2 Performance

Keeping people healthy
Providing world-class clinical care
Delivering truly integrated care
Supporting and developing our workforce
Supporting and harnessing research and innovation
Enabling eHealth
Designing and building future-focused infrastructure
Financial sustainability

NSW State Health Plan

Health care is changing and so are the needs and expectations of communities, patients, and their carers. Increased demand, an ageing population and more people dealing with chronic illness such as diabetes or cancer all mean new challenges for how services are funded, planned and delivered.

The NSW State Health Plan provides the strategic framework that brings together existing NSW Health plans, programs and policies. This plan and the NSW Premier's Priorities, set priorities across the system for the delivery of the right care, in the right place, at the right time.

There are three directions and five strategies that provide the vision for the future of the health system, one that is sustainable, purposeful and most importantly delivers positive outcomes for the people of NSW. The directions and strategies determine how health services work together to achieve the vision in our hospitals, for our workforce, in research and innovation, eHealth and infrastructure in a financially sustainable way.

The directions and strategies are:

KEEPING PEOPLE HEALTHY AND OUT OF HOSPITAL

PROVING WORLD-CLASS CLINICAL CARE

DELIVERING TRULY INTEGRATED CARE

SUPPORTING AND DEVELOPING OUR WORKFORCE

SUPPORTING AND HARNESSING RESEARCH AND INNOVATION

ENABLING EHEALTH

DESIGNING AND BUILDING FUTURE-FOCUSED INFRASTRUCTURE

FINANCIAL SUSTAINABILITY

Premier's and State Priorities

In September 2015, the NSW Premier announced 30 State Priorities, including 12 Premier's Priorities, for growing the economy, delivering infrastructure, protecting the vulnerable, and improving health, education and public services across NSW.

NSW Health is contributing directly to the following seven Premier's Priorities:

- building infrastructure with key infrastructure projects to be delivered on time and on budget across the State
- reducing domestic violence by decreasing the proportion of domestic violence perpetrators reoffending within 12 months by five per cent
- improving service levels in hospitals with 81 per cent of patients through emergency departments within four hours by 2019
- tackling childhood obesity by reducing overweight and obesity rates of children by five per cent over 10 years
- protecting our kids by decreasing the percentage of children and young people re-reported at risk of significant harm by 15 per cent
- driving public sector diversity through increasing the number of women and Aboriginal and Torres Strait Islander people in senior leadership roles
- improving customer satisfaction with key government services every year, this term of government.

Of the 18 State Priorities, NSW Health is contributing directly to the following five:

- deliver better government digital services with 70 per cent of government transactions to be conducted via digital channels by 2019
- cut wait times for planned surgeries by increasing on-time admissions for planned surgery, in accordance with medical advice
- deliver strong budgets with expenditure growth to be less than revenue growth
- successful transition and implementation of the National Disability Insurance Scheme by 2018
- reducing adult re-offending by five per cent by 2019.

The NSW Premier's Priorities are available at www.nsw.gov.au/making-it-happen.

Keeping people healthy and out of hospital

Developing and implementing health promotion and disease prevention strategies to help people stay healthy and better manage their health and wellbeing is core business for NSW Health.

NSW Health is working to achieve the NSW Premier's Priority to reduce overweight and obesity rates of children by five per cent in 10 years.

Challenges

Smoking remains a leading cause of preventable disease and death in NSW. More than one in five children are overweight or obese. One in two adults is overweight or obese and one in four exhibit risky levels of alcohol consumption. These are serious issues for both individuals and the wider community.

Aboriginal people, socio-economically disadvantaged people and those living in rural and remote locations experience much poorer health than the rest of the NSW population.

Making sure health gains are shared by everyone and across every community in NSW remains an important priority.

Prevention strategies need to be monitored, reviewed and refined to make sure they continue to deliver real results.

The challenge for NSW Health is to continue to develop and implement prevention strategies to help people stay healthy and better manage their health and wellbeing.

What NSW is doing

To meet these challenges NSW Health is working with other government agencies to implement initiatives that will make a difference to the health of the people of NSW, not only in the short term, but into the future.

Core initiatives are developed centrally, but implemented and adapted locally and include:

- driving preventive and population health programs with a focus on childhood overweight and obesity
- improving Aboriginal and Torres Strait Islander health outcomes
- collaborating to support vulnerable youth to protect children at risk and reduce homelessness
- developing whole of Government drug and alcohol response
- driving whole of Government initiatives to reduce domestic violence and perpetrator re-offences.

Highlights

SKIN CANCER PREVENTION SUMMER CAMPAIGN GENERATED 4 MILLION VIEWS OF THE CAMPAIGN VIDEOS AND **DELIVERED A 13 PER CENT INCREASE IN SUN PROTECTION INTENTIONS** BY YOUTH

250,000 PEOPLE VISITED THE MAKE HEALTHY NORMAL WEBSITE

PARTICIPATION IN THE **GO4FUN** INITIATIVE CONTINUES TO EXPAND – BY JUNE 2016 OVER **7800 FAMILIES HAVE NOW PARTICIPATED** IN THE PROGRAM SINCE ITS INCEPTION IN 2011

IN 2015, THE RATE OF **ABORIGINAL WOMEN** PARTICIPATING IN **BREASTSCREEN NSW** WAS **6 PER CENT HIGHER** THAN IN 2010

BY 2016 NSW HEALTH HAD **CLOSED THE GAP IN CHILDHOOD VACCINATION** COVERAGE IN NSW **BETWEEN INDIGENOUS CHILDREN** AND THE STATE'S CHILD POPULATION

459 ADOLESCENTS WITH MENTAL ILLNESS DIVERTED INTO **COMMUNITY BASED TREATMENT**

1.1 Drive preventive and population health programs

Developing and implementing health promotion and disease prevention strategies to help people stay healthy and better manage their health and wellbeing is core business for NSW Health. To keep people healthy and out of hospital, NSW Health continues to focus on key areas of prevention.

Overweight and Obesity

Overweight and obesity and the associated lifestyle risk factors of physical inactivity and unhealthy eating have a large impact on the health, economic and financial burden in NSW. A range of program initiatives have contributed to the stabilisation of adult rates of overweight and obesity in NSW since 2010. The NSW Premier's Priority includes a target to reduce the rate of overweight and obesity in children by five per cent in 10 years. NSW Health has a number of healthy eating and active living initiatives and programs to support achievement of this target.

The Get Healthy Information and Coaching Service supports people at greatest risk of chronic disease. More than 40,233 people have participated in the program with 33,924 enrolled in the six month coaching program and 6299 receiving information. On average, coaching program participants lose four kilograms and five centimetres off their waist circumference.

1200 ABORIGINAL PEOPLE FROM 38 TEAMS TOOK PART IN THE KNOCKOUT HEALTH CHALLENGE

The Make Healthy Normal campaign encourages healthy eating and active living behaviours and creates a new, healthy normal. The campaign is supported by a website, social media and community engagement activities. In 2015-16 there were more than 10,000 followers on social media and 250,000 people visited the website.

Work is underway to make healthy food choices more available in government settings. The national Health Star Rating front-of-pack labelling system now appears on over 4000 supermarket foods, and is being incorporated into NSW initiatives.

The Healthy Children Initiative programs influence the food and physical activity environments in early childhood services with 91 per cent of early childhood services participating in the Munch & Move program and 84 per cent of primary schools participating in Live Life Well @ School program. Go4Fun has supported over 7800 families with children aged 7-13 years above a healthy weight since July 2011.

ALMOST 22,000 WORKERS RECEIVED A BRIEF HEALTH CHECK THROUGH GET HEALTHY AT WORK

The Justice Health & Forensic Mental Health Network delivered a calendar of health promotion events including healthy weight, heart week, eye awareness, oral health, back pain awareness, and antibiotic awareness. Custodial patients were provided with health screenings, education and referrals where appropriate.

Smoking

Smoking rates in NSW are at their lowest point ever, with 13.5 per cent of adults being current smokers in 2015 and 6.7 per cent of secondary school students being current smokers in 2014.

The Cancer Institute NSW has driven a number of preventive and population health programs to contribute to reduced smoking rates and adverse effects of tobacco.

During 2015-16, the Institute implemented 10 anti-smoking campaigns. Anti-tobacco campaigns remain one of the most effective methods to reduce smoking by raising awareness of harms, motivating quit attempts and shifting social norms. Also, the iCanQuit.com.au website was updated with new designs to increase usage and engagement. The updates almost doubled engagement with the website. A project to update content of iCanQuit has commenced.

An internal Tobacco Control Marketing Strategy 2016–2020 has been developed. This longer-term strategy will allow the Tobacco Control team to more effectively target smokers; motivate and support quitting; keep pace with the changing and challenging media market; and help facilitate long-term and comprehensive planning.

THREE EVIDENCE TO PRACTICE GRANTS AWARDED TO CANCER INSTITUTE NSW

On 10 August 2015, the Justice Health & Forensic Mental Health Network and Corrective Services NSW successfully implemented the Government's Smoke-free Prisons Policy throughout the NSW correctional system. The policy was designed to improve the health of staff, inmates and visitors by reducing exposure to the harmful effects of environmental tobacco smoke.

Nicotine replacement therapy (NRT) was made available to all inmates identified as smokers at policy go-live and any subsequent new receptions into custody. This was a huge undertaking for the Network with approximately 7000 patients receiving NRT during August 2015, and more than 12,500 throughout 2015-16.

During 2015-16, new laws banning smoking in outdoor commercial dining areas and the sale of e-cigarettes and e-cigarette accessories to minors, and restricting the display and advertising of these products were implemented. Legislative changes also allow the seizure of any illegal, incorrectly packaged tobacco (without health warnings or plain packaging) on retail premises. Compliance with the new smoke-free outdoor dining is high at 98 per cent. Compliance with other tobacco legislation is also high at 99 per cent for smoke-free outdoor laws, 96 per cent for sales to minors laws and 88 per cent for point of sale laws.

Early disease management

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management usually delivered in an ambulatory care setting such as primary health care (for example by general practitioners or community health centres). During 2015-16:

IMMUNISATION COVERAGE FOR ALL CHILDREN AT ONE YEAR OF AGE IMPROVED FROM 91 TO 93 PER CENT

- uptake of pertussis vaccine and the human papilloma virus vaccine course in the school program increased to 86 and 79.3 per cent from 84 and 79.1 per cent in 2014-15
- acute rheumatic fever and rheumatic heart disease were made notifiable diseases. The *Public Health Act 2010* requires that certain medical conditions be notified to public health authorities in NSW. Notifications enable registers to be established to optimise preventive care of patients
- NSW Health undertook a range of communication activities to inform and educate the community on how to avoid Zika virus infection and informed clinicians how to manage suspected cases.

In addition, the Ministry of Health led an Australian Health Ministers Advisory Council funded project to develop a national, evidence-based and measurable set of priorities to improve the health outcomes of children and youth in Australia. The *Healthy, Safe and Thriving: National Strategic Framework for Child and Youth Health* was published on 16 March 2016 on the Council of Australian Governments' website and identifies a national vision and five strategic priorities to improve health outcomes for children and youth in Australia over the next ten years.

Smoke-free commercial outdoor dining for NSW

A NSW Health public notice campaign was undertaken to increase awareness of the smoking ban in commercial outdoor dining areas from 6 July 2015 by the hospitality industry and general public.

Stakeholder engagement and social marketing strategies were used. The campaign increased awareness by 22.9 per cent (from 59.2 per cent to 82.1 per cent) while maintaining high community support (over 82 per cent). A strong Facebook click-through-rate of 2.79 per cent, a 24-fold increase in weekly views of the smoke-free website landing page and a surge in calls to the Tobacco Information Line (743) during the advertising period, demonstrated good engagement with campaign audiences.

Key Activity

The campaign took a unique, multi-layered approach to raising awareness of the smoking ban. Innovative messaging and content ensured the audience was not alienated by an authoritarian approach. Using creative imagery in Facebook posts presented the ban in highly relatable contexts. Humorous, colloquial language was used to communicate the serious subject of penalties in a friendly way.

An equitable approach to preventive health was taken though universal strategies targeting adults in NSW and additional specific strategies for vulnerable groups including priority language groups (higher smoking rates and lower English proficiency) and Aboriginal communities who have high smoking rates. Arabic-speaking workers visited Arabic proprietors to ensure they were aware of the ban, particularly with regard to water-pipes.

A group of local health district contacts was established, meeting monthly. This group provided critical advice on local campaign implementation strategies and has sustainability as an effective structure for other statewide initiatives.

Outcome

The awareness campaign generated over 130 media items across NSW media (almost all positive) in the five months before the ban.

The campaign was estimated to reach 78 per cent of adults, extended by strong stakeholder participation. The campaign helped contribute to a 98 per cent compliance rate.

The collaborative and flexible nature of the statewide campaign allowed messages to be scalable and localised, and has led to its ongoing duration across local health districts.

This project received the Preventive Health Award at the 2015 NSW Health Awards.

1.2 Improve Aboriginal and Torres Strait Islander health outcomes

The NSW Government is committed to Closing the Gap in health outcomes for Aboriginal people and continues to support health system reform through the *NSW Aboriginal Health Plan 2013-2023*.

NSW Health supports a wide range of services through partnership arrangements with Aboriginal health organisations, including initiatives to address cardiac health, mental health and healthy lifestyles to tackle smoking, chronic disease, cancer, diabetes, injury and suicide.

Cardiac health

Cardiovascular disease is the biggest contributor to the gap in mortality between Aboriginal and non-Aboriginal people. NSW Health is delivering a range of initiatives to reduce the burden of cardiovascular disease in Aboriginal communities and close the life expectancy gap. These include the Better Cardiac Care project which aims to reduce mortality and morbidity caused by cardiac conditions through increasing access to services, improving risk factor management and improving the co-ordination of care.

Specific Better Cardiac Care activities include:

- improving the uptake of cardiac rehabilitation by Aboriginal people
- ensuring chronic disease programs for Aboriginal people align with current evidence
- supporting initiatives to reduce smoking rates such as brief interventions and Quitline referrals
- supporting Aboriginal Community Controlled Health Services in continuous Quality Improvement activities
- analysing linked Medicare data to understand the journey of patients with cardiovascular disease through the health system
- making acute rheumatic fever and rheumatic heart disease notifiable

STATEWIDE ELECTRONIC REGISTER FOR RHEUMATIC HEART DISEASE IN DEVELOPMENT

Mental health

The Aboriginal Youth Health Access Workshop supports continuity of care and reduces risk of re-offending by addressing barriers to health access for young Aboriginal people leaving custody. Ninety per cent of enrolled participants completed the program.

The pilot Aboriginal Court Diversion and Bail Support Program has worked with 13 families in the Campbelltown/Macquarie Fields area since commencing in March 2016, to devise and implement a care plan for the offender and their family to reduce future contact with the justice system. The Program's first client recently completed the 16-week program.

The Network also partnered with local health districts and local Aboriginal community representatives for its Close the Gap campaign to deliver targeted screenings for 1079 Aboriginal patients across 39 sites.

Healthy lifestyles

The Ministry invested $550,000 to implement the Knockout Health Challenge to support weight loss and healthy lifestyles among Aboriginal communities. In 2015, more than 1200 people from 38 teams took part, and in 2016 approximately 800 people participated in the George Rose Challenge. The average body weight loss was approximately 2.9 per cent.

SMOKING RATES AMONG ABORIGINAL ADULTS HAS DECLINED FROM 40.2 PER CENT IN 2002 TO 34.9 PER CENT IN 2015

A range of programs are underway to address differences in health outcomes including:

- an anti-smoking campaign implemented to promote the Aboriginal Quitline and iCanQuit.com.au website from November 2015 until June 2016
- development of Can't Even Quit, a mobile application to support Aboriginal people quit
- 1396 clients including pregnant women, postnatal women and cohabitants were supported to quit through the Quit for New Life program
- As part of the Aboriginal Screening Engagement Strategy, BreastScreen NSW has produced specific resources for Aboriginal women, including a promotional brochure, post-screening information brochure, factsheet, posters and two video case studies
- a culturally-appropriate Aboriginal-specific Lung Cancer Pathway project commenced in May/June 2016. The Cancer Institute NSW has undertaken community visits across NSW to guide local implementation
- booklet developed in collaboration with Aboriginal health workers about safely managing patients at home who have had chemotherapy.

