



Public Accounts Committee

Report 8/56 – September 2018

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW



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Membership

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Chair's Foreword

The provision of health services is a major component of the NSW Budget. According to the 2018-19 Budget statement, recurrent health expenditure represent 28.6 per cent of total State spending, delivering services at all levels of the health system to improve patient outcomes. Given the significant role of health care evidenced in Government outlays, the Committee resolved to examine the management of health care delivery, with particular emphasis on reporting systems, data collection and broader health improvement objectives.

As well as covering service delivery across the entire health system, the Committee's Report pays particular attention to the provision of mental health services and whether appropriate accountability mechanisms are in place to effectively and efficiently target the wellbeing of patients with a mental illness. The inquiry's detailed examination of mental health complements the work of an independent review of mental health services conducted by the NSW Chief Psychiatrist.

Health care service delivery is a complex undertaking, involving health care professionals across a range of public and private settings. This requires sophisticated and responsive mechanisms to accurately document and predict service requirements and individual needs. NSW Health has embarked on a series of reforms to improve service delivery and the inquiry examined how effectively this system is operating, and how the relevant frameworks that support its structure are able to not only monitor activity, but drive improvements throughout the sector.

The Report also deals with the collection and use of data, which plays a vital role in the efficacy of health care administration and service delivery, determining current and future performance. An accountable, efficient and transparent health system must have an effective and consistent method of collecting relevant data, appropriately interrogating its findings and ensuring that these findings are used to drive better outcomes. In the course of the inquiry, particular issues were raised in relation to data privacy and the integrity and confidentiality of patient records. The Committee makes specific recommendations in this regard.

Due to the individual impacts of service delivery experienced by many patients, particularly in the mental health field, the Committee received many personal and detailed descriptions of system failures and their consequences for themselves and their families. While many of these accounts were confidential and are not directly referred to, the issues raised have been taken into account in the preparation of the Report and are reflected in its recommendations.

The Committee would like to thank all those who made submissions and participated in the inquiry by giving evidence at the hearings and in meetings conducted during the visit to Lismore last year. It is only by listening to individual stories and engaging with people on the ground that the Committee gains a full appreciation of the issues under review, as documented in the Report.

Mr Bruce Notley-Smith MP
Chair

Findings and Recommendations

Recommendation 1 _____ **8**

The Committee recommends that NSW Health ensures that its current performance frameworks incorporate the measurement, monitoring and reporting of the general health of the community.

Recommendation 2 _____ **8**

The Committee recommends that NSW Health undertakes more rigorous analysis of the effectiveness of its performance frameworks in improving all health outcomes.

Recommendation 3 _____ **9**

The Committee recommends that NSW Health continues to develop policies, strategies and systems to embed a culture of safety for all providers at every level of service delivery.

Recommendation 4 _____ **9**

The Committee recommends that NSW Health measures the engagement and satisfaction of staff within performance frameworks and accountability and reporting mechanisms.

Recommendation 5 _____ **10**

The Committee recommends that NSW Health ensures that performance frameworks and service agreements incorporate the measurement and reporting of any gaps in service delivery.

Recommendation 6 _____ **10**

The Committee recommends that NSW Health examines any unusual or unexpected growth in demand for a particular service as a basis for updating performance frameworks and service agreements, as required.

Recommendation 7 _____ **12**

The Committee recommends that NSW Health incorporates performance indicators from the NSW Health Performance and Purchasing Frameworks into the funding agreements and terms and conditions documents between NSW Health and non-government service providers.

Recommendation 8 _____ **13**

The Committee recommends that NSW Health ensures that performance frameworks continue to incorporate information regarding the delivery of health services for people with a disability, following the transition to the National Disability Insurance Scheme.

Recommendation 9 _____ **17**

The Committee recommends that NSW Health further consults with representatives of the LGBTI community to develop standardised guidelines for incorporating gender and sexual identity into data collection mechanisms and formats.

Recommendation 10 _____ **18**

The Committee recommends that NSW Health ensures that there is appropriate training and resources for all medical professionals dealing with data relating to people with a disability to ensure a person's illness or death is not mischaracterised as a result of their disability.

Recommendation 11 _____ **19**

The Committee recommends that NSW Health, along with the NSW Ombudsman, ensure that mortality data and data relating to reportable incidents will continue to be collected and monitored following the rollout of the National Disability Insurance Scheme.

Recommendation 12 _____ **20**

The Committee recommends that NSW Health ensures that any data governance policy has an equal focus on how the data will be used to promote accountability and transparency.

Recommendation 13 _____ **20**

The Committee recommends that NSW Health develops clear guidelines on how the data that is collected will be used to review service delivery and support system-wide improvements.

Recommendation 14 _____ **22**

The Committee recommends that NSW Health commits to the ongoing development of strategies that will increase the integration and consistency between different data systems across the NSW Health system.

Recommendation 15 _____ **22**

The Committee recommends that NSW Health continues to work with the Commonwealth Government on integrating systems across the broad range of health care delivery.

Recommendation 16 _____ **24**

The Committee recommends that NSW Health expands the 'Your Experience of Service' Survey to other areas of service delivery in order to build on the consumer feedback mechanisms currently available.

Recommendation 17 _____ **25**

The Committee recommends that NSW Health includes privacy standards in its performance frameworks and service agreements with Local Health Districts and Specialty Health Networks.

Recommendation 18 _____ **25**

The Committee recommends that NSW Health works with the Privacy Commissioner to develop appropriate privacy performance indicators and benchmarks that will support improvements throughout the health care system.

Recommendation 19 _____ **26**

The Committee recommends that NSW Health commits to reviewing its eHealth security to determine if the current levels of protection are sufficient for any potential cyber threats.

Recommendation 20 _____ **27**

The Committee recommends that NSW Health finalises the Incident Information Management System upgrade as a matter of urgency and in full consultation with current and future users.

Recommendation 21 _____ **34**

The Committee recommends that the Privacy Commissioner conducts a detailed investigation into the authorised access to patient health records by guardians, carers and family members under appropriate circumstances.

Recommendation 22 _____ **35**

The Committee recommends that NSW Health expedites its work in devising strategies and policies to ensure the recruitment of adequate numbers of nursing staff in mental health care facilities to meet current and future demand.

Recommendation 23 _____ **35**

The Committee recommends that NSW Health actively consults the NSW Nurses and Midwives Association in the development of its mental health workforce strategy.

Recommendation 24 _____ **37**

The Committee recommends that NSW Health provides funding for clinical pharmacologists in each Local Health District to provide education about recent advances in drug therapy and adverse drug reactions, to better target pharmaceutical treatments for mental illness.

Recommendation 25 _____ **37**

The Committee recommends that NSW Health actively pursues and funds the increased use of pharmacogenomic testing as a means of improving treatment for patients with a mental illness.

