

Mr Steven Reynolds  
Director  
General Purpose Standing Committees  
NSW Parliament  
Macquarie Street  
SYDNEY NSW 2000

Dear Mr Reynolds

**Question taken on notice during supplementary Budget Estimate Hearings**

As requested, please find attached the Central Sydney Area Health Service's response to the Committee's request for questions taken on notice at the General Purpose Standing Committee No 2, *Health Portfolio* on 1 December 2003.

Should you require further information in relation to these responses, please contact me on telephone: 9391 9040.

Yours sincerely



Jeanette Evans  
**Director**  
**Office of the Director-General**

## **GENERAL PURPOSE STANDING COMMITTEE NO 2**

Monday 1 December 2003

Responses on notice to Michael Wallace, Deputy Chief Executive Officer, Central Sydney Area Health Service.

### **Date the Board of the Central Sydney Area Health Service was advised of Jennifer Collin's appointment to Central Sydney Area Health Service?**

The Chairman of the Central Sydney Area Health Service Board was advised of Ms Collin's appointment on 20 October 2003

#### **Letters of Appointment:**

- Letter of offer (attached)
- Letter of acceptance (attached)
- Contract of employment (attached)

### **Central Sydney Area Health Service's paper on the need for Clinical Data Unit.**

Attached

#### **Staff Reporting to Ms Collins**

Area Casemix Manager, Medical Records Manager Grade 6  
Area Data Manager/HIE Coordinator, Nurse Manager, Level 7

**What date did the Acting Chief Executive Officer of the Central Sydney Area Health Service advise the Director of Human Resources of the appointment of Ms Jennifer Collins to the position of Director of Clinical Data.**

Monday 20<sup>th</sup> October 2003.

### **Response on notice from Ms Collins**

Copy of Ms Collins statement - attached



CENTRAL SYDNEY AREA  
HEALTH SERVICE

**Private and Confidential**

Ms Jennifer Collins  
68 Bowden Street  
**RYDE NSW 2122**

Dear Ms Collins

I am pleased to offer you the position of Director, Clinical Information at Central Sydney Area Health Service.

The position will be remunerated at SES Level 3 (Equivalent). Your current remuneration package will apply as a commencing rate i.e. is \$165,000 per annum.

You will be aware that you need to sign a Senior Executive Service (Equivalent) Contract of Employment, which is attached. The contract period of two years will commence on a date to be agreed.

I would appreciate your written acceptance of this offer as soon as possible.

Should you have any questions about the appointment, please contact me on (02) 9515 9620.

I look forward to working with you.

Yours sincerely

  
**Michael Wallace**  
Deputy Chief Executive Officer

17/10/03



CSAHS  
Building 11  
RPA campus  
Missenden Road  
Camperdown NSW 2050  
Telephone: 61 2 9515 9600  
Facsimile: 61 2 9515 9611

CSAHS Incorporates  
• Royal Prince Alfred Hospital  
• Concord Repatriation General Hospital  
• Canterbury Hospital  
• United Dental Hospital  
• Balmain Hospital

• Division of Population Health  
• Rozelle Hospital

68 Bowden Street  
RYDE NSW 2112

Mr Michael Wallace  
Deputy Chief Executive Officer  
Central Sydney Area Health Service

Dear Mr Wallace

I refer to your letter dated 17/10/03 in regards to your offer of appointment to the position of Director, Clinical Information SES Level 3 (Equivalent) at Central Sydney Area Health Service.

I am pleased to advise that your offer is accepted.

As agreed, I will contact you in the near future to finalise an agreed start date.

I look forward to working with you and the team within CSAHS.

Yours sincerely



Jennifer Collins

17/10/03



New South Wales  
**SENIOR EXECUTIVE SERVICE  
(Equivalent)**

**Contract of Employment**

**Ms Jennifer Collins**

This *Contract of Employment* is made

on the 24th day of October 2003

between **Chief Executive Officer**

*hereinafter referred to as "the employer"*

of **Central Sydney Area Health Service**

Level 1, Building 11  
Royal Prince Alfred Hospital  
Missenden Rd Camperdown NSW 2050

