ETC)	(\$M)
Bega Valley Health Service Development	170.0
Dubbo Base Hospital Redevelopment	57.0
Port Macquarie Base Hospital Expansion	110.0
Tamworth Redevelopment: Stage 2	220.0
Wagga Wagga Base Hospital Redevelopment	270.1

Dubbo, Port Macquarie and Wagga Wagga are New Works in 2011-12.

Related Activities

- Structuring arrangements to fund and operate hospital car parks
- Land Sales

Government Information (Public Access) Act 2009

The Health Infrastructure *Government Information (Public Access) Act 2009* (GIPAA) information is included in the NSW Department of Health GIPAA report in Appendix 3.

Health Support Services

Level 17, 821 Pacific Highway
Chatswood NSW 2067
PO Box 1770
Chatswood NSW 2057
Telephone: 8644 2000
Facsimile: 9904 6296
Website: www.health.nsw.gov.au
Business Hours: 9.00 am - 5.00 pm, Monday to Friday
Chief Executive: Mike Rillstone

Chief Executive's Year in Review

Health Support Services (HSS) is a Statewide organisation of 6,200 employees, established in 2007 to deliver more efficient support services for NSW Health. HSS is the largest public sector shared services model in Australia with an annual operating budget of \$825 million.

The mission of HSS is to provide Statewide services across a wide range of areas that support the delivery of patient care in an innovative and cost effective manner. HSS aims to maximise the potential for continued service delivery improvement and general operational effectiveness, as well as addressing the duplication of roles or better positioning staff that are performing similar functions.

The transition of staff and processes from outdated local structures to a modern shared service environment is being completed in a number of phases. The initial phase, which has focused on migration and consolidation of a broad range of services, is now complete.

HSS is well positioned to move through the subsequent phases and capitalise on the economies of scale that HSS provides and pursue partnerships with the private sector that will provide further efficiencies in system and financial performance.

Looking to the future HSS has much work to do to establish stronger foundations in the areas of customer engagement and lifting its business performance where external service benchmarks are not being met.

HSS remains well poised to assist in developing a greater understanding of NSW Health system performance, as it connects across the State the financial, human resources and patient systems in a standard and consistent manner.

While it will take time to harvest all the dividends of a shared services model, early gains are apparent, with annual recurrent savings to date in the order of \$50.5 million per annum.

Our strong record of achievement will ensure a smooth transition towards two separate entities in 2011-12

including *HealthShare NSW* to be the principle provider of shared services for NSW Health and *eHealth NSW* to administer Statewide information and communications technology (ICT).

Mike Rillstone, Chief Executive

Key Achievements 2010-11

- New Statewide human resources and payroll system called *StaffLink* was successfully piloted at Kempsey Hospital with implementation planned for Mid North Coast and Northern NSW Local Health Districts in early 2011-12.
- The move to the Statewide Management Reporting Tool, combined with standardised accounting practices and reporting periods, resulted in improved financial and budget reporting across NSW Health.
- EnableNSW has reduced waiting times for equipment and services with priority equipment waiting times reduced from four months to four weeks.
- In procurement through product standardisation, more effective negotiating practices and centralised purchasing, HSS has been able to capture substantial savings totalling \$21 million in 2010-11.
- Food Services saw improved efficiencies through food production unit consolidation and introduction of Statewide nutritional standards, starting with breakfast.
- Linen Services system improvements were implemented to assist health services with linen usage optimisation, reducing linen shortages or oversupply at health facilities.
- In Shared Service Centres and Warehousing consolidation of business processes in Parramatta and Newcastle shared service centres is resulting in efficiency gains and higher quality outcomes for customers; a centralised program has been implemented consolidating 17 warehouses down to five distribution centres to provide economies of scale.
- The roll-out of foundation eMR and medical imaging capabilities now supports more than 75,000 clinicians and covers more than 80 per cent of hospital beds making it Australia's largest and most successful eMR program.
- Patient Billing implementation has improved revenue with online billing with Medicare reducing payment periods and streamlining the process.
- Business Intelligence has progressed towards a new enterprise data warehouse and implementation of new patient flow monitoring system to reduce delays in emergency admissions.