Recommendation 26 _____ **40**

The Committee recommends that NSW Health, in consultation with special needs groups and service providers, expands the scope of its performance framework to incorporate a more comprehensive range of information to improve health care delivery.

Recommendation 27 _____ **41**

The Committee recommends that refinements to the NSW performance framework be referred to the Australian Health Ministers' Advisory Council for ratification as part of the Australian Health Performance Framework.

Recommendation 28 _____ **43**

The Committee recommends that NSW Health extends its integrated care project to cover more Local Health Districts, where piloted models already funded have been found to be successful.

Recommendation 29 _____ **43**

The Committee recommends that the NSW Minister for Health refers consideration of the reinstatement of Medicare Benefits Schedule item 105 to the Medicare Benefits Schedule Review Taskforce, with a view to enhancing integrated health care delivery.

Chapter One – Background to Inquiry

Origins of inquiry

- 1.1 The Public Accounts Committee, in accordance with section 57 of the *Public Finance and Audit Act 1983*, has an ongoing role in scrutinising and responding to reports tabled by the NSW Auditor-General. As part of its functions, the Committee can report on any matters connected with those reports which it considers should be brought to the notice of the Legislative Assembly.
- 1.2 Recently tabled Audit Office performance audit reports have examined several aspects of the delivery of health care services in NSW. This includes audits of public hospital readmissions, out of home care services, mental health post discharge care, and the operation of the National Disability Insurance Scheme (NDIS).
- 1.3 In view of the significant public expenditure on health care service provision and the changing health care environment, the Committee determined that it would be timely to examine the overall management of health care service delivery in NSW, with a view to identifying efficiency and effectiveness deficiencies and potential improvements.
- 1.4 The Committee's inquiry was also conducted against the background of the broader review of the Australian health system and the development of a performance framework endorsed by the Australian Health Ministers' Advisory Council (AHMAC), reported through the Council of Australian Governments (COAG) process.¹
- 1.5 According to the COAG Health Council:

The Australian Health Performance Framework will provide a single, enduring and flexible vehicle to support system-wide reporting on Australia's health and health care performance, to support the assessment and evaluation of value and sustainability and to inform the identification of priorities for improvement and development.²

Conduct of inquiry

- 1.6 The Committee's inquiry was announced on 1 February 2017. As well as advertising in the media and on its website, the Committee wrote individually to major stakeholders, inviting submissions by 28 April 2017.
- 1.7 The terms of reference were designed to cover health care service delivery across the breadth of the sector, with particular reference to the performance reporting framework, data collection, information provision and the achievement of health system objectives.

¹ The Australian Health Performance Framework, the National Health Information and Performance Principal Committee, September 2017, accessed at: [Health Council Attachment](#), 19 April 2018

² COAG Health Council Reports, accessed at: [Reports](#), 19 April 2018

- 1.8 As the inquiry progressed, the Committee's attention was drawn to media coverage of an incident at a Mental Health Unit at Lismore Base Hospital, indicating a complete breakdown in patient care.
- 1.9 As a result of issues identified in media reports and representations from the Minister for Mental Health, Ms Tanya Davies MP, the Committee resolved to readvertise the terms of reference, allowing further submissions to be received until 31 July 2017, specifically focussing on the adequacy of mental health service provision.
- 1.10 Simultaneously, in response to the Lismore incident, the Minister appointed a separate review of the policy and practice of seclusion, restraints and observations across the entire NSW mental health system. The independent review was conducted by NSW Chief Psychiatrist with the assistance of the Principal Official Visitor, and an international expert in mental health nursing.³
- 1.11 The seclusion and restraint Review reported in December 2017 and further reference to its findings will be discussed in Chapter Four of this report, covering mental health care service delivery.
- 1.12 The Committee's inquiry received 34 submissions from Government agencies, academic, professional health and community organisations, patients and patient groups, carers and individuals. A list of submissions is included at Appendix One and the full submissions are published on the Committee's website at: <https://www.parliament.nsw.gov.au/committeesubmissions>
- 1.13 In order to further test the information in submissions and to gather additional background for the inquiry, the Committee conducted three days of public hearings at Parliament House on 30 and 31 October 2017 and 5 March 2018. A total of 31 witnesses provided evidence to the inquiry and are listed at Appendix Two. The transcripts can be accessed on the Committee's website at: <https://www.parliament.nsw.gov.au/committeetranscripts>
- 1.14 Additionally, in response to the call for greater consideration of mental health service provision, the Committee convened an open public forum with patients, carers, health care providers and members of the public in Lismore on 24 October 2017. The Committee also conducted inspections and further meetings at Lismore Base Hospital on 25 October 2017, including a visit to the refurbished Mental Health Unit.

Health care service delivery in context

- 1.15 With a land mass roughly the same size as Western Europe or the USA, Australia is recognised as having one of the most effective and efficient health care systems in the world. The cost of providing health care in Australia is approximately half the cost of care in the USA.⁴ This was reinforced in a review of the Australian health system conducted by the Productivity Commission in 2017, which found that Australia spends less per capita on health and with better outcomes in life

³ NSW Health media release dated 12 May 2017, accessed at: [NSW Health Media Release](#), 19 April 2018

⁴ OECD Data – Health at a Glance (2017), accessed at: [Health-Spending](#), 18 April 2018

expectancy than most comparable western countries, ranking third on this measure for OECD countries with above average GDP.⁵

- 1.16 Universal health care provision in Australia covers a range of categories encompassing: aged and community care services; family and children's services; disability programs; public health initiatives; Medicare and pharmaceutical benefits; hospital and health care funding; health services for Aboriginal and Torres Strait Islanders; and emergency services for people in crisis.
- 1.17 Whereas the Commonwealth has a central coordination and funding role, the States and Territories are largely responsible for the delivery of public health services and the regulation of health workers in the public and private sectors.

NSW Health

- 1.18 The NSW health system contributes 30% of the total national and public hospital and related service volume.⁶ In addition to the Ministry of Health, NSW Health comprises Local Health Districts (LHDs), 5 Pillar organisations, statutory health corporations and affiliated health organisations.⁷
- 1.19 Fifteen LHDs are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres.
- 1.20 According to a 2016 NSW Bureau of Health Information report comparing the performance of the health sector in NSW with other comparable developed countries across a range of indicators, the NSW health system performed better than international comparators across 40% of measures. These include indicators for health care accessibility, appropriateness, effectiveness, efficiency, equity and sustainability.⁸
- 1.21 The health care system as a whole is subject to a range of pressures on limited resources, exacerbated by a growing and ageing population with multiple chronic comorbidities and requirements for targeted interventions. To illustrate the point, the submission from the Australian Medical Association (AMA) cites figures demonstrating that the demand for public hospital services in NSW grew by 32% between 2010 and 2015, for a population increase of 7%.⁹
- 1.22 The extent to which the NSW health system is able to meet challenges into the future is dependent on the effectiveness of current tools to collect accurate information, meet the needs of patients and service providers and to measure outcomes to guide and improve performance. This will become critically important as the cost of health care continues to escalate and requires an ever increasing portion of available budgetary resources.