The Housing for Health program is delivered across NSW to improve house function and essential health hardware (e.g. fixing a leaking toilet, electrical repairs, having sufficient hot water, having somewhere to wash a young child). This can lead to improvements in the health of tenants, in particular children aged 0-5 years, and reduce the risk of disease and injury. In 2015-16, Housing for Health was delivered to 688 houses in 22 communities. Over 4212 items relating specifically to health and safety were fixed, benefiting 2917 people.

NINE 1 DEADLY STEP EVENTS WERE CONDUCTED ACROSS NSW DURING 2015-16 WITH HEALTH SCREENING FOR OVER **1000 ABORIGINAL COMMUNITY MEMBERS**

Children and families

A wide range of NSW Health programs and services focus on improving the health outcomes of Aboriginal children and families. Key achievements in 2015-16 include:

- developed the Deadly Dads program in consultation with the Australian Breastfeeding Association (NSW) to bring Aboriginal men into the breastfeeding conversation and enable them to understand the importance of their roles as supportive partners to encourage breastfeeding
- funded the Community Mentoring Program grant enabling the Australian Breastfeeding Association (NSW) to provide a number of accredited community mentoring workshops on breastfeeding across NSW for Aboriginal health workers and Aboriginal women. At the completion of the program Aboriginal participants were endorsed as 'breastfeeding mentors' for their local communities
- implemented the Aboriginal Maternal and Infant Health Service Data Collection in October 2015. The online system supports monitoring, reporting and evaluation of outcomes for pregnant women and their Aboriginal babies who access over 40 sites across NSW. An independent evaluation is currently underway

ABORIGINAL CHILDREN WERE **92.1 PER CENT** AND **95.7 PER CENT FULLY VACCINATED** AT **ONE AND FIVE YEARS** OF AGE

- finalised the evaluation of the Aboriginal Family Health Strategy and secured recurrent funding for four Aboriginal Family Health Coordinator positions in NSW during 2015-16
- launched seven 'Our Health, Our Way' videos to provide young Aboriginal people with information about keeping healthy and how to navigate health services. The videos and resources are for health, education and other services working with young Aboriginal people and use the words of young people as key messages.

CASE STUDY:
ST VINCENT'S HEALTH NETWORK

Aboriginal Quitline: Leading By Example

The NSW and ACT Quitlines, in partnership with the Cancer Institute NSW, NSW Ministry of Health, ACT Health, Smoke Check and the NSW Aboriginal Health and Medical Research Council developed and implemented the NSW/ACT Aboriginal Quitline to provide a more tailored service to Indigenous populations.

Mortality and morbidity in the Aboriginal and Torres Strait Islander population are impacted by tobacco smoking rates up to five times higher than in the overall Australian population.

Key Activity

The Aboriginal Quitline is a tailored telephone counselling service for Aboriginal and Torres Strait Islander people. The Aboriginal telephone advisors all have a clinical background and provide support and sensitivity to the cultural and personal needs of the Aboriginal community.

Calling the Aboriginal Quitline can double a person's chances of quitting smoking. The service is in a unique position to be able to educate, advise and promote better health outcomes with just one single contact with our telephone service, thus preserving life.

Community consultation and approval provided the foundation and strategy for the Aboriginal Quitline to evolve. Recruitment of the Aboriginal Quitline Coordinator and an Aboriginal Quitline Advisor was a key objective in progression of the project. The Aboriginal Quitline is now a team of five of which four are identified positions creating a culturally expert workforce. Partnerships with Aboriginal communities were key drivers in gaining ongoing service confidence.

The Aboriginal Quitline adopts a client-centred model of care, ensuring a cultural holistic approach is used for each call in a safe environment. The approach is promoted through regular site visits and roadshows.

Outcome

The total number of callers continues to increase, from 893 in 2012 to 1831 in 2015. The reinforcement of community engagement has resulted in the Aboriginal Quitline having a 35 per cent increase of call volume from the key identified Aboriginal and Torres Strait Islander communities.

Referrals to Aboriginal Quitline has also substantially increased year on year since 2013. Clients working with the service continue to express high satisfaction rates.

This project was a finalist at the 2015 NSW Health Awards.

1.3 Collaborate to support vulnerable youth to protect children at risk and reduce homelessness

Vulnerable children were supported to remain living safely and well with their families and in stable accommodation through a number of innovative partnership programs and initiatives including:

- the Sydney Children's Hospitals Network was commissioned to deliver a training package for doctors, nurses and psychosocial staff in Far West Local Health District in the provision of medical and forensic responses to children and young people who have experienced recent sexual assault
- the Ministry reached agreement with local health districts on a model for the Child Abuse Sexual Assault Clinical Advice Line for implementation in September 2016
- NSW Health is represented on the interagency group developing and overseeing the implementation of the Government's Child Sexual Assault Evidence Reforms Pilot which commenced in March 2016
- the Ministry and Department of Families and Community Services held a cross-sector workshop on the health needs of young people who are homeless or at risk of homelessness. This prompted projects to strengthen partnerships between health and specialist homelessness services and develop youth health training for service workers
- Whole Family Teams provided in-home specialist mental health and drug and alcohol services for families where parents have mental health and/or drug and alcohol problems and children have been reported at risk of significant harm. Partnering with Family and Community Services, Whole Family Teams provide specialist interventions for children, young people and parents in collaboration with local service partners such as Child Protection Counselling Services and Child and Family Services

40 PER CENT OF MOTHERS SUPPORTED BY MUMS AND KIDS MATTER WERE HOMELESS OR AT RISK OF HOMELESSNESS ON ENTRY TO THE PROGRAM

- Youth Community Living Support Services (YCLSS) provided support for young people aged 16 to 24 years with severe and complex mental illness. Services included assisting young people to access stable housing and supportive relationships, providing access to education and training, investigating income support and offering recreation activities. YCLSS is a partnership between Flourish Australia, MI Fellowship, local health district mental health services and local youth support services

- the Ministry of Health continued to lead NSW Health's input to the Royal Commission into Institutional Responses to Child Sexual Abuse, representing NSW Health at Commission forums and roundtables and developing NSW Health submissions on Commission issues papers

GREEN IS NOT MY COLOUR INITIATIVE SAW DRUG COURT DROP OUT TO CUSTODY RATES REDUCED FROM 32 PER CENT TO 14 PER CENT IN NEPEAN BLUE MOUNTAINS

- the Ministry also worked with the Department of Family and Community Services and health professional groups to achieve regulatory changes under the *Children and Young Persons (Care and Protection) Act 1998*. Changes include giving private medical practitioners and general practice nurses access to NSW Health's Child Wellbeing Units, and authorising and requiring certain private health professionals to exchange information with other agencies to promote child safety, welfare and wellbeing. These initiatives commenced in March 2016 and support the private health sector's frontline role in the shared system of child protection and wellbeing in NSW.

1.4 Develop whole of Government drug and alcohol response

NSW Health is supporting the whole of Government drug and alcohol response by providing better support for patients in accessing the range of services they need, including investing in primary health care as well as providing inmates and released prisoners with greater access to treatment.

Alcohol

In partnership with a range of organisations, NSW Health delivered a range of programs and services to reduce alcohol related harm, these include:

- the Get Healthy Alcohol Program, launched in May 2016, is an enhancement for the Get Healthy Information and Coaching Service for participants nominating reduction of alcohol consumption as their primary goal
- Stay strong and healthy: it's worth it!, is a project aiming to raise awareness among Aboriginal women, their partners and young people, of the risks of alcohol consumption during pregnancy, and the availability of support services

- Your Room, is the primary drug and alcohol information and resource website for NSW Health
- Family Drug Support, is a 24 hour telephone support for families in crisis
- the Alcohol and Drug Information Service, is a 24 hour telephone information, education, crisis counselling and referral service
- Community Drug Action Teams incorporate 70 local groups across NSW that identify local priorities and solutions to prevent and reduce alcohol and other drug misuse in their communities
- detainee assessments through the Sydney CBD Sobering Up Centre and the provision of information on responsible alcohol consumption, with 118 detainees assessed in 2015-16.

OVER THE LAST 12 MONTHS, THE RATE OF ALCOHOL CONSUMPTION IN NSW AT LEVELS THAT POSE A LONG TERM HEALTH RISK DECREASED TO 25.9 PER CENT

Other drugs

The NSW Government is investing $11 million over four years in services to treat and support people who are using crystalline methamphetamine, this includes:

- $7 million to enhance existing stimulant treatment program at St Vincent's Hospital and Newcastle, and fund new services in Illawarra Shoalhaven, Mid North Coast, Northern NSW and Western Sydney local health districts
- $4 million for non-government organisation services in rural and regional NSW, including new services in Western NSW, Southern NSW and Murrumbidgee local health districts
- building health system capacity and educating communities to better respond to methamphetamine use.

The Justice Health & Forensic Mental Health Network provided physical and mental health reviews of offenders with an illicit drug dependency facing the likelihood of a custodial sentence, developing a Highly Suitable Treatment Plan for 314 people in 2015-16, and enabling their diversion onto the 12-month Drug Court Program.

CASE STUDY:
JUSTICE HEALTH & FORENSIC MENTAL HEALTH NETWORK

Community Integrated Team: At risk youth mental health

The Community Integration Team is a cohesive health service operating statewide that coordinates care for young people with mental health problems and/or problematic drug and alcohol use during their first three months after release. In partnership with Juvenile Justice, the Team links clients to local health district and non-government organisations operated health services in the community with the aim of providing continuity of care, improving health outcomes and reducing juvenile recidivism.

The Team provides supervision to allied health and nursing clinicians and helps enable clients and their families to access health services in the community. The Team's work has seen impressive improvements since 2009 through reduced rates of return to custody, increased program participation and extending the time out of custody for the small numbers who do return.

Key Activity

The Community Integration Team comprises 11 clinicians working with Juvenile Justice Officers in community locations across NSW. This program identifies those who are at risk on entering the juvenile justice system and assertively focuses on them before they are released. As the young person re-enters the community, the Team addresses their wider health and social wellbeing in collaboration with program stakeholders.

Outcome

Since commencement of the Team in 2008, Team clinicians have increased from four to 11, and the numbers of clients seen has increased from 295 to 560. Outcomes have improved dramatically regarding recidivism rates and a range of health measures including compliance with treatment and completion of Care Plans.

Feedback provided has shown that a majority of respondents have rated the Community Integration Team as very good or excellent. Feedback from service providers has been equally positive, with participants pointing to the partnerships that have been established with Juvenile Justice and community health services as having been integral to the success of this program.

The Team has also benefitted from an open engagement, not just with stakeholders, but also importantly with the young people themselves, their families and their carers.

This project was a finalist in the 2015 NSW Health Awards.

1.5 Drive whole of Government initiatives to reduce domestic violence and perpetrator re-offences

Domestic and family violence that can affect anyone in the community, regardless of gender, sexual identity, race, age, culture, ethnicity, religion, disability, economic status or location. The NSW Government is leading the nation in tackling domestic violence, investing $148.5 million in specialist domestic violence initiatives in 2015-16.

2016-17 BUDGET WILL DOUBLE INVESTMENT TO OVER $300 MILLION

NSW Health is implementing a number of key initiatives and programs to reduce domestic violence. Following commencement in Orange and Waverley in September 2014, Safer Pathway was implemented in Bankstown, Broken Hill, Parramatta and Tweed Heads from 1 July 2015. A phased rollout of Safer Pathway over the coming years will be undertaken to ensure statewide coverage.

In April 2016, the NSW Domestic Violence Disclosure Scheme was launched in four Police Local Area Commands to help people who may be at risk of domestic violence to find out if their current or former partner has a history of violent criminal offences.

Four new community-based men's behaviour change program pilots run by non-government organisations, started develoment in July 2015 and will provide services to June 2018.

TACKLING VIOLENCE PROGRAM WAS DELIVERED TO 19 GRASSROOTS RUGBY LEAGUE CLUBS AND HIGH SCHOOLS ACROSS NSW

$526,000 was provided through an open tender process to fund four new It Stops Here Domestic and Family Violence Prevention Projects.

NSW Health also commissioned the Education Centre Against Violence and a men's group to deliver training to the Family Referral Services to build their capacity to respond to domestic and family violence.

CASE STUDY:
NEPEAN BLUE MOUNTAINS
LOCAL HEALTH DISTRICT

Strong Fathers, Strong Families: Possum Cloaks

The Possum Cloak project was developed in partnership with the Aboriginal Cultural Resource Centre to better meet the parenting and cultural needs of Aboriginal fathers in the Nepean Blue Mountains Local Health District. The project was developed through a transparent process of shared knowledge to design a men's parenting group that would be culturally acceptable and culturally safe for Aboriginal fathers.

The approach taken was to focus on a traditional and symbolic activity which strengthened the role of Aboriginal men in their families, i.e. the creation of possum cloaks celebrated as a traditional activity of fatherhood.

The program was designed to address the poor uptake of Aboriginal men into traditional health parenting programs. The strengths-based consultative approach resulted in more efficient use of resources and improved working relationships. The increase in attendance and positive anecdotal evidence from the participants support the positive impact of the project.

Key Activity

The Possum Cloak project was launched at the Blue Mountains Cultural Centre on 12 July 2014 during NAIDOC week and the Possum Cloaks created were later put on display at Nepean Hospital for two weeks. These events became the mechanisms for the local Aboriginal men to showcase their artwork.

Outcome

Overall, the project delivered positive outcomes for all participants and partner agencies. The sense of collaboration between services has been fostered, with all stakeholders working together to re-build cultural identity and strengthen the role of men in Aboriginal families in the region.

Staff involved have increased their awareness of cultural competency, and have enjoyed improved working relationships with members of the Aboriginal community. The Possum Cloak project has also provided the Blue Mountains community with an increased appreciation of the cultural skills and knowledge of Indigenous people in the region.

This project was a finalist at the 2015 NSW Health Awards.

Providing world-class clinical care

NSW Health is improving performance standards and continuing to focus on quality control to deliver better patient care. Hospitals are a core part of the NSW Health system with the priority being to provide high quality, patient-centred clinical care.

The way health care services are delivered throughout the NSW Health system is changing. Increasingly, acute hospitals are not a stand-alone service but part of an extensive health and medical network designed to serve the diverse and growing needs of the NSW community. This means working with clinicians and managers to develop and implement new models of care to better meet patient needs, not just within our hospital walls, but beyond them. To achieve this, NSW Health must also link with services provided in private and non-government sectors, including those funded by the Commonwealth Government such as general practice.

Challenges

Open 24-hours-a-day seven days a week, NSW Health often provides the first point of contact for those needing access to health care. The challenge is to continue to ensure that innovation is being driven through locally-led, centrally facilitated initiatives that can be scaled up, rolled out and embedded system-wide, as well as maintain a focus on flexibility to ensure programs can be tailored to meet the needs of local communities.

What NSW is doing

A NSW Premier's Priority is to improve service levels in hospital with a focus on ensuring 81 per cent of patients have appropriate treatment within four hours. To support this Priority, the Whole of Hospital program and focus on integrated care has been expanded.

The NSW Health system has also been restructured to put decision-making closer to the patient. In creating a 21st century health system, clinicians and managers are being empowered to help transform the way patient care is provided. Key priorities include:

- deliver better value care through safe, quality, efficient and evidence-based care
- improve service levels in hospitals by cutting waiting times for emergency and planned surgery
- improve patient and carer satisfaction with key health services and build strong engagement
- implement new business investment models to deliver evidence-base social impact
- implement strategic commissioning for relevant clinical services.

Highlights

EMR CONNECT PROGRAM WENT LIVE AT **104 SITES** ACROSS NSW

HEALTH WIDE AREA NETWORK WAS ROLLED OUT TO OVER **180 RURAL SITES** IN NSW

$7 MILLION IN FUNDING TO EXPAND HOSPITAL IN THE HOME SERVICES

97 PER CENT OF PATIENTS HAD SURGERY IN THEIR CLINICALLY RECOMMENDED TIMEFRAME

14 PER CENT INCREASE IN **DIRECT CARE** TIME PROVIDED TO† **PATIENTS** WAS EXPERIENCED IN THE FIRST 12 MONTHS OF THE PRODUCTIVE MENTAL HEALTH WARD PROGRAM

†Erratum – 'maternity' included in error

FROM 1 OCTOBER 2015 TO JUNE 2016, APPROXIMATELY **47,000 PATIENTS BENEFITED FROM CHANGES TO SECTION 100 CO-PAYMENTS** IN NSW

2.1 Deliver better value care through safe, quality, efficient and evidence-based care

Delivering 'the right care in the right place' continues to be a focus for NSW Health. NSW Health has a system-wide approach to deliver better care through safe, quality, efficient and evidence-based care.