and **Ms Jennifer Collins**

*hereinafter referred to as "the executive officer"*

of **68 Bowden St Ryde 2112**

## Contract Operation and Application

1. This Contract constitutes a contract of employment for the purposes of s. 69 of the Act, and governs the employment of the employee while employed in the position referred to in clause 4. The executive officer is not appointed by, nor is the executive officer's term of office fixed by this contract, except in circumstances where s. 69(4) of the Act applies.
2. The parties acknowledge that the employment of the employee is affected by Acts of Parliament and Regulations made under such Acts, including the Act, Public Sector Executives Superannuation Act 1989 and the Statutory and Other Offices Remuneration Act 1975. The NSW Senior Executive Service manuals, Premier's Memoranda, Premier's Department and Public Employment Office Circulars and Memoranda and other Government directions contain information relevant to the executive officer's employment.

## Interpretation

3. In this Contract, unless otherwise stated or the context otherwise indicates:
  - "the Act" - means the New South Wales Public Sector Employment and Management Act 2002;
  - "Chief Executive Officer" - means a person holding a position referred to in Schedule 1 to the Act;
  - "Code of Conduct for Public Sector Executives" means the document entitled "Code of Conduct for Public Sector Executives" as published by the Public Employment Office and as amended from time to time;
  - "Employer" - means the person who is, for the time being, the employer within the meaning of Part 3.1 of the Act;
  - "Employment Benefit Cost" - in relation to an employment benefit provided to the executive officer under the Contract, means the cost to the employer of providing that benefit, being the approved amount of that cost, or the amount of that cost calculated in the approved manner, within the meaning of Division 4 of Part 3.1 of the Act;
  - "Executive Officer" - means a chief executive officer or a senior executive officer;
  - "Month" - means a calendar month;
  - "Performance Agreement" - means the agreement attached to Schedule B;
  - "Performance Criteria" - means the performance criteria to which a performance review is to have regard;
  - "Performance Review" - means a review of the executive officer's performance as referred to in s. 71 of the Act;

"the position" - means the position referred to in clause 4 of the Contract;  
"Senior Executive Officer" - means a person holding a position as defined by s.65 of the Act;  
"the Tribunal" - means the Statutory and Other Offices Remuneration Tribunal established by the Statutory and Other Offices Remuneration Act 1975.  
Expressions corresponding to expressions that are defined in Part 3.1 of the Act have those meanings.

## Information About Appointment

4. The position to which this Contract applies is:

**Ms Jennifer Collins**

*(An executive position within the meaning of Part 3.1 of the Act.)*

5. The period for which the executive officer is to hold the position (unless sooner terminated) is the period of: two Years

## Duties and Obligations of the Executive Officer

6. During the term of the appointment, the executive officer must carry out any duties imposed by law with respect to the position and the additional duties and obligations specified in Schedule A of the Contract.
7. The duties specified in Schedule A may be varied by a further contract between the executive officer and the employer.
8. The executive officer agrees to comply with the Code of Conduct for Public Sector Executives.

## Performance Agreement and Review

9. The Act provides for an executive officer's performance to be reviewed, at least annually, by the executive officer's employer or some officer nominated by that employer. Any such review is to have regard to the agreed performance criteria for the position and any other relevant matter.
10. The performance criteria specified in Schedule B may be varied by a further contract between the executive officer and the employer.

11. The employer must give the officer at least 7 days notice in writing that a performance review is to be conducted.
12. Within one month of the conclusion of a performance review, or as soon as is practicable thereafter, the employer will prepare and send to the executive officer a written statement which sets out:
  - (a) the employer's conclusions about the executive officer's performance during the period for which performance was reviewed;
  - (b) any proposal by the employer to vary the performance criteria as a consequence of the performance review; and
  - (c) any directions or recommendations made by the employer to the executive officer in relation to the executive officer's future performance of the duties of the position.
13. The employer undertakes that if a performance review is not held within the time contemplated by s. 71 of the Act, this will not operate to the prejudice of the executive officer in any decision made by the employer in relation to the executive officer, unless the failure to hold the performance review within that time was the fault of the executive officer.
14. The employer and executive officer must, as soon as possible after the executive officer receives the written statement referred to in clause 12, attempt to come to agreement on any proposal by the employer to vary the performance criteria and on any recommendations by the employer as to the future performance of the duties of the position by the executive officer.

