NSW GOVERNMENT RESPONSE

to the

REPORT OF THE INQUIRY OF THE

JOINT SELECT COMMITTEE ON THE ROYAL NORTH SHORE HOSPITAL

GOVERNMENT RESPONSE TO THE LEGISLATIVE COUNCIL JOINT SELECT COMMITTEE ON ROYAL NORTH SHORE HOSPITAL

INQUIRY INTO ROYAL NORTH SHORE HOSPITAL

Introduction 3
Recommendation 1 5
Recommendation 2 6
Recommendation 3 8
Recommendation 4 8
Recommendation 5 9
Recommendation 6 10
Recommendation 7 12
Recommendation 8 14
Recommendation 9 14
Recommendation 10 15
Recommendation 11 16
Recommendation 12 17
Recommendation 13 17
Recommendation 14 18
Recommendation 15 18
Recommendation 16 19
Recommendation 17 19
Recommendation 18 20
Recommendation 19 20
Recommendation 20 21
Recommendation 21 22
Recommendation 22 23
Recommendation 23 23
Recommendation 24 24
Recommendation 25 24
Recommendation 26 25
Recommendation 27 25
Recommendation 28 26
Recommendation 29 27
Recommendation 30 27
Recommendation 31 28
Recommendation 32 28
Recommendation 33 29
Recommendation 34 30
Recommendation 35 31
Recommendation 36 31
Recommendation 37 31
Recommendation 38 32
Recommendation 39 33
Recommendation 40 34
Recommendation 41 35
Recommendation 42 35
Recommendation 43 36
Recommendation 44 36
Recommendation 45 37
Appendices 39

Introduction

The Joint Select Committee on the Royal North Shore Hospital, a select committee of the Legislative Council, was established on 23 October 2007.

The Committee was established to inquire into and report on the quality of care received by patients at the Royal North Shore Hospital. The Joint Select Committee established the following Terms of Reference.

> 1. That a joint select committee be appointed to inquire into and report on the quality of care for patients at the Royal North Shore Hospital, and in particular:
> (a) clinical management systems at the hospital,
> (b) the clinical staffing and organisation structures at the hospital,
> (c) the efficiency, effectiveness and appropriateness of resource allocation and utilization within the hospital, and in particular the operation of the Emergency Department,
> (d) the effectiveness of complaints handling and incident management at the hospital, and
> (e) operational management of Royal North Shore Hospital in general but in particular, the interaction between area and hospital management as it relates to hospital efficiency, effectiveness and quality of care.
> 2. That the committee consider any strategies or measures in place or proposed for improving quality of care for patients at the hospital which may also benefit New South Wales' public hospitals.
> 3. That any individual patient complaints identified in the course of the inquiry be referred by the committee to the Health Care Complaints Commission.
> 4. That notwithstanding anything contained in the standing orders of either House, the committee consist of eight members, as follows:
> (a) three members of the Legislative Council, of whom:
> (i) one must be a government member,
> (ii) one must be an opposition member, and
> (iii) Revd Mr Nile,
> (b) five members of the Legislative Assembly, of whom:
> (i) three must be government members,
> (ii) one must be an opposition member, and
> (ii) one must be a cross bench member.
> 5. That the members be nominated in writing to the Clerk of the Parliaments and the Clerk of the Legislative Assembly by the relevant party leaders and the cross bench members respectively within seven days of this resolution being agreed to by both Houses.
> 6. That Revd Mr Nile be Chair of the committee, and that the committee elect a Deputy Chair at its first meeting.
> 7. That, notwithstanding anything in the standing orders of either House, at any meeting of the committee, any four members of the committee will constitute a quorum, provided that the committee meets as a joint committee at all times.
> 8. A member of either House who is not a member of the committee may take part in the public proceedings of the committee and question witnesses but may not vote, move any motion or be counted for the purpose of any quorum or division.
> 9. That leave be given to members of either House to appear before and give evidence to the committee.
> 10. That the Committee report by Thursday 20 December 2007.

The Committee released its report on 20th December 2007 making a total of 45 recommendations. The Government gave a commitment to respond to the Committee in early 2008. This document serves to provide a detailed response to each of the recommendations and outline the action initiated or planned to address the issues raised.

In summary, the Government supports, or supports in principle, 43 of the 45 recommendations.

Recommendation 1 has not been supported by the Government on the grounds that the Government has already established an independent Special Commission of Inquiry into the NSW Health System.

On 24 January 2008 the Deputy NSW State Coroner handed down his findings into the death of patient Vanessa Anderson at Royal North Shore Hospital in November 2005. The Coroner made no formal recommendations, but noted the work already done by Royal North Shore Hospital and the health system more broadly to make improvements. However, the Coroner called on the Minister for Health to "consider a full and open inquiry into the delivery of health services in NSW".

The Government moved swiftly in response to establish a formal Special Commission of Inquiry and on the 29th January 2008, the Governor of NSW, Marie Bashir confirmed the Terms of Reference for the Special Commission of Inquiry into the delivery of patient care within the NSW public health system and the appointment of Peter Garling SC to lead the Commission. Given this more formal Commission of Inquiry into the health system the Government does not support re-establishing the Joint Select Committee Inquiry into Royal North Shore. The Commission of Inquiry will have far reaching powers and provides an opportunity to look closely at the way we deliver health services now and to identify the changes needed to ensure better patient care.

The Australian Triage System is an important clinical tool for ensuring that cases presenting to an Emergency Department are treated in appropriate order, with the most serious and potentially life-threatening conditions being treated first. These are decisions that should be left to clinicians to determine, not Governments. Therefore, Recommendation 11 has been noted and will be referred to the Australasian College for Emergency Medicine for further expert consideration.

The following pages provide a detailed response to each of the 45 recommendations outlining the Government action planned or underway to respond to the issues raised in the Committee report.

Recommendation 1

That if there are any recommendations from the Coroner's Report into the death of Vanessa Anderson that are within the terms of reference, the Parliament should consider re-establishing this Committee for inquiry and report into these matters.

Response and Action

Not Supported

The NSW Government moved swiftly to establish a Special Commission of Inquiry into the delivery of patient care within the NSW public health system following a call on 24th January 2008 by the Deputy NSW State Coroner for the Minister to "consider a full and open inquiry into the delivery of health services in NSW".

The Coroner was handing down his findings into the death of Vanessa Anderson at Royal North Shore Hospital in November 2005.

In handing down his findings the Coroner made no formal recommendations, but noted the work already done by Royal North Shore Hospital and the health system more broadly to make improvements.

The establishment of this Special Commission of Inquiry provides an opportunity to look closely at the way health services are delivered now and to identify the changes needed to ensure better patient care into the future.

On the 25th January 2008 the Minister for Health announced that Peter Garling SC would lead the Special Commission of Inquiry into the delivery of patient care within the NSW public health system.

The Special Commission of Inquiry has been provided with the same powers as a Royal Commission.

There is already significant work underway to reform the public health system across NSW and the work of the Commission of Inquiry will add to that to ensure we have a health system which continues to provide first-class care.

The Commission of Inquiry will identify any systemic issues impacting on the delivery of acute care services and make recommendations about changes that will lead to improvements.

The Commission of Inquiry will look at existing models of care within NSW public hospitals - specifically with regard to the supervision of junior staff, clinical note-taking and record-keeping, and communication between health professionals - and recommend changes to improve the quality and safety of patient care.

Importantly, the Commission of Inquiry will identify those systemic issues which currently act as a barrier to good patient care and to find ways to overcome those barriers.

This is the first inquiry to look at the delivery of patient care across the state's public health system and it provides an opportunity to improve patient care right across NSW.

Individual patient complaints identified during the course of the Commission of Inquiry will be referred to the Health Care Complaints Commission for investigation.

The Commission of Inquiry is expected to report to the Governor of NSW by 31 July 2008.

Special Commission of Inquiry - Terms of Reference

Under the authority of the Special Commissions of Inquiry Act 1983, Peter Garling SC has been authorised, as Commissioner, to inquire into and report upon the following matters concerning the delivery of acute care services in public hospitals in New South Wales:

1. *any systemic or institutional issues in the delivery of acute care services in NSW public hospitals raised in submissions you receive that you consider appropriate for you to inquire into and recommend any changes which should be made to address them;*
2. *identify existing models of patient care used in the delivery of acute care services in NSW public hospitals with particular regard to case management including supervision of junior clinical staff, clinical note-taking and recordkeeping, and communication between health professionals involved in the care of a patient;*
3. *recommend any changes which should be made to the existing models of patient care identified under paragraph 1 to improve the quality and safety of patient care in NSW public hospitals;*
4. *identify any systemic impediments to the implementation of changes recommended under paragraph 3;*
5. *recommend any changes which NSW Health should make to overcome any impediments identified under paragraph 4; and*
6. *recommend any changes which NSW Health should make to ensure that its workforce policies and practices support improved models of patient care.*
7. *The Commissioner may have regard to developments arising from the National Health and Hospitals Reform Commission and other Commonwealth-State reforms in relation to Australian health care delivery, to the extent that they arise before the date for the delivery of his report.*

The Commissioner is to refer any individual patient complaints identified in the course of his inquiry to the Health Care Complaints Commission.

The Commissioner may seek the advice of such eminent persons as he chooses to engage who have expertise in any one or more of medical practice, nursing practice, allied health practice, hospital management and such other areas as you consider appropriate. If the Commissioner desires, he may engage any such eminent persons from other States or the Territories or from outside Australia. This does not limit the Commissioner's ability to employ any other assistance under section 13 of the Special Commissions of Inquiry Act 1983.

The Commissioner will as expeditiously as possible, but in any case on or before 31 July 2008, deliver his final report of the results of his inquiry to the office of the Governor.

Pursuant to section 21 of the Special Commissions of Inquiry Act, it is declared that sections 22, 23 and 24 shall apply to this Special Commission.

Recommendation 2

That NSW Health expedite the work of the Emergency Department Workforce Reference Committee and the Ministerial Taskforce on Emergency Care in establishing optimum levels for Emergency Department workforces, including specialists, registrars and nurses, who are currently working in Emergency Departments.

Response and Action

Supported

In recognition of the pressures facing Emergency Departments across the state, the Minister for Health established the Emergency Care Taskforce in October 2007 to address key issues including increasing patient numbers, workforce pressures and improving communication with hospital management.

The Emergency Department Workforce Reference Committee has already begun progressing this issue. At its first meeting on 8 November 2007, the Committee made a number of recommendations that were reported to the Ministerial Taskforce on Emergency Care. These included an agreement to review emergency medicine staffing numbers with consideration of Emergency Department staffing profiles outlined in national and international reports for emergency departments.

Other agreements included a review of emergency medicine trainee networks; initiatives to help attract, recruit, orientate and retain emergency physicians; a review of selected management policies and the inclusion of emergency physician input into management decisions. Work is in progress within NSW Health on all of these specific items.

In late November 2007, the Minister for Health announced a $30 million funding package to relieve pressure in public hospitals. The package included:

- An extra 150 acute care beds for hospitals which have experienced high levels of growth in demand;
- More than $3.6 million in 2007/08 for 22 additional emergency specialist positions to support busy emergency departments; and
- A campaign to support recruitment of medical staff to areas of shortage, including dedicated local support, targeting emergency and mental health.

The Emergency Care Taskforce and Workforce Reference Committee provided advice on allocation of these and a further 13 additional Emergency Medicine specialist positions, as well as in the allocation of the additional resources. The allocation has meant an increase of over 14% in the number of funded emergency specialist positions in NSW hospitals since June 2007.

As part of agreeing a preferred staffing profile, the Emergency Department Workforce Reference Committee held a full-day workshop on 11 February 2008 to further consider:

- a preferred staffing profile for Emergency Departments;
- actions to support a change in culture and environment influencing Emergency Department staff; and
- ways to attract and retain a viable Emergency Medicine Specialist and trainee workforce in NSW, informed by the approach in other jurisdictions

In addition to supporting Emergency Department staff to care for patients, NSW Health has been working across the system to recruit and retain doctors, nurses and allied health professionals across numerous speciality areas:

Between 2003 and 2007, we have seen an increase in the number of medical staff by approximately 20%, nursing staff by approximately 18% and allied health professionals up by approximately 17%.

Recommendation 3

That NSRHS review the number of Clinical Nurse Educator positions available within RNSH Emergency Department, including comparison with peer hospitals, to determine the appropriate number of additional positions, and begin recruitment action to fill those positions immediately.

Response and Action

Supported in principle

The NSW Government recognises the important role that Clinical Nurse Educators play in supporting nurses in their work and maintaining standards of safety and care in all areas of our hospitals, including Emergency Departments.

A review into the role of the Clinical Nurse Educator within the Emergency Department at RNSH is currently being undertaken by the NSCCAHS to ensure that the role meets patient and staff needs, and is adequately resourced. This review will include comparisons with peer hospitals and will report in March 2008.

Should the review find that additional Clinical Nurse Educators are required, the Area Health Service will act promptly to ensure those positions are suitably filled.

The NSW Government also has a broad range of recruitment and retention strategies in place to encourage experienced nurses back into the system to further support our existing nursing workforce. These include ongoing implementation of the following NSW Health Policy Directives:

- Flexible work practices - PD2005_087
- Mature aged workforce policy - PD2005_137

In addition, NSCCAHS was one of two Area Health Services to contribute and participate in the 'mature workforce retention project', led by the Office for Ageing, Department of Ageing and Disability and Home Care and the NSW Premier's Department in February 2006. The aim of this project is to develop strategies to retain mature aged workers. Results of this project have led to the NSW Government developing the 'Sage Centre' internet site [www.sagecentre.nsw.gov.au] specifically for managers to access resources to assist in retaining mature aged workers.

Most recent reports indicate that 97 nurses have been successfully recruited to vacancies at RNSH in the past four months. And to further boost nursing workforce numbers, a record 128 nursing graduates commenced work at RNSH on 14 January this year. These professionals will play an important part in easing the pressure which has been recently reported.

Recommendation 4

That NSCCAHS, as part of their role in the development of an Area clinical services plan, work with senior clinicians to determine if the RNSH needs additional beds.

Response and Action

Supported in principle

The NSW Government recognises the need to finalise a Clinical Services Plan for the Northern Sydney Central Coast Area Health Service as a matter of priority. The Minister for Health has specifically instructed the Chief Executive to have a Plan in place by April/May 2008.

The Chief Executive has made clear his commitment to ensure that this is done properly and in collaboration with senior clinicians. A review of bed numbers at RNSH will be a priority task.

To this end, a comprehensive bed modelling and configuration exercise commenced in November 2007, for all acute and sub-acute facilities within NSCCAHS, as part of the development of a clinical services plan. Feedback is being sought from clinicians, including the RNSH Clinical Reference Group, prior to the exercise being concluded.

This exercise examines historical utilisation of beds by specialty and ward, thereby determining historical maximum and minimum utilisation across 12 months. This base will then be used to model recommended service changes that arise from the Area clinical services planning exercise. It will also factor in changes in service delivery methods such as the introduction of new technologies and increasing day surgery rates. This will then determine if facilities and/or specialties within facilities require additional beds in the short and medium term.

This first phase of the exercise is due for completion by the end of February 2008.

Recommendation 5

That NSCCAHS monitor and publicly report on the impact of the additional beds and implementation of the clinical services plan on access block at RNSH.

Response and Action

Supported

On 15 November 2007, the Minister for Health announced a $30 million package to ease the pressure being experienced in the state's busiest Emergency Departments. The package included funding for an extra 150 acute care beds for hospitals which have experienced high levels of growth in demand, including 12 new beds for RNSH.

The impact of numerous strategies on emergency access performance will be measured daily, reported weekly to the NSCCAHS's management team, and reported to the Area Health Advisory Council (AHAC) monthly. In addition, reports will be made publicly available through the Annual Report.

There are many aspects of the Area's clinical service plan that will contribute to improved performance. Once the plan is complete, regular monitoring of performance against implementation strategies will take place to assess the impact of the plan on the key performance indicators.

Redesign in the way that care is delivered has changed the way that beds are used. For example, use of extended day only for surgery and initiatives delivering previous inpatient care in the home and community mean that inpatient lengths of stay have been reduced. Patient care is no longer tied to a physical bed. Care is now delivered in a flexible way in a variety of settings. Demand needs will be met with a combination of additional physical resources and redesigned clinical care.

Recommendation 6

That NSW Health work with Area Health Services to analyse the relationship between bed occupancy rates and access block in hospitals across Area Health Services, to identify those practices and procedures that increase the effectiveness of hospitals in addressing access block.

Response and Action

Supported

According to the *Auditor-General's Report to Parliament 2008 Volume One* the NSW public health system continues to perform at or above the national average for almost every performance indicator. The Auditor-General's report reinforced the Productivity Commission's *Report on Government Services 2008*, which found that NSW residents have greater access to hospital beds and benefit from more government expenditure on health services per person than the national average. The Productivity Commission's *Report on Government Services 2008* found that NSW has the second highest bed availability rate, with 2.9 public hospital beds available per 1,000 population. Importantly, bed numbers in NSW were higher than most other states and higher than the national average for major cities as well as regional, rural and remote areas.