⁵ Why a Better Health System Matters, Shifting the Dial, 5 year Productivity Review, Supporting Paper No. 4, Productivity Commission, 3 August 2017, p4

⁶ Submission 13, Ministry of Health, p1

⁷ Submission 13, Ministry of Health, pp10-11

⁸ Healthcare in Focus 2016 – How does NSW compare, Bureau of Health Information, September 2017, pp 3-4

⁹ Submission 12, Australian Medical Association (AMA), p2

Chapter Two – Current Reporting Systems and Service Agreements

The NSW Public Health System

- 2.1 The structure of the NSW health system and the various frameworks, reporting systems and service agreements underpinning health care delivery form the basis of the Committee's inquiry. These structures determine the transparency, accountability and overall effectiveness of the State's health system.
- 2.2 The Committee looked at how effectively this system is operating, and how the relevant frameworks that support its structure are able to not only monitor activity, but drive improvements throughout the sector.

Reforms to the NSW Health system

- 2.3 A number of significant reforms to the NSW health system were undertaken in 2011, following the Government's participation in the National Health Reform Agreement (NHRA), entered into between all States and Territories and the Commonwealth.
- 2.4 As part of the NHRA, NSW agreed to update its financial and governance health system objectives, including improving transparency and accountability. The reforms also included the introduction of an Activity Based Funding (ABF) model based on nationally determined efficiency prices. This model allocates 'funds based on the activity or outputs of an organisation or service, and aims to fund the actual work performed within agreed targets'¹⁰.
- 2.5 The new set of reforms shifted the roles and responsibilities of the Ministry of Health (MoH) and the Local Health Districts (LHDs) in delivering health services, with the Secretary of NSW Health, and the MoH, acting as 'system manager'¹¹. Under its administrative charter, NSW Health exercises overall responsibility for the entire health system, whereas the MoH acts as policy coordinator and funder of services.
- 2.6 The repositioning of the role of the MoH as 'system manager' for public health services in NSW required the development of clear and consistent governance and performance reporting frameworks. The frameworks were set up to establish transparency and accountability links between the MoH and LHDs, as recipients of central funding to deliver services.

NSW Performance and Purchasing Frameworks

- 2.7 The NSW Performance and Purchasing Frameworks are the two overarching mechanisms setting out the policy directions and strategies for performance and

¹⁰ Submission 13, Ministry of Health, p9

¹¹ Submission 13, Ministry of Health, p10

purchasing monitoring. These frameworks also include high-level outcomes and Key Performance Indicators (KPIs).

2.8 The NSW Performance Framework determines how the Ministry of Health assesses the performance of public health services, including health improvement, quality and safety, service delivery and financial performance.

2.9 In terms of the practical function of the Performance Framework, NSW Health sets out four key components of the process in which the Framework operates, as follows:

- i. Performance Assessment: This applies to both the strategic priorities and the KPIs
- ii. Response Framework: This determines what, if any, action is required to resolve a performance issue
- iii. Escalation/De-escalation Process: This determines when a performance issue is to be escalated or de-escalated
- iv. Operational Processes: This supports the performance assessment and response cycle.¹²

2.10 The NSW Purchasing Framework is aligned with the Performance Framework, and defines the relationship of purchaser and supplier between LHDs and the Ministry of Health. This is delineated through the ABF model, which determines the specific health care services the Ministry of Health will purchase from Local Health Districts.

2.11 The model has associated 'activity targets'¹³, which are a form of performance indicator, monitored on an ongoing basis. The Purchasing Framework also outlines the KPIs for each LHD and network, including performance thresholds for each KPI, and their categorisation.

2.12 These frameworks aim to ensure that 'health services are closely monitored and reported on to drive continual improvements'¹⁴ and support the 'delivery of high quality, safe, efficient and sustainable healthcare'¹⁵.

Service Agreements

2.13 The Ministry of Health has a Service Agreement with each LHD and Specialty Health Network (SHN), which operationalises the principles underpinning both the performance and purchasing frameworks. Additionally, the establishment of such an agreement is a requirement under the National Health Reform Agreement¹⁶.

¹² Submission 13, Ministry of Health, pp 19-20

¹³ Submission 13, Ministry of Health, p15

¹⁴ Submission 13, Ministry of Health, p13

¹⁵ Submission 13, Ministry of Health, p13

¹⁶ See <http://www.federalfinancialrelations.gov.au/content/npa/health/archive/national-agreement.pdf>, accessed 26 July 2018.

- 2.14 NSW Health describes Service Agreements as being able to 'articulate which strategies, targets and goals are to be pursued to achieve local and State-wide initiatives as well as the measures to be used to monitor performance at both a State and national level'¹⁷.
- 2.15 Each Service Agreement is negotiated annually between the MoH and the relevant LHD or Specialty Health Network. This is to determine the number and the type of services to be purchased and the price of ABF services, as well as the setting and monitoring of performance indicators.
- 2.16 The Agreements use 'service measures' as a form of performance marker, which look at a variety of performance domains, including specific areas of health care delivery, as well as safety, finance and service access. The MoH then provides each district and network a monthly report, documenting service delivery against the measures, as well as the KPIs set out in the overall performance network.

Adequacy of reporting and monitoring in the NSW Health system

- 2.17 The Committee gathered evidence from NSW Health and other stakeholders about the capacity of the frameworks and service agreements to adequately monitor the effectiveness and efficiency of health care delivery in NSW. It became clear that while there have been overall improvements in monitoring and reporting by NSW Health, there is room to build on recent reforms.
- 2.18 Questions concerning the nature of performance measurement required to make an effective and efficient health system, were raised consistently throughout the inquiry. A particular issue was the need to adequately measure and report on the overall health of the community and the responsiveness of the health care system.
- 2.19 The Royal Australian College of General Practitioners NSW & ACT (RACGP) told the Committee that while it is necessary to monitor the health system and work to improve its service delivery, this needs to be accompanied by an expressed aim to improve overall health outcomes. The College noted that while NSW Health has had some success in enhancing reporting frameworks, there needed to be additional focus in other areas. In its submission to the inquiry, the RACGP stated that:
- Difficulties arise in relation to achieving "broader health system objectives", particularly those relating to keeping people well and in the community, preventing later illness through health promotion, early intervention and cross sectoral activities to influence the socio-economic determinants of health¹⁸.*
- 2.20 This was reiterated by the Australian Medical Association (AMA), who told the Committee that there needs to be additional analysis of the volume of services being delivered, and its implications for the overall health of the community. The AMA acknowledged the positive work that has been done by NSW Health to build frameworks that are able to look at the quality of service delivery.