Key Planned Activities and Outcomes 2011-12

HealthShare NSW

- Implement a new governance model led by a Board to support the transition to *HealthShare NSW* to ensure improved support and service for our customers.
- Establish external industry benchmarks to measure shared service performance including improved dashboard and KPI reporting for customers.
- Further reduce waiting times for clients of EnableNSW and improve equity of access for all disability clients in NSW.
- Leverage NSW Health purchasing power for goods through product standardisation and more effective negotiating practices.
- Continue to implement the Food Service Improvement Program to ensure all patient meals are appetising, easily accessed and meet Statewide nutritional standards.

e-Health NSW

- Continue to drive maturity of the clinical program towards a common Statewide electronic medical record capability that supports the majority of clinical specialties, provides clinical outcome reporting and clinical decision making support.
- Commencement of electronic medications management program to improve patient safety.
- Standardisation of ICT infrastructure across the State to better support clinical initiatives including replacement of NSW Health's analogue telephone exchanges with internet based communications to better support clinical collaboration.
- Lead the national agenda with the planning and roll-out of the Patient Controlled Electronic Health Record program.
- Continue success of Statewide *StaffLink* program roll-out ensuring all Local Health District staff benefit from the advantages of receiving their pay and payslips through the modern new HR and payroll system.

Government Information (Public Access) Act 2009

The Health Infrastructure *Government Information (Public Access) Act 2009* (GIPAA) information is included in the NSW Department of Health GIPAA report in Appendix 3.

Statutory Health Corporations

Agency for Clinical Innovation

821-843 Pacific Highway, Chatswood

PO Box 699

Chatswood NSW 2057

Telephone: 8644 2200

Facsimile: 8644 2148

Website: www.health.nsw.gov.au

Business Hours: 9.00 am - 5.00 pm, Monday to Friday

Chief Executive: Dr Hunter Watt

Chief Executive's Year In Review

The Agency for Clinical Innovation (ACI) was established in January 2010 to work with other public health organisations to improve healthcare in NSW by rapidly developing and spreading new ways of caring for patients which represent evidence-based best practice.

In 2010-11 ACI has consolidated and expanded, establishing a consumer council and clinical council, creating four more clinical networks, and taking its clinical innovation message into the four corners of NSW.

The agency initiated a program to visit every local health district and specialty network in NSW, with ACI teams meeting senior clinicians and managers, listening and learning from those at the coalface, and encouraging participation in ACI clinical networks. A key focus for these visits is to improve collaboration in rural, regional and remote areas.

ACI's strategic plan focuses on developing evidence-based best practice models of care and implementation strategies for common chronic conditions and our clinical networks are driving a comprehensive work program.

Significant progress in 2010-11 included setting standards for best practice in:

- Orthogeriatric Care
- Osteoporotic Refracture Prevention
- Parenteral Nutrition.

Four new ACI networks have been established – Anaesthesia and Perioperative Care, Pain Management, Intellectual Disability and Emergency Care.

ACI established a Statewide Clinical Council, which draws together more than 80 chairs of the agency's clinical networks and senior clinicians and managers nominated by local health districts and specialty networks.

ACI's first Consumer Council was another major milestone for the year. The voluntary council advises the Board on community engagement and communication or research initiatives aimed at the community.

Having wisely steered the ACI through its initial year, the inaugural chair, Professor Carol Pollock, stepped down in December 2010 following her appointment to lead the Northern Sydney Governing Council. She was succeeded by fellow Board member Associate Professor Brian McCaughan AM. Professor Pollock remains on the Board.