The Auditor-General's report found that NSW exceeded the national average for the treatment of emergency department patients in Triage categories 1, 2 and 4. NSW met the national average for Triage category 5, and while the state's performance in Triage category 3 was slightly below the national average it had improved on the 2005/06 report.

The *Auditor-General's Report to Parliament 2008 Volume One* acknowledges the significant improvements that have been made over the past few years and shows that NSW has been able to maintain its strong performance despite a 6.5 per cent increase in emergency department attendances. The $30 million emergency department package announced by the Government in November 2007 provided an additional 35 emergency specialists and an extra 150 acute hospital beds on top of the 100 hospital beds funded in the record $12.5 billion 2007/08 Health Budget

In 2004 and 2005 NSW Health implemented the Sustainable Access Plan to increase the number of hospital beds and bed equivalents and to redesign how care was delivered to patients by frontline clinicians.

This Plan is designed to tackle the major pressure points that contribute to unnecessary delays in patient journeys.

The Plan involves the improvement of community and hospital processes to relieve patient delays, such as:

- emergency admission performance
- off-stretcher time
- triage times
- surgical waiting times
- hospital stays.

In 2005/06 an investment of $227 million was made to open 800 new public hospital beds and bed equivalents as part of a major plan to increase the capacity of the NSW public hospital system.

In 2006/07 additional funds were allocated for a further 426 beds and bed equivalents, including $10 million for new Intensive Care Unit (ICU) beds and cots.

In the 2007/2008 State Budget, $54 million dollars was allocated for improved access to hospital and community based treatment through 456 community based bed equivalents and hospital beds including a further $6 million for new Intensive Care beds and three neonatal intensive care cots.

This continued investment will ensure our doctors, nurses and allied health professionals are supported to continue to respond to the increasing pressures on the health system driven by an ageing population, longer life expectancy, increasing consumer expectations and technological change.

However, it is acknowledged by management and clinicians alike that adding bed capacity on its own will not solve the service delivery challenges in our public hospitals.

Redesigning the processes involved in delivering safe and quality care for patients is necessary to overcome restraints to the efficient and safe delivery of patient care.

The Clinical Service Redesign Program involves the re-engineering of numerous processes in our health system in order to create a seamless patient journey. One of the major focuses of the Program is to identify examples of good practice and ways to adapt and implement them across Area Health Services.

The Program's aim is to improve both patient and staff experiences throughout the patient's journey.

There have been improvements across all Area Health Services involved in this Program.

All Area Health Services in New South Wales are achieving performances for patient flow that are considered "best practice" in the State.

Results to date are the best in the last three years. These include:

- More elective surgery is being performed**.** 97,844 patients underwent elective surgery procedures in the six months to December 2007.
- Long wait patient numbers have been significantly reduced. There were only 16 long wait patents waiting for surgery as at December 2007 with an expectation that this figure will have been reduced to NIL long waits by February 2008.
- Ambulance performance is steadily improving. Ambulance transports were up 8.7 per cent for the six months to December. That equates to one ambulance response every 30 seconds somewhere in NSW.
- Emergency Department Triage Performance has significantly improved in the last 12 months. This is against a backdrop of an increase of a significant increase in attendance to Emergency Departments. In the six months to December 2007 965,777 people were treated in Emergency Departments - a 6.5 per cent increase in Emergency Department attendances on the previous year.

This Government has already invested $49 million in the new Clinical Service Redesign Program to improve patient flows and patient experiences.

A further $22 million is to be invested in the implementation and sustainability of the Program over the next year.

Over 70 projects have commenced in all Area Health Services, Ambulance Service of New South Wales and the Children's Hospital at Westmead since July 2005 as part of the Clinical Services Redesign Program.

All redesign projects are designed to maximise hospital capacity to improve efficient flow of patients through existing bed base to an occupancy of less than ninety percent

Recommendation 7

That NSRHS work with NSCCAHS to immediately review:

- Bed management practices and nurse workloads to ensure that all existing beds are used as efficiently as possible, drawing on any good practice examples from other hospitals or Areas.

- Discharge practices to ensure that beds are made available as quickly as possible, drawing on any good practice examples from other hospitals or Areas.

- Communication practices between Departments within the hospital to ensure timely transfer of patients between wards and operating theatres.

Response and Action

Supported

The NSW Government recognises the importance of bed and staff management in ensuring the most efficient use of health resources. There are a lot of examples of good practice in our hospitals, and hospitals can always learn from each other.

At its meeting in November 2007, the Clinical Reference Group agreed to undertake a bed reconfiguration exercise at RNSH. This will entail a review of bed utilisation by clinical speciality, to ensure that the configuration and numbers of beds – by ward – are appropriate to those speciality demands, and configured in such a way as to facilitate the most efficient means of clinical delivery.

This is being undertaken in addition to the Continuing Care Tool, which was implemented in July 2007. The Continuing Care Tool identifies, on an hourly basis, the date and time of discharge planned for each patient, what referrals have been made, and any delays in transfers of care.

The estimated date of discharge (EDD) is identified above each patient's bed. This information allows the patient, the family and carers to identify, from the time of admission, when the patient is expected to be discharged and keeps the staff focused on the patient's discharge plan.

It is also planned that by the end of June 2008, a patient's estimated time of discharge will also be identifiable. A modelling exercise carried out in 2007 identified that by discharging patients by midday there is an opportunity to increase available bed capacity on a daily basis.

The Reasonable Workload Tool has been in place since August 2006 at RNSH. The Tool is the application of a formula derived from Diagnosis Related Groups (DRG) information that measures a nursing intensity for each patient who passes through a ward. This "weighted" figure is converted into nursing hours required to provide care for a patient. The tool then determines the required number of nursing hours (and nurses, assuming each nurse works

an 8 hour shift) to provide a reasonable workload. This can be applied to all general medical and surgical wards in all public hospitals and assumes that "like" patients are cared for by the same allocation of staff and this is a fair and reasonable workload for each nurse.

A regular monitoring committee is in place at RNSH supported by the Director of Nursing and Midwifery. At the time of the implementation it was agreed that the numbers of nurses at RNSH were correct overall, with some local adjustments required.

With regard to discharge practices, the Continuing Care Tool has focused all staff, but in particular nursing staff, on their role in respect to the discharge of their patients.

A 'pull strategy' has been in place at RNSH since September 2007, which ensures that no bed remains empty for more than 30 minutes while patients are waiting for admission.

The Acute Post Acute Care program has staff in place to identify suitable patients for referral to their Hospital At Home program. A weekly multidisciplinary ward round led by a consultant geriatrician takes place to review all patients that have extended length of stay. This practice commenced at RNSH in November 2007.

Rehabilitation coordinators from the Affiliated Health Organisations provide an in-reach service to assist in identifying suitable patients for referral.

The solutions phase of the Clinical Service Redesign Surgical project implementation, which concluded in October 2006, recognised the need to focus on communication between operating theatres and wards.

A gap was identified in relation to communication for the surgical patient journey and solutions were designed and implemented to address this. Some of the strategies being implemented at RNSH include:

- the development of strategies to streamline care delivery processes and communication within the multidisciplinary team
- incorporating discharge management processes into care pathways – including the implementation of Estimated Dates of Discharge
- the development of a whole of hospital approach to improve access for patients and the establishment of a patient flow unit
- the introduction of a computer system to the theatres in line with the rest of the area health service to allow interface between the electronic medical record programme and theatres. This has increased the visibility of information between theatres and the surgical wards and booking units to enhance communication
- the introduction of an acute / elective orthopaedic model of care with quarantined beds and theatre time managed by orthopaedic surgeons
- the implementation of an area wide 'referral for admission' form at RNSH to standardise communication practices across the area.

As a result of these initiatives, there is an ongoing, tangible improvement in communication both within and across departments at RNSH.

A review will be undertaken by April 2008 to ensure that all the recommendations remain embedded.

Recommendation 8

That the NSW Government prioritise discussions with the Australian Government to ensure sufficient aged care places are available in the Northern Sydney area specifically and in the State more generally, to assist with safe and timely discharge of elderly patients.

Response and Action

Supported in principle

The new Australian Government has identified the reform of health care as a priority and has signalled its commitment with a $2 billion investment. As part of that process, the Australian Government has indicated that it will prioritise reform of the transition of frail elderly people from hospitals to residential aged care.

The NSW Government is committed to working constructively with the Australian Government to ensure that the people of NSW get the best possible outcome from upcoming Australian Health Care Agreement negotiations, for both public hospitals and the broader health care system, including where health care intersects with aged care.

It is important to note that the allocation of aged care places by the Australian Government is guided by an equity-based planning ratio applied to defined geographical areas. Commonwealth decisions to approve new places are also informed by an evaluation of the applications received by the Commonwealth from aged care providers.

The Australian Government has historically treated as confidential information about the availability of aged care places in different parts of NSW, compared to the number identified as required according to the Commonwealth planning ratios. However, the NSW Minister for Health will write to the Federal Minister for Ageing specifically requesting this information, and arguing strongly for an increase in the number of approved aged care places in all areas where there is evidence of poor access.

Recommendation 9

That NSW Health prioritise discussions with providers of rehabilitation services to ensure sufficient rehabilitation outpatient services are available in the RNSH redevelopment and that further non-acute inpatient care is available for patients who are ready to be discharged from RNSH.

Response and Action

Supported

Rehabilitation services are recognised as an important link in many patients' journeys to recovery.

Performance Agreements are currently being developed between NSCCAHS and two Affiliated Health Organisations (AHOs), both of whom provide rehabilitation and sub-acute services, to fully identify the needs of the Area's patient population. Performance Agreements will be signed by 1 July 2008 in line with the expiration of the current three year agreement.

As part of each Agreement, new service specifications that will determine NSCCAHS needs for rehabilitation services from these AHOs are to be developed. The exact content of the Agreements is currently dependent upon the completion of the Area's clinical services plan. It is anticipated that any plan will include rehabilitation services being provided on the new RNSH campus.

Recommendation 10

That NSW Health change the terminology in use in Emergency Departments signage, by using the term 'patient priority' in place of ' triage'.

Response and Action

Supported in principle

The NSW Government recognises that people who attend Emergency Departments are often very stressed and/or frightened, and is committed to doing what we can to ensure that that experience is as easy to negotiate as possible.

However, triage is an essential function of an Emergency Department, and must be the first interaction a patient has in the Emergency Department. Its aim is to ensure that patients are treated in an appropriate stream of clinical urgency, which refers to the need for a time critical intervention. This ensures that the most serious and life threatening illnesses or injuries are treated first.

The Australasian College for Emergency medicine have in place a policy document which outlines criteria for Emergency Department signage.

The Hughes/Walters report into the events surrounding Ms Jana Horska made a number of recommendations about the Emergency Department environment, including signage, language and communication.

As a result, NSW Health has developed an implementation plan to work through relevant recommendations with the aim of making the Emergency Department environment more supportive for patients and staff. These include:

- Incorporating recommendations from the Hughes Walters Report into a review of the Technical Services 2 (TS2) Document – Sign Posting as appropriate. This collaborative work will entail an audit of signage across NSW, followed by a review of the sign posting requirements for NSW Public Health facilities and revision of the TS2 – Sign Posting document.

- Throughout 2008, directives will be made to the Area Chief Executives regarding the standardisation and improvement of signage in NSW Health facilities. Alterations according to the updated TS2 document will then take place in the second half of 2008.

- A facility self-assessment of environmental factors in all EDs will provide NSW Health with information regarding what resources are currently available in the Emergency Department, in what form and if they are distributed to patients.

- Results of this detailed assessment will result in the development of standardised templates for essential information provided in Emergency Departments. (e.g. Australasian Triage Scale (ATS) waiting times and categories, staff roles). These are scheduled to take effect in May 2008.

Consumer representatives are being engaged as advisors to determine exactly what signage and information should be available in EDs. The Hughes/Walters Working Party has an active consumer representative who is involved in advice, review and development of solutions to address implementation requirements. In addition, it is envisaged that all Area Health Services will engage consumer representation as part of recommendation requirements.

An Emergency Department signage review was undertaken as part of an Emergency and Access redesign project undertaken at RNSH September-November 2007.

These initiatives and subsequent implementation changes were undertaken collaboratively between RNSH Emergency Department staff and Area Health Service consumer representation.

It is envisaged that, collectively, these initiatives with an increased focus on the patient experience will make a considerable difference. There will be ongoing monitoring of their benefits.

See Appendix A - *Australasian College of Emergency Medicine policy document for Emergency Department signage*

Recommendation 11

That the NSW Government seek to initiate a national review of the Australian Triage System categories in relation to women presenting to Emergency Departments with signs of miscarriage, to ensure they are appropriate.

Response and Action

Noted

The Australian Triage System is an important clinical tool for ensuring that cases presenting to an Emergency Department are treated in appropriate order, with the most serious and potentially life-threatening conditions being treated first. These are decisions that should be left to clinicians to determine, not Governments. Therefore, Recommendation 11 has been noted and will be referred to the Australasian College for Emergency Medicine for further expert consideration.

However, the NSW Government has already acted in recognition of the trauma suffered by Ms Jana Horska as a result of her experience of miscarriage at RNSH. On 26 September 2007, the Minister for Health commissioned Professors Cliff Hughes and William Walters to undertake an inquiry into maternity emergency care.

In response to recommendations made in the Hughes/Walters report NSW Health commenced development of an implementation plan to deliver a comprehensive response for women with problems in early pregnancy; a response that supports women, offers dignity and privacy.

In November 2007, the Minister announced a new investment of $4.5 million to provide improved care for women in the early stages of pregnancy. Initiatives include:

- new Early Pregnancy Units co-located with Emergency Departments, and staffed by appropriately trained nurses, Clinical Initiatives Nurses and Nurse Practitioners. These Units will provide specialised care for women who present to EDs with threatened miscarriage, or who have miscarried
- a network of Early Pregnancy Assessment Services to provide scanning, diagnosis and management planning as an alternative to EDs for women experiencing non-urgent problems in early pregnancy
- access to expanded antenatal clinics at 47 rural and remote hospitals
- 14 new portable ultrasound scanners
- A designated 24/7 phone advice line staffed by consultant midwives.

- $450,000 in new funding is being provided to the Alliance of Divisions of General Practice to work with NSW Health in implementing expanded services.

Recommendation 12

That details of progress in implementing changed procedures for the assessment and treatment of women in the early stages of pregnancy presenting to Emergency Departments with signs of miscarriage and the establishment of Early Pregnancy Units be reported upon in the next Annual Report of NSW Health.

Response and Action

Supported

As noted in response to recommendation 11, the NSW Government accepted the Hughes/Walters report and the recommendations into the treatment of women attending Emergency Departments with problems in early pregnancy. A comprehensive response is currently being rolled out across the state with advice from the Emergency Care Taskforce, the Maternal and Perinatal Health Priority Taskforce and the Critical Care Health Priority Taskforce.

Progress on the rollout will be included in the next annual report of NSW Health.

Recommendation 13

That NSRHS, as an urgent priority, ensure that all recommendations from the Dalton/Meppem review into bullying and harassment are fully implemented.

Response and Action

Supported

The NSW Government welcomed the findings of the Dalton/Meppem "Royal North Shore Hospital Review of Work Place Culture and Allegations of Bullying and Harassment" when it was released in September 2007, and accepted all of its recommendations. All of the recommendations have been substantially implemented.

NSCCAHS and RNSH developed an action plan following the release of the Dalton/Meppem Report. This action plan is currently progressing and is due for completion by end of June 2008. The following actions are complete as at January 2008:

- The report and prepared action plan has been distributed widely across RNSH and communication from the Chief Executive and General Manager has reinforced NSCCAHS's zero tolerance to bullying and harassment and the importance of reporting this behaviour and thanking staff for their assistance in the review.
- Revised information documents on bullying and harassment and complaints and grievances have been distributed to RNSH staff
- Training sessions have been delivered to managers on bullying and harassment and these will continue in 2008, with 172 Managers having received training as at 31 December 2007. A further 130 will undertake training in 2008.
- The unions have been advised of the action being taken by RNSH and a NSW Nurses Association sub-branch has been re-established.
- A cross discipline taskforce has been established.
- Human Resources staffing at RNSH was enhanced on a temporary basis using senior Human Resources staff from across the Area Health Service in November/December 2007 to manage outstanding allegations of bullying or harassment. These staff have now returned to their substantive positions and recruitment action is underway to fill permanent and temporary vacancies at RNSH.

- Employment Assistance Program services were advertised and made available to all staff through increased distribution of pamphlets and posters at RNSH.

The Workforce Advisory Committee has responsibility for the implementation of the action plan across NSCCAHS.

Recommendation 14
That NSCCAHS advertise the role of the Professional Practice Unit more widely across the Area.

Response and Action
Supported
The Professional Practice Unit was established at RNSH in October 2007, to conduct transparent and objective investigations into serious complaints and grievances by staff and patients. It is headed by one of Australia's most reputable complaints handlers, Ms Mary Dowling.

It is understood the Unit has been very well received at RNSH, which is where it is focusing its work at present. The Unit will broaden its focus in the near future and implementation of recommendation 14 will assist in ensuring that the work of the Unit is publicised widely.

To date, a Professional Practice Unit brochure has been developed and has been distributed at all NSCCAHS facilities.