¹⁷ Submission 13, Ministry of Health, p15

¹⁸ Submission 3, The Royal Australian College of General Practitioners (RACGP), p2

- 2.21 However, these frameworks must develop the capacity to look at broader health objectives, so that NSW Health can both have a clearer picture of the state of the population's health, and be responsive to any changes. These concerns were also raised in the Federal Government's Productivity Commission 5 Year Productivity Review. The Review found that while the Australian public health system is performing well overall, there are gaps in performance that are not interrogated, measured or addressed in the best way possible.
- 2.22 Specifically, the Productivity Commission referred to 'preventative health'¹⁹ and the need to be able to adequately address chronic health issues, given that the 'enduring nature of chronic conditions affects health care costs and people's capacity to participate in society, including in the workforce'²⁰.
- 2.23 It is clear from looking at the Productivity Commission's Review and the evidence collected throughout the inquiry, that any effective health system needs to be able to measure the overall health of the community and develop targets and outcomes to respond appropriately.
- 2.24 During the hearing, the Committee asked NSW Health about how these kinds of measurements have been built into its performance frameworks. The Deputy Secretary, System Purchasing and Performance, told the Committee the following:
- One of the things that we do each year when we are negotiating with the Local Health Districts and Specialty Health Networks for their service agreement is look at the health of the population. We have an equity adjuster and a population adjuster in that model so that it gives us the ability not to just bluntly allocate resources to these entities but rather to also look at the health of the community so that we are taking account of issues that may be arising year by year there is a maturation of the service agreement model, but over recent years we have been able to have a closer look at the health of the community to try to invest more in the services that those particular communities need.²¹
- 2.25 Despite the efforts of NSW Health to monitor the health of the community and respond to the individual needs of each Local Health District, this process still appears to be in early development.

Committee Comment

- 2.26 The Committee considers it essential that the performance frameworks take into account the general health of the community. This will enable the NSW Government to have a clearer picture of overall wellbeing, as well as being able to determine the changes to be made.
- 2.27 Ensuring that the overarching performance frameworks incorporate this principle, as well as using information relating to preventive and chronic health conditions, will assist to expand the effectiveness of both the performance frameworks and

¹⁹ Productivity Commission, Why a Better Health System Matters, Shifting the Dial: 5 year Productivity Review, Supporting Paper No. 4, p12

²⁰ Productivity Commission, Why a Better Health System Matters, Shifting the Dial: 5 year Productivity Review, Supporting Paper No. 4, p12

²¹ Transcript of Evidence, Ms Pearce, NSW Health, 30 October 2017, p4

the overall systems. This will also allow the health system to build greater capacity to deliver and target the services needed by the population at large.

Recommendation 1

The Committee recommends that NSW Health ensures that its current performance frameworks incorporate the measurement, monitoring and reporting of the general health of the community.

Recommendation 2

The Committee recommends that NSW Health undertakes more rigorous analysis of the effectiveness of its performance frameworks in improving all health outcomes.

Culture of accountability and transparency

- 2.28 In order for performance frameworks and service agreements to be effective in accurately reflecting the state of the public health system and drive improvements, there need to be clear and rigorous accountability mechanisms. The Committee heard conflicting evidence about how successfully NSW Health is able to achieve this, as well as discussion about potential areas for improvement.
- 2.29 NSW Health outlined the formal accountability mechanism established through the monthly report provided to each Local Health District from the Ministry of Health. The report details performance against the service agreement, and any relevant service measures.
- 2.30 In addition to this monthly report, each LHD receives a quarterly report, setting out performance against specific mental health performance indicators. These indicators are linked to a Clinical Benchmarking Tool, which has been designed to support improvements to mental health services.
- 2.31 However, in the course of the inquiry, concerns were raised that while there are various formal accountability mechanisms in place, this has not resulted in an awareness of performance requirements at all levels of the NSW health system. Several stakeholders told the Committee that there is a need for a cultural shift for this kind of consistent performance reporting and accountability to become fully effective.
- 2.32 The Australian Council of Health Care Standards (ACHS) made the distinction between 'deep safety'²², and 'compliant safety'²³ or 'looking good safety'²⁴. This is described as being the difference between having frameworks and mechanisms that operate in isolation from service delivery, and embedding a 'culture of safety'²⁵ that ensures that accountability and reporting is present at all levels of service delivery.

²² Submission 10, The Australian Council on Healthcare Standards (ACHS), p2

²³ Submission 10, The Australian Council on Healthcare Standards (ACHS), p2

²⁴ Submission 10, The Australian Council on Healthcare Standards (ACHS), p2

²⁵ Submission 10, The Australian Council on Healthcare Standards (ACHS), p5

- 2.33 When asked about the existing culture within the NSW Health system and how this can be improved, the Ministry of Health told the Committee the following:

Culture in our health services is critically important to health service and healthcare delivery. There are a range of different strategies in place. I do not suggest to the Committee that we have a perfect system or that there is not more work to do. There is always more work to do; however, we do have a number of things geared at improving the culture of our organisation. It is not just in regard to how staff deal with each other but also the care of our patients, which is fundamental going forward, in particular in relation to ensuring that we provide care in a safe way²⁶.

Committee Comment

- 2.34 The Committee is of the view that while NSW Health is making efforts to ensure that the principles of the performance frameworks are embedded in the culture of the entire system, this has not yet been achieved successfully.
- 2.35 It is also clear that making cultural change in a large organisation is a difficult and lengthy process. However, aiming for an awareness of performance requirements and embedding a culture of accountability is essential to ensure that the management of the health system is able to substantively drive improvements and better health outcomes.
- 2.36 As outlined by the ACHS, developing an 'organisational culture that has some bearing on clinical performance and health care quality'²⁷ and ensuring that it is 'possible to identify particular cultural attributes that are facilitative of performance'²⁸ is critical in ensuring ongoing accountability and trust in the system.
- 2.37 NSW Health is well placed to continue its current efforts to ensure that the work done to create robust performance and purchasing frameworks can be supported by a reporting culture that reinforces these principles. This will mean that system improvements can occur at all levels, and that the overarching frameworks can have a real impact on patient outcomes and the overall quality of service delivery.

Recommendation 3

The Committee recommends that NSW Health continues to develop policies, strategies and systems to embed a culture of safety for all providers at every level of service delivery.

Recommendation 4

The Committee recommends that NSW Health measures the engagement and satisfaction of staff within performance frameworks and accountability and reporting mechanisms.