Dr Hunter Watt, Chief Executive

Key Achievements 2010-11

Strengthening Clinician Engagement:

- Expansion of clinical networks to cover the whole State
- Visit every local health district and specialty network to strengthen partnerships
- Engage with clinicians and managers and listen to local priorities
- Bringing together lead clinicians and managers from all NSW local health districts specialty networks and the chairs of ACI Clinical Networks to form ACI's first Clinical Council, providing a strong Statewide voice for patient-centred clinical innovation.

New Networks:

- Engaging the skills and experience of clinicians and consumers engaged in:
- Anaesthesia and Perioperative Care
- Pain Management
- Intellectual Disability
- Emergency Care.

Putting Patients First:

- Providing a focus for consumer involvement across all ACI networks
- Putting patients, their families and carers at the centre of every action and decision
- Establishing a research partnership with the Australian Institute of Health Innovation to build ACI's capacity to engage vulnerable groups and to develop knowledge management strategies aimed at the community.

Chronic Disease:

- Developing best practice models of care for diabetes and severe chronic respiratory and cardiac disease
- Working to improve care in the community and reduce hospital admissions for Chronic Obstructive Pulmonary Disease and Congestive Heart Failure

- Collaborative workshops for rural, regional and remote clinicians and General Practitioners caring for patients with diabetes, cardiac disease and stroke.

Care of Older People:

- Launch of NSW Orthogeriatric model of care to assist the care of frail older orthopaedic patients, reducing medical complications, length of stay in hospital and patient deaths
- Launch of the NSW model of care to prevent repeat bone fractures in patients with osteoporosis – a common cause of pain, suffering and premature death in patients over 60.

Nutrition:

- Release of the Parenteral Nutrition Pocketbook, a best-practice guide to the intravenous feeding of patients who can't eat normally or tolerate enteral or tube feeding
- Setting nutrition standards for hospital food.

Key Planned Activities and Outcomes 2011-12

Promoting Innovation in Health Service Delivery:

- As the primary agency for clinical program development, innovation and new models of care, ACI will take on new responsibilities for clinical redesign, out of hospital care, chronic disease management and acute care services
- ACI will translate innovations from its networks into system wide change proposals to improve patient flow, prevent hospitalisation and better co-ordinate care outside hospitals, freeing up overnight beds for those who need them.

Improving Patient Outcomes:

- ACI will work with Local Health Districts and the Bureau of Health Information to identify gaps and improve care of patients with chronic obstructive pulmonary disease and congestive heart failure and will develop flexible models of care for rural health services
- ACI will launch a suite of nutrition standards and therapeutic diet specifications for adult and paediatric inpatients in NSW hospitals.

Care of Older People:

- The Aged Health Network is leading a Care of Hospitalised Older People Study (CHOPS) in collaboration with the CEC and General Practice NSW to improve care and reduce harm for older hospital patients with dementia and/or delirium

- The Musculoskeletal Network is developing a clinical guideline and model of care for patients undergoing elective joint replacement.

Chronic Disease:

- ACI will assist in the design and implementation of the NSW Government's plan to boost the chronic disease self-management program
- The Endocrine Network will finalise a NSW model of care for people with diabetes, covering Type 1 and Type 2 diabetes, gestational diabetes and diabetes in pregnancy.

Clinical Networks:

- The Pain Management Network will be expanded to implement ACI's wider role in improving links between specialist clinics and primary care services as part of the NSW Pain Management Plan
- ACI will contribute to the Ministerial Taskforce on Dental Health to lead patient-centred clinical innovation in dental care
- The Emergency Care Institute will work with emergency clinicians and consumers to research, plan and deliver effective and efficient emergency care.

The Agency for Clinical Innovation Government Information (Public Access) Act 2009 (GIPAA) information is included in the Agency's 2010-11 Annual Report.