An Area Professional Practice Committee has also been established to communicate and discuss serious clinical/staff management issues being investigated or managed, with the inaugural meeting being held in December 2007.

A presentation on the role of the Unit will be delivered across NSCCAHS during March 2008.

It is worth noting that PPUs and Clinical Governance Units (CGUs) have been established across the NSW Health system since 2000. All Area Health Services, the Children's Hospital at Westmead and Justice Health have well established Clinical Governance Units. These Units are responsible for area wide clinical governance and compliance with professional practice, standards and policy.

See Appendix B - *Professional Practice Unit brochure*

Recommendation 15
That NSCCAHS review human resources staffing across the area.

Response and Action
Supported
The Chief Executive of the NSCCAHS has established an action plan to review human resources staffing across the Area Health Service. The action plan will be oversighted by the Area Workforce Advisory Committee. A number of initiatives are already underway, including:

- recruitment action has commenced for funded vacancies within the Human Resources Directorate.

- a template for a benchmarking exercise within other public sector health facilities, both within NSW and interstate, has been developed. Contact has been made with other area health services and potential interstate partners to participate in the exercise.
- definitions have been developed to enable benchmarking within the functions of human resources.
- a questionnaire is being developed to survey customers internal to NSCCAHS in relation to the expectations and the functions and service standards of the Human Resources Directorate.

Recommendation 16

That management, clinicians, nurses and other staff at RNSH and across NSCCAHS commit as a matter of urgency to the development and implementation of a new Area Clinical Services Plan by April 2008.

Response and Action

Supported

An Area Clinical Services Plan is the foundation on which service developments, capital asset plans and workforce plans are derived and, as such, is an integral element of a successful Area Health Service.

Upon appointment of the new NSCCAHS Chief Executive Officer in October 2007, the Minister for Health sought a commitment that he would develop an Area Clinical Services Plan within a six month timeframe. A Clinical Strategy Group was convened in December 2007 to take the lead on this important project. The Group has as its primary objective 'to recommend to the Chief Executive the direction for clinical services within NSCCAHS, over the next ten years, by 30 April 2008'.

The Clinical Strategy Group is chaired by an independent clinician and comprises 21 clinicians from across the Area.

On the advice of the Area Health Advisory Council, the local Health Service Community Participation Committees will be providing initial feedback on seven of the specialty plans. Formal community feedback will be sought on the draft Area Clinical Services Plan when it is closer to finalisation.

The Clinical Strategy Group has met four times and has already considered four specialty plans. The Group will meet a further 10 to 12 times over the next three months.

See Appendix C - *Terms of Reference NSCCAHS Clinical Strategy Group*

Recommendation 17

That NSRHS as a matter of urgency develop its own clinical services plan by April 2008, with appropriate system-wide policies and guidelines for the management of patients, resources and personnel.

Response and Action

Supported in principle

While recognising the importance of a clinical services plan for the North Sydney Ryde Health Service, the North Sydney Central Coast Area Health Service Clinical Services Plan, due for completion in April 2008, will determine the future role delineation of the Royal North

Shore and Ryde Hospitals. It is, therefore, more appropriate for the NSRHS to develop a detailed operational plan following the approval of the Area clinical services plan. Such a Plan will assist Royal North Shore and Ryde Hospitals identify how best they can work together.

System-wide policies and guidelines for the management of patients, resources and personnel are equally important for all Health Services. However, these do not form part of a clinical service plan. These are developed to ensure appropriate clinical governance of the services that are provided, and are developed through separate processes that incorporate appropriate clinical governance frameworks.

A Clinical Governance Framework exists at an Area, health service and hospital level to develop and implement policies and guidelines on the clinical management of patients, resources and personnel. Once the NSRHS operational plan is in place the existing policies and guidelines will be reviewed and updated as required.

All relevant policies and guidelines will be reviewed by the end of December 2008.

Recommendation 18

That NSRHS urgently review the implementation of the recommendations of the review of surgical services at RNS and Ryde Hospitals undertaken by Dr Denis King entitled 'RNS and RHS Surgical Services Review', dated September 2004, and make the review results public.

Response and Action

Supported

Dr Denis King's 2004 review of Royal North Shore and Ryde Hospitals' surgical services made a number of important recommendations which were very well received.

The Clinical Reference Group, established by the new NSCCAHS Chief Executive in October 2007, has identified that recommendations arising from the review undertaken by Dr King in 2004 had not been implemented.

An update on progress against the recommendations was prepared and presented to the Clinical Reference Group. A number of outstanding issues were identified as requiring further action. These will now be taken forward with the Clinical Reference Group playing an advisory role to the Chief Executive on how and to what degree each of Dr King's recommendations might be implemented in the context of NSRHS.

Recommendation 19

That NSCCAHS and NSRHS, together with clinicians, nursing staff and ancillary staff at RNSH, set an urgent three-year objective of returning RNSH to the top echelon of hospitals in New South Wales, as measured by the Australian Council of Healthcare Standards.

Response and Action

Supported

Royal North Shore is a world-class teaching institution with exceptionally high health care standards. Nonetheless, it is recognised that more needs to be done to improve management and relationships within the hospital.

The NSW Government supports moves to encourage all staff at NSRHS to work together to ensure that previous, primarily administrative, issues of accreditation are resolved.

RNSH is due for an organisation-wide Australian Council of Health Standards (ACHS) survey mid 2009. RNSH currently meets all standards and has developed a quality action plan to further enhance its accreditation status. The development and implementation of this quality action plan is through the divisional structure, with strong clinical engagement and governance by the RNSH/Ryde executive.

In order to meet ACHS functions, standards and criteria, the RNSH governance structure incorporates six committees: continuum of care, environmental health and safety, information management, human resources, incident and risk management, and leadership and management.

In addition to these committees, an accreditation working group has been formed to support the process for the RNSH organisation-wide accreditation survey mid 2009. The membership of this group includes RNSH clinicians who are ACHS surveyors and the chairs of the six committees.

Recommendation 20

That NSRHS fulfil its commitment to ongoing engagement with clinical staff at RNSH, including through the new Clinical Reference Group, to ensure appropriate high-level input from senior clinicians in the governance and management of the hospital.

Response and Action

Supported

There is a strong recognition of the importance of clinical leadership in governance and management of RNSH, but also a recognition that this has not always been afforded the priority it deserved in recent times. The NSW Government fully supports moves by the new Chief Executive of NSCCAHS to rebuild relationships with clinicians and ensure that they are fully engaged.

Recent committees established by the Chief Executive, including the Clinical Reference Group, the Nursing Taskforce and the Clinical Strategy Group, are examples of this commitment.

Clinical leadership at RNSH works within a framework of divisional groupings of medicine and aged care, surgery and anaesthesia, and women's and children's health. This structure has seen increasing involvement and commitment of clinicians in the management of clinical and financial accountabilities.

Regular meetings are held by the clinical director, divisional manager and operational nurse manager with all heads of departments within divisions. A RNSH/Ryde Health Service Executive Committee is the overarching management committee for all organisational matters relating to clinical, administrative, financial, and planning.

The three divisions are represented clinically on this committee by the clinical directors, director of nursing and midwifery services and director of medical services and senior allied health advisor. All other committees link to this peak committee in the governance and management of RNSH. In addition the Area and the general manager regularly meet with the Medical Staff Council of RNSH.

Recommendation 21

That NSRHS ensure that senior clinicians are involved in the planning process for redevelopment of RNSH through formal mechanisms such as the Clinical Reference Group.

Response and Action

Supported

The $702 million Royal North Shore Hospital & Community Health Services redevelopment is the largest health capital works project in NSW.

On completion, the redeveloped RNSH will offer a new acute services facility, a Community Health Centre and refurbishment to some existing buildings, providing:

- 462 acute beds to complement the 124 beds provided within the already completed Douglas Building
- 40 acute mental health beds
- Additional chemotherapy and renal dialysis chairs
- Enhanced diagnostic services and ambulatory care services
- A total of 18 operating rooms and 11 procedure rooms.

The Royal North Shore Hospital and Community Health Services redevelopment project values stakeholder input and, to this end, has conducted an extensive program of consultation and communication.

Significant consultation has occurred in relation to early enabling works conducted on the RNSH site.

An extensive user group program has been established to involve all stakeholders in the planning and design of the new research and education building. User groups are currently focusing on change management issues, operational commissioning of the building and decanting to the building.

User consultation regarding health planning and models of care for the acute services building and community health building has been ongoing since 2002. There has been a high degree of clinician involvement in formal planning groups and in structured briefings. At least 10 separate consultative processes (some still current) have been undertaken to engage all users.

A new Executive User Group, with senior clinical representation, has been established. The Executive User Group will provide expert clinician and management decision-making on resolving issues arising from all phases of the project until commissioning of all facilities is complete. The group will also facilitate and engender other clinician and stakeholder support for the project as required and continue throughout the design and construction documentation phases of the project.

The Clinical Reference Group, chaired by NSCCHS Chief Executive, also provides expert clinical advice to the redevelopment via the Executive User Group.

The Research & Education Building Project is due for building completion in August 2008 with functional completion and decanting in October 2008.

The Acute Services Building and Community Health Building tender assessment is well advanced with a preferred proponent and recommendation to NSW Government

programmed for April/May 2008. Contractual and financial close is programmed for July/August 2008. The project is programmed to potentially complete in 2014.

Recommendation 22

That NSRHS review the management structure of the RNSH to ensure appropriate tasks are undertaken by appropriately trained staff, with a particular view that directors should be able to focus on the delivery of clinical services.

Response and Action

Supported

It is recognised that the current divisional structure remains in its infancy and that further refinement may be required to maximise management focus. The new Chief Executive has recently established structures, including the Clinical Reference Group, the Nursing Taskforce and the Clinical Strategy Group, to engage properly with clinical staff at RNSH to get this right. The Chief Executive has the full support of the NSW Government in achieving this.

A benchmarking exercise is planned to take place to compare the RNSH structure with that in place in peer group hospitals. Anomalies will be identified through this benchmarking exercise and changes will be made to the structure where they are considered appropriate and constructive.

Recommendation 23

That the management of NSRHS review and modify the changes to nurse reporting structures implemented in 2006, in order to provide an operational voice for nurses in executive decisions.

Response and Action

Supported

The NSW Government recognises and values the vital role that nurses play in our public health system which is why NSW nurses are the highest paid in Australia. Nurses can provide valuable input in executive decisions, and changes are already being put in place to ensure that they have a strong voice on nursing matters.

One of the first tasks of the new Chief Executive of NSCCAHS was to establish a Nursing Taskforce to ensure that nurses have high level input on matters that affect them. The Taskforce is developing an Action Plan which will be implemented.

The Chief Executive has also increased the responsibility of the Director of Nursing and Midwifery at RNSH to include budget and staffing accountability. NSCCAHS is currently further developing the new reporting structures and these will be introduced during February 2008.

This includes changes to the reporting lines of Nursing Unit Managers and Operational Nurse Managers, along with the introduction of formal meeting structures between the Director of Nursing and Midwifery at RNSH, Nurse Managers and Nursing Unit Managers. A meeting has already been held on 23 January 2008 with nursing unit managers to explain the changes.

These changes will ensure that the Director of Nursing and Midwifery will be able to provide a direct line of communication between nursing staff and the NSRHS Executive on nursing issues.

Recommendation 24

That the role of Director of Nursing be reviewed as a matter of urgency, with a view to restoration of management responsibilities so that the most senior nurse on staff has authority to make decisions, and can provide leadership and support for the nursing staff.

Response and Action

Supported

The NSW Government acknowledges that leadership is an essential component of management, and leadership plays a pivotal role in the lives of nurses. It is an essential element for professional practice environments where nurses can provide quality nursing care to patients.

In recognition of this, the new Chief Executive NSCCHS has reviewed the role of the Director of Nursing and Midwifery Services (DNMS) at RNSH. Subsequent to his review, the role of the DNMS has changed and is now consistent with recommendation 24.

The linkage between professional practice and the operational activity of the hospital leads to greater involvement in decision making and will foster collaboration within and between nursing and multi-disciplinary teams.

The DNMS at RNSH must have professional and operational responsibility and accountability for the organisation of nursing and midwifery services. This will allow nurses to develop a team culture, to form strong networks and relationships that will result in excellence in nursing practice and patient care.

The DNMS has an obligation to the Community and to the Area Health Service to provide an environment that has the organisational and human resource allocations necessary for safe and competent nursing care.

In summary, Nursing and Midwifery Services have a responsibility to contribute to health planning, policy development and the co-ordination and management of services. As the most senior nursing/midwifery position at RNSH the DNMS needs the appropriate level of authority to be able to fulfil this responsibility.

See Appendix D - *Revised Position Description*

Recommendation 25

That the New South Wales Government seek additional funding from the Australian Government for clinical and nursing staff positions in the New South Wales university system.

Response and Action

Supported

NSW is looking forward to a new era of cooperation with the Australian Government, which has already identified health care as a high priority.

NSW has continued to forcefully lobby the Commonwealth government for additional university places in health disciplines to meet expected workforce need. The then Commonwealth Department of Education, Science and Training allocated funding for additional places through Backing Australia's Future (2005-2007), while contributing some additional places, has resulted in a significant shortfall against current requirements, particularly in nursing and medicine.

NSW lobbied for and achieved an historic agreement for Health and Education Ministers to meet formally to agree workforce priorities. The NSW Minister for Health has accepted a role representing the interests of Health Ministers on the Ministerial Council on Education, Employment and Youth Affairs (MCEETYA) and NSW is now also chairing a joint Health Education Officials group to make recommendations on how to address the concerns raised above. The major focus of the work will be on education and training relationships, organisation, and funding arrangements for clinical placements and training.

The next stage in progressing the work will occur at the 2008 AHMC/MCEETYA Annual Workforce Meeting which has been scheduled for 17 April 2008.

In the interim, continued lobbying has also secured an additional 1500 nursing places over the next two years.

Recommendation 26
That NSRHS ensure the active engagement of nurses in the Reasonable Workload Committee.

Response and Action
Supported
One of the first tasks of the new Chief Executive of NSCCAHS was to set up a Nursing Taskforce within RNSH to ensure that nurses are engaged and have a voice on issues, such as the Reasonable Workload Committee, which impact them.

NSCCAHS has re-established the RNSH Nurses Reasonable Workload Committee and will provide continual support to the RNSH Sub-Branch of the NSW Nurses Association elected nurses on the committee. Reasonable workload committee training will also be provided to the Committee members.

The first meeting of the re-established RNSH Nurses Reasonable Workload Committee was held on 10 January 2008 and monthly meetings have been scheduled.

Recommendation 27
That NSRHS immediately review the nurse recruitment process at RNSH, including the current recruitment drive, to ensure that it is both timely and appropriately targeted.

Response and Action
Supported
The NSW Government recognises that nurses are the backbone of the public health system.

In 2006/07, $36.6M was allocated for recruitment and retention strategies for nurses including:

- $13.7M for Trainee Enrolled Nurses;
- $6M for Study Leave for nurses;
- $12.6M for Education and Skill Development Programs;

- $1M for Re-connect and
- $3M in Scholarships.

In 2007/08 the Government has allocated **$**37.9M to be spent to assist nurses and midwives in NSW.

This funding has generated significant results during a period of national and international nurse shortages. Achievements under these strategies include:

- *Nurse Re-Connect* - an initiative that encourages former registered and enrolled nurses to re-enter the profession and upgrade their nursing skills has been extremely successful with 1,643 nurses being 'connected' since the scheme began in 2002. This initiative has a 76% retention rate.
- Recruitment of nurses from overseas - Over 1000 overseas qualified registered nurses and midwives were recruited and commenced employment in NSW public hospitals during 2006 and 2007. A further 300 nurses have been offered and have accepted employment as a result of active overseas recruitment activities.
- The NSW Government is developing innovative ways of attracting school students into nursing. $2.8 Million has been allocated over the next 4 years to assist with the delivery of nursing subjects and other health related subjects to senior high school students. School-based traineeships allow trainees to undertake structured training for a minimum number of days across a 24 month period i.e. years 11 and 12 while at school.

Newly instigated processes to improve the recruitment of nurses at RNSH are already paying off with 97 full time and 19.81 permanent part time employees recruited between October and December 2007.

This is being further enhanced through the introduction of a centralised system for identifying vacant positions and authorising recruitment in a timely period. This will result in reduction in the length of time between commencing recruitment to commencement of new staff. The centralised system will be introduced during February 2008.

Recommendation 28

That the Resource Distribution Formula (RDF) be reviewed by NSW Health to ensure that expenses associated with out-of-Area referrals/cross-border flows and the delivery of State-wide services by RNSH are specifically identified and accounted for. This review should occur within the next six months, with the results of the review published and any additional funds required provided immediately by NSW Health to NSCCAHS for allocation to RNSH.

Response and Action

Supported in Principle

Royal North Shore Hospital is rightly recognised throughout Australia, and indeed internationally, as a centre of excellence in specialist services such as severe burns treatment and spinal cord injury treatment. The NSW Government greatly values the world class work RNSH does in these areas and agrees that the hospital should in no way be disadvantaged by providing these vital services to people from across the state.