²⁶ Transcript of Evidence, Susan Pearce, NSW Health, 30 October 2017, p12

²⁷ Submission 10, The Australian Council on Healthcare Standards (ACHS), p4

²⁸ Submission 10, The Australian Council on Healthcare Standards (ACHS), p4

Assessing and responding to gaps in service delivery

- 2.38 In order to provide quality care, the NSW health system must be able to identify gaps in service delivery and to respond appropriately. As a means of achieving this effectively, the performance frameworks should assess the standard of service delivery to determine if the health system is performing to that standard.
- 2.39 Determining gaps in service delivery is also heavily reliant on the collection and application of data, which will be further explored in Chapter Three of this Report. Effective use of data must be built in to the various reporting and monitoring mechanisms of the health system overall.
- 2.40 As the Australian Medical Association made clear in their submission to the inquiry, the system needs to look at service delivery and 'measure where there is growth and allocate funds accordingly'²⁹. In order to be able to accurately determine the gaps in service delivery or funding, there needs to be a clear understanding of any growth in demand and the 'underlying cause of these unprecedented patient loads'³⁰.
- 2.41 These considerations reinforce the requirement to incorporate performance measurement for the overall health of the community to respond and react to specific needs. Understanding why some services have demand outstripping population growth, and its implications for community health, will allow the health system to both deliver services more effectively, as well as plan for the future.

Committee Comment

- 2.42 It is clear to the Committee that the documentation and response to any lack of services must be built into the performance frameworks and service agreements. Incorporating a measure of how well the health system is responding to the demand for services will assist in demonstrating how the system is performing under current pressures, and identify existing gaps.

Recommendation 5

The Committee recommends that NSW Health ensures that performance frameworks and service agreements incorporate the measurement and reporting of any gaps in service delivery.

Recommendation 6

The Committee recommends that NSW Health examines any unusual or unexpected growth in demand for a particular service as a basis for updating performance frameworks and service agreements, as required.

²⁹ Submission 12, The Australian Medical Association (NSW) Limited (AMA), p2

³⁰ Submission 12, The Australian Medical Association (NSW) Limited (AMA), p2

Capacity of performance frameworks to capture the entire health system

Adequacy of oversight of non-government organisations and smaller service providers

- 2.43 In the course of the inquiry, the Committee heard evidence about how the reporting systems and various service agreements interact with smaller service providers.
- 2.44 As previously described, the service agreements between the Ministry of Health and each Local Health District and Specialty Health Network specify the terms of the funding, service delivery and standards of operation for those providers. The Committee notes, however, that smaller organisations reported that they did not always receive an adequate level of support or oversight.
- 2.45 In order to safeguard the integrity of the reporting framework, all services delivered throughout the health system should be monitored and reported on in a consistent and transparent way. This is both to ensure that NSW Health can have a clear picture of the state of service delivery, as well as to provide consumer assurance that all services are subject to the same levels of accountability and transparency.
- 2.46 Evidence provided by NSW Health addressed the complexity of the system and the significance of having strong connections between all relevant stakeholders involved in health care service delivery. The Deputy Secretary, Strategy and Resources, told the Committee that:
- The complexity of the healthcare system, as you would have observed, means that there are many players that all need to be involved in how those changes occur, and it is not just people in NSW Health. We are only about half of the healthcare system and the other half is provided by private practitioners, general practitioners and non-government organisations. So it is about how we can create all of those connections, increase the relationships, demonstrate that we are working together to make those changes, and that is those improvements for our patients in our communities.³¹
- 2.47 The onus on NSW Health to facilitate these kinds of relationships and ensure there is a system-wide commitment to uphold a certain standard of care requires consistency in its interactions with the non-government sector. Additionally, there must be some link to the broader health objectives set by NSW Health in the delivery of services provided in non-hospital settings.
- 2.48 The Mental Health Coordinating Council (MHCC) outlined the difficulty they have in the community managed mental health sector and its intersection with broader NSW health system objectives. The Council told the Committee that it is difficult to have sustained and ongoing expansion and development of the sector unless they have strong links to performance monitoring, KPIs and standardised outcomes.
- 2.49 The MHCC stated that creating these links would allow the 'possibility to explore the potential growth of the Community Managed Organisations (CMO) sector in

³¹ Transcript of Evidence, Dr Lyons, NSW Health, 30 October 2017, p13

line with current government directions and enable a clear review of its role in the future, and its capacity to sustain quality outcomes³².

- 2.50 The significance of coordination and cooperation was reiterated by the Productivity Commission, which noted the 'lack of incentives for parties to cooperate and efficiently provide integrated services'³³. The Commission stressed that having a strong foundation of governance and accountability that connected all relevant parties, while using the same shared objectives and performance measures, is critical to deliver a wholly effective health system.
- 2.51 In response to questions about how well this is being done, the Department indicated that when NSW Health provides funding to any non-government organisation, there is a 'funding agreement in place, supported by standard terms and conditions'³⁴. These documents detail the roles and responsibilities of both the provider and NSW Health, and are monitored by either the Ministry of Health or the Local Health District, who can request and review financial and performance reports.
- 2.52 NSW Health indicated that recent reforms to these kinds of partnerships have resulted in a model that allows NSW Health to 'monitor their performance in relation to how the activity delivered broadly supports health system objectives and/or responds to local needs'³⁵.

Committee Comment

- 2.53 In order for performance monitoring to be effective across the entire health system, there needs to be a link between the desired broader health outcomes and the role and activities of the non-government sector.
- 2.54 The Committee is of the view that while NSW Health is committed to reform in this area, this process should be formalised and articulated in a way that clearly aligns the performance of an NGO to the overall outcomes of the system.

Recommendation 7

The Committee recommends that NSW Health incorporates performance indicators from the NSW Health Performance and Purchasing Frameworks into the funding agreements and terms and conditions documents between NSW Health and non-government service providers.

Interaction between performance frameworks and accountability, and the NDIS

- 2.55 The introduction of the National Disability Insurance Scheme (NDIS) means that disability services will no longer be delivered by government providers, resulting in new monitoring challenges for performance management in the NGO sector. Questions were raised during the inquiry about how the sector can interact with

³² Submission 1, Mental Health Coordinating Council (MHCC), p2

³³ PC, paper 5 'Integrated Care in Australia, p56

³⁴ Responses to Supplementary Questions, Ministry of Health, 20 November 2017, p10

³⁵ Responses to Supplementary Questions, Ministry of Health, 20 November 2017, p10

high level performance frameworks and reporting systems, given the wide range and varying scale of service providers operating on the ground.

2.56 The Disability Council NSW raised several issues with the Committee concerning how these systems of governance and accountability would operate once the NDIS was rolled out. While many of these important issues relate to the use and collection of data, and will be discussed in more detail in Chapter Three, this is also relevant in the context of performance reporting and accountability.

