I can’t tell you how inspiring it is to meet doctors, nurses, physios, and many others who tell me how liberating they find it that they are listened to and that it’s not just that their views are considered, but most often acted upon.

One of the great advantages of having you senior executives from the DG, Deputy Directors General, Pillar Executives and LHD Executive with me on these visits is watching the interaction between the clinicians and growing enthusiasm that we will actually act upon issues they raise. Sometimes on the spot!

I know that there were some people who predicted that I wouldn’t be Health Minister for too long and that reforms would all be wound back so governance changes would be short lived. Not true! I’m here for the long haul and I’m thrilled that so many of you are with me and that you and your clinical and management teams are playing an important role in leading our health system in the exciting directions which the times demand.

We have a strong health system with community health, hospital and increasingly the ambulance service working as a network with patients receiving high quality care. But there’s more to be done and we need to develop plans to keep us moving.

Here are my priorities in making that happen:

1. Strong support for research
2. Strategic planning supporting devolution
3. Providing support to those involved in local devolved operations by:
   a. Helping to solve financial issues
   b. Helping to improve performance outcomes
   c. Supporting our workforce
   d. Making information more available and providing improved IT
   e. Investment in infrastructure
1. HEALTH AND MEDICAL RESEARCH

It should come as no surprise to any of you that I am just as fervent as Minister for Medical Research as I am as Minister for Health.

When I launched our plans for Medical Research back in 2012, I meant it when I said: “The provision of quality, timely and accessible healthcare to all the people of NSW is a fundamental commitment that we have made as a Government…. Quality healthcare is based upon having a skilled workforce, delivering services in the best possible facilities with the best possible equipment and being guided by the best possible evidence and practices that can be obtained”.

“All of those factors are underpinned by quality research which leads, in turn to best practice and best outcomes. For far too long medical research has been neglected, indeed diminished, as a key factor in improving personal and community health outcomes”

So no-one should be surprised that I am delighted with the progress that has been made in putting health and medical research back on a substantial footing in NSW to the point where researchers are choosing to come here instead of other jurisdictions which previously had it all over us.

It should be noted that this is not just about driving new treatments and new drugs and translating what we learn in the laboratory to the bedside (as important as that is), it is also about new ways of delivering healthcare and that is very much what is driving our reforms.

This year and onwards, continuing this work will be a high personal priority and I commend the work of the Office for Health and Medical Research in developing the biobanking strategic plan and the medical devices fund and I will be watching as progress is made over the coming year.

2. STRATEGIC PLANNING SUPPORTING DEVOLUTION

Strategic planning will be focussed on helping us improve performance, picking up on future trends, and working out how enablers such as workforce, information technology, infrastructure and innovation will support implementation and devolution.

We have started and we need to continue to build closer links from the NSW hospital system to community health, GPs and Medicare locals, then to the community.
We need further devolution in ensuring decision making is made locally, where local clinicians and managers are best placed to implement changes to serve the particular needs of their community.

We need to encourage and provide incentives for better collaboration through all health providers, including not for profit and the private sector; and we can do more through new models of care, hospital in the home and ambulatory care.

We need to stress disease prevention. We need to show how investment in prevention can not only improve population health, but reduce reliance on costly acute care. In this area, I am obviously keen that we continue our work and see progress in strategies we have highlighted over the past three years:

* Continuing the good work of the Tobacco Strategy
* Reducing disparities in health outcomes for Aboriginal people
* Through the HIV Strategy, dramatically driving down the number of new HIV infections (with the aim of eliminating HIV transmission by 2020)
* Increasing participation in the Healthy Eating and Active Living Program and addressing obesity
* Increasing immunisation levels, especially in communities with low uptake
* Further improving the care of patients experiencing a heart attack or stroke
* Further progressing the rollout of pain management services, organ donation, advanced care planning
* Better communication and engagement with the NGO sector as we move to more transparent contracts.