Bureau of Health Information

821 Pacific Highway, Chatswood

PO Box 1770

Chatswood NSW 2057

Telephone: 8644 2100

Facsimile: 8644 2119

Website: www.bhi.nsw.gov.au

Business Hours: 9.00 am - 5.00 pm, Monday to Friday

Chief Executive: Diane Watson

Chief Executive's Year in Review

The Bureau of Health Information is a Board-governed statutory health corporation established under the *Health Services Act 1997* in 2009 to be the leading source of information on the performance of the public health system in NSW. The Bureau provides the community, healthcare professionals and the NSW Parliament with timely, accurate and comparable information about the performance of the NSW public health system in ways that enhance the system's accountability and inform efforts to increase its beneficial impact on the health and wellbeing of people in NSW.

The year under review has been an exciting period in the Bureau's establishment. The Bureau's Board held six meetings in 2010-11, approving a Strategic Plan and a work plan. It has established committees to support strong governance.

In 2010-11, the Bureau released its inaugural issue of *Hospital Quarterly* and the first annual performance report on the NSW health system. The Bureau also released the second report in its *Insights Series* providing information about potentially avoidable admissions for chronic conditions in NSW public hospitals. The Bureau's website at www.bhi.nsw.gov.au now includes performance information on more than 80 NSW public hospitals.

The Bureau's reports have become popular with the media – a critical first step to providing fair and factual information to people across NSW about the public health system.

Stakeholder engagement will always be a major focus of the Bureau's activities to ensure that the organisation creates information that is relevant to our various audiences. The Bureau has also established an expert peer review process to inform its work to create accurate and comparable information.

In 2011-12, the Bureau will continue working with colleagues across the nation who have committed to increasing the availability of information on the performance of our public health system.

Diane Watson, Chief Executive

Key Achievements 2010-11

- The Bureau published the first *Hospital Quarterly* report in September 2010, followed by further reports in November 2010, and February and May 2011. These reports provide comprehensive information about admitted patients, elective surgery and emergency department performance for more than 80 NSW public hospitals. The media and healthcare communities across NSW welcomed this level transparency and information to improve patient care.
- The Bureau published the first Annual Performance Report, *Healthcare in Focus: How NSW compares internationally*, in December 2010. The report looked at how the NSW health system compares to the rest of Australia and 10 other countries, using some 90 performance measures.

- The Bureau published *Chronic Disease Care: A piece of the picture* which examined potentially avoidable admission for chronic obstructive pulmonary disease and congestive heart failure in 79 NSW public hospitals. The Agency for Clinical Innovation will use the Bureau's report in their work to improve patient outcomes.
- The Bureau, with the assistance of The Sax Institute, commissioned the independent review *Public Reporting of Health System Performance: Review of Evidence on Impact on Patients, Providers and Healthcare Organisations* authored by Dr Jack Chen. The Bureau published a synopsis of the report Public reporting improves healthcare on its website.

Key Planned Activities and Outcomes 2011-12

- *Hospital Quarterly* reports will continue to be published every three months.
- The second issue of *Chronic Disease Care*, a jointly funded project with the Agency for Clinical Innovation, will report on recurrent admissions and high-frequency use of hospital services by patients with congestive heart failure and chronic obstructive pulmonary disease.
- The Bureau will publish its second Annual Performance Report focusing on people who have experienced ill health or injury. The report will look at how the NSW health system compares to Australia and 10 other countries.
- The Bureau's role will expand to take on responsibility for the implementation and interpretation of the NSW Health Patient Survey.

Government Information (Public Access) Act 2009

For the period 2010-11, the Bureau of Health Information did not receive any applications for information made under the GIPA Act. The following information is required to be prepared under section 125 of the GIPA Act and for inclusion in the Bureau of Health Information's annual report for 2010-11.

Information, as set out in the required form in Schedule 2 of the *Government Information (Public Access) Amendment Regulation 2010*, relating to the access applications made to the the Bureau of Health Information during 2010-11 is provided below.