The Resources Distribution Formula is continually reviewed and updated as more recent data become available, including updating of patient flows data and statewide and selected specialty services. This regular updating will continue to occur. RDF updates made prior to delivery of the State Budget in 2008 will contribute towards guiding the allocation of growth funds to Area Health Services for 2008/09. The RDF model informing and guiding the

allocation of 2008/09 growth funds will be updated by June 2008. Area Health Services' weighted average distance from RDF target shares is reported each year in the NSW Health Department Annual Report.

It is important to note that the RDF does not specifically identify individual hospitals, but rather calculates relative shares at the Area Health Service level only. The RDF is only one tool of several used to guide the allocation of growth funds to Area Health Services, with the Areas responsible for the quantum of funds allocated to their respective facilities.

Recommendation 29

That NSW Health review the existing parameters for considering the impact of private hospital bed availability within the Resource Distribution Formula (RDF) to reflect the actual use of public health facilities.

Response and Action

Supported

The use of private hospital services in an area is just one of a range of factors, such as ageing and remoteness, which are taken into consideration in determining the funding an Area Health Service is allocated. It is also important to note that the Resource Distribution Formula, or RDF, guides the allocation of funding to Area Health Services, which then make their own decisions as to the funding of individual hospitals.

The private hospital substitutability factor will be reviewed in 2008 by the RDF Technical Committee.

Recommendation 30

That the NSW Government seek additional funding for public hospitals from the Australian Government under the Australian Health Care Agreement.

Response and Action

Supported

The Australian Government has already signalled its strong commitment to working with states to make our world-class public health system even stronger through a range of measures including the provision of an additional $2 billion investment in health and hospital reform. The NSW Government is committed to doing everything within its power to ensure that NSW gets the best possible deal out of the current Australian Health Care Agreement negotiations, for both public hospitals and the broader health care system.

The current Australian Health Care Agreement (AHCA) expires on 30 June 2008. Negotiations relating to the new Agreement have already commenced, involving the Australian Government and all State and Territory Governments. As part of this process, the NSW Minister for Health has held bilateral discussions with the Australian Government Minister for Health and Ageing, seeking an increase in Commonwealth funding for NSW health services.

Separate from the AHCA negotiations, the Australian Government recently agreed to provide $43.3m to assist NSW public hospitals to reduce elective surgery waiting lists. More than 8,700 NSW patients will benefit from this additional funding, which was the largest allocation of any jurisdiction.

Recommendation 31

That NSCCAHS and NSRHS work with senior clinicians through the Clinical Reference Group to develop robust data on the cost of service delivery across the RNSH to inform planning decisions, and to ensure that the data is available for internal analysis on an ongoing basis.

Response and Action

Supported in principle

The NSW Government recognises the importance of robust data in informing planning decisions.

The results of initial cost modelling for the 2006/07 year have been released and circulated to clinicians and managers, including the Clinical Reference Group, as part of an ongoing verification and feedback process.

The final results from 2006/07 will be released by the middle of February 2008. This is the first step in an ongoing, multi-year cyclic process of review, investigate and correct. Clinicians, through the clinical streams, will be actively engaged in this process.

Detailed case mix data has also been provided to clinicians, including the Clinical Reference Group, to assist in understanding the results of the costing information. The case mix information examines the efficiency of services by considering length of stay and variation in practice across similar episodes of care.

To support the understanding of the financial and case mix information, training will be arranged for clinicians and health services managers.

The process of detailed review will start in March 2008 and be ongoing.

Recommendation 32

That NSCCAHS ensure that support and training in the interpretation and analysis of financial data is available to clinical directors and managers of divisions and departments within the NSRHS.

Response and Action

Supported

The NSW Government supports the need for a structured program of training aimed at improving the financial management and analytical capability of clinical directors and other managers with budget responsibility.

To this effect, NSCCAHS will consult with senior clinicians and managers to ensure the development of an appropriate training package that will, at a minimum, build knowledge and competency levels in the following areas:

- clinical costing and case mix;
- budgeting and the funding allocation process;
- key performance indicators;
- use of the Health Information Exchange on-line reporting tool;
- financial delegations; and
- interpretation of financial reports.

NSCCAHS expects that such training will prove beneficial in promoting a culture of financial accountability and an increased understanding and acceptance of the complex clinical costing data manipulations used to assess efficiency levels across the Area Health Service. As such, consideration will be given to the requirement for making such training compulsory for clinicians and managers with budget responsibility.

The target timeframe for development of the training program is May 2008, for roll-out in June 2008. Preliminary development work has commenced. In addition, current iterations of clinical costing data have been released and circulated to clinicians, including the Clinical Reference Group, for a verification and feedback process.

Recommendation 33

That NSCCAHS immediately review the financial delegation of the General Manager and senior management at RNSH to ensure that decision-making is streamlined and that managers have the financial autonomy needed to effectively run their divisions and departments.

Response and Action

Supported in principle

The NSW Government acknowledges that problems within management processes and decision making at RNSH were clearly identified during the course of the Parliamentary Inquiry. NSCCAHS has the Government's full support in improving processes within the hospital.

Any review of the financial delegations conferred upon senior management at the RNSH must be undertaken with due consideration of the ultimate accountability of the Chief Executive for the financial performance of the Area, including the achievement of financial targets set by the NSW Department of Health.

The NSCCAHS delegations manual was last reviewed in March 2007. As a result of this review, general delegation levels were revised to ensure consistency amongst positions of comparable authority, while specific delegations were applied to particular positions where this was deemed necessary to enable the position holder to efficiently carry out their functions and duties. These delegation levels provide considerable scope for the exercise of financial autonomy by the senior management at RNSH in carrying out the duties and responsibilities associated with their positions.

The Area's Finance Department will again review the adequacy of current delegation levels, in consultation with the Area Executive and senior management of the Health Services, by the end of April 2008. The outcome of this review will need to ensure an appropriate balance between the financial autonomy of senior management and the overriding financial accountability of the Chief Executive.

Recommendation 34

That the management of NSCCAHS and NSRHS, in consultation with senior clinicians, develop a 10-year capital equipment plan which provides for the replacement of existing equipment and allows for the funding of new technologies. The capital equipment plan should be developed in the context of the requirements arising from the implementation of the clinical services plan, once completed, and the forthcoming redevelopment of the hospital campus. The capital equipment plan should be implemented immediately.

Response and Action

Supported in principle

The NSW Government acknowledges the need for improved asset planning across the Area, including NSRHS, in accordance with the NSW Government's Total Asset Management Plan requirements, and understands the frustration of clinicians and management at not having a capital equipment plan for the hospital.

To both facilitate compliance with these requirements and ensure a consistent, structured approach across the NSW public health system, the NSW Department of Health has recently issued guidelines for the development of Asset Strategic Plans (ASP) to all Area Health Services. These guidelines clearly set out the required linkages between service and asset planning over a 10-year horizon.

NSCCAHS is currently in the process of developing an Area-wide clinical services plan, which will provide the foundation for development of the Area's ASP. The clinical services plan is being developed in close consultation with senior clinicians and is due to be completed in April 2008.

Preparatory planning has commenced for the development of the Area's ASP, which will incorporate 10-year plans for the acquisition, maintenance and disposal of assets for all (current and planned) facilities, including those within NSRHS. Senior clinician engagement will occur throughout the development of the ASP.

To this end, a capital equipment plan, prioritising equipment needs for 2007/08 and 2008/09, has already been developed for RNSH, with significant input from clinicians. This plan will be expanded upon, as part of the ASP development process, to ensure alignment with service planning over a 10-year horizon.

All Area Health Services are required to submit their plans to the NSW Department of Health in June 2008. The Department's endorsement of the plans will necessarily require an assessment of their alignment with broader, state-wide policy and service delivery imperatives, together with a determination of state-wide priorities within the constraints of available funding (for example, the annual Asset Acquisition Limit).

See Appendix E - *NSW Health 'Guide to the Development of AHS Asset Strategic Plans 2008/09 to 2017/18', version 8.0, 18 January 2008*

Recommendation 35

That as a matter of urgency (within the next six months), the NSW Government provide funding to RNSH to replace obsolete equipment, as identified in the ten year capital equipment plan.

Response and Action

Supported in Principle

As noted in response to recommendation 34, planning has already commenced for the development of the Area's Area Services Plan, which will incorporate 10-year plans for the acquisition, maintenance and disposal of assets for all (current and planned) facilities, including those within NSRHS. Senior clinician engagement will occur throughout the development of the ASP.

NSW Health is in discussion with the Area Health Service to identify equipment which will improve service delivery or efficiency of the Hospital prior to considering the release of funding. As part of developing the 10 year plan, any obsolete equipment will certainly be identified and prioritised for replacement.

Recommendation 36

That the 10-year capital equipment plan be properly implemented and that progress against the plan be reported in the NSCCAHS Annual Report to ensure that the funds are spent appropriately and transparently.

Response and Action

Supported in principle

The NSW Government and NSW Health are committed to accountability and transparency. Any measures to ensure the proper reporting on capital equipment expenditure will have the Government's full support.

As noted under Recommendation 34, all Area Health Services are required to submit Asset Strategic Plans to NSW Health in June 2008.

NSCCAHS supports the recommendation for the proper implementation of its Asset Strategic Plan, as endorsed and funded by the NSW Department of Health. Progress against the approved plan will also be reported in the NSCCAHS Annual Report.

In addition, implementation of the approved plan will be monitored by the Capital Works Committee, which reports to the Area's Finance & Performance Committee. This internal, regular (monthly) monitoring of the plan will improve the governance framework around the expenditure of capital funds.

Recommendation 37

That NSCCAHS undertake an audit of the Information Technology (IT) systems in place at the RNSH and across the Area to identify other Information Technology areas, alongside PACS and the eMR project, that should be prioritised for implementation.

Response and Action

Supported in principle

The NSW Government acknowledges the increasingly central role Information Technology plays in modern health care. NSW Health dedicates around 10% of its total capital budget to IT projects, with a strong focus on projects which directly improve how patients are cared for.

While the Government supports an audit of the IT priority areas within the NSCCAHS, due recognition needs to be given to the significant amount of work already undertaken to achieve this purpose.

A comprehensive program of IT reform is currently underway, both within the NSCCAHS and across the NSW public health system, which will deliver significant and tangible benefits at the clinical level as well as ensuring the alignment of IT systems, and the standardisation of data collection and analysis, across the state.

The NSCCAHS rollout of the Electronic Medical Record (eMR), Patient Administration System (PAS) and Medical Imaging Program projects is occurring in accordance with the scheduled timeframes for state-wide implementation. PAS will be in place at RNSH by the end of March 2008 and the Medical Imaging Program in place by June 2008. The Area is currently in discussion with Health Technology to identify options for accelerating the roll-out of high priority, clinically-focused functionalities, such as the Scheduling and Results Reporting modules of the eMR.

At the local level, an Area-wide review of IT priorities, involving extensive clinical engagement and consultation, underpinned the development of the NSCCAHS Information and Communications Technology (ICT) strategy 2007-2010. This strategy, endorsed by the Area Executive in 2007, identifies a broad range of initiatives that will supplement the state-wide program of reform in addressing the documented inadequacies of the IT infrastructure at RNSH and across the Area Health Service.

Notwithstanding the above, NSCCAHS is currently in the process of developing an Asset Strategic Plan in accordance with NSW Department of Health requirements. This exercise will include a review of IT requirements and priorities across the Area, including at RNSH. This plan, due for submission to the Department in June 2008, will also inform the annual revision of the Area's ICT Strategic Plan.

NSW Department of Health endorsement of the Area's Asset Strategic Plan (including IT) will necessarily entail an assessment of the plan's alignment with the broader, state-wide policy and service delivery imperatives and the concomitant determination of funding allocation priorities.

Recommendation 38

That a review across all Area Health Services be conducted to ensure that the percentage of Information Technology infrastructure and support funding is at appropriate levels.

Response and Action

Supported in Principle

NSW Health has recently reviewed the state of clinical and corporate IT systems across the state and developed a forward plan in discussion with clinicians and NSW Treasury. This plan is in the process of being rolled out. Key initiatives of the Strategy include:

The Medical Imaging Program

The Medical Imaging Program covers the provision of an integrated digital imaging and radiology information system to all Area Health Services in New South Wales. The Medical

Imaging Program covers the provision of an integrated digital imaging and radiology information system to all Area Health Services in New South Wales. Commencing this financial year the Government will invest approximately $63 million over the next four years to deliver access to medical images across New South Wales. The 2007/08 budget allocation for this initiative is $11.1 million. The Medical Imaging Program is supported by a proven technical infrastructure known as Picture Archive and Communication Systems and Radiology Information System. This infrastructure will provide clinicians with the necessary tools to contribute to improved patient care by decreasing test turnaround time optimising workflow in diagnostic imaging facilities and delivering the capacity to share images across hospitals. I am advised that the implementation of the first phase of the statewide medical imaging program has commenced in the Sydney West Area Health Service. Procurement activities for Northern Sydney Central Coast, North Coast, and Sydney South West Area Health Services are expected to be completed in early 2008.

Electronic Medical Record

The Government is investing $100M over five years to design, build and implement the Electronic Medical Record (eMR) System in hospitals across NSW. The 2007/08 budget allocation for this initiative is $18M. The eMR underpins the clinical information requirements of the government's reforms to improve patient safety and the effectiveness and efficiency of hospital care. The eMR is a vital part of a future fully integrated healthcare system. The eMR manages clinical information for patient care and treatment. It replaces many of the existing paper records and makes the information available in a secure way to authorised clinicians from any location in the hospital. The eMR is being rolled out to153 hospitals across the State and will provide summary level information to the Electronic Health Record for those Area Health Services involved in the Electronic Health Record pilot. All Area Health Services have completed business process reviews and project initiation activities and implementation planning is underway.

NSW Health will continue to invest in Information Technology programs that deliver enhanced state wide systems and process that serve to deliver more integrated service delivery, better quality care and improved patient safety and more integrated performance management.

Recommendation 39

That the monitoring of trust funds be improved, with nominated hospital executives receiving monthly reports on income and expenditure from clinicians and administrators, and that this information be made publicly available annually on request.

Response and Action

Supported

The NSW Government recognises that Trust Funds and public fund raising are integral parts of the public health system, and give the community the opportunity to show their appreciation for the great work done by our doctors and nurses. The Government greatly values this contribution, and supports any move to ensure that these kinds of donations are dealt with appropriately and transparently.

NSW Health's Accounting Manual requires "*a separate ledger "sub equity" account should be opened for each special purpose for which money is received*".

The operation of the Fund is subject to internal and therefore external audit, however, a discrete set of audited financial statements for each sub equity account or in total is not required.

NSW Health currently requires that each Health Services Finance Committee should be given an adequate level of information to be satisfied that Special Purpose and Trust (SP&T) funding is being managed appropriately according to Departmental policy. To help ensure this, the Audit Committee of the Health Service should be advised of any irregularities in the operation of SP&T whether reported by staff/others or identified through the audit process.

NSW Health will strengthen monitoring of SP&T by requiring all Chief Executives be given details of all expenses and revenues on a monthly basis. Where appropriate, budgets for expenditure/revenue should also be allocated so that performance can be reviewed.

Each Health Service will be required to ensure that an Executive Officer is available to resolve SP&T issues as they arise, so the SP&T report to the Finance Committee accurately reflects not only the accounting records but also the expectation of key stakeholders (through the responsible Executives).

Where issues raised by responsible Executives cannot be resolved, the Chief Executive/Director of Corporate Services, based upon the facts, will be required to make a binding decision. This can include referral to the Independent Commission Against Corruption if possible corruption is alleged.

Recommendation 40

That NSCCAHS:

- Provide training in the Incident Information Management System to all new staff, via the staff induction process.

- Provide training in the Incident Information Management System to senior clinical staff.

- Record the number and categories of staff who receive formal training in the use of the Incident Information Management System.

Response and Action

Supported

The Incident Information Management System – or IIMS - has been in place since May 2005, and provides a comprehensive, systematic mechanism to enable incidents to be electronically notified and managed. It has been rolled out across all Area Health Services. The NSW Government supports moves to ensure that all clinicians are appropriately trained in using the IIMS system.

To this end, NSCCAHS has implemented a training program to increase reporting that includes both orientation for new staff and training to existing staff. Under the program, training sessions are provided to clinical units, including their clinical leadership.

Further targeted training is provided to key senior clinical staff. Other elements of the program to increase reporting include feedback to units on reporting rates, improved links to clinical audit, and publicity for improvements that have come about because of incident notification.

Staff training is now recorded using the Pathlore system, a training database used widely within NSW Health. Previously, staff category was not recorded for Incident Information Management System training - this has now been rectified.

Recommendation 41

That NSW Health review the operation of Incident Information Management Systems and training in their use across all Area Health Services and report the results of the review in the next NSW Health Annual Report.

Response and Action

Supported

As noted in response to Recommendation 40, the NSW Government values the important role IIMS plays in identifying incidents across the health system and facilitating learning and constant improvement.

Since the implementation of the IIMS across NSW public health facilities in May 2005, NSW Health has been committed to the continuous improvement of the system by regularly reviewing the core components of the application.