Another important priority area that appropriately fits under the heading of strategic planning and devolution is Integrated Care.

A key challenge for NSW is to transform the health system from one that is hospital-centric and designed to provide episodic treatment, to a more integrated health system, with connected service provision across different healthcare providers and greater emphasis on community-based services, that better supports people with long term conditions, and is financially sustainable in the long run.

A four year investment strategy is in development to recognise new, innovative integrated care models. Investment in locally led integration is at the heart of the strategy, with Local Health Districts encouraged to work in partnership with Medicare Locals to develop and progress their own approaches to integrated care, underpinned by the development of supporting infrastructure and an enabling environment across the State.
Investment is proposed in three tranches:

1. for LHD demonstrator sites to progress whole of system strategies and capacity building for eventual knowledge transfer to the rest of the State;
2. for the development of enablers such as IT and evaluation; and
3. for establishing a “planning and innovation fund” to invest in initiatives in other LHDs.

In tandem, an Integrated Care Policy Framework is being developed, setting out the long term direction, key actions and roles and responsibilities. An Integrated Care Steering Group will be established to guide the integrated care work program, complementing the role of the Integrated Care Advisory Group (ICAG) that has already been established.

This work is one of the most important projects we can undertake as it will truly position NSW in the future to meet growing demands from the community and our clinicians to offer seamless healthcare in the most appropriate setting while at the same time remaining financially sustainable.

3. PROVIDING SUPPORT TO THOSE DELIVERING ON THE GROUND

When the Director General introduced governance reforms back in 2011 we made it clear that the Ministry and the Pillars would focus on policy development and in providing support to the Local Health Districts as they get on with reshaping the health system and delivering the best healthcare possible.

   a. Helping to solve financial issues
   b. Helping to improve performance outcomes

A perfect example of this is the whole-of-hospital approach facilitated by the Ministry and supported by all the agencies including the Agency for Clinical Innovation, Clinical Excellence Commission, Bureau of Health Information, the Cancer Institute and Health Education and Training Institute, and working with local clinicians in acknowledging, understanding and working on patient pathways throughout their facilities.

The improvements have been dramatic in terms of performance and in dealing with budget issues.

In providing timely access to services, the challenges to the Health system in 2014 remain improving access to care in the right place for those who need it, and decreasing the wait times for elective surgery.
The Bureau of Health Information in its latest published report has provided a vital snapshot of the state’s health system and I’m pleased to say the picture is very positive.

The stats show an overall improvement in hospital performance and I congratulate everyone for playing their part in this excellent result.

I acknowledge everyone working on the state-wide “Whole of Hospital Program” that has renewed our focus on improving patient flow, and continues to produce impressive outcomes.

We won’t know until late February whether NSW will reach the required 71% NEAT result for the full calendar year but monthly performances for NSW have seen a vast improvement with results of 69% in September, 71% in October, 73% in November and a preliminary result of 75% for December.

While it is important to work towards the NEAT target and the surgical “NEST” targets, a key priority in 2014 and in the future will be for our Whole of Hospital program to ensure safe, quality patient care is maintained and not compromised. We must make sure that efforts to meet these targets do not impact negatively on the quality of care offered to patients.

c. Supporting our Workforce

Of course none of the improvements are possible without our wonderful health workforce. Whether managers, clinicians or support staff – all have a role in delivering improvements through our devolved structure.

I know great effort has been made to live up to our CORE values – collaboration, openness, respect and empowerment – because people tell me so. But this is not an area where we can ever be complacent.

At a time when budgets are tight, it is important that we do all we can to support our staff in their work, providing them the tools and the environment that makes doing their job easier.