Table A. Number of applications by type of applicant and outcome*

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	0	0	0	0	0	0	0	0
Members of Parliament	0	0	0	0	0	0	0	0
Private sector business	0	0	0	0	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	0	0	0	0	0	0	0	0
Members of the public (other)	0	0	0	0	0	0	0	0

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B. Number of applications by type of application and outcome

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications#	0	0	0	0	0	0	0	0
Access applications (other than personal information applications)	0	0	0	0	0	0	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 of the Act) about the applicant (the applicant being an individual).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	0
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	0
Invalid applications that subsequently became valid applications	0

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	0
Executive Council Information	0
Contempt	0
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E. Other public interest considerations against disclosure: matters listed in table to Section 14 of the Act

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	0
Law enforcement and security	0
Individual rights, judicial processes and natural justice	0
Business interests of agencies and other persons	0
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timelines

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Decided within the statutory timeframe (20 days plus any extensions)	0
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal)	0
Total	0

*All applications continued to be processed with the applicant receiving Notice of Decision.

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	0	0
Review by Information Commissioner*	0	0	0
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	0	0

*The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Clinical Education and Training Institute

Shea Close, Gladesville
 Locked Bag 5022
 Gladesville NSW 1675
 Telephone: 9844 6551
 Facsimile: 9844 6544
 Website: www.ceti.nsw.gov.au
 Business Hours: 9.00 am - 5.00 pm, Monday to Friday
 Chief Executive: Professor Steven Boyages

Chief Executive's Year In Review

Health is a knowledge-centred enterprise. Those working in health are involved in the business of generating new knowledge (research and evaluation), imparting knowledge to workforce (education and training) and applying knowledge for the betterment of health (service delivery).

The Clinical Education and Training Institute (CETI) formed as one of the 'four pillars' following the 2009 Garling Inquiry. CETI was formally established in 2010 as a statutory Health Corporation under the *Health Services Act 1997*. Its principal functions, as determined by the Minister for Health, are listed in the Act but in short CETI builds capacity, competency, collaboration, communication, culture, clinical care models that:

- support safe, high quality, multi-disciplinary team-based, patient-centred care
- meet service delivery needs and operational requirements
- enhance workforce skills, flexibility and productivity.

CETI works through investment in new programs, collaborating with key stakeholders (e.g., universities, colleges, clinical leaders, health services, the community); and through innovation to improve communication, capacity and competency by using blended learning approaches (e.g., face-to-face, simulation and e-learning).

CETI has a huge responsibility, collaborating to provide a responsive health workforce, available in appropriate numbers to meet growing challenges.

CETI has built on the excellent work of its foundation divisions, the Institute of Medical Education and Training and the Institute of Rural Clinical Services and Teaching. Our stakeholders have a strong desire to maintain discipline-specific directorates as well as creating cross-linking inter-professional units. CETI has established new programs including e-learning, allied health and nursing and interprofessional practice.

Professor Steven Boyages, Chief Executive

Key Achievements 2010-11

- Solutions to training challenges posed by the increased supply of medical graduates (interns).
- Development of an interprofessional team program for new starters in health.
- Development of common standards and platforms for a State learning management system.
- Development of the superguide for medical supervision.
- Establishment of the Allied Health Directorate and its advisory committee.

Initiatives Undertaken

Interprofessional / Multidisciplinary

- Centre for Learning and Teaching established and *Team Health*, a multidisciplinary program improving teamwork, communication and collaboration for improved patient and staff experiences.

Medical Education and Training

- Supervision handbook for supervising doctors in training.
- CETI's Surgical Sciences Course gained specialist College accreditation.

Allied Health

- Allied Health Directorate established.
- Inaugural Future Directions meeting held with allied health leaders from Local and Speciality Health Networks identified priority learning areas.

Rural and Remote

- Nursing Grand Rounds by videoconference enhanced knowledge of 180 nurses.
- Clinical Team Leadership and Management Programs had 50 graduates.