2.57 The Disability Council made the point that even following the transition to the NDIS, it is important that performance frameworks continue to capture and monitor information about the delivery of health services to people with a disability. The Council told the Committee that:

The data collected must be disaggregated and then feed into performance reporting frameworks for the monitoring of health care service delivery in NSW to ensure people with disability are captured to drive improvements in the health care delivery system to achieve broader health system objectives for people with disability, and to help assess the implementation of the Government's obligations to identify and address the barriers faced by persons with disability³⁶.

2.58 This illustrates the need to ensure that there is some level of oversight within the NSW health structures, to be able to determine any serious performance issues and gaps in the delivery of health services for people with a disability.

Committee Comment

2.59 While it is clear that the implementation of the NDIS will continue to evolve during its transition to full operational status, it is important that NSW Health commits to ensuring that reporting and performance structures are able to capture the delivery of services to people with a disability.

Recommendation 8

The Committee recommends that NSW Health ensures that performance frameworks continue to incorporate information regarding the delivery of health services for people with a disability, following the transition to the National Disability Insurance Scheme.

³⁶ Submission 4, Disability Council NSW, p14

Chapter Three – Data Collection

Current systems of data capture in the NSW Health system

NSW Health data governance

- 3.1 The collection and use of data plays a vital role in the efficacy of health care administration and service delivery, guiding current and future performance. An accountable, efficient and transparent health system must have an effective and consistent method of collecting relevant data, appropriately interrogating its findings and ensuring that these findings are used to drive better outcomes.
- 3.2 In its role as 'system manager', the Ministry of Health (MoH) purchases services from the Local Health Districts (LHDs), who then deliver these services on the ground. The reliability of data collected and relayed back to NSW Health by each LHD is critical for the optimal functioning of the health system. When discussing this, NSW Health told the Committee that:
- With devolution, data governance is essential to the effective and efficient capture and reporting of health information. It enables ongoing engagement of patients, clients, health providers and health service managers to inform policy, planning, operations, performance improvement and increased transparency into the performance of the health system.³⁷
- 3.3 As previously noted, the devolved health system in NSW requires each LHD and Specialty Health Network (SHN) to enter into a service agreement with the Ministry of Health. In addition to outlining Key Performance Indicators and service measures, the service agreements also mandate extensive data collection and reporting.
- 3.4 These requirements are set out in Schedule C of the Agreement, which details the nature of the reporting to be provided to the Administrator of the National Health Funding Pool. The provision of this kind of data has a direct impact on the level of Commonwealth funding received, and must be submitted biannually to the Administrator³⁸.
- 3.5 In addition to this requirement, NSW Health has extensive 'data governance'³⁹ processes in place which 'enables ongoing engagement of patients, clients, health providers and health service managers to inform policy, planning, operations, performance improvement and increased transparency into the performance of the health system'⁴⁰.
- 3.6 NSW Health explained that each time a health service is delivered, a data entry is made, which is then aggregated and combined with a larger data set to give an indication of the state of the system and to drive improvements. This data is used

³⁷ Submission 13, Ministry of Health, p22

³⁸ Submission 13, Ministry of Health, pp17-18

³⁹ Submission 13, Ministry of Health, p23

⁴⁰ Submission 13, Ministry of Health, p22

Data Collection

to develop best-practice models of care for the Agency for Clinical Innovation and the Clinical Excellence Commission.

- 3.7 Additionally, each LHD uses the collected data to break information down into various categories, including clinician, ward, hospital or district. The ability to look at the data at both an overall and granular level allows for localised responses relevant to that district.
- 3.8 While the collected data is made available at all organisational levels through the NSW Health system, the timeliness and level of access depends on its nature, privacy concerns and any other relevant risks.
- 3.9 NSW Health advised the Committee that they were continuing to reform and improve their data systems, including ensuring that data systems were able to link to other NSW Government-wide programs. These include 'Open Data, Data Centre Reform, Financial Management Transformation and Whole of Government ICT Strategy'⁴¹.
- 3.10 Recent updates include the introduction of electronic medical records and updated corporate systems. At the time of the inquiry, NSW Health was also undertaking a review of data governance and the supporting frameworks.

Data monitoring and reporting by external bodies

- 3.11 Several external bodies also undertake data reporting, in addition to the data collection and monitoring undertaken by NSW Health. This is done to expand the type of data available, and ensure there is adequate oversight and accountability across the entire spectrum of health care delivery.

Bureau of Health Information (BHI)

- 3.12 As part of the broad reforms to the NSW Health system, the Bureau of Health Information (BHI) was established in 2009 as a statutory corporation under the *Health Services Act 1997*.
- 3.13 The BHI has the primary function of ensuring accountability within the public health system. This is done by preparing and reporting on the system's effectiveness, efficiency and safety. Additionally, the BHI manages the NSW Patient Survey Program which reports on people's experience with the public health care system.
- 3.14 In order to facilitate the efficient sharing of information and data between the Ministry of Health and the BHI, a 'Service Compact', as well as a Memorandum of Understanding, have been developed between the two bodies.
- 3.15 The BHI publishes a variety of independent reports and data which look at different parts of the health system, including timeliness, patient experience, jurisdictional comparisons and analysis of specific performance areas.
- 3.16 These reports are then broken down and published in a variety of different formats to make performance information as accessible and varied as possible. Finally, the

⁴¹ Submission 13, Ministry of Health, p24

BHI reports annually to the Minister for Health on the performance of the system as a whole.

Commonwealth Government monitoring and reporting

- 3.17 The Australian Institute of Health and Welfare (AIHW) is a Commonwealth agency that regularly collects information and reports on the overall health and welfare of the Australian population. This reporting includes performance data on health care services in NSW, including emergency department care and elective surgery.
- 3.18 In addition to this, an annual *Report on Government Services (ROGS)* is produced by the Australian Government Productivity Commission. This report looks at a range of government services delivered across Australia, including a volume on health care. The report examines various performance indicators and data points to determine the 'equity, effectiveness and efficiency'⁴² of these services.
- 3.19 Finally, the Australian Commission on Safety and Quality in Health Care (ACSQHC) uses a broad range of data from the Commonwealth, State and Territory Governments and other stakeholders to develop the *Australian Atlas of Healthcare Variation* which looks at 'variation in healthcare provision across Australia'⁴³. This report also uses data from the Medicare Benefits Scheme (MBS), the Pharmaceutical Benefits Scheme (PBS) and the Admitted Patient Care Minimum Data Set.

Gaps in data collection

- 3.20 While NSW Health collects a wide range of data from the LHDs and SHNs and has good coverage of most of the service delivery occurring in NSW hospitals, the Committee was alerted to potential issues with data collected outside the hospital setting. Specifically, issues were raised regarding data collection for particularly vulnerable groups.