Quality and safety

The National Safety and Quality Healthcare Standards provide a nationally consistent statement about the level of care consumers can expect from health service organisations. All major NSW public hospitals have now been successfully accredited against these standards.

In 2015-16, the Clinical Excellence Commission's Sepsis Kills program was awarded a Global Sepsis Award, in recognition of making a significant contribution to reducing deaths from sepsis by initiating or endorsing excellent sepsis initiatives and programs. The Commission also developed and released a suite of resources to help reduce infections and improve care for patients who have a catheter during their hospital stay.

The eCredentialling system was completed and made available to all local health districts. The system enables managers to easily access clinical credentials for medical officers, to support safe patient care.

The Bureau of Health Information published two Healthcare in Focus reports that provide a compendium of health care measures, allowing comparisons on the performance of the NSW health care system to Australia and 10 other countries. No country has lower spending and better health than NSW.

BY JUNE 2016, NSW HOSPITALS AND HEALTH CENTRES HAD ACHIEVED 85 PER CENT HAND HYGIENE COMPLIANCE RATES, THE HIGHEST IN AUSTRALIA

Efficiency

To help clinicians and managers better coordinate patient flow through emergency departments and hospitals, NSW Health implemented new, and continued to implement existing, initiatives including:

- further development and refinement of the Patient Flow Portal through a collaborative and consultative approach of engaging clinicians from across the sector to embed the Patient Flow Portal as the primary information technology system for managing patient flow and care coordination

- the 90 Day Challenge, developed to improve Transfer of Care from Hospital to Home, is an initiative designed to improve patient outcomes by providing a quality hospital journey and returning them home in a safe and timely way. The initiative is centrally supported and locally driven, with a range of tools, resources and expertise provided to sites for local improvements in discharge practices

- the ComPacks Program facilitates safe and early discharge of eligible patients from hospital by providing access to a short-term package of care designed to help them gain independence and prevent re-admission to hospital. It is a key initiative in managing demand in NSW public hospitals. In 2015-16, the ComPacks program delivered 16,208 packages to patients being discharged from 145 NSW public hospitals with a $24 million budget

- the eMR Connect Program is delivering a statewide, comprehensive electronic medical record (eMR). The Program is rolling out electronic medical records for inpatient settings, including electronic medication management (eMeds) in hospitals, and electronic records to support community health and outpatient care

35,000 EMPLOYEES ALREADY BEING ROSTERED THROUGH THE HEALTHROSTER SYSTEM

- NSW Ambulance has worked collaboratively with South Western Sydney Local Health District to develop a new model of care for demand management and emergency department (ED) avoidance. The iPASS project sees appropriately identified patients transported directly to the Westmead Hospital Urgent Care Centre, a low acuity assessment and treatment centre co-located with the hospital's ED. A six month evaluation of the project was undertaken. NSW Ambulance and the South Western Sydney Local Health District are looking at expanding iPASS into the Campbelltown Hospital

- the Photo and Video Imaging in Cases of Suspected Child Sexual Abuse, Physical Abuse and Neglect Policy Directive PD 2015_047 was released in 2015. This policy provides statewide direction on the required standards for capturing, storing and managing clinical imaging

- the NSW Maternity and Neonatal Service Capability Framework was developed and released to the NSW Heath system in 2016. The Framework identifies the scope of planned activity for each service capability level and supports the provision of high quality, efficient and timely care for women and their newborns in the most appropriate place, as close to home as possible. The Framework includes an assessment tool for local health districts to assess their capability and assist with future planning.

BUREAU OF HEALTH INFORMATION PUBLISHED 15 REPORTS WITH TARGETED INFORMATION TO ASSIST CLINICIANS AND MANAGERS IMPROVE FUTURE HEALTH CARE SERVICES

Evidence-based care

Evidence-based care is important for establishing standardised delivery of health care in urban and rural communities and helps local health districts and specialty health networks adopt new and improved practices. Examples of activities to inform or embed evidence-based care in 2015-16 include:

- the Agency for Clinical Innovation's Intellectual Disability Health Network worked with parents and their children, as well as clinicians from health and the disability sector to develop three visual sequences explaining common procedures within paediatric health care: taking blood, having a physical examination and seeing the dentist. Mainstream health clinicians within a tertiary paediatric emergency department were trained to use visuals and supported by a local nurse champion to introduce them into their practice. The tools and training support are available on the Agency's website

- the Clinical Excellence Commission developed 20 End of Life Care tools for improving the care at end of life for patients and to better support clinicians through the end of life process

- a recent audit on the NSW Statewide Infant Screening Hearing Program indicated that the Program met the performance measure of screening greater than 97 per cent of all newborn infants in NSW. The audit also identified four areas of practice variation that are now being addressed to ensure consistency in practice across the State

- the Bureau of Health Information explored issues and options for the ongoing measurement and reporting of 30-day mortality in NSW in a new Spotlight on Measurement publication.

5690 JUSTICE HEALTH PATIENTS RECEIVED INFLUENZA VACCINATIONS THROUGH THE WINTER IMMUNISATION PROGRAM

2.2 Improve service levels in hospitals by cutting waiting times for emergency departments and planned surgery

NSW Health is committed to delivering services so that 81 per cent of people presenting to a public hospital emergency department will either physically leave the department for admission to hospital, be referred to another hospital for treatment or be discharged within four hours by 2019, in line with the Premier's Priority.

The Whole of Health Program has representation from all local health districts and specialty health networks. Lessons learned are shared across districts and the State. When the Program started, only six out of 10 patients had their treatment completed in the emergency department within the four hour benchmark. Now, approximately three quarters (74.2 per cent) of all patients are seen in the emergency department and either discharged, transferred to another facility or admitted.

97 PER CENT OF PATIENTS HAD SURGERY IN THEIR CLINICALLY RECOMMENDED TIMEFRAME

Increasing on-time admissions for planned surgery in accordance with medical advice is another NSW State Priority. In 2015-16, a total of 218,942 elective surgeries were completed, 1000 more than the previous year. Despite this increase, NSW achieved the Elective Surgery Access Performance targets for Urgent and Semi-Urgent surgery and was one percentage point below the target for Non-urgent.

NSW elective surgery performance continues to be strong and the best in the country. On-time admission for elective surgery is the key measure of elective surgery performance, with the number of overdue patients a critical contributor to successful achievement of the State Priority. The number of overdue patients across all categories in NSW as at June 2016 was 177. This is a 79 per cent reduction compared to the same time last year (825), and the best result achieved for many years. In 2015-16, the percentage of patients receiving their elective surgery on time was 99.8 per cent (Category 1), 97.1 per cent (Category 2) and 95.6 per cent (Category 3), up from 93 per cent, 90 per cent and 92 per cent respectively in 2010-11.

A range of programs and initiatives that contribute to improve service levels include:

- Ambulance Release Teams as a model of care were introduced by NSW Ambulance in 2005 as an interim measure to improve resource availability. The model allowed for the release of ambulance crews waiting to offload patients within emergency departments and provided emergency departments time to recover from temporary influxes. While only interim, reliance on this model had increased.

Significant improvements in Transfer of Care performance has allowed the decommissioning of Ambulance Release Teams in line with the 2013 Auditor General's Report: *Reducing Ambulance Turnaround Time at Hospitals.*

$7 MILLION HAS BEEN INVESTED TO EXPAND **HOSPITAL IN THE HOME** SERVICES

- Rostering Best Practice is a key initiative. Rostering Best Practice provides health organisations with the tools and expertise to drive better performance in quality, safety (patient and staff) and cost efficiencies allowing them to make informed decisions about their workforce as it relates to rosters. It also develops strong engagements with health organisations, building harmonious partnerships with clinicians and managers
- the Agency for Clinical Innovation's Acute Care Taskforce has led the implementation of criteria led discharge in NSW hospitals. In 2015, criteria led discharge was a key component of the Ministry of Health's Peak Activity Team. This phase saw the number of teams involved in criteria led discharge increase from 15 to 33. The Acute Care Taskforce also developed resources to support criteria led discharge in the mental health inpatient setting

87.4 PER CENT OF PATIENTS ARRIVING BY AMBULANCE HAD THEIR **CARE TRANSFERRED** FROM PARAMEDICS TO EMERGENCY DEPARTMENT STAFF **WITHIN 30 MINUTES** OF ARRIVAL COMPARED TO 83 PER CENT IN 2014-15

- the rollout of HealtheNet is facilitating the sending of hospital discharge summaries electronically via secure messaging to general practitioners from all local health districts. Over one million hospital discharge summaries have been sent to general practitioners via the HealtheNet
- telehealth capabilities were improved through the deployment of the Health Wide Area network across NSW. Nineteen terminals were implemented in Residential Aged Care Facilities, facilitating on-site patient triage to diagnose appropriate treatment responses, so patients can be treated in the facility as appropriate.

CASE STUDY: SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

Success story – Ophthalmology outpatient services

The Ophthalmology Outpatients Project was designed to improve quality, safety and health care experience for the Ophthalmology patients.

In 2013, 828 patients were determined as requiring Ophthalmology Outpatient appointments with a wait time of 2.5 years for non-urgent first time appointment, which was clinically unacceptable.

Innovative local solutions were developed which included strong clinician leadership and engagement, a revised model of care, introduction of a standardised referral/triage service and concurrent surgical sessions for Registrars.

The aim of the project was to improve quality, safety and health care experience for the Ophthalmology patients. The new model of care developed collaboratively between Health Executives, Ophthalmology clinicians, nurse specialists and orthoptists enabled improved clinical engagement and more seamless partnerships with internal and external providers.

Key Activity

The adoption of an innovative Benefits Realisation Management Framework (NHS, 2007) provided a framework to guide the project.

The referral form and triage process were highlighted as key areas and were revised through this project. Improvements were embraced by clients and responses confirmed that the referral form had streamlined the referral process and was simple to complete.

Devolved decision making by clinical staff and engagement of external stakeholders also provided expanded scope - this sustainable whole of system approach added flexibility and capacity in demand management.

Outcome

As of June 2014, 6 month after the project commenced, all patients clinic waitlist was cleared and new clinic wait times were reduced to less than 365 days, over 150 per cent reduction to pre-project wait times. Strong clinical engagement resulted in the development and implementation of an innovative model of care which improved access for local community and increase service capacity. The project also increased access to ophthalmic surgery, thus improving efficiencies and meeting key performance indicators and service measures. Additionally, the introduction of concurrent surgical and clinic sessions has provided greater training opportunities for Registrars.

This project was a finalist in the 2015 NSW Health Awards.

2.3 Improve patient and carer satisfaction with key health services and build strong engagement

Patient experience data is playing an increasingly prominent role in determining performance of health care services at state and Commonwealth levels, with the availability of reliable and accurate data an important tool for health care organisations to measure and evaluate their performance.

Listening to our patients

The NSW Patient Survey Program asks different groups of people in NSW about their health care experiences. The Bureau of Health Information conducted surveys of adult admitted patients in NSW hospitals including small and rural hospitals, admitted children and young patients, emergency department patients, maternity care patients, and patients attending outpatient cancer clinics.

FOUR SNAPSHOT REPORTS AND TWO PATIENT PERSPECTIVE REPORTS PUBLISHED

Examples of initiatives implemented in 2015-16 to build on past patient feedback include:

- EnableNSW has implemented a number of reforms to improve consumer satisfaction, including simplifying processes to provide a fast response to funding requests (10 day KPI rather than 45 days), providing disability awareness training to further educate staff on understanding consumer needs; and involving consumers in service design including consumer letters and website redevelopment

- eHealth NSW launched a pilot of Guest WiFi at the Children's Hospital Westmead in April 2016 to improve patient experience.

Reporting

The Bureau of Health Information has increased data publicly available on the Bureau's online portal (Healthcare Observer) to include patient survey feedback from outpatients, admitted children and young patients, and second year results from emergency department and adult admitted patients.

The Bureau has also built a new website that allows people seeking health care performance information to easily access relevant, engaging material. The new website includes interactive content, animation and complies with web accessibility guidelines.

CASE STUDY:
NORTHERN NSW LOCAL HEALTH DISTRICT

Drain the Pain – Liver Disease Treatment Project

The project aim was to implement a patient initiated admission process direct to the ward, to reduce the length of stay and improve end of life care planning for patients requiring large volume paracentesis secondary to End Stage Liver Disease (ESLD).

The program was developed through extensive input from ESLD patients, carers and clinicians. Ongoing feedback from all stakeholders was used to refine the project design and direction. The success of this project heavily relied on collaboration between key stakeholders including patients, carers, Gastroenterologists, bed management, radiology, nursing and allied health staff.

Key Activity

The multidisciplinary stakeholder engagement in project design and ongoing care has introduced an inter-professional collaborative approach to chronic care for ESLD patients.

The development of specialised paracentesis packs for ESLD patients as part of this program has reduced admissions treatment delays and helped standardise pathology tests, reducing unnecessary test ordering and duplication. End of life care planning has also improved by provision of tailored patient information booklets. Early referral to palliative care has also proven successful as patients and carers report they have time to develop familiarity with the service.

Outcome

The result has seen the incorporation of a patient initiated admission process that has avoided emergency department involvement, reduced length of stay through adoption of a standardised approach to patient care, and through improved end of life planning, no ESLD patients have died in hospital on this program.

Other practical clinical treatment benefits have included standardisation of pathology ordering and reduction in unnecessary testing, standardisation use of albumin, reduced drain in-situ time and decreased infection risk to patients. Estimated reduction in overall bed days through the Drain the Pain program amounts to over $200,000 in savings.

This integrated model of care is adaptable for other chronic disease states as the core methods are universally applicable and required implementation resources are minimal.

This project was a finalist in the 2015 NSW Health Awards.

Engaging our workforce

NSW Health continues to work with clinicians and managers across the system to improve the safety and quality of care provided to patients, using data and evidence as their guide.

In 2015-16, NSW Health undertook a range of activities to engage with our workforce to improve patient and carer satisfaction, including:

- clinicians completed the Clinical Excellence Commission's Clinical Leadership Program (executive and foundational models), building system-wide capacity and capability to improve the quality, safety and efficiency of health care within the NSW health system

- in September 2015, the Commission also hosted a forum on antimicrobial stewardship, which was attended by 100 delegates, representing pharmacists, doctors, microbiologists, nurses and quality and safety professionals from both rural and regional areas. The 5x5 Antimicrobial Audit was launched at the forum, providing a targeted audit, intervention and feedback activity

- four End of Life Care working parties were convened, including 71 expert clinicians and consumer representatives, to review current practice and literature. A total of 20 tools were developed which are now being piloted in 27 metropolitan and rural generalist settings across 10 local health districts

500 PEOPLE ATTENDED THE 2ND PATIENT EXPERIENCE SYMPOSIUM OVER TWO DAYS

- the Agency for Clinical Innovation has introduced a co-design approach to improvement, building capability for clinicians, managers and consumers to work together to identify issues and design improvements for the health system. Several statewide masterclasses have been delivered and a series of local and regional workshops established to support skill development. The Agency is currently working with six projects across multiple local health districts to support a co-design approach to service improvement

- EnableNSW has continued to conduct quarterly partnership meetings with prescribers based in local health districts, and has also undertaken education sessions for prescribers in conjunction with equipment suppliers to improve their awareness of specific equipment capabilities and limitations when prescribing assistive technology

OVER 500 CLINICIANS, CONSUMERS, SENIOR MANAGERS AND KEY STAKEHOLDERS ATTENDED THE ESSENTIALS OF CARE SHOWCASE

- eHealth NSW has implemented a framework to define all Integrated Care requirements and to evaluate Integrated Care technologies. The Integrated Care team has engaged with 10 local health districts to support Integrated Care projects in these areas.

2.4 Implement new business investment models to deliver evidence–base social impact

Social impact investment offers an opportunity for the NSW Government to work together with the public, private and non-profit sectors to deliver better outcomes for the people of NSW. The NSW Government launched the Social Impact Investment Policy in 2015.

The policy includes ten actions to:

- deliver more social impact investment transactions
- remove barriers to, and promote, social impact investment
- build the capacity of market participants.

The NSW Government issued a request for proposals in December 2015, identifying management of mental health hospitalisations, and management of chronic health conditions as preferred focus areas.

The following two proposals were selected:

- Mental Health: the NSW Government is partnering with Flourish Australia and Social Ventures Australia to develop a social impact investment program aimed at improving outcomes for mental health consumers in NSW.