Nursing and Midwifery

- Nursing and Midwifery Directorate established.
- Program of work drafted with Nursing and Midwifery Office (NaMO).

Key Planned Activities and Outcomes 2011-12

Innovation and Technology

- Future Technologies Unit supporting simulated learning environments and e-learning within Local Health Networks, and promote e-learning standards.

Interprofessional / Multidisciplinary

- In partnership with Local Health Networks, CETI will develop *Team Health's Right Start Program* consisting of blended learning modules which will build core foundation skills and improve the workforce readiness of new graduate health professionals.
- A supervisor training course based on the *Superguide* handbook aims to provide a certifiable level of supervision skills to participants in all clinical professions.
- Development of training modules for common skill areas including teaching skills.

Medical Education and Training

- Online prevocational trainee assessment and online prevocational training term evaluation.

Allied Health

- The *Superguide*: a handbook for supervising allied health professionals, will be published in October 2011.
- Allied health clinicians and the CETI Allied Health Advisory Committee will identify opportunities for Allied Health learning.

Nursing and Midwifery

- The *Superguide*: a handbook for supervising nurses and midwives is planned for 2011 publication.

Rural and Remote

- GP Procedural Training Program developed for an integrated Statewide model.
- Training and Support Unit for Aboriginal mothers, babies and children runs workshops and training, supporting families and staff.

Government Information (Public Access) Act 2009

The Clinical Education and Training Institute *Government Information (Public Access) Act 2009* (GIPAA) information is included in the Institute's 2010-11 Annual Report.

Clinical Excellence Commission

Level 13, 227 Elizabeth Street, Sydney
 Locked Bag A4062
 Sydney South NSW 1235
 Telephone: 9269 5500
 Facsimile: 9269 5599
 Website: www.cec.health.nsw.gov.au
 Business Hours: 9.00 am - 5.00 pm, Monday to Friday
 Chief Executive: Professor Clifford Hughes, AO

Chief Executive's Year In Review

Constancy of purpose best describes the aim of the Clinical Excellence Commission (CEC) and each of its Directorates during 2010-11. The CEC was well-guided by the second Strategic Plan which gave strong direction for the whole year. The strength of this plan was enhanced by the formation of a common Board responsible for both the CEC and the Agency for Clinical Innovation (ACI) and we welcomed the new chair, Professor Brian McCaughan.

The CEC works closely with ACI, the Bureau of Health Information (BHI) and the Clinical Education and Training Institute (CETI) as well as the Clinical Safety, Quality and Governance division of the Department of Health.

In January 2011 we moved to our new premises at 227 Elizabeth Street. The move took place with amazing efficiency over one week end with staff packing at our old site on Friday and starting work at our new site on Monday. For the first time since the inception of the CEC in 2004 all of our staff is located in the one building.

Professor Clifford Hughes, Chief Executive

Key Achievements 2010-11

The CEC was established to promote and support improved clinical care, safety and quality across the NSW health system. Some of our major activities during the year included:

Patient Based Care

- We have established a Directorate under the leadership of Karen Luxford to bring together the elements that ensure that all we do is based on the needs, expectations and desires of patients. We have launched a program entitled *Partnering with Patients* to actively look for more opportunities to engage the community in each of our projects and programs.

Patient Safety

- The Patient Safety Team led by Dr Tony Burrell continues to provide six monthly reports on the Incident Information Management System. To these we have added two Clinical Focus Reports addressing urgent and Statewide clinical issues.

The Deteriorating Patient

- The *Between the Flags* has gained widespread and enthusiastic support. Advances in this program include, the development of observation charts for age specific paediatric patients, charts for mothers at risk in maternity units and a specific training manual *DETECT Junior* has been prepared for the use of clinicians managing paediatric patients in any setting.

Health Care Associated Infections

- The *Hand Hygiene* initiative of the Federal government has been championed in NSW by the CEC and we can now demonstrate compliance rates for hand washing above the national average. All health facilities continue to audit this most basic of safety measures.