## Remuneration of the Executive

15. The monetary remuneration and employment benefits for the executive officer undertaking the duties and responsibilities of the position, are specified in Schedule C. The total amount of the monetary remuneration and the employment benefit cost of the benefits must equal the amount of the remuneration package determined by the Tribunal and this amount shall be specified in Schedule C.
16. Where the remuneration package has been determined by the Tribunal as a range of amounts, the total amount referred to in clause 15 is the amount nominated in Schedule C for the purpose of section 63 (3) (a) of the Act.



17. (a) The executive officer may request in writing at any time that the monetary remuneration and the employment benefits specified in Schedule C be varied and the employer shall not unreasonably refuse that request.
- (b) For the purposes of the preceding paragraph, it shall not be unreasonable for the employer to refuse a request where it is made sooner than 6 months after an earlier agreement by the parties relating to the amount of the monetary remuneration and the employment benefits to be provided to the executive officer. Despite this, where a request is made only to take account of a variation in the executive officer's remuneration package as a result of a determination by the Tribunal, the employer shall not refuse such a request.
- (c) any variation to the monetary remuneration and the employment benefits specified in Schedule C may be by a further contract between the executive officer and the employer.

## Right of Return

18. Where the employment benefits specified in Schedule C include the right of return to the public sector under Schedule 4 of the Act, the officer:
- (a) warrants that the officer is entitled under Schedule 4 of the Act to elect to retain a right of return to the public sector; and
- (b) makes that election. The parties acknowledge that the cost of the right of return is as set out in Schedule C.

## General Provisions as to the Operation of the Contract

19. A reference in the contract to a Schedule refers to the Schedule then in force, and applies whether or not the Schedule has been physically attached to all or any counterparts of the Contract.
20. A reference in the Contract to the singular number includes the plural and vice versa.
21. The headings used in the Contract are for convenience of reference only, and are not intended to be resorted to for the interpretation of the Contract.

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22. Where the employer lawfully authorises a person to act as his or her delegate and carry out any of the employer's duties, obligations or actions required to be carried out under the Contract, the Contract shall be construed as if any relevant reference to the employer included a reference to that delegate.
  23. This Contract supersedes and replaces all other contracts, understandings or arrangements made between the executive officer and the employer prior to the execution of this Contract relating to the employment of the executive officer in the position.
  24. This Contract shall be governed by the law of New South Wales and shall be deemed to be made in New South Wales.
  25. Any notice or other communication under or relating to the Contract of employment must be in writing and is served by or on a party-
    - (a) if delivered personally;
    - (b) if left at or sent by post to:
      - (i) the address for service of notices as stipulated in this Contract (or as subsequently varied from time to time by notice under this Contract); or
      - (ii) the last known residential or business address of the person to be served; or
    - (c) if sent by Facsimile transmission to the fax number (if any) stated in this Contract (or as subsequently varied from time to time by notice under this Contract).
  26. Any written notice or other communication under or relating to the Contract of employment is taken to be served:
    - (a) where served by express post at an address within New South Wales in the Express Post Network, on the next business day after it is posted;
    - (b) where served by post otherwise in the ordinary course of postage, as set down in Australia Post's delivery standards and;
    - (c) where sent by facsimile, on the next business day after it is sent.
  27. The executive officer will not engage in any paid employment outside the duties of the executive officer's position without the written consent of the employer.

28. During employment the executive officer will not disclose without lawful authority:
- (a) any secret or confidential information acquired by him or her as a consequence of his or her employment;
  - (b) any secret or confidential information acquired by him or her from any document to which he or she has access as a consequence of his or her employment.
29. Upon termination of employment the executive officer will not without lawful authority, disclose or make any use of any confidential or secret information acquired by the executive officer as a consequence of his or her employment by the employer.
30. This Contract and the schedules hereto (excluding the fact and term of the appointment as set out in clauses 2 & 3, and excluding Schedule B, the Performance Agreement) shall, except as required by law or as required for the proper negotiation, interpretation or application of this Contract, be treated by both parties as confidential and shall in no way be disclosed, published or circulated to any person except with the prior written agreement of both parties.

Signed by the employer  
Mr Michael Wallace  
Acting Chief Executive Officer



on the 24<sup>th</sup> day of October 2003

in the presence of




\* Signed by  
Ms Jennifer Collins  
(the executive officer)



on the 24<sup>th</sup> day of October 2003

in the presence of



Note: By signing this contract, the executive officer is agreeing to accept accountability for the duties and responsibilities included in Schedule A.