The work of HETI in providing education and training and other support, much of it online, has been much appreciated and valued. I am extremely proud of the fact that we have employed so many more clinical staff – whether nurses, doctors, paramedics or allied health professionals and those who support them and I urge all of you to go out of your way to thank them for their efforts – as I do whenever possible.
I also need to mention our volunteers – I reckon I have more knitted baby boots than anyone else in this room – a result of my many chats with the pink ladies in hospital foyers.

\[d. \text{Making information more availability and providing improved IT}\]

In December last year I had the pleasure of formally launching our newest Health entity “eHealth NSW” together with the Blueprint that provides a framework for ensuring active clinician involvement and leadership in IT decision making at the local level.

I believe that building on our eHealth capacity and connectivity will really give us the most amazing tools to improve patient care and help our Districts and our clinicians in doing so. Some of the key priorities will be:

- Developing new clinical care initiatives in community health and outpatient care to integrate clinical and electronic record systems
- Upgrading Electronic Medical Records, adding voice recognition capacity, and readiness for electronic medication management and the Intensive Care Clinical Information System
- Upgrading infrastructure, especially boosting broadband capacity in regional NSW
- Maturing “HealtheNet” which is being trialled in Western Sydney, Nepean Blue Mountains and the Children's Hospital Network, supporting integrated care for patients with complex and chronic conditions.

The Blueprint also provides for the appointment of a Chief Clinical Information Officer, aimed at ensuring strong clinician engagement and support in every program that we design and roll-out across the state’s hospitals and healthcare settings.

One of the other important technology initiatives underway in 2014 is the Activity Based Management Portal - a web-based analysis and reporting tool providing health managers and clinicians with timely access to activity, cost and performance data in order to support managerial and clinical decision-making.

Roll out of the Portal has already commenced and represents the next stage in the devolution to Local Health Districts with clinicians provided the tools to monitor data for more effective clinical decision making.

As I’ve said, delivering the best health outcomes for patients means providing clinicians and managers with timely, easily accessible and clinically meaningful information on the type of activity or services that are required to cater for local needs, and the setting in which care can best be delivered.
Hospital and healthcare staff, from executives to front-line clinicians, need a window into the detailed operation of their facility, allowing them to determine why some procedures cost more than others and identify unwarranted clinical variation. The ABM Portal is designed to do just that and I wish great success to the ABF team in its rollout.

*d. Investment in Infrastructure*

Designing and building future focused infrastructure is another key priority for the Health system in 2014 with in excess of $1.2 billion unfolding across the state this financial year.

I congratulate all involved in the extensive work and I note the favourable clinician feedback – widespread – about the willingness of Health Infrastructure and others in the infrastructure process to listen and act upon advice about changes that make buildings work better in delivering healthcare.

Work is underway upgrading many of our aging facilities and we have been able to announce resources to begin the planning of further work as we develop our future capital works plans.

Our major works under way include upgrades at a number of hospitals:

- Blacktown/Mt Druitt
- Wagga Wagga
- Campbelltown
- Hornsby
- St George
- Tamworth
- Dubbo
- Bega
- Port Macquarie
- Lismore

But there are many more hospitals needing upgrades. Boosting infrastructure investment across the state requires careful management of expenditure and resources.

NSW’s population is projected to increase from 7.2 million to 8.4 million by 2026, and the ageing population means there will be fewer people working and more who will depend on the provision of public services, particularly health services. This puts significant pressure on Government to consider the efficient and effective delivery of public services now and in the future.
We need to re-think Government’s role in service delivery. In some cases, it is the private or community sectors that have access to capital, technologies and skills that are more flexible and innovative. A recent example of this is the Request for Proposal to the private sector to design, construct, operate and maintain the northern beaches hospital.

Under a Public Private Partnership (or PPP), this model is a first for NSW, and is designed to allow the hospital to be built faster and deliver better value for money. There is increasing focus on contestability in delivering other health services from food to linen. Work will proceed on these tasks this year.

In wrapping up, let me thank you again for the opportunity of speaking to you today and outlining the key priorities for our health system in 2014 and beyond. I thank you again for your fantastic work so far.