The Quality and Safety Branch, NSW Health continues to review the notification, management, reporting and training components of the application to assist clinicians, managers and other health care workers to minimise risks by managing all health care incidents as they occur. Through close liaison with users of the system and incorporating the recommendations arising from the University of NSW evaluation of the system, the Quality and Safety Branch has to date implemented a number of changes to the application and is committed to undertaking future modifications to enhance the application.

Currently NSW Health is undertaking a review of the feedback mechanisms that are in place to ensure that the outcomes of incident management and investigation are reported back to clinicians and clinical teams. The outcome of this review will be the identification of effective practice models which can be implemented state wide. This review is due for completion in March 2008.

Additionally NSW Health is also exploring options to upgrade the incident management software to improve the ease of notification for clinical staff and enhanced reporting functionality for managers. A review of training needs will also be undertaken as part of this process.

A report on the above review processes and their outcomes will be reported in the next NSW Health Annual Report.

Recommendation 42

That NSW Health in conjunction with the Clinical Excellence Commission examine the use of systematic audits of medical records, such as QaRNS

Response and Action

Supported

There are a number of medical record audit programs in place nationally with the prime objective of identifying adverse events and learning from that event to improve clinical care.

A number of these programs operate under legal protection through Qualified Privilege.

The Quality and Safety Branch and the CEC will form a project team to undertake the review of these programs. The review will seek feedback from clinicians who participate in different

models of systematic audits of medical records. Models will be evaluated to gauge their usefulness in driving practice improvement and facilitating Open Disclosure.

The review should also include an examination of the function of Qualified Privilege and its impact on the conduct of reviews and the communication of the outcomes to clinical teams and to the patients and families in the Open Disclosure process.

The Legal Branch of NSW Health has commenced a statewide review of Qualified Privilege which will also inform the examination of the use of systematic audits of medical records.

Recommendation 43
That NSCCAHS ensure that the recommendations from incident reporting are implemented.

Response and Action
Supported
This Government was responsible for introducing a new culture of open disclosure and accountability in the public health system through the establishment of the Clinical Excellence Commission (CEC) in August 2004.

The primary aim of the incident reporting system is to improve the health care system by learning from past errors. Implementation of the CEC's recommendations is part of that process. The NSW Government, therefore, supports any move to ensure that recommendations from incident reporting are implemented.

NSCCAHS has a mechanism for sign-off, recording, tracking and verification of recommendations from investigation of serious incidents. Recommendations from Root Cause Analysis and other formal investigations are formally recorded on a database, and the nominated action officers are required to report on progress quarterly.

Completion status is routinely reported to the NSCCAHS's Health Care Quality & Patient Safety Committee. In November 2007, 85 per cent of due recommendations were reported as complete within the NSW Department of Health's performance target. Overdue recommendations are actively scrutinised.

Recommendation 44
That NSCCAHS ensure that the outcomes of incident investigations, including those in relation to SAC 3 and 4 incidents, Quality Assurance Royal North Shore reports, and Coroners' reports, are communicated to staff.

Response and Action
Supported
NSCCAHS communicates high level incident-related reports through its corporate communications system, including newsletters and other high level internal media such as the intranet.

Root Cause Analysis (RCA) findings, recommendations and progress on recommendations are routinely reported through the governance system, with reports being submitted to the Health Service Quality Committee and the Clinical Council. Detailed RCA and other internal investigation findings and recommendations are actively communicated to the relevant staff.

All Coronial cases are subject to RCA. Additional Coronial recommendations and action plans are reported through the Health Service Quality Committee, and directly to relevant staff.

NSCCAHS trains unit managers on extracting reports from Incident Information Management System (IIMS) and is developing a method for assessing feedback on SAC3 and SAC4 incidents at unit level.

The NSCCAHS Health Care Quality & Patient Safety Committee will circulate a quarterly "lessons learnt" compiled from completed audits.

Recommendation 45

That the Clinical Excellence Commission give a high priority to the development and implementation of programs that measure patient satisfaction as a key performance indicator for each hospital and health facility, alongside key performance indicators relating to the delivery of technically excellent care.

Response and Action

Supported

The NSW Department of Health, through the Health Service Performance Improvement Branch have established a statewide patient satisfaction survey to be completed each year. It also has established, through the Clinical Services Redesign Program, a patient and carer experience project. These activities will provide hospital and health facilities with comparative information on their performance with regard to patient satisfaction.

A review of overall performance across the state will identify areas for improvement that NSW Health, in collaboration with organisations such as the Clinical Excellence Commission (CEC), will be able to target areas requiring improvement as well as examples of best practice.

NSW Health has contracted Ipsos Pty Ltd to conduct a statewide survey of NSW patients and deliver detailed actionable reports to health services. The project will run over three years and reports will be provided each year on the NSW statewide, Area Health Service and Facility survey results. The emphasis of the survey reports is on highlighting stronger and weaker areas of the health service that will facilitate improvement in the public health system.

The NSW Health Annual Patient Survey costs around $1.7 million per annum and is funded by participating Area Health Services including the eight Area Health Services across NSW and the Children's Hospital at Westmead.

The 2007 patient survey has taken place. Surveys were posted throughout NSW, Each patient questionnaire (specific to patient category) asked questions about eight Core Dimensions of Care that patient's value:

- Core Dimensions of Care
- Access to Care;
- Coordination of Care (including integration);
- Information and Education;
- Physical Comfort;
- Emotional Support (including alleviation of fear and anxiety);
- Family and Friends;
- Continuity and Transition; and

- Respect for Patient Preferences (including values and expressed needs).
  Source: Picker Institute

Over 216,000 self-completion questionnaires were posted to patients who had received treatment during February 2007. An effective response rate of almost 38% was achieved, or almost 75,000 patients completed and returned the questionnaires.

Results are currently being processed and reports will be released to participating Area Health Services in February 2008. NSW Health Chief Executives will work with their management teams to respond to patient feedback. The NSW Department of Health will support Area Health Services through statewide programs such as the Clinical Services Redesign Program and Centre for Healthcare Redesign.

The 2007 Statewide Patient Survey Results will be published in the NSW Health Annual Report 2007-08.

The second year of the NSW Health Patient Survey project has commenced and patient surveys will be mailed in May 2008.

Appendices

Appendix A - *Australasian College of Emergency Medicine policy document for Emergency Department signage*

Appendix B - *Professional Practice Unit brochure*

Appendix C - *Terms of Reference NSCCAHS Clinical Strategy Group*

Appendix D - *Revised Position Description*

Appendix E – *NSW Health 'Guide to the Development of AHS Asset Strategic Plans 2008/09 to 2017/18', version 8.0, 18 January 2008*

Australasian College for Emergency Medicine
ABN 76 009 090 715

POLICY ON
EMERGENCY DEPARTMENT SIGNAGE

1. PURPOSE AND SCOPE

1.1. This document is a policy of the Australasian College for Emergency Medicine and relates to signage which should be used by emergency departments

1.2 The policy is applicable to emergency departments in general.

2 POLICY

2.1 "Emergency" and "Emergency Department" signage should be restricted to facilities with 24 hour on site doctors where care is provided or supervised by an emergency physician in which facilities conform to ACEM standards.

2.2 Nationally uniform & consistent emergency department signage will assist individuals to correctly identify emergency departments.

2.3 Emergency department signage should consist of the word "Emergency" or "Emergency Department" in white letters on a red background complying with Australian Signage Standards.

2.4 The Australasian College for Emergency Medicine acknowledges that the symbols of the International Red Cross and the Swiss flag are protected symbols under Article 38 of the Geneva Convention.

3 PROCEDURE and ACTIONS

3.1 Emergency department signage should incorporate the international symbol of a white cross on a blue background to indicate 24 hour on site medical presence.

3.2 Hospitals with 24 hour access to doctors but not necessarily a 24 hour onsite medical presence should use the international symbol of a white "H" on a blue background.

3.3 Hospitals without an emergency department should have signage clearly indicating this. The signage should include details of the nearest available emergency department.

3.4 Specialised emergency departments such as paediatric or eye and ear hospital emergency departments should have their area of specialisation clearly sign posted.

P20 Adopted by Council March 1999
Reviewed and adopted July 2006
© This document is Copyright and cannot be reproduced in whole or in part without prior permission

34 Jeffcott Street • West Melbourne • Victoria 3003 • Australia • Telephone: (03) 9320 0444 • Fax: (03) 9320 0400

The Professional Practice Unit is <u>NOT</u> responsible for:

- All complaints that arise in NSCCAHS
- Grievances between our staff unless they have serious clinical implications
- General performance concerns or non clinical disciplinary issues
- Allegations of corrupt conduct or other misconduct not associated with patient care (ie fraud).

  (These issues will remain primarily the responsibility of service or line managers).

CONTACT DETAILS

<u>AREA PROFESSIONAL PRACTICE UNIT</u>

8am to 5pm Monday to Friday except public holidays

Mary Dowling
Manager, Professional Practice Unit
Telephone: 9926 8418
Facsimile: 9926 6025
Email: madowling@nsccahs.health.nsw.gov.au

Key healthcare facilities administered by Northern Sydney Central Coast Area Health Service

North Shore and Ryde

Royal North Shore Hospital
Ryde Hospital

Central Coast

Gosford Hospital
Wyong Hospital
Woy Woy Hospital
Long Jetty Hospital

Northern Beaches

Manly Hospital
Mona Vale Hospital

Hornsby Ku-ring-gai

Hornsby Ku-ring-gai Hospital

Mental Health

Macquarie Hospital

Primary and Community Care

CATALOGUE NUMBER 09283

Professional Practice Unit

Providing Specialist Assistance in the Management and Investigation of Professional Practice Issues

NORTHERN SYDNEY CENTRAL COAST
NSW HEALTH

When members of staff should contact the Professional Practice Unit

If you have a concern about an area of professional practice which you feel should be investigated, or if you are in a managerial position and would like assistance with the investigation of a professional practice issue we are available to assist with all aspects of the management and/or investigation of a concern about a member of staff.

If a patient or relatives have a complaint or concern

The hospitals and healthcare facilities that make up Northern Sydney Central Coast Area Health Service (NSCCAHS) aim to deliver the highest possible standard of healthcare.

If you have any concerns about the treatment provided to you, or a relative, you are encouraged to communicate this to your healthcare facility at the local level. You can expect any complaint, verbal or written to be dealt with quickly by the hospital's complaint service. Your issue will not adversely affect the service you receive.

When patients or relatives should contact the Professional Practice Unit

If you feel your concern has not been resolved then you are invited to contact the Professional Practice Unit, we want to resolve your concerns to your satisfaction.

Our Professional Practice Unit offers an alternative for you and your relatives if you are not happy with the care or treatment provided in any of our facilities.

Our approach

The Professional Practice Unit conducts transparent and objective investigations into serious complaints and grievances. We plan, manage and conduct investigations with a view to ensuring that all of the relevant evidence is analysed and that all of the interested parties have the opportunity to make their position known in a fair and impartial forum.

We aim to

Continue to build on ethical work standards, practices and professional conduct across NSCCAHS.

- Ensure effective responses to complaints and conduct issues.
- Strengthen incident management and reporting systems.
- Support clinical and managerial staff through relevant training education and advice to enable system-wide reliable and timely investigations.

How we work

The Professional Practice Unit staff have legal clinical and mediation skills to appropriately and promptly assess concerns and grievances of patients, relatives and staff.

Contact with families and consumers in individual cases under investigation by the unit is carefully managed to ensure communication is swift, accurate and confidential.

The Professional Practice Unit works closely with the Clinical Governance Unit, Workforce Directorate, Nursing & Midwifery, Senior Medical Staff Unit and other units of the Health Service.

The unit assists in training programs for the staff of NSCCAHS in relation to the:

- Code of Conduct and Ethical Practice
- Investigation of serious consumer complaints

In its investigative function the Professional Practice Unit liaises with external agencies including:

- Health Care Complaints Commission
- NSW Ombudsman
- Independent Commission Against Corruption
- NSW Coroner
- NSW Department of Health
- Employment Screening and Review Branch
- Anti-Discrimination Board of NSW

NORTHERN SYDNEY CENTRAL COAST NSW HEALTH

TERMS OF REFERENCE

NSCCAHS Clinical Strategy Group

1. MEMBERSHIP

Members have a responsibility to comply with the principles of participation including honesty, trust, respect and transparency. Decisions are based on an objective analysis and commitment to achieving the objectives as stated under Terms of Reference.

Membership – TBC

Will include 12 - 14 clinicians from across the AHS.

The Director PPP, Director Clinical Operations and 1 general manager will be members of the group

2. OFFICERS IN ATTENDANCE

Manager Health Services Planning Unit

Director Network and Clinical Services Development

3. QUORUM REQUIREMENTS

50% + 1 – where a quorum is not reached a meeting may still proceed but recommendations must be ratified at the next meeting having a quorum.

4. ROLE

To recommend to the Chief Executive the direction for clinical services within NSCCH, over the next 10 years, by 30 April 2008

5. TERMS OF REFERENCE

Tasks:

1. To critically review and assess draft clinical services plans, and high priority plans that aren't yet developed[1], with particular reference to supporting:
    - Enhancement of clinical networks and clinical management structures
    - Clear delineation of hospital roles within the clinical network structure
    - Evidence based approaches to clinical services delivery to encourage consistency in standards of care
    - Equity of patient access to appropriate care levels
    - Appropriate clinical workforce distribution and staffing resources that are aligned with services planning activity levels and requirements
    - Opportunities for innovative models of care, service delivery and technological improvements

2. To support wider consultation with staff, clinicians, and other key stakeholders including community groups and the Department of Health. This will occur at various stages through out the planning process

Deliverables:

- An area wide clinical services strategic plan for consideration by the Chief Executive by 30 April 2008

6. FREQUENCY OF MEETINGS

Weekly meetings – date, time TBC

7. EXECUTIVE SPONSOR

Director, Population Health, Planning & Performance

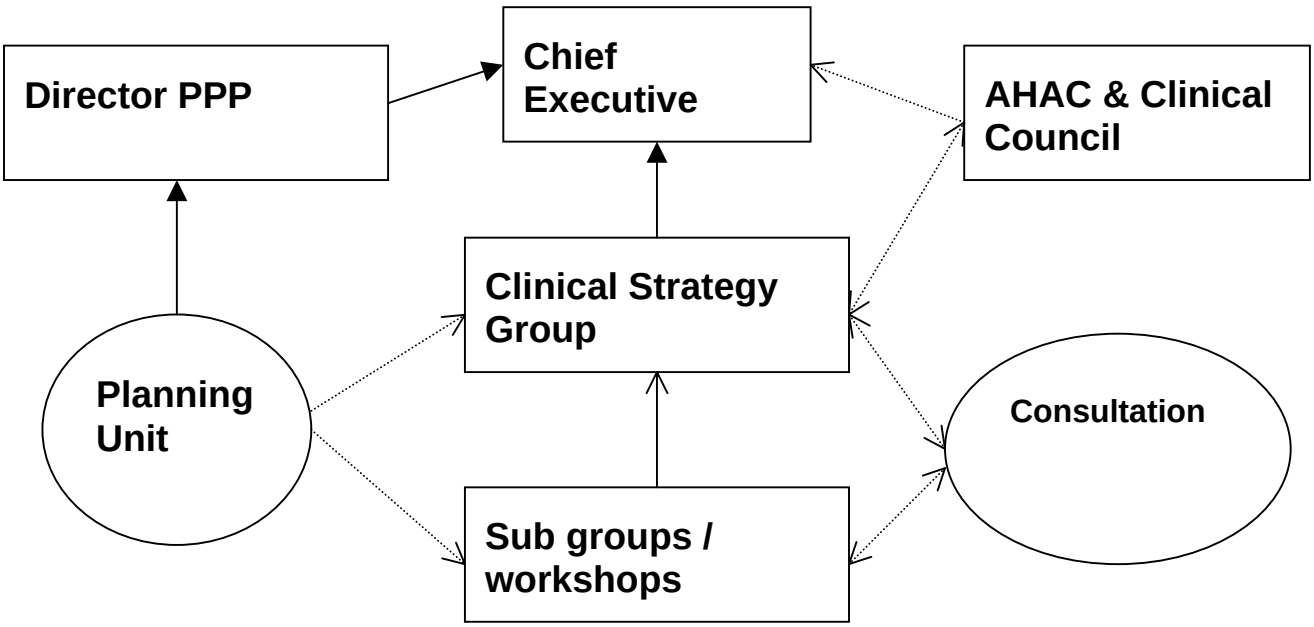
8. SECRETARIAT

NSCCH Planning Team

9. METHOD OF EVALUATION

To be determined by the group

10. REPORTING STRUCTURE



NORTHERN SYDNEY CENTRAL CPOAST HEALTH

POSITION DESCRIPTION

POSITION TITLE:	Director of Nursing and Midwifery
CLASSIFICATION:	Nurse Manager Grade 9

Health Service: North Shore Ryde Health Service
Facility: Royal North Shore Hospital
Award/Agreement: NSW Public Health System Nurses' and Midwives' (State) Award.
Hours per week: As per Award
Immunisation Category: Category

Working with Children requirement			☐ Yes ☐ No						
Exposure Prone Procedures			☐ Yes ☐ No						
Position Speciality Coding	Primary Function			Client		Speciality			

Organisational Relationships

(Revised Organisational Chart-to be inserted)

RESPONSIBLE TO:

OPERATIONAL: **General Manager of Health Service**

PROFESSIONAL: **NSCCH Area Director of Nursing, Midwifery and Access**

RESPONSIBLE FOR THE FOLLOWING STAFF:

Operational: Nurse Manager Executive Assistant
Patient Flow Manager
Nurse Manager Practice Development Unit

Professional: All Nursing & Midwifery classifications

PERFORMANCE REVIEW AND DEVELOPMENT PLANNING:

3 months after commencement: (insert date)
Annual: (insert date)

QUALIFICATIONS, SKILLS AND EXPERIENCE

Essential:

- Registered Nurse List A with current NSW registration.
- The ability to lead the nursing and midwifery workforce and build a work environment that attracts and retains staff.
- The skills to implement and sustain significant change in a complex health environment.
- Ability to operate as an effective member of an executive team with a leadership style reflective of current best practice.
- Highly developed analytical, negotiation and problem solving skills
- Relevant Post Graduate tertiary qualifications(s) in nursing/management and relevant nursing management experience.
- Demonstrated experience in financial and human resource management
- Commitment to Nursing and Midwifery research and professional development.
- Experience in clinical governance, continuous improvement, quality initiatives and customer service principles.
- Proven/demonstrated ability to formulate and develop strategy and to translate strategic objectives into operational performance internally and through external partnerships including NSCCAHS, Universities and government departments
- Demonstrated high level of communication skills both written and verbal with ability to write reports, conduct presentations and have the ability to represent the organisation at State level.
- Demonstrated ability to act as a change agent and lead organisational change in a complex health care setting
- Knowledge of nursing issues at a local, National and International level.
- Proven/demonstrated ability to identify and analyse clinical needs and to recommend and evaluate innovative business plans and organisational strategies in response to those needs.
- Ability to use information systems and technology effectively.
- Knowledge and understanding of EEO legislation and OH&S principles.
- Current NSW Drivers Licence

PHYSICAL REQUIREMENTS: (See attachment 1)

POSITION OVERVIEW: OBJECTIVE, NATURE & SCOPE.