## **Schedule A - Duties and Responsibilities**

This Schedule operates from

**On the 24<sup>th</sup> day of October 2003**

The duties of the position additional to any statutory duties are those as set out in the attached position description. Duties can be varied from time to time by mutual agreement.

## Schedule B - Performance Agreement and Criteria

This Schedule operates from

On the 24<sup>th</sup> day of October 2003

The key accountabilities and performance criteria are set out in the attached agreement. Performance reviews will be based on the performance criteria in the performance agreement.

The executive officer should ensure the performance criteria remain relevant and are amended as necessary by agreement with the employer to take into account major changes that impact on the executive officer's performance.

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## **Schedule C - Remuneration Package, Monetary Remuneration and Employment Benefits.**

This Schedule operates from

On the 24<sup>th</sup> day of October 2003

The Total Remuneration Package (TRP) for this position is as follows:

Remuneration Package – SES Level 3 - \$165,000

The Monetary Remuneration referred to in Clause 15 is as follows:

Total remuneration package value less the employment costs of the benefits

The Employment Benefits and costs referred to in Clause 15 are as follows:

Egs. Superannuation:

Motor Vehicle:

Leave:

In accordance with the Public Sector Employment and Management Act 2002, section 74 (7) and the Premier's Department SES Guidelines, section 5.1.5. I elect the right to cash in, in each year of my employment contract,

- up to a maximum of two weeks annual leave; and/or
- the amount of extended leave accrued in the year (to a maximum calendar/11 working days), subject to total net service for extended leave purposes being in excess of 10 years.

A Right of Return under Schedule 4 of the Act at a nominal amount of \$1 (if applicable).

The selection of employment benefits is subject to change from time to time.



CENTRAL SYDNEY AREA  
HEALTH SERVICE

## CENTRAL SYDNEY AREA HEALTH SERVICE

### Position Description

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**Position Title:** Director of Clinical Information  
Central Sydney Area Health Service

**Classification:** SES 3

**Position Type:** Full Time

**Direct Report:** Deputy Chief Executive Officer  
Central Sydney Area Health Service

**Location:** Royal Prince Alfred Hospital Campus

**Date:** October 2003

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### **Primary Objective 1**

The overall management of the Clinical Information Unit.

### **Primary Objective 2**

The DCI is part of the executive team and contributes substantially to the strategic direction of the CSAHS. The DCI in keeping with other members of the executive team is responsible for a number of duties outside of those included within the primary objective, including the provision of coordination and, where required, to evaluate and restructure services within the Area Health Service so that they best support the Area's aims in relation to service provision, efficiency and effectiveness.

### **Organisational Environment**

The Clinical Information Unit is a newly formed unit within Central Sydney Area Health Service. The Unit is responsible for the co-ordination and management of clinical information for the area health service.

The unit is located in Building 11, on the Royal Prince Alfred Hospital Campus.

The unit will collaborate with a range of senior executives, internal departments and other organisations. These include:

- Area Executive
- Facility Executive Directors and General Managers
- Clinical Directors and Clinical Managers
- Facility Health Information Managers
- Finance Department
- Information Systems Department
- Health Services Planning Unit
- NSW Health
- The University of Sydney
- Senior officials of the various professional colleges and other associations

## Knowledge, Skills & Qualifications

### *Essential*

- Relevant tertiary qualifications
- Demonstrated experience in senior management
- Demonstrated sound understanding of the structures and functioning of the NSW Public Health Sector
- Demonstrated high level of proficiency in strategic and business planning
- Highly developed written communication skills
- High level analytical and problem solving skills
- Demonstrated high level and effective oral communication skills
- Demonstrated understanding of microsoft and clinical information systems, including DOHRS and HIE
- Understanding of Casemix Measurement Systems and data collections
- Ability to organise and prioritise workload to meet deadlines
- Demonstrated understanding of the requirements for complying with relevant EEO and OH&S standards, waste management, hazard control, infection control, and other related statutory requirements for a safe and equitable work environment

### **Role of the Position – Primary role**

The Director of Clinical Information is responsible for the overall management and performance of the Clinical Information Unit.