Community Managed Organisations

- 3.21 Community Managed Organisations (CMOs), provide mental health care services in the community. The peak representative body for CMOs, the Mental Health Coordinating Council (MHCC), told the Committee that at present, no minimum data set had been agreed upon by NSW Health and the NSW Health funded CMOs. The Council said that:

Unless NSW undertakes a consistent and coherent data collection process, monitoring the effectiveness and efficiency of Ministry of Health (MoH) funded mental health community programs will be less than optimal⁴⁴.

- 3.22 In a subsequent submission to the inquiry, the MHCC told the Committee about some progress with NSW Health, noting that they were undertaking a scoping study to 'explore the feasibility of a National Minimum Data Set'⁴⁵, as well as

⁴² Submission 13, Ministry of Health, p27

⁴³ Submission 13, Ministry of Health, p27

⁴⁴ Submission 1, Mental Health Coordinating Council (MHCC), p2

⁴⁵ Submission 1a, Mental Health Coordinating Council (MHCC), p1

undertake another project with NSW Health to 'enhance reporting of data on activity, expenditure, staffing and consumer and carer experience in the sector'.⁴⁶

- 3.23 The experience of the MHCC and the CMO sector demonstrates the importance of ensuring that the data collected is extensive enough to capture a variety of services. This is both to guarantee the quality of the service delivery, as well as to effectively improve and develop specific areas of health care delivery.

Accurate data collection for the LGBTI community

- 3.24 The Committee also heard about the importance of capturing service delivery data for particular community groups. ACON NSW stressed the significance of using set definitions regarding gender identity and sexual orientation to ensure that the LGBTI community is accurately represented in health care service data. ACON told the Committee that:

In order to effectively understand the health needs of LGBTI people, properly worded sexuality and gender indicators must be utilised across routinely collected clinical data, research data sets and all other key health related data sets. The exclusion of these questions from routine data sets makes LGBTI people invisible and perpetuates the health disparities observed in our communities through research projects⁴⁷.

- 3.25 When asked about how this kind of data is collected, and what kind of action is taken to ensure it is useful and relevant to the specific communities, NSW Health told the Committee that:

NSW Health will continue to work with community partners to actively review the way in which data is collected to ensure the response...is acceptable, contemporary, equitable and useful⁴⁸.

Committee comment

- 3.26 Data collection provides the means to accurately chart health care service delivery in NSW. For this to provide optimal utility in determining the quality of the services provided and to identify necessary improvements, the data must be accurate and reflective of consumer needs.

Recommendation 9

The Committee recommends that NSW Health further consults with representatives of the LGBTI community to develop standardised guidelines for incorporating gender and sexual identity into data collection mechanisms and formats.

Data collection for people with a disability

- 3.27 The Disability Council NSW considers that the means of data collection for people with a disability is not always accurate or reflective of the current state of health care delivery. In its submission, the Council recommended:

⁴⁶ Submission 1a, Mental Health Coordinating Council (MHCC), p1

⁴⁷ Submission 5, ACON, p1

⁴⁸ Responses to Supplementary Questions, Ministry of Health, 20 November 2017, p3

'Urgent updates to NSW Health data practices to ensure the identification and capture of data of all people with disability'⁴⁹.

- 3.28 An example of a gap in the collection of this data is the classification of death. The Disability Council referenced research undertaken by the University of NSW, highlighting the classification system used by medical personnel recording the cause of death on a death certificate. In some of these cases, intellectual disability was listed as the cause itself, rather than the actual illness or disease⁵⁰. They noted that

The inaccurate classification of death leads to a misrepresentation of avoidable deaths. This impacts the ability to plan for both individual and public health strategies to reduce avoidable deaths in this group⁵¹.

Committee Comment

- 3.29 Lack of data accuracy undermines the identification of treatment conditions and service needs. Without proper classifications, the integrity of the data will be undermined, and the ability to hold the system to account and work towards better outcomes, will be limited.

Recommendation 10

The Committee recommends that NSW Health ensures that there is appropriate training and resources for all medical professionals dealing with data relating to people with a disability to ensure a person's illness or death is not mischaracterised as a result of their disability.

Impact of the NDIS

- 3.30 Along similar lines, the Disability Council raised several potential emerging issues regarding data collection once the National Disability Insurance Scheme (NDIS) has been rolled out. A specific concern is the collection of mortality data.
- 3.31 Currently, all disability service providers are required to report mortality data to Ageing, Disability and Home Care (ADHC), a unit within of the Department of Family and Community Services (FACS), which will be devolved following the transition to the NDIS. This reporting is also required for any serious incidents or 'near misses', and transmitted to the NSW Ombudsman, or Coroner⁵².
- 3.32 As this kind of data collection and monitoring will 'become the responsibility of the NDIS safeguarding framework'⁵³, the Disability Council has concerns that this important information may cease to be collected.

Committee Comment

- 3.33 As discussed in the previous Chapter, the rollout of the NDIS poses various challenges to the delivery of health services for people with a disability. However,

⁴⁹ Submission 4, Disability Council NSW, p7

⁵⁰ Submission 4, Disability Council NSW, p12

⁵¹ Submission 4, Disability Council NSW, p12

⁵² Submission 4, Disability Council NSW, p13

⁵³ Submission 4, Disability Council NSW, p13

it is clear that important data regarding the experience of people with a disability in the health system must continue to be captured.

Recommendation 11

The Committee recommends that NSW Health, along with the NSW Ombudsman, ensure that mortality data and data relating to reportable incidents will continue to be collected and monitored following the rollout of the National Disability Insurance Scheme.

Use of collected data in the NSW Health system

- 3.34 While acknowledging that NSW Health has robust data governance processes in place, other evidence to the Committee raised concerns about the ability of data collection to provide accurate performance reporting and drive better system outcomes.
- 3.35 Several stakeholders indicated that despite the volume of data collected, it may not always be appropriately analysed and translated into information that can be used to drive improvements and increase transparency. Given that these are the two primary factors determining the efficiency and effectiveness of the health system, this was pursued in greater depth as part of the inquiry.
- 3.36 The Australian Council of Health Care Standards (ACHS) recommended that NSW Health ensure there is a distinct focus on the analysis and action phases of any kind of supporting framework governing performance standards and data collection. The Council told the committee that:
- There are disturbing examples nationally and internationally of data that is collected, monitored and reported but either not interrogated or analysed, or not actioned where there are clear indications of poor performance and poor outcomes. Monitoring does not always align with interrogation. We can monitor trends but interrogation requires us to dive deep into the data to clearly understand patterns of performance⁵⁴.
- 3.37 When asked about the translation of data into tangible outcomes, the Chief Executive Officer (CEO) of the ACHS told the Committee the following:
- CHAIR: So you would be confident that the data collection across the broad range of agencies within the health cluster is being analysed and used, which is leading to better outcomes? It is not just being collected for the sake of it and then being stored on a dusty shelf?
- Dr DENNIS: Am I confident? No. There is evidence—and we talked about this in our first submission—of a lot of reporting but the capacity for analysing the data and using it to improve things is not always evident in all health services.⁵⁵
- 3.38 Both the ACHS and the Mental Health Commission stressed that focusing exclusively on the measurement and collection of data can come at the expense of being able to utilise this data. The collection of robust data is necessary to support

⁵⁴ Submission 10, The Australian Council on Healthcare Standards (ACHS), p3

⁵⁵ Transcript of Evidence, Dr Dennis, Australian Council on Healthcare Standards, 9 March 2018, p21

any informed health system changes, but it is critical that there be an equal focus on what happens after the data is gathered.