- Chronic Disease: the NSW Government is partnering with Silver Chain Group to design a social impact investment transaction which seeks to improve the quality of care for eligible patients through the provision of in-home palliative care support services.

Each of these initiatives is currently under a joint development phase to consider the structure of the proposed programs and to determine whether they are likely to provide benefits in excess of any costs and risks, in accordance with the NSW Government's Social Impact Investment Principles.

2.5 Implement strategic commissioning for relevant clinical services

NSW Health's Purchasing Framework aligns with the NSW State Health Plan, is informed by the State's funding guidelines, and is aligned to the State budget process. The intent of the Purchasing Framework is to determine the services that should be purchased in order to deliver the objectives, goals and outcomes of the State health priorities. It translates the Government's strategic investment priorities into the annual mix and volume of services to be purchased from local health districts and specialty health networks, and defines the associated incentives and business rules for implementation within the financial year. The function of purchasing is a key component of the annual business planning cycle.

An example of strategic commissioning for clinical services undertaken in 2015-16 is NSW Ambulance establishing a Memorandum of Understanding with three After Hours Medical Deputising Services, providing paramedics with a 'see and refer' pathway using after-hours GP services for low acuity patients calling Triple Zero (000) and whose condition does not warrant transport to a hospital emergency department.

THIS YEAR, THE STATEWIDE POINT OF CARE TESTING PROGRAM ENCOMPASSED 450 PLUS DEVICES, 180 PLUS HOSPITALS, AND OVER 850,000 SEPARATE PATHOLOGY TESTS

My Recovery – the consumer led journey

The Mental Health Recovery Unit at Murrumbidgee Local Health District seeks to empower consumers to achieve their own goals and take control of their own support networks to help clients move through their mental health recovery journey. This is done through the use of the Mental Health Recovery – 'My Recovery' model to assist consumers in setting their own goals for the program. Consumers also chair their own Recovery Reviews – which present an opportunity to report on their goal progress, review goals, enlist support from relevant community supports and provide feedback for Recovery Program staff who attend the review sessions.

Key Activity

The program was developed in a consumer–centric way, to address the historic challenge of disengagement by clients in their mental health recovery program participation.

The team wanted to develop and re-frame existing recovery program processes to be more consumer driven; to give the opportunity for consumers to tell their own story, and guide the team and relevant supports on how they can best support them.

Each consumer participant is allocated a Recovery Support Team of two staff members, who are responsible for ensuring that program goal plans are implemented and followed, and staff also assist and empower the consumer to organise their own recovery reviews.

Outcome

Audits show 100 per cent completion and participation in recovery reviews by consumers since commencement of the program 18 months ago.

Consumer evaluations of the program have revealed that 91 per cent of consumers felt like a leader in their own recovery journey and 86 per cent felt as though their relationship with mental health services had improved.

The implementation of the My Recovery program has not proven to be a labour intensive process, having been implemented on relatively low staff / consumer ratios. Community teams have shown enthusiasm in adopting it because they have participated in and observed its benefits.

This project was a finalist in the 2015 NSW Health Awards.

Delivering truly integrated care

Delivering the right care, in the right place, at the right time relies on a connected health system that is organised around the needs of the patient. A system that the patient and their carers can easily navigate, and one that leads to improved health care experiences, avoids duplicate tests and unplanned hospitalisations, while ensuring patients don't 'fall between the cracks' of the myriad of programs across the public and private sectors.

Integrated care involves the provision of seamless, effective and efficient care for an individual across different providers and funding streams. It ranges from prevention and early intervention through to end of life, across physical and mental health in partnership with the individual, their carers and family.

While helping provide better care for patients, it also bolsters capacity to reduce unnecessary and costly emergency department presentations and hospitalisations to create a more financially sustainable health system for the future.

Challenges

The challenge is to deliver seamless, effective and efficient care systematically and sustainably across traditional and bureaucratic boundaries for people with complex and chronic conditions.

What NSW is doing

To meet this challenge, NSW is transforming the health system to one where hospitals work in partnership with the primary care sector, including general practitioners, and community based services to make sure people with chronic and complex care needs stay healthy and out of hospital through:

- embedding emerging models of integrated care and care in the community, working with the Commonwealth
- implementing plans to deliver mental health reform across the system
- promoting choice through the introduction of End of Life programs
- protecting the vulnerable through transition to the National Disability Insurance Scheme.

Highlights

195 NSW HEALTH **HOSPITALS WERE CONNECTED TO** THE COMMONWEALTH'S **MY HEALTH RECORD** BY JUNE 2016

SINCE 2015, **TELEHEALTH HAS BEEN ESTABLISHED AT EIGHT PAIN CENTRES** IN NSW AND OVER 90 TELEHEALTH CONSULTS HAVE BEEN CONDUCTED, RESULTING IN OVER **45,000 KILOMETRES SAVED IN PATIENT TRAVEL**

662 MOTHERS WITH MENTAL ILLNESS WERE SUPPORTED BY PERINATAL AND INFANT MENTAL HEALTH SERVICES

$180 MILLION OVER SIX YEARS FOR **INTEGRATED CARE**, WITH AN ADDITIONAL **$20 MILLION ANNOUNCED IN 2016**

1133 PEOPLE HAVE RECEIVED MENTAL HEALTH SUPPORT AT THE RECENTLY OPENED **LIKEMIND LOCATIONS** IN PENRITH AND SEVEN HILLS

IN THE TWELVE MONTHS TO JUNE 2016, THE **INTEGRATED CARE STRATEGY** HAS BEEN EXPANDED TO **9 SITES** IN WESTERN NSW

3.1 Embed emerging models of integrated care and care in the community, working with the Commonwealth

In 2015, a further $60 million investment in the Integrated Care Strategy was announced bringing the total investment to $180 million over six years. This funding will extend and embed the success of the existing discharge management programs across NSW.

This investment is supporting local health districts and specialty health networks to develop and enhance collaborative working relationships with general practitioners, whose care is vital in helping people with chronic and complex conditions stay healthy and in the community. Progress is also being made towards the implementation of enabling infrastructure such as information technology systems, to better share patient information making it easier for providers to integrate care, and for patients and carers to be involved in their own care.

NSW Health continues to work closely with the Commonwealth Department of Health to support the design and implementation of their primary care reforms, particularly the introduction of Health Care Homes and review of Coordinated Care.

3456 PATIENTS ENROLLED IN LOCAL INTEGRATED CARE INITIATIVES THROUGH 650 PARTNER ORGANISATIONS ACROSS NSW IN 2015-16

Key highlights of the program in 2015-16 were:

- NSW Health's three Integrated Care Demonstrators in Western Sydney, Central Coast and Western NSW local health districts are progressing their approaches to integrated care in partnership with primary care and other health and social agencies. They are scaling up their approaches to become 'business as usual' across their districts. A robust monitoring and evaluation framework is in place to ensure outcomes are achieved

- integrated care projects funded across NSW Health's 17 local health districts and specialty health networks are showing positive patient outcomes, with the next phase of investment set to scale successful approaches to integrated care across the State

- NSW Health is engaging with the Commonwealth and primary health networks to improve coordination of care for patients through incentivised funding arrangements. Three NSW locations, in Western Sydney, Hunter/Central Coast and Nepean Blue Mountains will be Commonwealth Health Care Home trial sites. The Integrated Care Demonstrator sites are also continuing to progress new funding arrangements to support their individual integrated care initiatives

- the Agency for Clinical Innovation's Patient Reported Measures team have been providing implementation support, capability development (including a community of practice) and resources to proof of concept sites across NSW including primary health and local health districts. The program continues to undertake a co-design method to test, refine and implement the team program across NSW as an enabler of the integrated care strategy. Sites are using a variety of generic quality of life measures and condition specific measures. A standalone IT system is currently available, with a long term sustainable, integrated system being sourced in collaboration with eHealth. Next steps are developing e-learning modules and an evaluation framework

- the Musculoskeletal Primary Health Care Initiative supported local health districts and primary health networks to work together to implement out-patient musculoskeletal models of care in primary care settings. Four sites have implemented models of care in partnership between the local network and district. Some are general practitioner and practice nurse led; others are led by private allied health professionals. The project has ensured care was provided in the right place at the right time by the right team members for the right patients

- the Health Pathway for pressure injuries in spinal cord injury has been developed in collaboration with Hunter New England Local Health District Health Pathways program and Hunter New England and Central Coast primary health networks. The Pathway provides guidance to general practitioners and community based clinicians in the management of the person with a spinal cord injury and pressure injury and on how to escalate / refer to specialist services when required. The Pathway is available to all local health districts in the Health Pathways program and its uptake and localisation is being encouraged in other districts through the program's Pressure Injury Clinical Champions group

- the Agency for Clinical Innovation's Building Partnerships Program is working with aged health partnerships across NSW to deliver integrated care for older people with complex health needs. Partnerships with the acute, primary and community care sectors are addressing early assessment, diagnosis and support of people living with dementia (Northern NSW, Northern Sydney, New England) and early detection of acute functional decline and access to timely care (Wagga, Dubbo, Eastern Sydney)

- NSW Health contributed to a number of Commonwealth reviews including the Primary Health Care Advisory Group, the Medical Benefits Schedule Review Taskforce and the *Reform of Federation White Paper*. NSW submissions advocated for better integration between the hospital and primary sectors. NSW Health worked closely with the Department of Premier and Cabinet to ensure integrated care was a core feature of the April 2016 Council of Australian Governments Heads of Agreement on Public Hospital Funding

AGENCY FOR CLINICAL INNOVATION AND LOCAL HEALTH DISTRICTS WORKING TOGETHER ON **BETTER ACCESS** TO **SPECIALIST GERIATRIC ADVICE**

- NSW Ambulance has implemented a number of integrated care strategies, providing patients with appropriate care options reducing the number of transports to emergency departments, including Low Acuity Patient Referral to Alternate Destinations; Palliative and End of Life Care; Aged Care; Paramedic Connect; Frequent User Management and initiatives with residential aged care facilities. These programs improved integration and patient connectedness through support of new and established low acuity pathways with local health districts, social service providers, public health networks and non-government organisations within and across local health district boundaries. This represented total savings to NSW Ambulance of $2.8 million and costs avoided for NSW hospital emergency departments of $9.7 million
- the Justice Health & Forensic Mental Health Network introduced consumer workers into the Forensic Hospital for the first time to develop a patient participation framework and promote consumer participation in decision making on all facets of their care
- data collection against the Your Experience of Service (YES) questionnaire commenced in mid-2015 and was rolled-out to adult ambulatory mental health settings, the Forensic Hospital, Mental Health Screening Units and Specialised Mental Health Services for Older People. Within the Forensic Hospital, the YES questionnaire is now embedded in unit processes and the newly revised Patient Advisory Committee agenda.

CASE STUDY:
ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

Triple CCC Project – Care, Communicate, Coordinate

The Triple CCC project aimed to improve patient, carer and staff experiences with care coordination and interdisciplinary communication. Believing collaboration was the key to success, the project team partnered with staff and patients to design and implement improvements in coordinated patient care.

Key Activity

The project examined clinical design methodology. Patient/carer journeys, staff surveys, interviews, audits, and staff tag a-longs were used. Improvements were co-designed using staff workshops and with feedback from patients. Project participation was high (doctors 92 per cent, nurses 85 per cent, allied health 100 per cent) and development of agreed ways of working across disciplines provided insight and appreciation into each other's roles

The new care coordination model included agreed ways of working, daily multidisciplinary meetings, collaborative Post Intake Ward Rounds, Structured Interdisciplinary Bedside Rounds and checklists/communication scripts to improve performance and safety.

Part of the process for the project was the development of HealthPathways for colorectal referrals – using a collaborative approach that included Innovation Support, Medicare Locals and members of the project team.

Outcome

This projects strength came from the simplicity of the approach and solutions. Teams collaborated to identify problems with care coordination and redesigned their own work processes applying LEAN thinking principles. Application of work practices such as process in real time helped drive and improve team efficiencies.

The main impact has been the reduction in time from general practitioners referral to colonoscopy and the reduction in the number of outpatient clinic appointments. Time taken to clarify care plans improved by 30 per cent, and referral delays reduced by 24 per cent. Patient and carer satisfaction improved significantly, as did documentation efficiencies of debriefings and meetings. Members of the project team travelled to general practitioner rooms and provided education sessions on screening and polyp surveillance. This has enhanced the relationship between general practitioners and specialists and has aided in the successful implementation of the rapid access process.

This project was a finalist in the 2015 NSW Health Awards.

3.2 Implement plans to deliver mental health reform across the system

The Government has committed $115 million between 2014-15 and 2016-17, and $75 million each year ongoing for priority Government actions to commence mental health reform in NSW and build a platform for activity beyond 2017. NSW Health's progress in strengthening mental health community care over the last twelve months includes:

- the NSW Government has committed to transition up to 380 people (where appropriate) with complex mental illness who are currently long stay hospital patients (over 12 months) and to decrease the number of long stay hospitalisations in the future

OVER 200 PEOPLE SCREENED OR ASSESSED THROUGH THE PATHWAY TO COMMUNITY INITIATIVE

- two new Whole Family Teams were established in South Western Sydney Local Health District and Nepean Blue Mountains Local Health District
- the Perinatal and Infant Mental Health Services is a successful program previously funded through the National Perinatal Depression Initiative. This year, the Service model was enhanced to support an additional 200 mothers with severe and complex mental illness
- a targeted enhancement for Specialist Mental Health Services for Older Persons has occurred across five local health districts
- Five hundred and thirty six referrals for young people with mental health, drug and/or alcohol issues were managed by the Community Integration Team, to successfully reintegrate into the community
- a tender process for provision of the enhanced adult Community Living Support Program was undertaken with new services to commence in 2016-17
- Project Air provides evidence-based training to clinical staff, including Dialectical Behaviour Therapy training. Project Air has rolled out in three local health districts and the rollout will continue in a further three local health districts in 2016-17
- Two new LikeMind sites were confirmed this year, making a total of four sites across the State

YOUTH MENTAL HEALTH FIRST AID TRAINING PROVIDED TO 700 COMMUNITY-BASED YOUTH WORKERS

CASE STUDY:
SOUTHERN NSW LOCAL HEALTH DISTRICT

Enduring client discharge project

The project was developed to facilitate the successful transition of long term mental health, Psychogeriatric Unit consumers to community supported accommodation.

The return of long-term inpatient consumers to the community setting has been a local project initiated in consultation with consumers, the Mental Health Consumer Advocate and supported by health care professionals.

Key Activity

The innovation was initiated by consumers asking the Consumer Advocate for support in exploring options for them to live in a community setting. A working party was convened in October 2012 and identified 20 consumers with inpatient stays of between 2 and 49 years. Their stabilised mental health status made them suitable for placement in community residential aged care facilities or appropriate community based accommodation. The Advocate and staff explored the suitability and availability of community accommodation and supportive work with community facilities successfully relocated 19 consumers to facilities best able to meet their health care needs.

Full support to facilitate the transition of the consumers was provided through the project team.

Outcome

Since the program's inception in late 2012, the successful relocation of 19 out of 20 long term consumers from hospital to community has provided a better life experience, improved treatment outcomes, and enhanced quality-of-life for consumers and their families. Cost efficiencies have also been gained through this transition project.

This is an example of consumer centred care, identifying the needs of the consumer, consulting with relevant stakeholders and exploring suitable opportunities that are available to best meet their needs. These consumers have had the opportunity to return to their area of origin and often to be closer to their family and friends. Removing the barrier of distance has enabled family to visit their loved one on a more regular basis, and it has mended the dislocation caused by hospitalisation, providing a better quality of life for both the consumer and family.

This project won the Minister for Mental Health Award for Excellence in the Provision of Mental Health Services at the 2015 NSW Health Awards.

3.3 Promote choice through the introduction of End of Life programs

Under the NSW Government Plan to Increase Access to Palliative Care 2012-2016, an additional $35 million was committed over four years to improve access to palliative care services and support to patients and their families.

SINCE 2013, OVER 4400 LAST DAYS OF LIFE HOME SUPPORT PACKAGES PACKAGES HAVE BEEN DELIVERED TO PATIENTS AND THEIR FAMILIES

An evaluation of the Last Days of Life Support packages has recently concluded with the final report due in late 2016. The outcome of the evaluation will inform the future design of these packages.

Other key initiatives to promote choice through the introduction of end of life programs include the development of *Dignity, Respect and Choice: Advance Care Planning for End of Life for People with Mental Illness*, a resource for people with mental illness, families, carers and health professionals; and *Supporting Health professionals in Advance Care Planning and End of Life (SHAPE) Conversations*, a guide for effective conversations with patients, families and carers.