Organisational Context:

Northern Sydney Central Coast Area Health Service (NSCCAHS) is responsible for the funding, organisation and delivery of public health services in a geographical area extending from Sydney Harbour to Catherine Hill Bay at the Northern end of the NSW Central Coast region. Health Services are provided through four Health Services - Hornsby Ku-ring-gai Health Service, North Shore/Ryde Health Service, Central Coast Health Service and Northern Beaches Health Service. In addition, there are a number of area-wide and community based services including Macquarie Psychiatric Hospital (North Ryde). Third Schedule and other organisations affiliated with NSCCAHS include: Hope Health Care Group facilities namely Neringah and Greenwich Hospitals; Royal Rehabilitation Centre Sydney and the Northern Sydney Home Nursing Service. NSCCAHS has a resident population of approximately 1,080,000, covering 13 local government areas. Of this population 15% are aged 65 years and over, compared to 13% of NSW as a whole. The population is projected to be 1,130,000 by 2010.

This DN&M position is responsible for leadership and management of the Nursing and Midwifery Services of the Royal North Shore Hospital. The DN&M carries the portfolio of patient flow and access for Royal North Shore Hospital. This position is full time and is a member of the Health Service Executive.

Key Internal & External Relationships:

Internal

The position works collaboratively and in partnership with the members of the local Health Service Executive. The Health Service Executive consists of the General Manager, Director of Medical Services, Director of Primary and Community Health, Director of Operations, Director Decision Support, Divisional Clinical Directors, Divisional Managers, Manager Human Resources and NSRHS/Northern Beaches Allied Health Manager. The Health Service Executive has a responsibility for developing and delivering effective, efficient, high quality health services, in line with the organisational objectives.

The position has joint accountability with Divisional Managers for the setting and managing of nursing budget to the General manger and professionally responsible to the Area Director of Nursing and Midwifery. The position contributes to the development of clinical networks across the Area with General Managers, Directors of Medical Services, and Clinical Directors, together with other clinical leaders.

External

Educational institutions, Nursing Homes and relevant NGOs, Ambulance Services, Private Hospitals, Local Media, Local Government Agencies, Industrial Bodies, volunteer groups and consumer representatives.

Delegations/Authority

Budget:	Joint Accountability with the Divisional Managers for the nursing budget
Financial Delegations:	*As per Northern Sydney Central Coast Area Health Delegations manual.*
Personnel Delegations:	*Management of clinical and Non-nursing staff reporting to the position.*

Challenges

- Change management and culture shift in service delivery and models of care.
- Implementation of the Reasonable Workload Tool and monitoring at facility level
- Patient flow management and sustainable access.
- Effective support for development of clinical networks and implementation of clinical redesign.
- Provision of high quality services within constrained resources.
- Development of multidisciplinary teams and service delivery
- Development of partnership and shared accountability for the performance of the Health Service.

CORE KNOWLEDGE AND SKILLS - *(as adopted from the NSW Public Health System Nurses' and Midwives' (State) Award.)*

1. *Leadership* - Ability to contribute to and influence emerging trends within nursing and health.
2. *Communication* - Ability to negotiate on behalf of the organisation.

3. *Knowledge* – Ability to identify, evaluate and incorporate where appropriate emerging trends within the broader service and business industry which have the potential to enhance nursing and/or health services.
4. *Performance Management* – Ability to enhance organisational performance through collaboration with other organisations both within and outside the area of health.
5. *Planning* – Ability to analyse the strategic plan of the organisation for the continuing relevance and adjust direction. Ability to contribute to a strategic plan for health care in a range of forums including at a State and National Level.
6. *Resource Management* – Ability to identify additional funding sources and negotiate funding as required.

ROLE RESPONSIBILITIES:

The facility DN&M will have overall responsibility for coordination of nurse staffing, standards of practice, compliance with reasonable workload tool, collaboration with Clinical Directors and Divisional Managers to develop alternative models of care, skill mix, professional and workforce nursing and midwifery issues.

1. Leadership of the Nursing & Midwifery services within Royal North Shore Hospital and the relationships between the Nursing & Midwifery services and other functions of the organisation
2. Support the Health Service Executive to ensure that the major processes for delivery of care, research and education within the organisation meet high standards of quality, efficiency and effectiveness against DOH KPIs, benchmarks, SLAs and other agreed Health Service indicators.
3. Manage the facility Nursing & Midwifery patient services budget.
4. Joint accountability with the Divisional Manager to determine and monitor the Nursing and Midwifery staffing requirements and budget.
5. Provide leadership and management to reporting staff within the facility and to Divisional Directors and Managers in relation to nursing and midwifery clinical practice, professional standards and adherence to statutory regulations and Hospital and Area policies and procedures
6. Networking with the Health Service Executive and the Clinical Divisions to ensure that the major processes for delivery of care, research and education within the Health Service are identified, evaluated and systematically improved
7. Networking with all service partners allowing integrated services that facilitate patient care.
8. Fostering an environment that enhances professional development; mentorship and innovation for nursing and midwifery.
9. Responsible for effective and efficient facility patient flow and sustainable access performance
10. Lead the annual review of nursing workload along with measuring compliance with reasonable workload tools.

KEY RESPONSIBILITIES AND PERFORMANCE INDICATORS

Leadership

1. Contribute to the development and implementation of strategies, policies and practices to maintain and enhance the quality of clinical services across area networks.
2. Work with Health Service Executive in continually improving the clinical effectiveness of services within the Facility.
3. Ensure nursing and midwifery practice is evidenced based.

4. Encourage professional self- development at all levels within nursing and midwifery.
5. Ensure all nursing and midwifery staff are aware of the nature of the patient/nurse relationships.
6. Encourage participation of nursing and midwives in clinical practice development
7. Ensure that there are appropriate structures and systems in place for the development, implementation and review of nursing and midwifery research, and that this facilitates evidence based practice and facilitates practice development.
8. Foster a culture of learning, research and innovation
9. Lead the development of efficient and effective patient flow strategies that include innovative and best practice principles.

Communication

1. Establish and maintain professional networks with internal and external educational service providers.
2. On call as per Health Service nominated responsibility
3. Ensure that processes are in place to ensure effective communication between clinical staff, nursing management and site executive.
4. Build effective working relationships and partnerships with other health and community care providers both within and outside NSCCAHS.

Knowledge

1. Ensure all requirements set out by the Nurses and Midwives Board, NSW Health and other Legislative Bodies are met
2. Work with the Health Service Executive to ensure best practice in clinical care, and continuous improvement in quality and safety throughout all units.
3. Ensure the principles of quality management are incorporated in the delivery of nursing and midwifery care.

Performance Management

1. Work with Health Service Executive, facility senior management and department heads to establish performance agreements. Provide advice and counsel and oversee development and performance to ensure they contribute to organisational objectives at the required level.
2. Lead the facility in achievement of patient flow strategies and achievement of KPI's.
3. Develop, monitor and analyse the Nursing and Midwifery Service approved budget.
4. Jointly with the Divisional Manager determine and monitor the staffing requirements and allocation of nursing and midwifery budgets in each unit within the Facility.
5. Responsible in conjunction with the Divisional Mangers the progressive monitoring of performance against budgets, in partnership with Health Service Executive
6. Ensure nurses and midwives are authorised to practice and have the clinical competence to deliver optimum level of care.
7. Ensure systems are in place to facilitate midwifery credentialling
8. Ensure teaching and education resources are available to support nursing and midwifery students, new graduates, trainee enrolled nurses, nurses and midwives re-entering the workforce, and continuous learning for all nursing and midwifery staff.
9. Achieve Nurses & Midwives Board accreditation for Clinical Units for trainee enrolled nurse program clinical placements.

Planning

1. Collaborate with Nursing and Midwifery Leaders in the development and implementation of an Area Nursing and Midwifery Strategic Plan that addresses local, Area and Statewide initiatives
2. Responsible for the development and implementation of strategic plans for the Nursing & Midwifery Services at a facility level.
3. Participate in planning services at facility, organisational and State level.
4. Participate in workforce remodelling
5. Participate in the development and maintenance of the Disaster Management Plan and is able to respond to external or internal diaster or emergency.
6. Ensure that Senior Nurse Managers are equipped to fulfil the role of Hospital Disaster Controller after hours.

Resource Management

1. Ensure there is a skilled and valued workforce within Nursing & Midwifery Services
2. Ensure provision of a 24 hour nursing and midwifery service
3. Evaluate and implement effective recruitment and retention strategies for nursing and midwifery staff.
4. Ensure that performance reviews are conducted in accordance with Area policies and procedure and that there is ongoing professional development of nursing and midwifery staff.
5. Monitor staff turnover, overtime, rostering and involvement in nursing and midwifery workforce planning.
6. Ensure processes for the annual review of reasonable workloads and continual monitoring of workload.
7. Ensure systems are in place to identify and monitor maintenance of annual nursing and midwifery registrations and enrolments.
8. Ensure staff under the direction of the Director of Nursing adhere to their position descriptions and conform to the NSCCAHS Code of Conduct
9. Develop strategies that support nurses and midwives in pursuit of their career paths.
10. Ensure in partnership with the Executive that the work place is free from bullying and harassment and complies with EEO principles, code of conduct.

Physical and Intellectual Resources

1. Ensure assets, equipment and resources of the Health Service under the control of this position are identified, maintained and used by appropriately trained/qualified staff.
2. Develop innovative practice.
3. Provide a learning environment.
4. Manage technology and physical resources effectively and responds to emerging technologies.

GENERAL RESPONSIBILITIES – LEGISLATIVE

Occupational Health & Safety

Northern Sydney and Central Coast Area Health Service (NSCCAHS) is committed to providing a healthy and safe workplace for all employees, clients and visitors. To facilitate this safe and healthy workplace it is your responsibility to:

Ensure that all potential hazards, accidents and incidents are identified and notified;

1 Ensure your own safety and that of others.

Equity

NSCCAHS endorses the Federal and State Governments policy to bring equality in employment for all employees to assist them to achieve their full potential. The Service will

ensure merit based selection and that all facets of employment are fair, by making unlawful, discrimination of persons based on sex, pregnancy, race or ethno-religious, marital status, age, homosexuality, transgender, disability or carer's responsibilities. As an employee of NSCCAHS it is your responsibility to:

1 deal with others in a fair and equitable manner free from harassment and discrimination;
2 ensure that a working environment free from sexual or any other harassment is recognised as a basic right.

GENERAL RESPONSIBILITIES – OTHER

Code of Conduct & Ethics

NSCCAHS requires a professional standard of behaviour from staff which:

1. Demonstrates respect for the right of the individual and the community;
2. Promotes and maintains public confidence and trust in the work of government agencies.

Organisational Values

Employees are expected to demonstrate a high standard of personal and professional behaviour including:

Ethical Behaviour;

1. Integrity and honesty;
2. Customer focus service;
3. Sensitivity to the rights and needs of others;
4. Impartiality and transparency;
5. Respecting the dignity of others; and
6. Privacy and confidentiality.

Quality Improvement

NSCCAHS has adopted the Australian Council on Healthcare Standards & Quality Improvement Program (EquIP) a continuous quality improvement approach to facilitate effective and efficient provision of quality care to clients of NSCCAHS. All employees are expected to be actively involved in the review and evaluation of processes and services within the employees' areas of responsibility or interest.

Environmental Policy and Waste Minimisation

NSCCAHS acknowledges the links between the public health system and the environment. As part of its commitment to being a good corporate citizen, NSCCAHS will seek to implement change that ensures that its activities are undertaken in a manner consistent with best environmental health and safety practice. Employees are expected to be accountable for efficient resource utilisation including reduction of waste.

Smoke Free Policy

NSCCAHS is committed to adopting a Smoke Free Workplace which will preclude all staff and visitors from smoking within the Hospital, Community Health buildings, any facility, property or grounds administered by NSCCAHS and Hospital Motor Vehicles.

GENERAL RESPONSIBILITIES

It is a requirement that all NSCCAHS employees read, understand and comply with NSCCAHS Policies & Procedures, paying particular attention to the following:

- 1 Manual Handling;
- 2 Infection Control;
- 3 Security;
- 4 Fire Safety; and
- 5 Emergency Procedures.

Effective Date:	Authorised by:	Delegates Signature:

Original unsigned Copy - Department P&P;

Signed photocopy - to employee;

Signed Copy - Personnel File - Human Resources

Attachment 1.

PHYSICAL REQUIRMENTS

(Tasks performed (ie: Client assessments, administration, client treatment, liaison, patient care)

Frequency Definitions:	
O - Occasional	Activity exists up to 1/3 of the time when performing the task.
F - Frequent	Activity exists between 1/3 and 2/3 of the time when performing the task.
C – Constant	Activity exists more than 2/3 of the time when performing the task.
R – Repetitive	Activity involves repetitive movement.