- The *Central Line Associated Bacteraemia* project has published the impact of this program on patient safety and also shown significant reduction in unnecessary waste associated with avoidable infection.
- A Sepsis program emphasising the need for rapid diagnosis and commencement of antibiotic therapy was launched in May and all Local Health Districts are participating.
- In 2010-11 a total of 252 participants completed the *Clinical Leadership Program (CLP)* with all participants undertaking an individual or team clinical improvement initiative designed to improve patient safety and clinical quality. At the end of the 2011 CLP over 1,000 participants will have completed the program since its inception in 2007.
- During the year we conducted a total of 22 *Clinical Practice Improvement* workshops both at the CEC and at facilities across the State. The CPI e-learning module is available on the NSW GEM platform for all NSW public health employees and there has been an increase of participants from 225 in July 2010 to 650 at the end of June 2011.
- Commencement of a two year project to examine the usage and compliance with the NSW Health *Paediatric Clinical Practice Guidelines in Emergency Departments* across the State with the view to implement systems for ongoing quality improvement in the future.
- The CEC managed a project to develop a web-based directory of physical activity programs that have a falls prevention focus, in partnership with the Health Department's Centre for Health Advancement.

Key Planned Activities and Outcomes 2011-12

- In the second half of 2011 the Board will develop a strategic plan to set the direction for the next three years.
- The Sepsis program will work further with the NSW Ambulance Service to promote staff awareness and links between pre-hospital and in-hospital recognition and management of sepsis.
- The Sepsis project team is working closely with Directors of Clinical Governance and the Rural Critical Care Clinical Nurse Consultants to implement the sepsis pathway in small rural and remote hospitals.
- The Patient Based Care team will be supporting service assessment to identify and reduce health literacy barriers within care delivery services.
- A facilitated Clinical Practice Improvement (CPI) course on line is being developed in order to better support staff from rural and remote Local Health Districts undertake CPI improvement projects.

- In the second half of 2011 an Oncology Medication Safety Self Assessment tool will be piloted. It is anticipated that this tool will be refined and ready for more wide-spread use in Australia in 2012.
- Future directions for the *Between the Flags* project include implementation of a standard maternity observation chart (SMOC), finalisation of the newborn risk assessment tool, development of a Statewide database that is adapted for adult patients to record rapid response call data, based on the Children's Hospital at Westmead database, and review of the adult standard observation chart incorporating knowledge gained from the research sites.
- The Hand Hygiene team will work on implementing a system to recognise and reward facilities/Local Health Networks who demonstrate sustained improvements in hand hygiene compliance and/or develop new initiatives to promote and embed the program.

Government Information (Public Access) Act 2009

The Agency for Clinical Excellence Commission *Government Information (Public Access) Act 2009* (GIPAA) information is included in the Commission's 2010-11 Annual Report.

Justice Health

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 PO Box 150
 Matraville NSW 2036
 Telephone: 9700 3000
 Facsimile: 9700 3493
 Website: www.justicehealth.nsw.gov.au
 Business Hours: 9.00 am - 5.00 pm, Monday to Friday
 Chief Executive: Julie Babineau

Chief Executive's Year In Review

The 2010-11 financial year has been a rewarding period for Justice Health, with significant achievements across all domains of the organisation. The window of opportunity for Justice Health to provide healthcare to individuals within the custodial setting is usually brief, patients rarely spend their entire sentences within the same correctional centre, with many movements annually between correctional centres and court complexes. As a result, strong partnerships with Corrective Services NSW and Juvenile Justice are essential to effective health care delivery.

For forensic patients, the past year has seen both positive change and new beginnings. In September 2010 the Government announced the formation of the Forensic Mental Health Network (FMHN). Justice Health has been working closely with Western NSW, Western Sydney and Hunter New England Local Health Networks on developing a model for the FMHN. The development of the FMHN will improve patient flow and the integration of current services as well as provide more responsive health care to forensic patients in NSW.