3.4 Protect the vulnerable through transition to the National Disability Insurance Scheme

NSW Health has undertaken a significant amount of work related to the National Disability Insurance Scheme (NDIS) design, using opportunities to collaborate across clusters, developing resources and escalating systemic and operational issues through the appropriate governance channels. Our work ensures people with disability, their families and carers are provided with the best supports available.

The Hunter trial site and early transition of the Nepean and Blue Mountains have provided important lessons that are assisting other local health districts as they enter into the NDIS. These lessons include the importance of local governance for health services to identify potential clients for the NDIS, developing a local communication strategy and ensuring that our teams are ready and supported to be responsive to the needs of our clients with disability.

People with a disability will transition into the NDIS on a geographical and client cohort basis over two years. Clients in Year one districts began moving into the NDIS in July 2016. Year one local health districts are Central Coast, Hunter New England, Nepean Blue Mountains, Northern Sydney, South Western Sydney, Southern NSW and Western Sydney.

CASE STUDY:
SOUTH WESTERN SYDNEY LOCAL
HEALTH DISTRICT

Just PEACHY – Palliative Care Home Support Program

In December 2013, South Western Sydney Local Health District commenced a partnership with four other local health districts and a non-government organisation in the delivery of the Palliative Care Home Support (PEACH) Program. The PEACH program aims to support palliative care clients in their last days of life as well as their carers through an intensive, rapid response and nurse-led specialist palliative care service delivered at home.

PEACH was originally piloted in Fairfield Local Government Area and was extended to the other local health districts in a staged approach, enabling fine tuning and close engagement with local clinicians and each district's care / support partners.

Key Activity

The PEACH program enables palliative care patients in terminal phase to be discharged from hospital and avoid readmission whilst maintaining satisfactory symptom control at home. It promotes shared decision making between health care teams, patients, their families and their carers on their expressed wish for end of life care to be provided at home.

The PEACH Program always has the client at the centre of the palliative care plan, catering for client requirements from relatively basic through to complex physical and psychosocial needs, and does not assume a 'one size fits all' approach. One feature that has been especially well received has been the access to innovative after-hours nursing support via the use of tablet device in supporting video/teleconference consults for clients and carers.

Outcome

Since its introduction, over 900 palliative care patients across the five participating local health districts have had their wish to die at home fulfilled with full appropriate support. Feedback from all stakeholders has been extremely positive. Client hospitalisation has reduced and this has freed up 7454 bed days in total, with an estimated cost avoidance of over $3 million. Additionally, a greater integrated focus towards inpatient palliative care services has enabled increased inpatient referrals to PEACH, providing wider scope for access and new model of care for clients and their families eligible for the service.

This project received the Patients as Partners Award at the 2015 NSW Health Awards.

Supporting and developing our workforce

Investing in the NSW Health workforce and respecting and valuing the contributions of the staff and many others who volunteer their services is key to delivering high quality patient-centred models of care now, and into the future.

The *Health Professionals Workforce Plan 2012-2022* outlines how all NSW Health organisations plan to recruit, train, educate and innovate over the next decade while the Health Education and Training Institute helps to drive skills and leadership development across the State.

Challenges

Health systems have traditionally been designed around the institutions that deliver services rather than the populations they serve. More of the same is no longer the answer. In the modern health landscape, powerful drivers are at odds with traditional approaches including:

- impending specialised workforce shortages combined with an ageing population, means that it will not be possible to meet forecast workforce growth based on current health service patterns and models of care
- geographic maldistribution of the health professional workforce, exacerbated by the spread of NSW's population over greater geographic areas, means that access to care is impacted in regional and remote areas
- the expected government spending on health will nearly double between 2010 and 2050, based on current approaches, calling into question the future affordability of health care if nothing changes
- specialisation of health care professionals has been increasing steadily, yet chronic and complex patient presentation is requiring more holistic and generalist models of care.

What NSW is doing

Strategies to strengthen and support the workforce include:

- developing the capabilities of our workforce to be agile, nimble and value focused
- recruiting, supporting and performance managing our workforce
- building and empowering clinician leadership to deliver better value care
- building engagement of our people and strengthening alignment to our culture
- driving public sector diversity by increasing women and Aboriginal and Torres Strait people in senior leadership roles.

Highlights

50 RURAL POSTGRADUATE MIDWIFERY SCHOLARSHIPS HAVE NOW BEEN PROVIDED TO SMALL RURAL MATERNITY UNITS TO 'GROW THEIR OWN' MIDWIFERY WORKFORCE

500 YOUTH WORKERS WERE TRAINED IN **MENTAL HEALTH FIRST AID**

TWO ADDITIONAL POSITIONS WERE FUNDED UNDER THE **ABORIGINAL POPULATION HEALTH TRAINEE INITIATIVE**

106 CULTURE WORKSHOPS WITH JUSTICE HEALTH NETWORK TEAMS' FACILITATED AROUND THE STATE

97 PER CENT OF **VISITING MEDICAL OFFICER** CLAIMS NOW **MADE ELECTRONICALLY**

33 PER CENT INCREASE IN **PEOPLE MANAGEMENT SKILLS PROGRAM** COMMENCEMENTS

EMPLOYED MORE THAN **2100 NURSE AND MIDWIFE GRADUATES** IN 2016, AN **INCREASE OF 116** SINCE 2015

4.1 Develop the capabilities of our workforce to be agile, nimble and value focused

Investing in the NSW Health workforce and respecting and valuing the contributions of the staff and many volunteers is key to delivering high quality patient-centred care now, and into the future. The *NSW Health Professionals Workforce Plan 2012-2022* provides a framework for the recruitment, training and education by all NSW Health organisations over the next decade. The Health Education and Training Institute helps to drive skills and leadership development across the State.

NSW Health is committed to creating a skilled workforce with the competency and capability to achieve individual objectives and the ability to adapt to change. Developing leadership and management abilities is fundamental to drive the planning and implementation of organisational objectives.

Learning and development plays a key role in facilitating new knowledge, understanding and innovative thinking. The Health Education and Training Institute supports education and training for excellent health care across the NSW Health system. The Institute provides world-class education and training resources to support the full range of roles across the public health system including patient care, administration and support services.

Initiatives and programs to develop and maintain a workforce that is agile, nimble and value focused include:

101st TRAINEE PUBLIC HEALTH OFFICER GRADUATED FROM NSW PUBLIC HEALTH TRAINING PROGRAM

- the Aboriginal Environmental Health Officer Training Program develops a highly skilled Aboriginal workforce by providing employment, education (Bachelor degree) and support for Aboriginal people to become Environmental Health Officers over a six year period. In 2015-16, there were 11 continuing trainees and a further two trainees graduated bringing the total number of program graduates to 15

- in 2015-16, NSW Health supported the Public Health and Biostatistics Training Programs. Both training programs offer three-years of workplace based training across a range of workplace settings within NSW Health, and provide a supervised learning experience for people who have completed studies in public health or statistics and are committed to a career in public health. The Public Health Training Program is recognised training for medical graduates seeking Fellowship of the Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians

- three Trainee Biostatisticians graduated from the NSW Biostatistics Training Program in 2015-16, and were awarded a Master of Biostatistics degree by the University of Sydney. Seven new trainees also commenced the program

1400 STAFF WHO WORK WITH YOUNG PEOPLE ATTENDED THREE YOUTH HEALTH FORUMS IN 2015

- as part of the Youth Health Training Initiative, 19 staff were trained in delivering the Essential Youth Healthcare Skills one day workshop for health professionals across the State; 20 workshops will be delivered over 2016

- 'HEEADSSS - Get the conversation started', a new HETI Online eLearning module was developed which supports health workers to engage with young people, understand adolescent development, and identify health risks

- the People Management Skills Program has had continued success in 2015-16. On-time completion rates have doubled since last year as a result of increased participant support, alternative completion options and process improvements. The People Management Skills Program also experienced the largest single cohort of participants commence in 2016 and many NSW Health staff have completed their training this year

- the Ministry funded staff exchange visits between the Aboriginal Maternal and Infant Health Service and Building Strong Foundations for aboriginal children, families and communities services to facilitate the sharing of best practice and innovation. Over 43 staff participated in 21 visits across NSW. Annual funding of $3.5 million was allocated to enhance the Joint Investigation Response Team Health Clinician Program. The funding of $3.5 million facilitates a phased increase in the team's health clinician workforce from 25 to 47.5 full-time equivalents over two years during 2015-16 and 2016-17. This purchase of additional positions is part of a statewide strategy to ensure NSW Health is able to provide an equal partnership role with NSW Police Force and the Department of Family and Community Services in the joint response to criminal child abuse.

4.2 Recruit, support and performance manage our workforce

Improving the supply of an optimally trained workforce across all areas is important. In 2015-16, existing as well as new programs and initiatives were implemented to support this goal. For example:

- rural generalist training positions increased from 30 to 35 positions. The NSW Rural Generalist Training Program aims to produce doctors who are general practitioners with advanced skills

15 NEW SPECIALIST TRAINING POSITIONS ACROSS GENERAL MEDICINE, PALLIATIVE CARE AND PSYCHIATRY

- funding was secured to develop the orthotics and prosthetics workforce in NSW Health through professional development and shared learning
- following significant stakeholder consultation, funding was secured for four years to support the development of the Diagnostic Imaging Medical Physics workforce under the 'small but critical' initiative
- the creation of the Masters in Radiopharmaceutical Sciences qualification for four years, to help promote this profession. The Program has reported an increase in enrolments for 2016
- an additional 60 new senior nursing and midwifery positions were allocated to lead expert clinical care and to provide support to new graduate nurses and midwives and undergraduate students, including 30 clinical nurses educators and specialists, 15 nurse practitioners, 10 clinical midwifery consultants and 5 clinical nurse consultants.

4.3 Build and empower clinician leadership to deliver better value care

The NSW Health Leadership Program continues to be implemented in sites across the State. The Health Education and Training Institute completed the sixth site in Southern NSW Local Health District.

The first Local Program Coordinators workshop, Understanding the Role of Health Leadership in Organisational Development and Change, was held in May 2016. This workshop provided an opportunity for participants to engage, share and discuss leadership and organisational development challenges with internationally recognised leadership expert, Robin Ryde.

The Health Education and Training Institute's leadership team has hosted Leadership Quarter events bringing executives, senior clinicians and managers together to learn about leadership. Internationally recognised thought leaders present to the forum followed by a group discussion. The events underpin the NSW Health Leadership Framework and NSW Health Leadership Program.

CASE STUDY:
MURRUMBIDGEE LOCAL HEALTH DISTRICT

The SNAP project – Certificate III in Aged Care

The SNAP project objective was developed to provide an opportunity for local high school students to commence a pathway into nursing whilst still at school. The entry pathway was developed via the establishment of a Certificate III in Aged Care Nursing delivered through Riverina TAFE in partnership with key local stakeholders. The SNAP project pathway is an initiative to address local professional workforce shortages now and into the future with succession planning a major focus.

There are many pathways into a health related profession and the opportunity to begin the journey at high school was identified as a positive, sustainable initiative engaging with key stakeholders.

Key Activity

Key local stakeholders in the development of the initiative included Corowa High School, Riverina TAFE, Corowa Health Service, and Southern Cross Homes. The students completed two workplace experiences during the course at the Aged Care Unit at Corowa Hospital Nursing Home; Southern Cross Homes Corowa and Oolong Hostel in Howlong. The work experience provided the students with an insight into ageing-in-place in both a public and a private aged care facility.

A Clinical Nurse Educator was deployed to support student placements, particularly focusing on professional development programs that include communication competencies.

Outcome

The success of this partnership has attributed an additional six local high school graduates securing positions in local health services. One of the successful graduates who is Aboriginal has remained within her community and in the land of her people.

Benefits of these outcomes include reduced recruitment costs as retention rates increase, and improved continuity of care through staff retention, leading to stronger patient familiarity and decreased adverse outcomes such as falls. The project has also given opportunities for the graduates to continue their careers whilst remaining in their local community.

The SNAP project has also assisted with a greater awareness of local high school students into career opportunities in NSW Health.

This project was a finalist at the 2015 NSW Health Awards.

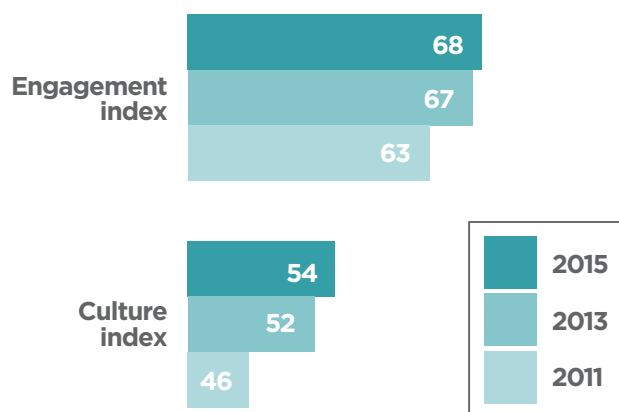# 4.4 Build engagement of our people and strengthen alignment to our culture

A strong culture supports employee engagement, retention and performance. During 2015-16, NSW Health has continued to implement a range of workplace culture initiatives and professional development strategies to build engagement of our people and strengthen alignment to our culture.

Workplace culture

Development and implementation of initiatives designed to assist all staff in contributing to a positive workplace culture across NSW Health remained a focus in 2015-16 with CORE Chat a continued priority. CORE Chat workshops help staff understand NSW Health's CORE values and support a workplace that embodies the values. It aims to develop and encourage increased responsibility for all health workers to bring about positive change in workplace culture, find mutually acceptable resolution to issues that are solution-focused and minimise blame and prejudice.

During the year, the CORE Chat course was reviewed and enhanced by the Health Education and Training Institute. Two different versions are now available, one course for NSW Health staff and another for managers. The revised curriculum was implemented during the fourth quarter of 2015-16. New content provides support for local health districts and specialty health networks by encouraging a team based approach to workplace cultural change.

In 2015-16, NSW Health organisations continued to implement their YourSay Action Plans. Results of NSW Health's 2015 YourSay Survey showed increases in both the Engagement Index and Culture Index across NSW Health. All organisations continued to develop local action plans to respond to their individual survey results.

Engagement index
- 68
- 67
- 63

Culture index
- 54
- 52
- 46

- 2015
- 2013
- 2011

The 2015 YourSay Survey was the last in the series of three NSW Health culture surveys. In future, NSW Health will measure staff culture and engagement through the Public Service Commission People Matter Employee Survey. In consultation with the Commission, NSW Health has tailored the survey to our workforce requirements. The People Matter Employee Survey was conducted in May 2016. The results will be released in late 2016.

Professional development

Some examples of professional development strategies and key achievements in 2015-16 to support engagement of our people and strengthen alignment to our culture include:

THE CLINICAL WORKFORCE INCREASED BY 6,730 FTE, OR 9 PER CENT SINCE 2012

- the Nursing and Midwifery Office commissioned the Nurse/Midwifery Manager Professional Development Program to develop the skills of manager as transformational leaders to support the objectives of the organisations for which they work
- the Take the Lead 2 program has been completed by 305 Nursing/Midwifery Unit Managers since first implemented. Program evaluation has shown that 93 per cent of participants report using and continuing to use the knowledge they gained from the program in their workplace. Participants also reported that they were engaged and motivated by the program and would be highly likely to recommend the program to colleagues
- over 104,000 staff have completed the Respecting the Difference: Aboriginal Cultural training eLearning module and 41,949 staff have completed the face-to-face training component across all NSW Health organisations.

4.5 Drive public sector diversity by increasing women and Aboriginal and Torres Strait people in senior leadership roles

In 2015, the Premier announced his twelve personal priorities to create a stronger, healthier and safer NSW. One of the Premier's personal priorities is Driving Public Sector Diversity. By 2025, the Government is committed to:

- doubling the number of Aboriginal and Torres Strait Islander people in senior leadership roles
- increasing the proportion of women in senior leadership roles to 50 per cent in the government sector.

These targets support the growth of a public sector workforce that reflects the demographic of the community. This will enable NSW Health to improve its understanding of community health needs and support the development and delivery of more innovative and appropriate health care services.

The Premier's diversity targets are supported by explicit public sector wide commitments to gender equity at all levels of management and increasing the workforce participation of Aboriginal people in all salary bands by 1.8 per cent.