		FREQUENCY				
PHYSICAL DEMANDS	**DESCRIPTION**	O	F	C	R	N/A
KNEELING/SQUATTING	Tasks involve flexion/bending at the knees and ankle possible at the waist, in order to work at low levels	✓				
LEG/FOOT MOVEMENT	Tasks involve use of leg and or foot to operate machinery					✓
HAND/ARM MOVEMENT	Tasks involve use of hands/arms ie. Stacking, reaching, typing, mopping, sweeping, sorting, inspecting.		✓			
BENDING/TWISTING	Tasks involve forward or backward bending/twisting at the waist.	✓				
STANDING	Tasks involve standing in an upright position without moving about		✓			
DRIVING	Tasks involve operating any motor powered vehicle.		✓			
SITTING	Tasks involve remaining in a seated position during tasks performance.		✓			
REACHING	Tasks involve reaching overhead with arms raised above shoulder height or forward reaching with arms extended.					✓
WALKING/RUNNING	Tasks involve walking or running on even surfaces				✓	
	Tasks involved walking on uneven surfaces				✓	
	Tasks involve walking up steep slopes		✓			
	Tasks involve walking down steep slopes		✓			
	Tasks involve walking whilst pushing/pulling objects.					✓
CLIMBING	Tasks involve climbing up or down stairs, ladders, scaffolding, platforms, trees.					✓
WORKING AT HEIGHTS	Tasks involve making use of ladders, footstools, scaffolding, etc. Anything where the person stands on an object other than the ground.					✓
LIFTING/CARRYING	Tasks involve raising/lowering or moving objects from one level/position to another, usually holding an object within the hands -					
	1) Light lifting/carrying 0-9Kg	✓				
	2) Moderated lifting/carrying 10-15 Kg					✓
	3) Heavy lifting/carrying 16+ Kg					✓
RESTRAINING	Tasks involve restraining patients/clients others	✓				
PUSHING/PULLING	Tasks involve pushing/pulling objects away from or towards the body. Also includes striking of jerking.					✓
GRASPING	Tasks involve gripping, holding, clasping with fingers or hands.	✓				
MANUAL DEXTERITY	Tasks involve fine finger movements ie: keyboard operation, Writing.			✓		
SENSORY DEMANDS						
SIGHT	Tasks involve use of eyes as an integral part of task performance ie: looking at screen/keyboard in computer operation.			✓		
HEARING	Tasks involve working in a noisy area ie: boiler room, workshop.					✓
SMELL	Tasks involve the use of the smell senses as an integral part of the task performance ie: working with chemicals					✓
TASTE	involves the use of taste as an integral part of task performance					✓
TOUCH	Tasks involve use of touch as an integral part of task performance.	✓				

PSYCHOSOCIAL DEMANDS	Tasks involve interacting with distressed people.	✓				
	Tasks involve interacting with people who as part of their lives may be aggressive, verbally or sexually uninhibited.	✓				
	Tasks involve viewing/handling deceased and/or mutilated bodies.	✓				
EXPOSURE TO CHEMICAL HAZARDS						
DUST	Tasks involve working with dust ie: sawdust					✓
GASES	Tasks involve working in areas effected by gas, or working directly with gases.	✓				
FUMES	Tasks involve working with fumes ie: which may cause problems to health if inhaled					✓
LIQUIDS	Tasks involve working with liquids which may cause skin irritations if contact is made eg: dermatitis					✓
HAZARDOUS SUBSTANCES	Tasks involve handling of hazardous substances including storage or transportation					✓
BIOLOGICAL MATTER	Tasks involve work with human biological matter through examination, storage, transport or disposal.	✓				
ALLERGENIC SUBSTANCES	Tasks involve exposure to allergenic substances	✓				
ANTI-BIOTICS	Tasks involve handling, transport, administration of disposal of anti-biotics	✓				
WORKING ENVIRONMENT						
LIGHTING	Tasks involve working in lighting that is consider inadequate in relation to task performance eg: glare, not enough natural light					✓
COLOUR	Tasks involve differentiation of colour	✓				
SUNLIGHT	Exposure to sunlight					✓
TEMPERATURE	Tasks involve working in temperature extremes eg: working in a cool room, working outdoors, boiler room					✓
CONFINED SPACES	Tasks involve working in confined spaces					✓
ACCIDENT RISK						
SURFACES	Tasks involve working on slippery or uneven surfaces	✓				
HOUSEKEEPING	Tasks involve working with obstacles within the area, bad housekeeping					✓
HEIGHTS	Tasks involve working at heights					✓
MANUAL HANDLING	Tasks involve manual handling tasks	✓				
NOISE	Tasks involve working in a noisy environment					✓
RADIATION	Tasks involve exposure to X-Rays					✓
ELECTRICITY	Tasks involve working with electrical apparatus and currents					✓
MACHINERY	Tasks involve use of machinery and equipment :					✓
	Light					✓
	Heavy					✓
	Portable					✓
BIOLOGICAL HAZARDS	Tasks involve working with blood, blood products/body fluids	✓				
OTHER ISSUES						
WORKPLACE ACCESS	Tasks involve difficult access or movement from site to site		✓			
PERSONAL PROTECTIVE EQUIPMENT	Tasks involve use of Personal Protective Equipment	✓				
SAFETY CRITICAL ISSUES	Tasks involve responsibility for safety of others			✓		

NSW HEALTH

Guide to the Development of

AHS ASSET STRATEGIC PLANS

2008/09 to 2017/18

Version 8.0 – 18 January 2008

TABLE OF CONTENTS

1.0 INTRODUCTION 3
2.0 SERVICES OVERVIEW 5
2.1 Strategic Direction and Objectives 5
2.2 Present and Future Challenges for Services Provision 5
3.0 ASSET STRATEGY 6
3.1 Assessment of Asset Demand 6
3.2 Assessment of Asset Supply 6
3.3 Gap Analysis (Supply/Demand) 6
3.4 Proposed Asset Actions 7
4.0 CAPITAL INVESTMENT PLAN 7
4.1 Capital Investment Planning 7
5.0 LOCALLY FUNDED INITIATIVES 8
5.1 Locally Funded Initiatives >$250K 8
6.0 ASSET MAINTENANCE PLAN 8
6.1 Maintenance Planning (incl. High Cost Diagnostic & Treatment Technology) 8
7.0 ASSET DISPOSAL PLAN 9
7.1 Asset Disposal Planning (10 Year Horizon) 9
7.2 Budget Year Planned Asset Disposals 9
8.0 OFFICE ACCOMMODATION PLAN 9
8.1 Office Accommodation Planning 10
9.0 APPENDICES 10

1.0 INTRODUCTION

The purpose of this guide is to provide Area Health Services with a disciplined structure upon which to develop their Asset Strategic Plans (ASPs) and sets out the level of detail required. Figure 1 demonstrates the relationship of the ASP with other key plans.

Asset management is concerned with the provision and maintenance of assets and infrastructure, to support overall business objectives. As part of Government policy regarding Total Asset Management (TAM), agencies are required by NSW Treasury to develop this Plan, and AHSs are required to support this process by developing an ASP.

The Area Health Service ASP is based on the service delivery plans. Asset strategic planning is a structured planning process aimed at linking future service needs to asset requirements and then developing appropriate strategies to 'close' the gap between the current asset base and that required to support service needs. This generally is in the form of asset capital investment, continued maintenance or asset divestment. The ASP is aimed at optimising the use of the Area Health Services physical assets in meeting the current and projected health needs of its catchment population.

The key sections of the Area Health Service ASP include the following components:

2.0 Services Overview

3.0 Asset Strategy

4.0 Capital Investment Plan

5.0 Locally Funded Initiatives

6.0 Asset Maintenance Plan

7.0 Asset Disposal Plan

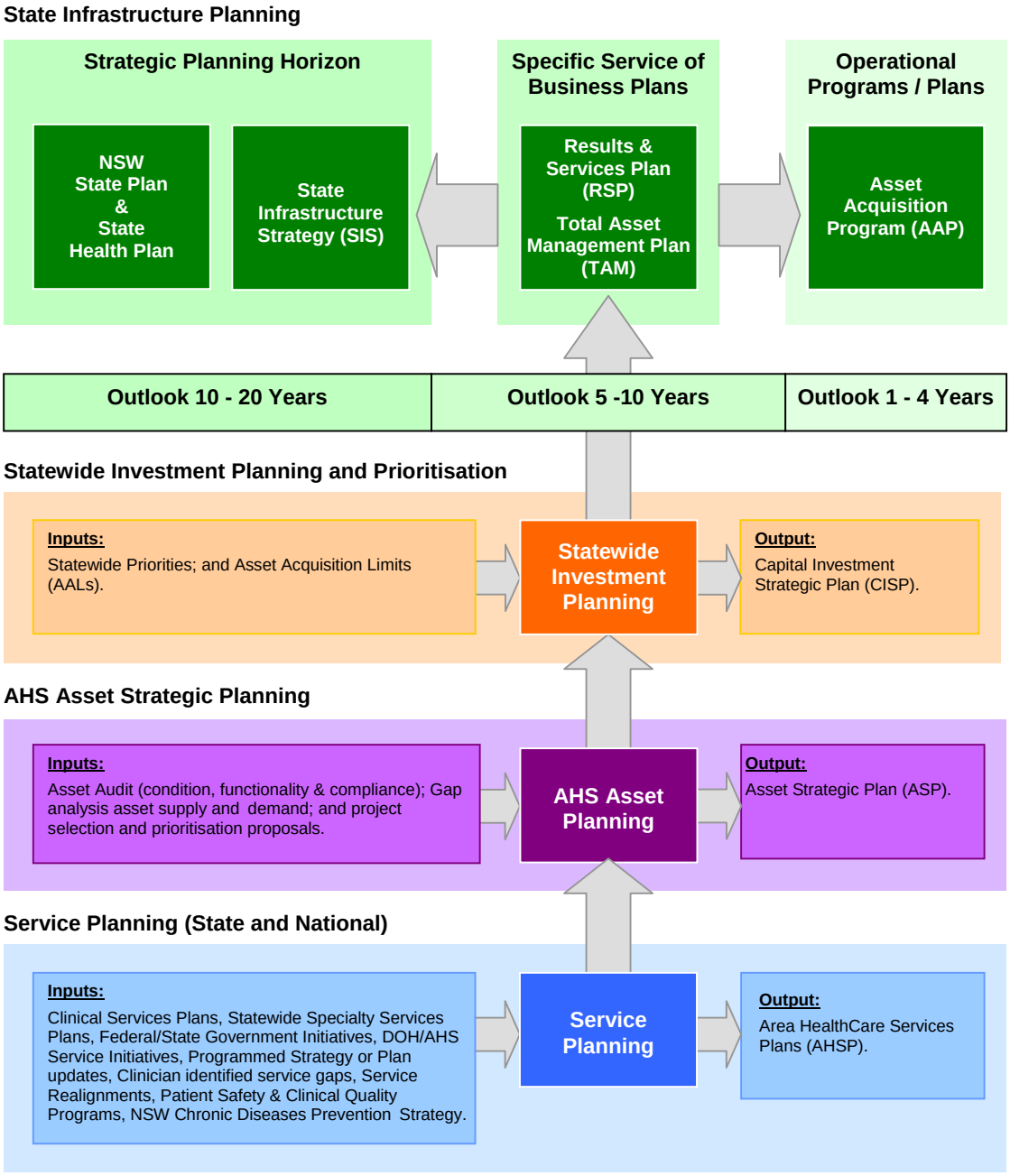
8.0 Office Accommodation Plan

It is important the ASP is undertaken in the context of, as well as informing, the other planning processes undertaken at State and Health Service level, including strategic, services, workforce, financial and business planning.

A key requirement for the ASP is the identification of clear linkages between service outcomes and an asset investment decision. There is an increasing emphasis from Government on ensuring that the level of asset investment achieves commensurate health benefits. It is essential that sound asset management and maintenance principles are adhered to demonstrate that assets are being appropriately managed.

To ensure an integrated approach it is important there is appropriate consultation within the Area Health Service. The development of the ASP is a joint responsibility typically between the Director, Population Health and Planning and Director, Operations or the responsible Director for Asset Management.

Figure 1: Asset Strategic Planning and Prioritisation Process



2.0 SERVICES OVERVIEW

Each Area Health Service (AHS) has developed an Area Healthcare Services Plan (AHSP). This is the overarching document identifying the key strategic directions for the Area, for a 5-10 year period, providing a clear foundation, and detail for more planning and operational decision-making within the AHS.

The AHSP represents a synthesis of these various efforts into the big picture view of the Health Service's current situation, anticipated future needs, and priorities for action in the short to medium term, assuming a particular operating environment. The AHSP must clearly link overall system goals to local priorities and strategies, and bring together an integrated picture of the whole of Area planning.

More detailed specific services plans may be undertaken at various times as required by Central Agencies, the Department or the Health Service. These are also important inputs to the ASP.

The key sections in the 'Services Overview' required for the ASP pertaining to health service delivery and future needs include:

2.1 Strategic Direction and Objectives

This section includes a description of the AHS strategic, corporate and healthcare service priorities. These should be aligned with relevant documents and policies including the seven strategic directions outlined in the State Health Plan and NSW State Plan.

2.1.1 Clearly identify the objectives and performance requirements that are a high priority for the AHS, including a brief overview as to why.

Eg. A high priority the Area may be to ensure equal access to health care due to socio-economic factors within the AHS. This is aligned with Strategic Direction (SD2) from the State Health Plan, to "Create better experiences for people using health services" with the aim to "Improve access to quality health care (2.1)".

2.1.2 Describe the environment in which the Area operates and the goals of the AHS.

- *Outline any joint Area service delivery, business collaboration and asset sharing options, either considered or proposed and explain the Area's responsibilities and contribution to these initiatives.*

2.2 Present and Future Challenges for Services Provision

This section should consider issues such as demand management, population growth, changing demand for services, changing health care needs of the community, new models of care changes in health care services delivery etc and recurrent funding.

2.2.1 Outline present and future pressures on the Area driving demand for services and demand management strategies considered or proposed to keep service levels sustainable within resource limits.

- *Eg. Demands may include:*
  - *Wider government policy.*
  - *Demographic pressures, market factors, cross-sector objectives, future settlement development plans and the effect of changed service delivery by other agencies.*
  - *Emerging technologies and application improvements.*
  - *New standards and changed operating environments.*

2.2.2 Identify the order of funding likely to be available from all sources to the Area to provide, maintain and operate its asset base sustainably over the period of its forward planning.

- *Planning of results and services and the resource needed to deliver them is of necessity iterative. While driven by community need and government direction, it also considers the resource envelope available, to ensure planning remains sustainable.*
- *Future financial resources may vary for reasons beyond the Areas control. Outline the measures to manage these potential risks.*

3.0 ASSET STRATEGY

The key, overarching component of the ASP is the Asset Strategy, which defines and justifies the Areas asset response to the service needs identified in the AHSP and to the needs of its business operations. The Asset Strategy should include an integrated summary of all major or additional asset investment, maintenance, ICT, disposals and accommodation plans required at a particular site, as indicated by the Proposed Asset Actions, and be supported by further detailed information in these areas as required.

The key output of the Asset Strategy is completion of Schedule 1 – Proposed Asset Actions.

3.1 Assessment of Asset Demand

This section should be based on the AHSP and provide a summary of the healthcare service delivery the AHS wishes to achieve at the end of the 10-year planning horizon.

3.1.1 Outline the links between the Area's services or service groups and the asset base necessary for their delivery, including any specific high-level (overarching) strategies affecting particular parts of the asset base and their links to services.

- *Explain the alignment between services/service groups and the key assets and/or segments of its asset base.*

3.1.2 Translate the changing service requirements identified in the AHSP into tangible future asset requirements.

- *Briefly outline the methodology used, such as projected increase/decrease in service demand, and assumptions made etc.*

3.2 Assessment of Asset Supply

This section should include a summary of the asset base and include an analysis of the condition, compliance and functionality information from the Asset Audit.

3.2.1 Outline the key asset supply issues for the AHS. Asset utilisation, location, capacity and functionality should be highlighted.

- *Specific issues and proposed actions should be documented in schedule 1.*

3.3 Gap Analysis (Supply/Demand)

This section should provide an overview of asset demand pressures within the AHS and how these translate to location, access, capacity and service issues for particular assets. The impact of health outcome of any identified "gaps" should be identified and will provide the basis for the future assessment of the value of any asset investment that may occur.

3.3.1 Outline the gaps between the existing and required asset base to support current and future service delivery.

- *Gaps may be due to changes in the assets' operating environment including changed stakeholder expectations, changed models of care, condition of assets over time or functional deficiencies.*
- *Gaps may also be due to plans to deliver enhanced levels of services. The outline may include non-asset and less asset-based options to close the gaps.*

3.3.2 Outline any asset related risks that may affect the delivery of services and achievements of results.

- *Reference should be made to Information and Communications Technology (ICT) and include cost implications.*
- *High cost technology and strategies for maintenance and replacement of other equipment should also be included.*

3.4 Proposed Asset Actions

This section should clearly define the asset actions required at a particular site to address the key asset demand and supply issues identified from the gap analysis process.

3.4.1 Outline the proposed assets actions resulting from the gap analysis.

- *Complete schedule 1 in accordance with the information outlined. Categories include:*
  - *Maintain*
  - *Capital Investment*
    - *Major Investment (>50% rebuild/replacement)*
    - *Major Refurbishment (>25% rebuild/replacement)*
    - *Minor Refurbishment (>10% rebuild/replacement)*
  - *Disposal (Surplus to Service Delivery).*
- *Examples of appropriate asset actions in response to particular demand and supply issues are shown in schedule 1.*

4.0 CAPITAL INVESTMENT PLAN

This specifies the potential capital investment required to fill gaps between available assets and those required to meet future service needs, as clearly described and substantiated in the AHSP and individual Clinical Services Plans (CSPs), where appropriate. As well as identifying asset investment to be considered at the Health Service level, this information is the key input into the Department's forward Capital Investment Strategic Planning.

The key output of the Capital Investment Plan is completion of Schedule 2 - Capital Investment Summary.

4.1 Capital Investment Planning

4.1.1 Outline the capital investment projects required to address the asset gap and effectively deliver services.

- *The capital investments proposed should include for all asset types (e.g. infrastructure, built assets, plant, equipment, ICT & fleet) and indicate their relative priority to other projects in the AHS including a brief description, preferred timeframe and indicative cost estimate. The summary should*

provide the basis for the Area's prioritisation process and subsequent project ranking, including any criteria used to inform this process.

- *Proposed capital investment priorities, including ICT and equipment, should be consolidated into the Capital Investment Plan (schedule 2). This should include works to be resourced from local funds (proposed source should be included), as well as projects to be identified to the Department for consideration for inclusion on the 10 year forward Capital Investment Strategic Plan (CISP).*
- *The basis for the cost estimate for projects must be clearly outlined. If any specific planning has occurred in relation to the project this should also be identified, including advice as to the status of this planning.*

5.0 LOCALLY FUNDED INITIATIVES

Local Initiatives are AHS funded capital projects >$250,000 to support local service delivery priorities such as equipment upgrades, minor refurbishments and ICT projects. They are funded by Area sources such as donations, SP&T and asset sales.

The key output of Locally Funded Initiatives is completion of Schedule 3 – Locally Funded Initiatives >$250K.

5.1 Locally Funded Initiatives >$250K

5.1.1 Provide by overall priority a costed program of Locally Funded Initiatives >$250,000 proposed for the next four years.