A further substantial achievement for Justice Health has been the development, implementation, and monitoring, of the *Focusing on care: Action Plan*, a major culture change initiative. This plan was developed in response to a Staff Climate Survey undertaken in 2009. Continuing to address key issues in this action plan will ensure a continued movement towards a culture of success where there is high energy, optimism, trust and direction.

The commencement of the *Care Navigation Support Program* in April 2011 was a key highlight for the organisation. This program aims to support the patient journey and facilitate release planning activities to ensure a smooth transition to community health care providers.

The year also saw Justice Health publish two major reports - the *2009 Inmate Health Survey Aboriginal Health Report*, and the *2009 Young People in Custody Health Survey Report*.

The establishment and expansion of services and the overall continued high quality of care provided to our patients is a credit to all staff. I convey my appreciation to all, for their hard work and dedication.

Among our priorities for 2011-12 is ensuring that the standard of health care continues to advance and that a culture of care, respect, professionalism, clear communication and honesty are firmly embedded within Justice Health and the Forensic Mental Health Network.

Julie Babineau, Chief Executive

Key Achievements 2010-11

- The development, implementation and monitoring of the *Focusing on Care: Action Plan* in response to the culture improvement project.
- Development of a model for the Forensic Mental Health Network (FMHN). The aim of the FMHN is to improve the accountability, performance and efficiency of Forensic Mental Health services in NSW.

- The Care Navigation Support program (CNSP) went live in April 2011 and had over 400 patients enrolled in the program as at 30 June 2011. The aim of the CNSP is to strengthen the management of patients with chronic disease and/or complex health needs.
- The establishment of a haemodialysis service in Long Bay Hospital. Since the service commenced 100% of eligible patients have received Haemodialysis treatment.
- Justice Health engaged in the Essentials of Care (EOC) program across 14 sites Statewide. The EOC program is a care improvement and evaluation framework that focuses on the 'essential' components of care. It seeks to promote participation of local clinicians in recognising the effectiveness of the care they deliver and it encourages ongoing practice development.
- The South Coast Correctional Centre was commissioned in December 2010, recruitment to 90% of the Staff Profile is complete. This has included the recruitment of Aboriginal Health Workers to the Health Centre.
- Publication of two major reports - the *2009 Inmate Health Survey Aboriginal Health Report*, and the *2009 Young People in Custody Health Survey Report*.
- Successfully achieved Accreditation until 2013 through the *Australian Council on Healthcare Standards (ACHS) Evaluation Quality Improvement Program*.
- Improve the continuity of care provided to patients through the continued development of the *Care Navigation Support Program* and the *Connections* program.
- Seek opportunities to collaboratively develop diversion and post release programs. This includes the Aboriginal Court Diversion Program and by expanding Justice Health's role in transition to community services, Child and Adolescent Mental Health Services, General Mental Health Services and Medicare Locals.
- Continued National and State benchmarking of Forensic Mental Health.
- Continued investment in Practice Development activities that include the implementation of *Essentials of Care*, *Accelerated Implementation Methodology*, *Clinical Supervision* and the *Clinical Leadership Program*.
- Improve patient consultation mechanisms at the local level including resolving complaints locally and undertaking patient consultation at the frontline.

Government Information (Public Access) Act 2009

The Justice Health *Government Information (Public Access) Act 2009* (GIPAA) information is included in the Justice Health's 2010-11 Annual Report.

Key Planned Activities and Outcomes 2011-12

- Fully implement the Forensic Mental Health Network and associated health reform activities.
- Enhance continuity of care from discharge planning for adult inmates and juvenile detainees existing custody into the community.
- Continued implementation of organisational and workplace initiatives developed through the Culture Improvement Project and described in the *Focussing on Care: Action Plan*.