Women in NSW Health

Women represent 74.4 per cent of the NSW Health workforce. However, the proportion of women decreases as grade increases, with only 39.7 per cent of women in senior leadership roles.

Aboriginal people

WORKFORCE PARTICIPATION OF ABORIGINAL PEOPLE IN NSW HEALTH IS 2.5 PER CENT

Workforce participation of Aboriginal people in NSW Health has increased from 2.1 per cent in 2014. However, representation of Aboriginal people in senior leadership roles is only 0.3 per cent.

NSW Health is well placed to contribute to the social and economic wellbeing of Aboriginal people, and to create meaningful employment for Aboriginal people across the State.

Existing NSW Health initiatives aimed at increasing Aboriginal representation across all salary bands and supporting broader workforce diversity include revised *Aboriginal Workforce Strategic Framework 2016-2020*; *NSW Aboriginal Health Plan 2013–2023*; Disability Inclusion Action Plan; Stepping Up recruitment website for Aboriginal people; and NSW Health's Breadwinners' Program.

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health

This training motivates staff to build positive and meaningful relationships with Aboriginal patients, clients and visitors. It supports staff by providing an insight into why many Aboriginal people do not comfortably engage with health care providers.

Key Activity

Respecting the Difference training is comprised of two parts, eLearning and face to face. The eLearning component of the training enables individuals to engage with information at their own pace and in the environment which is most supportive to their learning.

The face to face training enables participants to bridge the information gained from the eLearning and engage with the trainer and their peers in a safe learning environment. Participant learning then flows to local content to explore the communities that their organisation provides services to.

Outcome

Over 93 per cent of NSW Health employees have completed the eLearning module and around 37 per cent have participated in the face to face training.

Respecting the Difference is an initiative set by Aboriginal Workforce and NSW Health.

Supporting and harnessing research and innovation

Health care in NSW will only advance if we continue to pursue cutting edge medical and health research and innovation. NSW Health will continue to consolidate and extend research and innovation efforts to drive innovation in the way health care is provided.

NSW Health is supporting the best and brightest minds to pursue cutting edge, world-class health and medical research. There is a focus on providing clinicians, managers and policy makers with the tools they need to translate research outcomes into innovative policy and practice to create healthier communities and deliver better patient care.

Facilitating better use of research expertise, assets and data including record linkage and large scale cohort studies, will assist in building a robust evidence base and provide NSW with a competitive advantage in health and medical research.

Challenges

Supporting and harnessing research and innovation plays a vital role in the continued growth and better health of our community and economy but is not without challenges. Challenges include increased international competition for researchers, adapting to rapid changes in the way research is performed, keeping high ethical standards and retaining trust in research.

What NSW is doing

Every NSW Health staff member and every organisation has a responsibility to support and harness ordinary and extraordinary research and innovation. At State level the Office of Health and Medical Research, the Cancer Institute NSW, the NSW Clinical Excellence Commission and the Agency for Clinical Innovation help to set direction and support engagement with clinicians and managers in promoting quality and safety in patient care and in development of new approaches to care.

NSW Health has a ten year plan to build research capability in NSW and provide key statewide research infrastructure. Initiatives to support and harness research and innovation include:

- building globally relevant research capability through research hubs & medical technology precincts
- developing a bio-banking strategy to support research into genomics and personalised medicine
- progressing medicinal cannabis trials.

Highlights

$70 MILLION ALLOCATED OVER TWO FINANCIAL YEARS TO THE **FIRST PHASE OF THE MEDICAL RESEARCH INFRASTRUCTURE PLAN** IN NSW

TRANSLATIONAL PROGRAM GRANTS PROVIDED BY THE CANCER INSTITUTE NSW HAVE RETURNED A FOURFOLD AMOUNT OF DIRECT LEVERAGED **FUNDS FOR RESEARCHERS** OVER THE SAME PERIOD

$12 MILLION IN FUNDING HAS BEEN ALLOCATED TO THE **POPULATION HEALTH AND HEALTH SERVICES** RESEARCH PROGRAM

SYDNEY LOCAL HEALTH DISTRICT RESEARCH ATTRACTED **$82 MILLION IN CATEGORY ONE GRANTS**, **$65 MILLION IN CATEGORY THREE GRANTS** AND PRODUCED **1559 HERDC** PUBLICATIONS, **54 PER CENT** OF WHICH WERE **RANKED IN THE TOP 25 PER CENT** CITED WORLDWIDE

20 PER CENT INCREASE IN THE NUMBER OF **NSW HEALTH AWARD ENTRIES** RECEIVED

5.1 Build globally relevant research capability through research hubs & medical technology precincts

To build globally relevant research, NSW Health is investing in research; building system-wide capacity across the sector; sharing new ideas; and fostering translation and innovation from research.

Investing in research

NSW GOVERNMENT COMMITTED AN ADDITIONAL $159 MILLION OVER FOUR YEARS IN HEALTH AND MEDICAL RESEARCH IN 2015

During 2015-16, programs and initiatives included:

- NSW Health Early-Mid Career Fellowships were developed to help support and retain early-mid career researchers in NSW and to facilitate skills development in biostatistics, epidemiology, evaluation and improvement, health economics, health service and systems design, implementation science, medical and bioinformatics
- Medical Research Support Program provides infrastructure funding to support the day-to-day costs involved in running independent medical research institutes in NSW
- Research Ethics and Governance Reform at state and national level are focussed on streamlining the process for all human research including clinical trials in NSW. The Research Ethics and Governance Information System is in development to support decision making and enable better monitoring and reporting by the Ministry and local health districts
- Medical Devices Commercialisation Training Program is a three month intensive training program for early to mid-career researchers in business and commercial development skills. Graduates of the program have launched companies, engaged industry partners and raised over $9 million in grants and private investment funding to create job opportunities in Australia and abroad. When the Program was launched in 2014, two graduates were awarded NSW-QB3 Medical Devices Fellowships at the QB3 California Institute for Quantitative Biosciences, commencing in 2015. Also in 2015, the Program was accredited by the MBA programs of the University of NSW and University of Wollongong
- the NSW Health and Medical Research Hubs are developing a program of work to build statewide research capacity, promote collaboration and help to scale translation. The Hubs comprise consortia of local health districts, primary health networks, universities, medical research institutes, industry, and philanthropy and are governed by the Hub Council. A primary objective of the Hub Council is to embed quality research into the health system

- a communications strategy is in development to inform how to best support the NSW health and medical research sector at a local and State level, and for the purposes of international engagement
- Translational Research Grants Scheme was established. The Scheme will support research led by the local health districts to promote priority-driven research directly translatable into local practice and foster high quality research and evaluation that is directly relevant to clinical care, health services and population health
- Medical Devices Fund supports investment in the development and commercialisation of medical devices in NSW, to accelerate the development of medical devices by removing barriers to commercialisation, and to leverage other funding. In 2015-16, seven projects were funded, including an animated game to test children's hearing before starting school; a rapid diagnostic device for infectious diseases; innovative materials used in the manufacture of heart valves; an orthopaedic device to treat spinal disorders; a respiratory protection device; an eye wound seal to reduce infection and scarring; and a device to deliver anti-cancer agents to solid organs

MEDICAL RESEARCH COMMERCIALISATION FUND IDENTIFIED FIVE NEW COMMERCIALISATION OPPORTUNITIES FOR INVESTMENT

- the Population Health and Health Services Research Support Program provided over $2.9 million to NSW research organisations to increase the generation of high quality and internationally recognised population health and health services research in NSW that addresses NSW Health priorities and to encourage the adoption of research findings in health policies, programs and services. An independent review conducted in 2015 found that the program is performing well against its objectives
- the 2015-16 NSW Health Capital Investment Strategic Plan also included a range of medical research infrastructure initiatives. The first phase of the medical research infrastructure plan has been allocated $70million over two financial years. Initiatives include:
  - paediatric research infrastructure and programs
  - a clinical trials centre at Kids Research Institute, Westmead; upgrades to research facilities in the Sydney Children's Hospital Network, Children's Medical Research Institute and Children's Cancer Research Institute Australia; and the establishment of a Vector and Genome Editing Facility and imaging equipment at the Children's Medical Research Institute

- refurbishment of the Bright Centre at University of NSW to house the Prince of Wales Hospital's Nelune Comprehensive Cancer Centre; and University of NSW Australia's Scientia Clinical Research for early phase clinical trials
- refurbishment of the Margarete Ainsworth Building at Neurosciences Research Australia
- refurbishment of the Institute of Academic Surgery, Royal Prince Alfred Hospital.

Building system-wide capacity

To facilitate policy makers' and practitioners' access to high quality research evidence, NSW Health is providing $500,000 per annum for five years to the Australian Prevention Partnership Centre. The Centre is a national initiative that is identifying new ways of understanding what works and what doesn't to prevent lifestyle-related chronic disease. Research projects underway through the Centre include strengthening the evidence for childhood obesity strategies, improving food security in Aboriginal communities, and assessing costs and benefits of whole of government prevention.

$1.8 MILLION PER ANNUM FOR FIVE YEARS (TO JUNE 2018) PROVIDED TO THE SAX INSTITUTE

Sax Institute funding in 2015-16 assisted to broker 14 reviews of evidence and four evaluation and research services, and provided two training sessions and two research-policy exchanges for NSW Health.

Recipients of funding under the Population Health and Health Services Research Support Program use the funding for research infrastructure support and capacity building initiatives. These include research fellowships, embedding researchers into policy environments, hosting international research leaders, data linkage and knowledge exchange forums. A review of the program found that recipients reported a wide variety of research translations to health services and programs at the local health district level and had also achieved broader service and program translations at the State, national or international level.

The funding support provided by NSW Health to the Sax Institute assists in building and maintaining research assets that include the 45 and Up Study, the Study of Environment on Aboriginal Resilience and Child Health, the Hospital Alliance for Research Collaboration and the Secure Unified Research Environment.

Restoration of voice for tracheostomy patients in Intensive Care Unit

A randomised trial of early speech intervention versus standard management for tracheostomy patients was conducted in the Intensive Care Unit at Royal Prince Alfred to compare the effects of interventions for restoration of voice.

The trial provides the first evidence internationally for new care practices for communication rehabilitation in intensive care.

Key Activity

Thirty participants were recruited for the trial. The project examined the type and timing of intervention to restore voice. The primary outcome measure was time from tracheostomy insertion to phonation.

It was shown that early speech intervention significantly hastened return to voice and improved quality of life. It enabled improved communication effectiveness and greater patient participation in their care.

Outcome

This was the first randomised control trial in the world comparing speech pathology intervention for restoration of voice in mechanically ventilated tracheostomy patients. The trial results provide clear evidence of the benefits of using an in-line speaking valve to allow patients to have a voice in intensive care. Return of voice was seen as a step in recovery and led to patients becoming more engaged in their health care decisions. Restoration of voice was also important for patients that did not survive their intensive care admission, as they got the opportunity to speak to the medical team and their loved ones about end of life care plans.

These benefits were achieved without any adverse events or detriment to the other secondary outcomes.

This project study has made important steps in the goal of improving patient communication for tracheostomy patients. With more timely return to voice, patients are able to more actively engage in the assessment process; provide information to clinicians; and lead and navigate the direction of their care. Improved communication was reported to result in increased patient compliance, and ultimately improves efficiency of health care.

This project was a finalist at the 2015 NSW Health Awards.

Share new ideas

To recognise, celebrate and encourage health care innovation with clinicians and managers, the 2015 NSW Health Innovation Symposium 'Create Tomorrow' was held on 2 and 3 November 2015. The Symposium informed, inspired and motivated participants through a rich variety of content and speakers to use innovation to improve the delivery of care to patients. It also offered the opportunity for individuals to discuss the progress of health reform in driving improvements in outcomes and performance across the NSW Health system.

At a the State level, each year the Premier's Awards for Public Service are held to recognise outstanding performance and excellence in the delivery of public services. Congratulations to all teams and individual who were chosen as finalists for 2015:

• Health Infrastructure and Healthscope - Northern Beaches Hospital

• Ashley Young, Senior Clinical Business Analyst, John Hunter Hospital - Hunter New England Local Health District

• Greg Barclay, Head of Department, Palliative Care Services - Illawarra Shoalhaven Local Health District Health

• South Western Sydney Local Health District, Northern Pictures and Australian Broadcasting Corporation - Changing Minds on Mental Health issues through television documentary and social media

• Daniella Kanareck, Social Worker, Aged Care Psychiatry Service - South Eastern Sydney Local Health District

• Justice Health and Forensic Mental Health Network - Dialysis Behind Bars: Providing a Haemodialysis Service in the Custodial Environment

• Nepean Blue Mountains Health District - Green is not my colour

• South Eastern Sydney Local Health District, Sydney Local Health District and Haematology Clinical Research Network NSW/ACT - Haematology ClinTrial Refer App.

The 17th Annual NSW Health Awards were announced at a function following the NSW Health Innovation Symposium on 2 November 2015. The annual awards ceremony is an important event in the NSW Health calendar, celebrating the award recipient across a range of categories including local solutions, translational research and integrated health care.

47 FINALISTS SELECTED FROM **173 ENTRANTS** FOR THE **2015 NSW HEALTH AWARDS**

Foster translation and innovation from research

NSW Health continues to maximise the use of research in policy, practice and health service delivery, for example:

• the NSW Ministry of Health supported the rigorous evaluation of key programs such as the NSW Tobacco Strategy, NSW HIV Strategy, Healthy Children Initiative-Munch and Move and the NSW School Vaccination Program

STATEWIDE CASE-CONTROL STUDY OF INFANTS UNDER 6 MONTHS OF AGE TO DETERMINE THE PROTECTIVE EFFECT OF ANTENATAL PERTUSSIS VACCINATION

• Health Protection NSW conducted a statewide case-control study of antenatal pertussis vaccination; rapidly responded to two outbreaks of Legionnaires' disease related to Sydney central business district, utilising whole genome sequencing in the investigation; and utilised whole genome sequencing to investigate potential foodborne outbreaks

• members of the Agency for Clinical Innovation's Musculoskeletal Network worked with a national team of researchers to deliver an empirically developed Evaluation Framework for models of care and other resources new to the health system. National and international subject matter experts informed the elements of this Framework which is suitable for use across sites, locally or statewide, and multiple cohorts, not just musculoskeletal

• the Cancer Institute NSW is the largest funder of cancer research in the State. The funding provides support for people, research infrastructure, clinical trials and translational cancer research. Through this investment, innovative approaches to prevention, diagnosis, treatment and care are transformed into improved outcomes. As a result:

– $820 million of leveraged funding was generated during 2011–2015; 70 per cent attributable to the Translational Cancer Research Program

– 48 per cent of translational cancer research centre programs focus on translating research findings into policy and practice

– $16 million of grants awarded for research infrastructure resulted in four-fold return on investment

– projects initiated by the Cancer Biobanking Stakeholder Network informed two NSW Health initiatives to improve and harmonise biobanking standards

• NSW Health funding to the Sax institute assists it to achieve its mission to 'improve health and wellbeing by driving the use of research in policies, programs and services'.

5.2 Develop a bio-banking strategy to support research into genomics and personalised medicine

Biobanking is the storage of biological samples and is an important resource for medical research.

The NSW statewide biobank facility will provide primary storage for selected population and disease based collections and a secondary facility for other biobank collections. The new facility is currently undergoing master planning and will utilise state-of-the-art robotic technology and facilitate linkages to health data sets.

NSW Health Pathology is developing a statewide biobanking service delivery model and has engaged the Canadian CTRNet (a world-leading program) to develop a new program for NSW biobanks that will improve the quality of bio-specimens stored in the facilities.

Other projects being developed include a specimen locator, standardising key documentation and the development of a single statewide consent form.

5.3 Progress medicinal cannabis trial

In order to build the evidence base and develop a better understanding of the potential role that medicinal cannabis could play in alleviating symptoms, NSW Health is supporting the NSW Government to implement a number of initiatives including:

- providing funding for three clinical trials to explore the use of cannabis and cannabis products in providing relief for patients suffering some debilitating or terminal illnesses
- establishing the Centre for Medicinal Cannabis Research & Innovation to help better understand the therapeutic use of cannabis and cannabis products and support evidence-based innovation.