### *Data Management and Reporting*

- Ensure the continued integrity and accuracy of clinical information across the area health service
- Collect, manipulate, generate and distribute clinical information and management reports for the area health service and NSW Health
- Coordinate the reporting of clinical information sent to NSW Health and the Commonwealth
- Develop and install strategies and systems that will improve the capture, recording, extraction and distribution of clinical information
- Liaise with ISD for the management and maintenance of clinical information systems across the area health service
- Coordinate the implementation of NSW Health circulars and policies relating to clinical information, across the area health service

## **Other Management Responsibilities**

Ensure CSAHS policies and procedures comply with NSW Health policies and procedures.

Assist with the development and implementation of new initiatives within the area health service including:

- Planning, developing and implementing the CSAHS plan for cardiac catheterization
- Planning, developing and implementing the CSAHS plan for private radiological facilities
- Assisting with the development of privatized models and programs

Assist the CSAHS Functional Area Coordinator (HSFAC) as required under the NSW HealthPlan including taking part in the "on-call" roster

To provide direction to CSAHS facilities with respect to disaster management and planning.

To oversee the administration of the NSW Health NGO Grant Program for those NGOs located within CSAHS.

## *Staff Management and Training*

- Recruit, orientate, train, supervise and manage staff of the Clinical Information Unit
- Implement, coordinate and maintain a staff appraisal programme for the staff of the Clinical Information Unit
- Provide advice and support to Health Information Managers across the Area Health Service
- Assist in the recruitment of Health Information Managers
- Conduct educational programs and training for hospital and area health service staff
- Participate in CSAHS and NSW Health educational programs

## *Committees*

- Establish and chair the CSAHS Clinical Information Managers Committee
- Participate in CSAHS committees and working groups, as required
- Represent CSAHS on NSW Health committees and working groups, as required

## *Planning and Quality Assurance*

- Coordinate the development and implementation of a strategic plan for the Clinical Information Unit
- Understand the principles of accreditation and quality assurance and their impact on the Clinical Information Unit
- Ensure accreditation guidelines are implemented and maintained and issues of non-compliance are addressed

**Reporting Relationships**

The Director of Clinical Information and Performance reports to the Deputy Chief Executive Officer of Central Sydney Area Health Service (CSAHS).

Other positions reporting to the Deputy Chief Executive Officer include Facility Executive Directors and General Managers, Director of Information Systems Division, Director of Public Affairs and the Director of the Division of Population Health.

**Role of Subordinates**

The following positions report directly to the Area Clinical Information Manager:

- Area Casemix Manager
- Area Data Manager/HIE Coordinator

**Position Dimensions**

STAFF:	Direct Reports	2
	Indirect Reports	<u>0</u>
	<b>Total</b>	<b>2</b>

Employee's Name: \_\_\_\_\_

Position Description: CSAHS Director of Clinical Information

Employee's Signature: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Report on clinical information and data management within CSAHS

CR:

September 2003

## **Purpose**

To investigate and formulate a strategy for clinical information and data management

## **Background**

Central Sydney Area Health Service currently collects a multitude of health information on a number of information systems, at many different locations across the organisation.

A proportion of the information is reported to the NSW Department of Health and the Commonwealth through health information systems, such as the Department of Health Reporting System and the Health Information Exchange.

With the development of various information management systems across the area health service over the last decade, the responsibility for clinical information has become distorted and disparaged. This has potentially allowed for unchecked data to be reported.

The current responsibility for the collection and reporting of health information has been informally divided between various departments, units and hospital facilities.

CSAHS Information Systems Division is responsible for coordination and maintenance of the Cerner Health Information Management System, Health Information Exchange, Business Objects System and the Inpatient Statistics Collection.

The Finance Department is responsible for the management of the Department of Health Reporting System (DOHRS).

Under the direction of the Director of Health Services Planning, the Planning Unit coordinates patient activity reporting, waiting list reporting and episode funding as well as managing the Casemix Unit.

CSAHS facilities provide source data for the health information systems. This includes clinical coding information, inpatient and non-inpatient statistics and emergency department data. Royal Prince Alfred and Concord Hospitals have developed statistics and casemix units to source, develop and report health information.