- *The proposed initiatives should include all asset types and should be prioritised within each year.*
- *ETCs for each project and proposed Source of Funds should be clearly indicated in accordance with schedule 3.*

6.0 ASSET MAINTENANCE PLAN

This section should include information on the maintenance resources, internal or external to the AHS, including revenue. This identifies the routine preventative maintenance, repairs, and replacement necessary to ensure that the assets upon which service delivery depends are available, reliable, safe and efficient.

The key output of the Asset Maintenance is completion of:
Schedule 4a – Repair, Maintenance, Renewal of Existing Assets $>10K <$250K; and
Schedule 4b – Major Plant and Equipment Replacement >$250K.

6.1 Maintenance Planning (incl. High Cost Diagnostic & Treatment Technology)

6.1.1 Outline the maintenance strategies for each asset type or risk category as per Schedule 4a.

- *Eg. Proposed maintenance should be consistent with strategies such as:*

1. *Repair when broken;*
2. *Preventative servicing to reduce the level of unexpected failures;*
3. *Servicing to achieve effective service life normally expected; and*
4. *Replacing Components of assets when they reach the end of their effective lives.*

- *Include strategies to address planned obsolescence and ICT upgrade paths, urgent, major, programmed, geographically isolated and high risk maintenance. Outline any links between individual strategies.*
- *Highlight any constraints on maintenance planning and delivery stemming from service delivery, or organisational pressures.*

6.1.2 In schedule 4b, provide by overall priority a costed program of major plant and equipment replacements proposed for the next four years.

- *The costed program of major plant and equipment replacement should cover the forthcoming year, the next three years and longer-term budget projections. Projections should extend to ten years for major replacements that are capitally funded.*
- *Detail the impact on service delivery and current and future costs if particular programs of maintenance do not proceed.*

7.0 ASSET DISPOSAL PLAN

Disposal of surplus assets has a number of potential benefits including providing funds for capital investment and the maintenance of other assets, and reducing total maintenance/operating costs.

The key output of the Asset Disposal Plan is completion of Schedule 5 – Asset Disposal Summary.

7.1 Asset Disposal Planning (10 Year Horizon)

7.1.1 Consistent with the properties identified in the Asset Strategy complete schedule 5, showing the asset disposals proposed over the next ten years.

- *Include all assets that no longer support service delivery or are likely in the future not to support service delivery, due either to the condition of the asset, planned obsolescence or changed service requirements.*
- *Show indicative values and corresponding year of disposal.*
- *Proceeds from asset disposals proposed to fund or partly fund capital or maintenance works should be clearly indicated in the 'Proposed Application of Sale Proceeds' column in schedule 5.*

7.2 Budget Year Planned Asset Disposals

7.2.1 Consistent with Government Asset Management Committee (GAMC) and TAM requirements provide completed Surplus Property Checklists, Schedules 5a and 5b, for all assets proposed for disposal within the next four years.

- *Checklists for all 'Strategic Properties >$3M' (schedule 5a) and 'Non-Strategic Properties <$3M' (schedule 5b) should be consistent with the disposals outlined in schedule 5.*

8.0 OFFICE ACCOMMODATION PLAN

The purpose of office accommodation planning is to demonstrate the methodology used by the AHS to determine accommodation requirements and consistency with the Government's accommodation targets.

The key output of the Office Accommodation Plan is completion of Schedule 6 – Office Accommodation Summary.

8.1 Office Accommodation Planning

8.1.1 Outline existing and recurrent office accommodation proposals in accordance with schedule 6.

- *Provide details of any gaps in the office accommodation portfolio.*
- *Specific capital proposals should be outlined in schedule 2 against all other capital investment proposals.*

9.0 APPENDICES

Schedule 1: **Proposed Asset Actions**

Schedule 2: **Capital Investment Summary**

Schedule 6: **Locally Funded Initiatives >$250K**

Schedule 3a: **Repair, Maintenance, Renewal of Existing Assets >$10K <$250**

Schedule 3b: **Major Plant and Equipment Replacement >$250K**

Schedule 4: **Asset Disposal Summary**

Schedule 4a: **Surplus Property Checklist (Strategic Properties >$3M)**

Schedule 4b: **Surplus Property Checklist (Non-Strategic Properties <$3M)**

Schedule 5: **Office Accommodation Summary**

NB:
Please note the schedules contained in this guide are for information purposes only. All schedules are available electronically in Excel spreadsheet format from the following link:

http://www.health.nsw.gov.au/assets/asp.html

SCHEDULE 1 – PROPOSED ASSET ACTIONS							
Asset Description (Location/Facility/Building)	**Asset Demand Issue/s**	**Asset Supply Issue/s**	**Proposed Action**	**ETC ($'000)**	**Service Result**	**Source of Funds**	**Risk/Service Delivery Implications** (Should project not proceed)
Facility 1 – District Hospital	*Increase in population estimated over next 10 years, located next to growth centre within AHS.*	*Satisfactory condition and compliance, some functionality issues room for expansion.*	*Major Investment*	*20,000*	*2*		
Facility 2 – District Hospital	*Reconfiguration of services required with community services focus.*	*Poor condition, compliance issues, disinvestment potential.*	*Disposal*	*2,500*	*3*		
Community Health Service	*Service projections constant.*	*Poor building condition.*	*Minor Refurbishment*	*1,000*	*2*		
Major Metropolitan Hospital	*Projections indicate significant increase in service delivery.*	*Facility at capacity.*	*Major Investment*	*50,000*	*2*		
Multi-Purpose Service	*Increase in population estimated over next 10 years.*	*Satisfactory condition and functionality, no immediate requirements identified.*	*Maintain*	*100*	*1*		
TOTAL							

LEGEND

Proposed Action Values

SCHEDULE 5 Maintain (Maintenance of Service Effort)

2. Capital Investment (Enhancement of Service Effort)

SCHEDULE 6 Major Investment (Eg. >50% rebuild/replacement)
SCHEDULE 7 Major Refurbishment (Eg. >25% rebuild/replacement)
SCHEDULE 8 Minor Refurbishment (Eg. >10% rebuild/replacement)

3. Disposal (Surplus to Service Delivery)

Service Effort Values

1 = No change in levels of service (Maintenance of Service Effort).
2 = Enhanced levels of service (Enhancement of Service Effort).
3 = Disposal (Surplus to Service Delivery)

NB: Refer schedule 3 for typical Source of Funds values.

SCHEDULE 2 – CAPITAL INVESTMENT SUMMARY																
Program/Project Name:		**Planning/Approvals**		**Procurement/Delivery**		**ETC**	**Capital Works Prioritisation**							**Service Result**	**Source of Funds**	**Risk/Service Implications**
Location/Facility/Building	**Description**	**Start (SPP)**	**Finish (PDP)**	**Start (Design)**	**Finish (Handover)**	**$'000**	**AHS Priority Setting**	**Targeted Service**	**Service Realign.**	**Access**	**Efficiency/ Value**	**State of Repair**	**Functionality**			
Facility 1 (District Hospital)	*Staged Redevelopment including New Clinical Services Building.*	*2008/09*	*2010/11*	*2010/11*	*2016/17*	*20,000*	*4*	*3*	*2*	*2*	*1*	*3*	*3*	*2*		
Facility 1 (District Hospital)	*Minor Refurbishment of Emergency Department and Medical Imaging.*	*2010/11*	*2010/11*	*2010/11*	*2012/13*	*20,000*	*1*	*3*	*5*	*4*	*2*	*3*	*4*	*2*		
Community Health Service	*Minor Refurbishment of building fabric and services*	*2009/10*	*2010/11*	*2010/11*	*2011/12*	*3,000*	*3*	*3*	*4*	*2*	*1*	*4*	*2*	*2*		
Major Metropolitan Hospital	*Major Investment for campus redevelopment*	*2010/11*	*2012/13*	*2012/13*	*2016/17*	*150,000*	*5*	*5*	*6*	*2*	*3*	*3*	*4*	*2*		
Multi-Purpose Service	*Maintain*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*2*	*1*	*3*	*4*	*6*	*2*	*3*	*1*		
TOTAL																

LEGEND

Service Result Values
1 = No change in levels of service (Maintenance of Service Effort).
2 = Enhanced levels of service (Enhancement of Service Effort).
3 = Disposal (Surplus to Service Delivery)

NB: Capital Works Prioritisation Values consistent with previous years.

SCHEDULE 3 – LOCALLY FUNDED INITIATIVES >$250K														
Area Health Service:							**Source of Funds**							
Project							**2008/09 Capital Funding from Department**		**Recurrent Budget**	**Use of Retained Revenues**		**Use of Prior Years Revenues held in Bank as at 30 June 2008**		**Total All Sources**
Name	**Description**	**ETC ($'000)**	**Cashflow ($'000)**				**Transfer from RMR >$10,000**	**Use of 2007/08 allocated Capital Funding**	**Use of 2007/08 CASH Recurrent Subsidy from Department ($'000)**	**Source**	**($'000)**	**Source**	**($'000)**	**($'000)**
			08/09	**09/10**	**10/11**	**11/12**								
TOTAL														

LEGEND

Use of Retained Revenues Sources

1 = General Fund-Retained Revenue (including special projects).
2 = General Fund-Revenue (Business Unit).
3 = SP&T Conditional Receipts.
4 = SP&T Conditional Unconditional Receipts.
5 = Assets Sales Proceeds received in year.

Use of Prior Years Revenues Sources

1 = General Fund-Retained Revenue (including special projects).
2 = General Fund-Revenue (Business Unit).
3 = SP&T Conditional Receipts.
4 = SP&T Conditional Unconditional Receipts.
5 = Assets Sales Proceeds received in year.
6 = Use of Prior years Department Cash RECURRENT subsidy held in Bank at 30 June 2008.
7 = Use of Prior years Department Cash CAPITAL subsidy held in Bank at 30 June 2008.
8 = Asset Sales Proceeds.

NB: In relation to the funding sources, the following clarification is provided:

- Capital funding is to be nominated where it is proposed to utilise any AHS 2008/09 RMR >$10,000 core allocation, or capital funding specifically provided by the Department for 2007/08 Minor or Major Works.
- Recurrent Budget relates to the AHS forthcoming year recurrent cash allocation but excludes Capital RMR >$10,000 funding that is processed in the Areas recurrent weekly subsidy.
- Use of Retained Revenues (from any of the identified sources) relates to "in year" revenues ie. Revenues received in the 2008/09 financial year, which are proposed to be used for these Capital purposes.
- Use of Prior Years Revenues held in Bank as at 30 June 2008 (from any of the identified sources) refers to cash in either the AHS General Fund or SP&TF bank accounts at 30 June 2008 that the Health Service has made a decision to use for capital purposes in 2008/09.

SCHEDULE 4a – REPAIR, MAINTENANCE, RENEWAL OF EXISTING ASSETS >$10K <$250K											
Facility Site/Building	**Item Description**	**ETC** $'000	**Year**	**RMR**				**Service Result**	**Source of Funds**	**Risk/Service Implications**	**Priority**
				Type	**Issue**	**Requirement**	**Strategy**				
Base Hospital	*Fire Safety Improvements*	*1,500*	*2008/09*	*Maintenance*	*Compliance*	*Statutory*	*Repair*	*1*	*Area RMR*	*Potential non-compliance and associated safety risk*	*High*
District Hospital	*Sterilising Services Upgrade*	*500*	*2008/09*	*Renewal*	*Condition*	*Non-statutory*	*Replace*	*1*	*SP&T Conditional*	*Likelihood of equipment failure extremely high. Possible disruption to clinical services*	*Low*
Community Health	*A/C System Replacement*	*50*	*2009/10*	*Repair*	*Functionality*	*Non-statutory*	*Service*	*1*	*General Fund*	*Unsatisfactory working conditions for staff and patients*	*Medium*
Multi-purpose Service	*Emergency Lighting Upgrade*	*100*	*2010/11*	*Renewal*	*Compliance*	*Statutory*	*Replace*	*2*	*Allocated Capital Funding*	*Non compliance with regulative requirements*	*High*
TOTAL											

LEGEND

RMR Type Values
1 = Repair
2 = Maintenance
3 = Renewal
RMR Issue Values
1 = Condition
2 = Functionality
3 = Compliance
RMR Requirement Values
1 = Statutory
2 = Non-Statutory
RMR Strategy Values
1 = Repair
2 = Service
3 = Replace
Service Result Values
1 = No change in levels of service (Maintenance of Service Effort).
2 = Enhanced levels of service (Enhancement of Service Effort).

SCHEDULE 4b – MAJOR PLANT AND EQUIPMENT REPLACEMENT >$250K												
Asset Description					**Service Level Standard**			**ETC ($'000)**	**Year**	**Source of Funds**	**Risk**	**Likelihood**	**Priority**
Class	**Group**	**Type**	**Facility/Location**	**Condition Rating**	**Criticality**	**Utilisation**	**Functionality**						
Building Fabric	*Internal Fabric*	*Floor Coverings*	*Hospital A Building 1*	*Poor*	*Medium*	*Low*	*Low*	*25*	*2008/09*	*RMR*	*Medium*	*Low*	*Low*
Building Services	*Electrical*	*Switchboard*	*Hospital A Building 2*	*Poor*	*High*	*Medium*	*Medium*	*150*	*2008/09*	*Recurrent*	*High*	*Medium*	*Medium*
Medical Equipment	*Theatre Equipment*	*Lights*	*Hospital B*	*Immediate*	*Extreme*	*Medium*	*High*	*500*	*2009/10*	*SP&T*	*Extreme*	*Medium*	*High*
IT & Communications			*Community Health A*	*Minimal*	*High*	*High*	*High*	*200*	*2010/11*	*TBA*	*High*	*High*	*High*
TOTAL													

LEGEND

The following field value examples are based on those used by HealthAMMS:

Asset Class Examples
1 = Building Fabric
2 = Building Services
3 = Facility Equipment
4 = IT & Communications Etc

Asset Group Examples
1 = Electrical Services
2 = Hydraulic Services
3 = Fire Services Etc.

Asset Type Examples
1 = Cooling Tower
2 = Switchboard
3 = Lift Etc

Asset Condition Rating Examples
1 = Exceptional
3 = Standard
5 = Poor Etc

SCHEDULE 5 – ASSET DISPOSAL SUMMARY														
Asset/Facility Name	**Type**	**GAMC Approved**	**Total**	**2008/09**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Proposed Application of Sale Proceeds**
Example asset disposal	*P*	*No*	-											
			-											
			-											
			-											
Total			**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

LEGEND

Net cash flow (income) from proposed asset disposals (Nominal dollars, $000s)
Indicate the asset type: Office Accommodation (O), other Property (P), Land only (L), ICT, or other asset/infrastructure (I) and expected income from each proposed asset sale.

Note:
Real estate disposals should be approved by GAMC before sale, but all proposed sales should be included above. Indicate whether GAMC approval has been received (as applicable). Detailed data for each property disposal should be provided in the separate "asset disposal" TAM data template.

SCHEDULE 5a – GAMC SURPLUS PROPERTY CHECKLIST (STRATEGIC PROPERTIES >$3M)

Property Description	Property Address					Site Area (m^2)	Est. Value $'000	Tenure	Current Use	Status/ Utilisation	Expected vacation Date	Land Title Details	LGA	Zoning	Value	Value Date	Heritage & Land Claim Status	Ecological Status	Contaminated Soil Buildings	Ministerial Commitments	Other Government Agencies	Whole of Government Issues	Proposed Disposal methodology & Timing	General comments	Contact	
	No:	Street	Suburb	Town/ City	PC																				Name	Phone
Total						**-**	**-**								**-**											

SCHEDULE 5b – GAMC SURPLUS PROPERTY CHECKLIST (NON-STRATEGIC PROPERTIES <$3M)

Property Description	**Property Address**					**Site Area (m^2)**	Est. Value $'000	**Tenure**	**Current Use**	**Improvements**	**Status/ Utilisation**	**Land Title Details**	**LGA**	**Zoning**	**Contact**	
	No:	**Street**	**Suburb**	**Town/ City**	**PC**										**Name**	**Phone**
Total						**-**	**-**									

SCHEDULE 6 – OFFICE ACCOMMODATION SUMMARY

Location	Asset Address	Asset Usage	Title Information (owned assets)	Sublease Details	Lease Expiry Date	Current Staff	Gross Site Area (Owned assets)	Net Lettable Area (m^2)	Operational space (incl in total m^2)	Space utilisation (m2/person)	Cost/m2	Cost/person	ABG Rating	Service Dependency	Utilisation	Capacity	Location	Functionality	BCA Compliant	DDA Compliant	Strategy Summary	Lease Intentions	Priority*
Total						**-**	**-**								**-**								

LEGEND

Performance to Asset Criteria
- (dash) = Complies with Asset Criteria Performance Requirements (as articulated in Office Accommodation Strategy / Asset Strategy)
X = Does not comply with Asset Criteria Performance Requirements (as articulated in Office Accommodation Strategy / Asset Strategy)
Na = this category not applicable to this site

* Priority
Please prioritise each property requiring capital investment/maintenance works relative to other properties in this asset class only.

Financial Impact
The financial impact of any proposal relating to office accommodation must be indicated in the separate data tables for Capital Investment and Maintenance
Indicative figures are:
Fitout costs = $1000 / m²
Relocation costs = $85 / m²
Make good costs = $45 / m²