In 2015-16, progress of these initiatives includes:

- the compassionate access scheme for children with severe treatment-resistant epilepsy commenced in August 2016, with 40 of the sickest children with epilepsy accessing the pharmaceutical preparation Epidiolex®
- clinical trials groups for the Palliative Care (terminal illness) trial were selected. Ethics approvals have been granted, with the trial to commence when products available
- clinical trials groups for the Chemotherapy-Induced Nausea and Vomiting trial have been selected and are progressing through regulatory approvals
- the Paediatric epilepsy clinical trials program is progressing after finalising a memorandum of understanding with GW Pharmaceuticals to supply product for trials to commence in 2017
- from 1 August 2016, changes to regulations allow for appropriate prescribers to prescribe cannabis and cannabis products to patients.

Transforming acute stroke care locally and globally

Hunter New England's translational research program has pioneered clinical application of advanced CT imaging in acute ischaemic stroke. This method of brain imaging allows patient profiling prognostic accuracy and personalised acute stroke care. The CT imaging approach has delivered results across the local health district and is now being adopted internationally in a large-scale, randomised trial of a new clot busting acute stroke therapy. If this trial is positive, further change will be seen in acute stroke care globally.

Key Activity

The team established the Hunter pre-hospital acute stroke triage system in 2007. The acute stroke translational research program takes place within an internationally recognised clinical multidisciplinary service comprising neurologists, stroke nurses, radiographers, radiologists, ambulance officers and emergency physicians. The team recently established the only interventional neurology service in Australia. Translational research in advanced brain imaging has influenced guidelines in Australia and internationally. The multi-centre international trial testing of the new clot-dissolving therapy tenecteplase will have a global impact on stroke care.

The addition of advanced imaging to the telethrombolysis workflow has improved diagnostic certainty and allows safer and more effective management of acute stroke patients. This model of care is unique for Australia and has important implications for rural communities across Australia and in other countries where distance causes inequitable access to health care.

Outcome

This pioneering research into the technical and intellectual aspects of advanced CT imaging has translated into local, national and international protocols and training programs. These allow image acquisition and processing to be rolled out to any radiology department with the modern generation CT scanner.

Although the technology for advanced brain CT imaging was commercially available when this work began, aligning application, testing, validation and application in clinical trials has been a ground-breaking outcome of this initiative.

The Hunter group is now regarded as an international leader in the field of advanced imaging. Across the world, there is adoption of these CT technology techniques, transforming how stroke patients are assessed and managed.

This project received the Translational Research Award at the 2015 NSW Health Awards.

Enabling eHealth

Technology is rapidly transforming everyday life and health care is no exception. eHealth is now generally understood to mean the use of a broad range of information and communication technologies like broadband connectivity, digital networking or smart software to help drive improvements in health and medical care for individuals and communities. Investment in eHealth has the potential to deliver better and safer clinical care for patients no matter where they live, while also driving improved and sustainable network efficiencies.

eHealth NSW was established as a distinct organisation within NSW Health to provide statewide leadership on the shape, delivery and management of information communication technology-led health care.

eHealth NSW encompasses a number of innovative programs already underway across the State that support new models of care. These include telehealth, electronic medications management, statewide access to digital imaging and the use of voice recognition software as part of the second phase of the electronic medical records program. eHealth is being used to improve patient care through:

- patient information being available to clinicians across the State
- clinicians and other local health district staff being engaged to implement statewide systems locally
- the establishment of performance standards to ensure systems meet the needs of clinicians and patients.

Challenges

The eHealth agenda does face challenges. Despite progress, the local health districts all operate on different IT systems and have differing eHealth capacities. Clinician, manager and patient engagement on eHealth has also been varied and the functional needs of our users and a full realisation of ICT benefits can be difficult to achieve.

What NSW is doing

The *Blueprint for eHealth in NSW* provides the vision for technology-led improvements in health care for patients. The Blueprint sets out the next steps in harnessing technology to improve the quality, efficiency and safety of health care for patients including:

- building digital services in health through implementation of the eHealth strategy
- embedding the analytics framework to improve decision-making in health care
- delivering business ICT services to the organisation.

Highlights

THE **ELECTRONIC MEDICAL RECORDS EMR2 CLINICAL SYSTEM WAS ESTABLISHED** AT FIVE SITES ACROSS THE ILLAWARRA SHOALHAVEN HEALTH DISTRICT

AT JUNE 2016, MORE THAN **73 PER CENT** OF HEALTH EMPLOYEES WERE **USING ELECTRONIC MEDICAL RECORDS** ACROSS NSW HEALTH FACILITIES TO PROVIDE CARE

DURING 2015-16, ELECTRONIC CHARTS WERE **OPENED MORE THAN 12 MILLION** TIMES, A **30 PER CENT INCREASE** OVER THE PREVIOUS YEAR

MORE THAN **900,000 HOSPITAL DISCHARGE SUMMARIES** IN NSW HAD BEEN SENT VIA SECURE MESSAGING TO GENERAL PRACTITIONERS AND MORE THAN **200,000 HAD BEEN SENT TO THE NATIONAL MY HEALTH RECORD** BY JUNE 2016

THE **ELECTRONIC MEDICATIONS MANAGEMENT PROGRAM** PILOTED AT CONCORD HOSPITAL IS NOW BEING ROLLED OUT ACROSS THE STATE. THIS PROGRAM **WON THE MINISTER OF HEALTH'S AWARD** FOR INNOVATIONS AT THE NSW HEALTH AWARDS 2015

6.1 Build digital services in health through implementation of the eHealth strategy

eHealth is the electronic management of health information to deliver safer, more efficient, and better quality health care. eHealth benefits patient care by providing new ways of managing health information and the delivery of health care online, making it more accessible regardless of where in NSW you live. To develop digital service across the State, NSW Health is investing in clinical systems, business systems and infrastructure.

Investing in clinical systems

To integrate clinical, community health and outpatient care with electronic record systems, examples include:

- the Rural eHealth Program continued to roll out clinical, corporate and infrastructure programs across rural local health districts. All key milestones were met with some key programs completed and others nearing completion. The Health Wide Area Network program completed all primary network connections across rural local health districts over the year. The eMR and CHOC programs are on track to be completed in rural local health districts by December 2016. Early planning and business case development is underway for the eMed which is to commence in early 2017. Accurate discharge information is now available at the point of care, in emergency departments and to admitting doctors in rural locations. This provides immediate access to the most recent clinical information from referring hospitals. This has removed the need to obtain a paper copy of discharge summaries from patient carers, or to contact referring hospitals directly to request facsimiles of discharge summaries
- implementation of the eMR (electronic medical records), CHOC (Community Health and Outpatient Care) eMR and eMeds (electronic medication management) across NSW.

EMR2 LIVE AT 104 SITES, CHOC AT 263 SITES, AND EMEDS AT SIX SITES

Investing in business systems

To allow managers to more effectively match staff availability and skill levels to the needs of patients, initiatives implemented in 2015-16 include:

- continued rollout of HealthRoster, a statewide rostering system that provides valuable insights into how NSW Health manages its large and diverse workforce. The technology enables better utilisation of permanent staff and reduces the reliance on casual and agency staffing and unplanned overtime

Electronic medication management at Concord Hospital

The Electronic Medication Management (eMeds) project aimed to provide local customisation of a commercial medication management system to ensure safer, integrated, medication management for patients at Concord Hospital. Concord Hospital is the first in NSW to implement the eMeds system.

Key Activity

The clinician-led project team included doctors, nurses, pharmacists, Information Management and Technology Division staff and system vendors who designed, built, implemented and supported the eMeds rollout to all inpatient beds excluding the Intensive Care Unit.

The District created its own unique eMeds system by integrating practising clinicians from Concord Hospital in key roles within the eMeds team. This multidisciplinary benefits realisation group managed the design, build and analysis of benefits for the project and developed and delivered some novel system functionality, including an electronic pharmacy/eMeds system interface and a system for prescribing and administration of intravenous fluids.

Outcome

The pilot project demonstrated a 66 per cent reduction in total prescribing errors and a reduction of 4.24 administration errors per 100 administrations.

The project received the Minister for Health Award for Innovation at the 2015 NSW Health Awards.

- eHealth NSW completed the implementation of StaffLink, a statewide Enterprise Resource Management system. StaffLink facilitates consistent and efficient financial and workforce management and provides valuable insights into workforce demographics, staff utilisation and expenditure management. This enables NSW Health to identify and target areas for improvement and strive towards building a more sustainable business model

- statewide systems in Asset and Facilities Management and Procurement/Contract Management (PROcure) are being utilised and local health district implementation programs are progressing well.

NEPEAN BLUE MOUNTAINS HEALTH DISTRICT INTRODUCED AFTER-HOUR CONSULTATIONS BY TELECONFERENCE TO PATIENTS WHO PRESENTED AT LITHGOW AND BLUE MOUNTAINS EMERGENCY DEPARTMENTS, REDUCING WAITING TIMES

Investing in infrastructure

NSW Health is investing in infrastructure to provide a more reliable, secure and robust environment that delivers a high-speed, clinical grade interface across the State. Key initiatives in 2015-16 include:

- the Statewide Infrastructure Services programme has migrated the majority of NSW Health employees onto the same identity system. This allows the sharing of information and provides common access to health systems information

- the implementation of Health Wide Area Network was completed, with all local health districts and other NSW Health organisations connected to the Network. The Network provides a shared, highly secure and reliable Wide Area Network across NSW. The benefit of the infrastructure provided by the Network to rural and remote areas extends beyond NSW Health to the broader community

- eHealth NSW established the Health Security Operations Centre to continuously protect, detect and respond to threats against our data centers, Health Wide Area Network and local health district networks, systems and applications. The Centre ensures security controls are embedded in all ICT initiatives in alignment with NSW and Federal Government Security requirements.

6.2 Embed the analytics framework to improve decision-making in health care

The NSW Health Analytics Framework outlines the vision for analytics in NSW Health over the next five years. It provides an actionable plan to drive broader and more sophisticated analytics use to better support decision making and analysis across the NSW health system. The Framework clearly articulates to NSW Health stakeholders, including consumers and clinicians, the benefits, direction and approach to analytics for the NSW health system and coordinates and aligns effort to deliver on the vision. Key achievements in 2015-16 to leverage analytics to improve decision-making in health care include:

- The implementation by eHealth NSW of the *eHealth Strategy for NSW Health 2016-2026* launched on 3 May 2016. This underpins the delivery of the NSW Health Analytics Framework. eHealth NSW initiatives will provide the 'backbone' in terms of infrastructure, technology, processes and governance on which the Framework builds

- the eMR Connect Program is delivering a statewide, comprehensive electronic medical record. The eMR forms an integral part of the eHealth NSW strategy to deliver integrated care solutions to enhance the quality of patient care and improve health outcomes. The Program is rolling out electronic medical records for inpatient settings, including electronic medication management (eMeds) in hospitals, and electronic records to support community health and outpatient care

- eHealth has established the foundation of business intelligence relating to workforce and financial management (StaffLink [HRIS/FMIS] & VMoney Web). This capability consolidates and provides data in easy to interpret management dashboards accessible to managers and executives supporting more timely and informed decision-making based on real-time and reliable data

- the Bureau of Health Information has developed its interactive online data portal, Healthcare Observer, as a source of information, creating an Understanding our Graphs resource to support the capacity of managers to use health care performance information when making decisions.

NSW HEALTH ANALYTICS FRAMEWORK RELEASED IN JANUARY 2016

6.3 Deliver business ICT services to the organisation

Improving the way we use ICT to deliver health care services requires a comprehensive ICT strategy that applies across the NSW health system.

NEW EHEALTH STRATEGY FOR NSW HEALTH 2016-2026

The eHealth Strategy outlines a 10-year program of innovation, investment and implementation to deliver world-class, eHealth-enabled patient-centered health care in NSW.

In particular, the Strategy establishes the direction for eHealth investment so NSW Health can harness innovations and solutions for integrated clinical care, patient engagement, cost effective delivery and smart infrastructure, to meet growing health care demands long into the future. While consolidating and strengthening statewide and core eHealth goals, programs, standards, architecture and priorities, the Strategy also promotes innovation at the local and regional level.

eHealth solutions will continue to support new approaches for patient and provider engagement and deliver on strategic priorities in a number of areas, including Acute Hospitals, Community & Outpatient Care, Chronic Disease Prevention, Mental Health, Aged Care, Cancer Care, Aboriginal Health and Kids & Families. For example, in 2015-16 the Ministry piloted the NSW Health Sexual Assault Services database in four local health districts and the Sydney Children's Hospital Network. Based on initial outcomes, further implementation is targeted for February 2017.

The Strategy sets the focus and underpinning principles for NSW to realise the vision of 'a digitally enabled and integrated health system delivering patient centred health experiences and quality health outcomes'.

The increasing introduction of digital technology and information systems capability across NSW's health care system is a complex and evolving challenge.

To support the delivery of effective eHealth across the State, the Strategy establishes seven key focus areas. Each one includes strategic investment priorities and initiatives in order to foster engagement across NSW Health and the wider community, identify investment and business case implications, allocate resources to key initiatives and manage delivery. They are:

- Core Clinical Systems
- Integrated Care Solutions
- Workforce and Business Management Systems
- Data and Analytics
- Access to Information
- Infrastructure, Security and Intelligence
- Innovation.

CASE STUDY: HEALTH INFRASTRUCTURE

Paper-Lite – Implementation of anywhere, anytime, electronic medical records at Blacktown Hospital

In September 2014, Blacktown Hospital became the first public hospital in NSW to implement the electronic medical record (eMR) system. This was achieved as part of an Information Technology (IT) program related change dubbed Paper-Lite, which also included the introduction of scanning, mobile devices, new eMR functionality and additional clinical support tools.

Key Activity

Project materials were produced in collaboration with clinicians to support staff training and to help patients and carers understand the technology changes. Despite Paper-Lite being primarily an IT change, project communications focused on people as a way of telling the Paper-Lite story in an engaging and meaningful way.

Sixteen units in Blacktown Hospital completed transition to an inpatient eMR for the majority of their documentation within 19 months. This was followed by the implementation of medical records scanning in December 2014. Training was invested into a group of clinicians imbedded into every unit. This created an environment where clinicians had ready access to local expertise for spot training and support.

Outcome

Post implementation surveys and interviews incorporating over 100 clinical staff have revealed a high degree of satisfaction with the Paper-Lite changes. Staff report the system enables enhanced decision making through improved access to information and through access to clinical support tools with positive implications for patient outcomes. Main benefits include efficient records access, time savings, clinical decision-making support, compliance and improved interdisciplinary communication.

This project was a finalist at the 2015 NSW Health Awards.

Designing and building future-focused infrastructure

NSW Health facilities are valued at $20 billion, including over 230 public hospitals and 226 ambulance stations. Significant investment in developing new and upgraded existing facilities across the State is currently underway.

Health Infrastructure provides planning solutions and construction capability to NSW Health to manage the planning, design and delivery of health infrastructure capital works across the State. The four main elements of the services Health Infrastructure provides are advisory and strategic planning; project development; contract management and procurement services; and delivery.

Challenges

The provision of health care is a constant process of upgrade and renewal. During 2015-16, there has been significant investment made in building and upgrading hospitals and health services. The challenge continues to be how to think differently about maintaining, developing and managing NSW Health assets overall. This has meant establishing health care precincts with public and private services, encouraging integrated service delivery models for multipurpose facilities and continuing to develop demand management strategies to respond to growth.

What NSW is doing

A major construction and upgrade program is underway across both urban and regional NSW to develop new facilities and upgrade existing infrastructure across the State.

To ensure the design and building of infrastructure is future focused NSW Health will:

• deliver the committed infrastructure projects to meet the growing population needs

• implement strategic commissioning for infrastructure

• proactively drive contestable commercial opportunities and efficient asset utilisation.

Highlights

$250 MILLION INVESTED IN CAPITAL WORKS IN 2015-16 IN THE WESTERN NSW LOCAL HEALTH DISTRICT

$187 MILLION SOUTH EAST REGIONAL HOSPITAL OPENED IN BEGA IN 2015

$6.75 MILLION EUROBODALLA RENAL AND ONCOLOGY UNITS OPENED AT MORUYA

CAMPBELLTOWN HOSPITAL'S STAGE 1 **REDEVELOPMENT COMPLETED** WITH A NEW ACUTE SERVICES BUILDING, **90 NEW INPATIENT BEDS**, **18 NEW EMERGENCY PLACES** AND **THREE NEW BIRTHING SUITES**

MORE THAN **80 UPGRADES** TO HOSPITALS, MULTIPURPOSE SERVICES, AMBULANCE STATIONS AND CAR PARKS EITHER **DELIVERED OR IN PLANNING**

Vale Robert Leece AO RFD

Sadly, late in 2015 we lost Robert Leece. Bob was a most significant contributor to NSW, our industry and in particular to Health Infrastructure as the organisation's inaugural Chairman. There is no doubt that Health Infrastructure is largely what it is today as a result of Bob's insight, leadership, drive, attention to what mattered and approach to life generally. Bob's significant contribution to NSW Health has been acknowledged with the naming of a new built form/ICT award in the annual NSW Health Awards.