## **Current Issues**

### **Effective coordination of health information at an area health service level**

As previously stated, there has been limited coordination of health information at the area health service. This has potentially allowed for unchecked information to be sent to the Department of Health

This issue has been amplified by the fact that many CSAHS facilities use different reporting tools and systems, leading to each facility having different reporting capabilities. This is most prevalent at Canterbury Hospital, where HOSPAS system is used.

### **Management and coordination of the Department of Health Reporting System (DOHRS)**

The Department of Health Reporting System (DOHRS) is used for the collection and analysis of financial and health information for the purpose of planning, resourcing and monitoring performance from area health services to the Department of Health.

The collection of DOHRS data is essential for compliance with Commonwealth reporting requirements in ambulatory patient service provision. DOHRS is the main, and sometimes only, source for reporting ambulatory services to a number of Commonwealth bodies that provide funding for health services such as the Department of Veterans Affairs and the Department of Health and Aged Care.

Each area health service has a nominated DOHRS coordinator whose role is to manage the DOHRS as well as attend NSW Health DOHRS meetings, forward implementation of technical and definitional changes, provide expertise regarding interpretation of DOHRS definitions and ensure that all facilities are reporting accurately and consistently.

At CSAHS, the Accounts Manager of the Finance Department coordinates DOHRS. It is understood that the DOHRS coordinator has not undertaken some of the functions required of the area coordinators. This has lead facilities to undertake a portion of these responsibilities without any coordination or understanding of current DOHRS issues.

### **Coordination of the Health Information Exchange (HIE)**

The Health Information Exchange is a chain of data warehouses which accommodates individual area health services and departmental health information. The warehouses are repositories for health information collected from disparate operational systems, such as Cerner, EDIS, Workforce and PAS. Data from these systems are validated, standardised and integrated, allowing information to be viewed and analysed in a single system.

The HIE is seen as an invaluable reporting tool for the area health service. Unfortunately, the system has not been properly coordinated by the area health service. Currently, the HIE is managed by the Information Systems Department and Mr Steven Wong, CSAHS Health Planner.

This has caused clouding of responsibility for the management and reporting requirements of the system.

### **Casemix Coordinator**

The declining use of casemix data at an area health service level combined with the reduction of staff within the area casemix unit has resulted in health activity and casemix data being managed at facilities, by either casemix or statistics managers.

This lack of structural integration is most evident at RPAH, where the RPAH Casemix Coordinator is structurally and physically removed from the hospital medical record services and statistics unit leading to an overlapping of responsibilities and duplication of services.

### **Recommendations**

Below are a number of recommendations relating to the coordination of clinical information across the area health service.

#### **Clinical Information Unit**

It is recommended that a Clinical Information Unit be formed within the area health service. The unit would be responsible for the co-ordination and management of clinical information for the area health service.

The unit's role would include:

- Ensure the integrity and accuracy of clinical information across the area health service
- Collect, manipulate, generate and distribute clinical information and management reports for the area health service and NSW Health
- Coordinate the reporting of clinical information sent to NSW Health and the Commonwealth
- Act as the area coordinators to the Department of Health for clinical information systems, including HIE and DOHRS



- Develop and install strategies and systems that will improve the capture, recording, extraction and distribution of clinical information
- Continually liaise with ISD for the management and maintenance of clinical information systems across the area health service
- Coordinate the implementation of NSW Health circulars and policies relating to clinical information, across the area health service
- Provide advice and support to Health Information Managers across the Area Health Service

It is envisaged that the unit would report directly to the Deputy Chief Executive Officer and be staffed by three managers with considerable experience in health information systems and data management.

### **Clinical Information Unit personnel**

It is recommended that the clinical information unit be coordinated and managed by a newly created position titled Area Clinical Information Manager. The manager would be responsible for the effective management of unit.

The position would be supported by an area Casemix Manager and a Data Manager/HIE Coordinator.

It is envisaged that the positions of Area Clinical Information Manager and Data Manager/HIE Coordinator would be seconded from outside the organisation. The RPAH Casemix Manager would be transferred to the unit, with the hospital's Utilisation and Statistics Unit undertaking a casemix role at a facility level.

Also, it is suggested that the Clinical Information Unit be located close to the Area Executive, preferably within King George V building, when the executive unit relocates in February 2003.

Mr Chair, I would like to seek approval to read out a statement prior to answering the committees questions.