7.1 Deliver the committed infrastructure projects to meet the growing population needs

NSW Health Infrastructure's forward capital program will provide world class clinical services with timely access and effective infrastructure.

OVER $5 BILLION WILL BE INVESTED OVER THE NEXT FIVE YEARS

Projects completed in 2015-16:

- Blacktown and Mount Druitt Hospital Redevelopment – Stage one
- Byron Central Hospital
- Campbelltown Hospital Redevelopment – Stage one
- Coffs Harbour Health Campus Carpark
- Dubbo Base Hospital Redevelopment Stage one and two
- Eurobodalla Renal and Oncology Units
- Peak Hill Multipurpose Service
- South East Regional Hospital (Bega)
- Wollongong Hospital Elective Surgery Unit

Projects with main works completed in 2015-16 (some minor refurbishments ongoing):

- Lachlan (Parkes & Forbes) Health Service
- Kempsey Hospital Redevelopment
- Tamworth Hospital Redevelopment – Stage two
- Wagga Wagga Rural Referral Hospital Redevelopment – Stage one and two

NSW Health has continued to identify enhanced opportunities for engaging with the private and not-for-profit sectors for service delivery.

Following the successful finalisation of the operator-led Northern Beaches Hospital transaction, NSW Health has developed a proposed program of health service projects utilising partnerships to deliver services and assets for communities.

For all projects under the program, funding will be guaranteed for public patient services through a long-term contract between the relevant local health district and the hospital operator.

7.2 Implement strategic commissioning for infrastructure

Health Infrastructure works closely with local health districts to ensure the facilities we build are in direct response to specific health service requirements in the area. The development of a Clinical Services Plan by local health districts is a fundamental requirement for quality infrastructure investment projects. The Clinical Services Plan identifies the service need that drives the capital investment, and ensures that the scope of the investment is detailed sufficiently to enable the infrastructure to respond to the service need.

A Clinical Services Planning guide has been developed in consultation with local health districts to ensure the consistent development of key service planning information.

The Clinical Services Planning Analytics portal is a resource for local health districts to support evidence based service planning and was released in June 2015.

A revised 2015 Asset Strategic Plan template was issued to local health districts and specialty health networks. The revised Asset Strategic Plan Template is designed to improve the linkage between service need and asset requirements and articulates the non-capital strategies that are being implemented.

NSW Health commenced a process to calculate the net present benefits and costs of prioritised infrastructure projects. Prior to more detailed planning, it provides an opportunity to demonstrate value for the State and supplements the comprehensive economic appraisal process undertaken on all capital projects greater than $10 million.

UPGRADING OR BUILDING MORE THAN 20 AMBULANCE STATIONS ACROSS THE STATE

The Sydney Ambulance Metropolitan Infrastructure Strategy is designed to put paramedics closer to the community.

Health Infrastructure continues to work across NSW Health to better strengthen the identification, prioritisation and scope stages of capital projects.

7.3 Proactively drive contestable commercial opportunities and efficient asset utilisation

NSW Health continues to explore opportunities to deliver health services in settings outside the hospital building. Examples of non-capital solutions include Compacks community packages, Hospital in the Home, and telehealth strategies.

NSW Health also continues to develop opportunities to partner with the private and not-for-profit sectors to deliver health services and associated assets for communities similar to the Northern Beaches model. Following the successful finalisation of the operator-led Northern Beaches Hospital transaction, NSW Health has developed a proposed program of health service projects utilising partnerships to deliver services and assets for communities. The proposed program drives contestable commercial opportunities and efficient asset utilisation.

Additionally, Health Infrastructure provides technical advice and secretariat services for the Australian Health Facility Guidelines, improving asset utilisation by disseminating current industry knowledge and ensuring assets are fit for purpose now and into the future.

STATE-OF-THE-ART HOSPITALS BEING DELIVERED **ACROSS THE STATE** FROM AS FAR NORTH AS TWEED, AS FAR WEST AS BROKEN HILL AND DOWN TO COOMA IN SOUTHERN NSW

A Public–Private Rural Physiotherapy Service

Murrumbidgee Local Health District has experienced a long-term shortage of physiotherapists. Working with private practitioners in smaller rural communities in the District presented an opportunity to explore alternatives in meeting service demand. Through collaboration, the establishment of three income streams (NSW Health, Commonwealth primary care and private funds) was able to underwrite the sustainability of such a shared service.

The project was designed to resolve potential inefficiencies created by differing demand volumes across regions, which was a challenge for different organisations attempting to deliver similar services separately. This shared delivery model through this public-private service has reduced duplications in some areas and expanded workforce potential in other locations in times of staff shortages.

Key Activity

In liaison with another Medicare Local, a panel of private physiotherapists was assembled to undertake work on a fee-for-service basis, on referral from the hospital, to address a critical short term workforce shortage. The Medicare Local has been able to leverage the existing contracts in place with private practitioners to be responsive to the hospital's need at short notice.

Outcome

Physiotherapy services are now in place in four rural communities, where previously there were none or were available only periodically. The local general practitioners report better outcomes for patients who can now access physiotherapy services locally without having to travel out of town. Physiotherapy services are focused on targeted chronic diseases, aged care and subacute services, with linkages to existing services. For example, a falls management program has been instigated in the small rural community of Finley which was not previously possible without the physiotherapy service.

The project delivered on the key directions for NSW Health of keeping people healthy, and delivering integrated care. Objectives around improved management of chronic disease, and reduction in avoidable admissions have been realised. Importantly, in partnership with primary care and private sectors, a successful model for integrated care has been established.

The projected received the NSW Health Secretary's Award for Integrated Care.

Financial sustainability

Delivering the right care, in the right place at, the right time requires a long term focus on the financial sustainability of our health care system while continuing to focus on the needs of the community, our patients and their carers. Our approach to funding, purchasing and performance of health services in NSW supports improvements in clinical practice to deliver even better results for patients.

Local hospital systems gather information that can be used locally and at State level to monitor and manage performance and budgets. An activity based funding management tool helps plan and assess performance and clinical needs. NSW Health's activity based funding approach helps make public health funding more effective because health service management can allocate their share of available funding based on real levels of patient care.

Transparency in how our system is funded and aligning funding more closely with patient care provides for a health system in which more decisions are made locally with increased involvement from clinicians and the community, providing the people of NSW a health system where they can clearly see how services are run.

Challenges

NSW Health is the largest health care system in Australia, and one of the largest in the world. With demand for services increasing from technological advances, an ageing population using services more frequently, and a shift in disease burden from acute care treated on an episodic basis to chronic and complex conditions that require more dynamic management, NSW Health must continue to improve budgetary performance while maintaining its high standard of health care.

What NSW Health is doing

To meet these challenges and deliver strong and sustainable budgets, key priorities include:

- refining our purchasing models including Activity Based Funding to drive better value care
- delivering strong budgets
- delivering effective regulatory, governance and business support
- driving reforms to deliver better value care and efficiencies.

.

Highlights

PROCURE, THE PROCUREMENT AND CONTRACT MANAGEMENT INFORMATION MANAGEMENT SYSTEM IS BEING **INTEGRATED ACROSS THE STATE** WITH THE IMPLEMENTATION OF THE CONTRACT MANAGEMENT FUNCTIONALITY COMPLETED

STAFFLINK, NSW HEALTH'S CONSOLIDATED IT SYSTEM WAS IMPLEMENTED STATEWIDE **PROVIDING 140,000 STAFF ACCESS** TO HR DATA

BY 30 JUNE 2016, THE **ASSET AND FACILITIES MANAGEMENT SYSTEM** WAS PROVIDED TO ALL LOCAL HEALTH DISTRICTS **SUPPORTING AN $8 BILLION ASSET PORTFOLIO**

A **REDUCTION IN BLOOD PRODUCT WASTAGE** HAS LED TO A **SAVING** EQUIVALENT OF **$2.6 MILLION** ACROSS NSW HEALTH

THE **INNOVATION EXCHANGE** PUBLISHED **116 NEW** IMPROVEMENT **PROJECTS** DURING THE YEAR

8.1 Refine our purchasing models including Activity Based Funding to drive better value care

The Ministry uses both performance information and financial levers to drive the delivery of efficient and effective care. A combination of performance indicators and purchasing adjustors has been progressively introduced to influence the delivery of high quality services in a safe manner, in an attempt to ensure the focus of health purchasing is not predominated by cost, but instead by value for money considerations which elevate areas of health priority.

From volume to value

NSW Health's commitment to activity based funding continues to yield significant results with a number of districts' average cost converging towards the State price, resulting in further reduction in transition grants to districts and networks. Under activity based management, clinicians and managers are provided with accurate and timely information to support strategies to achieve better value care through continuous improvement.

Actions to drive better value care have included introduction of an interim classification for purchasing mental health services under activity based funding; assessment of sub-acute classification usage; recognised structural costs where applicable in recognition of higher fixed costs and economies of scale for rural and remote settings; and continuing education on Activity Based Management for staff across NSW Health.

HealthShare NSW made significant progress in 2015-16 in implementing a unit costing and pricing approach for each Business Line based on measures of activity or output (such as patient meals, invoices processed, payslips or patient trips). A unit costing approach allows for valid comparisons of like products and services when benchmarking costs with industry peers.

In 2015-16, HealthShare NSW undertook benchmarking studies, developing regular reports on benchmarking using activity based costing to demonstrate value for money. Analysis showed that:

- cost per Accounts Payable invoice processed is lower than the median for each industry peer group comparison
- cost per payslip is lower than the mean for each comparator organisation, except ADP which does not provide services to public sector clients
- comparing the leading private provider and HealthShare for the top six linen items by volume, the comparison shows a mixed result with HealthShare having lower unit prices for some items, but higher for others.

8.2 Deliver strong budgets

NSW Health uses activity based funding based on a national efficient price to improve services, efficiency, standards of clinical care and responsiveness to community needs.

Health organisations

Health entities directly manage public hospital services and functions and have the flexibility to determine the application and reconfiguration of resources and budgets between service streams that best meet local needs and priorities.

Regular review of activity and budget through the NSW Health Performance Framework, which includes a transparent system of responding to each health service's level of performance and budget needs, occurred throughout the year. Entities collaborated with the Ministry to determine parameters for recurrent budget by identifying key budget movements and liaising with the Ministry's Finance team.

HEALTHSHARE NSW GENERATED PROCUREMENT SAVINGS OF $53 MILLION AS AT 31 MAY 2016, EXCEEDING THE TARGET OF $51.3 MILLION

NSW Health Service Agreemnts

Service agreements between the NSW Ministry of Health and local health districts outline the performance expectations of health services for the budget provided by the Ministry.

Service Agreements include the number and broad mix of services to be provided and the level of funding, teaching and research functions to be undertaken by each entity linking activity and service streams to funding. The allocation allows for NSW Health entities to receive growth in their annual budget, reflecting both cost indexation and negotiated and agreed service growth and capacity funding to meet increasing health needs in our community.

In setting budgets for Service Agreements, a negotiation process with each entity contributing expertise, local knowledge and relevant information on capital planning and service planning arrangements was undertaken in 2015-16.

8.3 Deliver effective regulatory, governance and business support

The NSW Health governance framework requires each NSW Health organisation to complete a standard annual statement of corporate governance certifying their level of compliance against key primary governing responsibilities. The Ministry is responsible for promoting corporate governance practice across the health system.

Financial information, including an analysis of the financial position and the projected financial outcome at year end are regularly reviewed by each organisation's Chief Executive, Senior Management and Board. The Internal Audit function is monitored by the Audit and Risk Management Committee and Board of each local health district and specialty health network.

The statewide HR and Financial Management system, StaffLink, supports consistent, compliant and auditable financial management across NSW. The statewide implementation was completed in 2016, with the final health organisation (NSW Ambulance) going live in June 2016. Working collaboratively with the NSW Ministry of Health and local health districts, eHealth NSW has continued to support, refine and enhance the StaffLink system to meet local and statewide needs.

THE ROLLOUT OF THE NEW E-HEALTH ASSET AND FACILITIES MANAGEMENT SYSTEM WAS COMPLETED TO ALL LOCAL HEALTH DISTRICTS ACROSS NSW, IMPROVING MANAGEMENT AND MAINTENANCE OF THE $8 BILLION NSW HEALTH ASSET PORTFOLIO

eHealth NSW is now working with local health districts to identify and load data into the statewide system to optimise use.

8.4 Drive reforms to deliver better value care and efficiencies

NSW Health is continuing to develop analytical tools which allow detailed analysis of historical and projected service activity, enabling local health districts to better understand the health needs of the population it services and make informed decisions about the most efficient use of resources.

Purchasing for quality and safety

In 2015-16, a Quality Improvement Pool incentive was introduced targeting improvement around three hospital acquired complications Venous Thromboembolism (DVT), Pressure injuries (grade 3 and 4) and Pulmonary Embolism.

At the same time an Appropriateness Adjustor was introduced to drive rollout of the best practice Hip Fracture Model of Care by rewarding local implementation.

Social impact investment

NSW Health is working to implement the Government's policy on increasing social impact investment opportunities in NSW. In an Australian first, the NSW Government is working with organisations to develop social impact investment initiatives to complement existing palliative care services and mental health services.

Business systems

A number of business system reforms were implemented in 2015-16 to deliver better value care and efficiencies, including:

- the Non-Emergency Patient Transport aggregation exercise consolidated and optimised the statewide Non-Emergency Patient Transport Service, with a view to building up a range of panel providers and undertaking a contestability strategy
- audit and optimisation of the current NSW Health fleet to identify potential savings opportunities to reform fleet management
- the Contingent Workforce Program (also called Contractor Central Program) implemented the Fieldglass Vendor Management System, procured by NSW Health on behalf of NSW Government, to manage the 0007 contract contingent workforce, develop a contingent workforce pool, report as required to the Public Service Commission and achieve savings.

MY FOOD CHOICE, THE NEW SERVICE DELIVERY MODEL FOR PATIENT FOOD SERVICES, WAS INTRODUCED ACROSS NSW HEALTH USING LATEST TECHNOLOGIES TO **IMPROVE FOOD CHOICES** AND **MEAL DELIVERY TIMING**

Infrastructure

NSW Health's proposed program of health service projects utilising partnerships with hospital operators to deliver services and assets aims to drive efficiencies through the sharing of infrastructure and services.

For example:

- the Sustainable Hospital Car Park Investment Program is a portfolio model for procuring, funding and management of new hospital car parks. This self-funding model allows the NSW Health capital works allocation to be used to deliver clinical services
- the Sydney Ambulance Metropolitan Infrastructure Strategy is designed to ensure the concentration and location of NSW Ambulance resources is effectively placed to serve local communities more efficiently.

CASE STUDY:
MID NORTH COAST LOCAL HEALTH DISTRICT

From Emergency Department to Urgent Care Centre

In March 2014 the Wauchope District Memorial Hospital Emergency Department was replaced by an Urgent Care Centre. The successful transition was underpinned by a comprehensive communications strategy and made possible by the formation of a dynamic team which included key persons from health and the community.

The aim was to provide daily, but not 24-hour, non-emergency access with treatment within 60 minutes. In a rural setting, the hospital is considered a vital part of the community and proposing a major change presented a huge challenge for the District.

Key Activity

The Mid North Coast Local Health District convened a diverse team of process owners and stakeholders to work towards improving patient care and staff safety. The community was also an integral part of the transition process for the entire journey. At each stage community and stakeholder views were used to inform the Communication Plan.

The Urgent Care Centre was implemented in an innovative manner to ensure buy-in and trust from the rural community. The Communications Strategy was developed specifically for a small community which would outwardly resist any attempt to downgrade their hospital.

Outcome

Patient response has been very supportive of the new care model as evidenced by unsolicited feedback through the hospital's feedback channels. Since the introduction of the Urgent Care Centre, the number of incidents reported by nursing staff has declined by 60 per cent.

This staffing model has significantly improved the hospital's ability to support and retain medical staff, reducing agency and locum costs. As a result Wauchope Urgent Care Centre, Port Macquarie Emergency Department and NSW Ambulance have achieved significant savings in cost and time.

This project received the Local Solutions Award in the 2015 NSW Health Awards.