Since my resignation from Macarthur Health Service on the 24<sup>th</sup> October 2003, I have been overseas with my family and unable to be contacted.

I returned to Sydney last Thursday 27<sup>th</sup> November and at that point I was unaware I had been called before this committee.

It was only on the afternoon of the 27<sup>th</sup> November that I was advised by the Deputy Chief Executive Officer of CSAHS, Mr Michael Wallace of my appearance at this committee.

Accordingly I have had little time to prepare for this appearance.

Since my return from overseas I have become aware of a number of media allegations.

I would like to place on record the facts of the situation.

**Point 1.** I am not a member of the Labor Party.

**Point 2.** About 9 years ago I was a member briefly for a period of 18mths.

**Point 3.** I was the President of the NSWNA from August 1994 to September 1998.

The position of president is an honorary one, that is, it is not a full time paid staff position. Nor did this position have a significant input into administrative, or industrial matters at the NSWNA.

Prior to accepting the appointment at Macarthur Health Service, I resigned as the President of the NSWNA.

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**Point 4.** The position of General Manager MHS was advertised. I submitted an application and was appointed on merit.

**Point <sup>5</sup>6.** In reference to my relationship with the former Minister for Health, The Honorable Craig Knowles I make the following statement:

Any interactions I had with him in my time as General Manager were in the capacity of him as the Minister for Health and as a local state member.

This relationship was the same as those that I have had for many years with members from both sides of Parliament.

I have had no contact with The Honorable Craig Knowles since he changed ministerial portfolios.

**Point 7.** In reference to my relationship with Ms Amanda Adrian, I make the following statement:

I was seconded from Western Sydney Area Health Service to the NSW Department of Health in July 1993.

It is my understanding that Ms Adrian commenced work at the Department of Health two years after that.

In 1995 I moved to Level 10 of the Department of Health building to work on projects. This was on the same level of the Department that Ms Adrian worked. Ms Adrian and I sat on a number of common committees and she facilitated a number of workshops for projects that I and other team members managed.

In June 1997, I applied for and was appointed to a position within Southern Area Health Service.

From this time forward I have attended a number of professional and industry functions which Ms Adrian and many others may have been in attendance.

Apart from these instances we have had very limited contact.

This has been the extent of our relationship.

Point 6. In reference to my resignation from MHS and appointment to CSAHS.

On the 15 October 2003, I received a telephone call from Professor Bruce Barraclough requesting a meeting with me to discuss the recommendations from the review, he and others had recently conducted.

The meeting occurred that same day.

He showed me a copy of the recommendations. None of these recommendations indicated any unsatisfactory performance on my part.

I requested advice from Professor Barraclough about the appropriate path forward and he advised me to contact the Director General of Health for guidance.

I attended a meeting with the Director General of Health on the 16 October 2003.

At this meeting we discussed the need to restore the confidence of the local community in its health service and to provide a clear way forward.

I was asked whether I would consider a lateral move to an appropriate position in another health service.

After careful consideration I indicated that I would consider such a move depending on the nature of the position.

On Friday 17<sup>th</sup> October 2003, I received a call from the Acting CEO of CSAHS Mr Michael Wallace.

Mr Wallace indicated that he had a position at CSAHS that they were intending to fill. I stated that I would like to see the job description and once received I would discuss it with him.

Once I had reviewed the job description I contacted him and indicated that I was interested in the position, as I believed I have the skill to undertake the role.

I received a letter of offer and contract and I confirmed in writing my acceptance of the position.

I formally tendered my resignation from MHS on the 20<sup>th</sup> October 2003 effective from the 24 October 2003.

On the 24<sup>th</sup> October 2003 I spoke to the Acting CEO of CSAHS seeking approval to proceed on leave with a tentative start date for the 1<sup>st</sup> December 2003. This leave was granted

I advised him that on my return from overseas I would contact him and indicated that I may seek further leave.

This I did on the 27 November 2003. I sought a further extension of leave which has been approved.

Regarding the matters pertaining to the allegations of performance at Macarthur Health Service, I am unable to comment until the release of the Final Health Care Complaints Commission Report.

Suffice it to say, South Western Sydney Area Health Service and Macarthur Health Service have submitted a response to the draft report and I expect that the contents of this response will be reflected in the final report.