- 3.39 This was reiterated by the Mental Health Commissioner, who expanded on which aspects of data governance are most important:

..It is not so much the data, I would have to say; it is also that understanding, holding people to account, and system accountability. It is not whether we count things better, more clearly, more accurately and more consistently, which is obviously important, but it is how we use that information⁵⁶.

- 3.40 An additional risk of not using this data in an effective way, is a potential decrease in the trust consumers may have in the health system. The Committee received evidence from BEING, a mental health advocacy group, indicating that overwhelmingly, they had heard that consumers 'really wanted to see a clearer connection between the data that was being collected and then action that was being taken from it'⁵⁷.

- 3.41 Without being able to see clear instances of how consumer information is being used to ensure accountability and transparency, as well as ongoing improvements, there is potential for there to be a distrust in system governance and the delivery of health care services.

Committee Comment

- 3.42 NSW Health has a clear commitment to collecting data and measuring service delivery throughout the system. However, it appears that the data governance does not always ensure that the information collected is used in the most optimal way to ensure accountability and drive system improvements.

- 3.43 The Committee believes that using this information in a transparent and accountable manner and determining service efficacy to make informed improvements is critical to the overall management of the NSW health system.

Recommendation 12

The Committee recommends that NSW Health ensures that any data governance policy has an equal focus on how the data will be used to promote accountability and transparency.

Recommendation 13

The Committee recommends that NSW Health develops clear guidelines on how the data that is collected will be used to review service delivery and support system-wide improvements.

Comparability of data sets and sharing of information

- 3.44 Another major issue raised in evidence, concerns the comparability of data sets across the NSW health system. This is important in allowing consumers to be able

⁵⁶ Transcript of Evidence, Ms Lourey, Mental Health Commission of NSW, 31 October 2017, p3

⁵⁷ Transcript of Evidence, Ms Comber, BEING, 30 October 2017, p42

to access a variety of health care providers without difficulty, and for critical information to be easily available when required.

3.45 Ensuring connectivity across the sector is critical, given that consumers access many different kinds of health care services both in the community and in hospital settings. Improving the quality of the data that providers are able to access will further integrate a variety of services, and improve outcomes for people within the system.

3.46 The need for this level of integration was expressed by peak bodies representing medical professionals operating in NSW. The Chair of the Royal Australian College of General Practitioners (RACGP), NSW & ACT, told the Committee that 'as a general practitioner one of the biggest frustrations for us in the current system is the siloed care and data... Until we think about it as a continuum of care, whether it be in the community or the hospital, I do not think we will improve how we deliver that care'⁵⁸.

3.47 When describing the current levels of integration between data systems in the NSW Health system, the Chair of the RACGP said that:

There has been a little bit of progress about maybe being able to send data in for making appointments, in terms of referrals, but sending meaningful data to ensure patient safety and for a better understanding of patient care, that is a ridiculous no-go. There are different systems in different Local Health Districts. There have been major improvements in being able to share across the boundaries but there are still boundaries in place, which are artificial from a patient's perspective. Just being able to get a proper understanding of what is happening across the whole system is virtually impossible at this point in time⁵⁹.

3.48 This was reiterated by the President of the Australian Medical Association, NSW, who told the Committee the following when asked about the status of data sharing:

The Local Health Districts and the primary health networks are talking about integrated care and meeting to discuss that but it is in its infancy. It is proving very difficult to do integrated care in a meaningful way...The fragmentation of care is dangerous, frustrating, expensive and it puts the safety of patients at risk. The information management systems we are using in hospitals are very slow to improve and modernise. At my hospital we still write handwritten notes in a patient's file and we still write handwritten prescriptions. In my private practice it is all computerised. I can prescribe much more safely in my private practice because the computer keeps a record of what I have prescribed, the doses and all of that⁶⁰.

3.49 These witnesses stressed the significance of being able to share data and the need to improve how this is done. It is clear that there needs to be consistency in how

⁵⁸ Transcript of Evidence, Associate Professor Hespe, Royal Australian College of General Practitioners, 30 October 2017, p30

⁵⁹ Transcript of Evidence, Associate Professor Hespe, Royal Australian College of General Practitioners, 30 October 2017, p30

⁶⁰ Transcript of Evidence, Professor Frankum, Australian Medical Association NSW, 30 October 2017, p31

data is collected and stored across the so-called 'continuum of care'⁶¹. Without this, medical professionals will be unable to access the information they need, resulting in increased risk of negative outcomes. Additionally, having a fragmented health system makes it difficult for a consumer to be able to navigate a variety of service providers and having to communicate the same information multiple times.

- 3.50 In response to these concerns, NSW Health indicated that this requires ongoing attention, noting that 'our integrated care strategies are designed at improving those levels of connectivity. Improving the flow of data is a really important thing'⁶². In terms of the current approach to how this will be done, NSW Health told the Committee the following:

Ultimately we want to do that electronically so the information that is available in one setting is visible in another setting, so the patients do not need to give information more than once...and that we have got a system that is joined up to enable the minimum amount of imposition on a patient, family and carers so that they can be back at home as much as possible and have technology to support them being in that environment. But that relies on a whole lot of things being joined up that are not currently joined up...That is where we want to ultimately go, and where we want to work with the Commonwealth to make sure we can get that joined-up approach, and where we can get information available and where we can make investments in providing care in settings, as much as possible, outside hospitals.⁶³

Committee comment

- 3.51 The Committee appreciates that creating the necessary links to fully integrate all systems across NSW Health is a particularly complex task. It is clear that NSW Health is aware of the need to make these changes, and is committed to collaborating with relevant stakeholders to achieve this.
- 3.52 However, it is also clear that more emphasis should be given to ensure that this is done effectively and efficiently in order to make the NSW health system operate at an optimal level. Such integration should provide the most positive and safe experience for patients, and allow the system as a whole to improve.

Recommendation 14

The Committee recommends that NSW Health commits to the ongoing development of strategies that will increase the integration and consistency between different data systems across the NSW Health system.

Recommendation 15

The Committee recommends that NSW Health continues to work with the Commonwealth Government on integrating systems across the broad range of health care delivery.

⁶¹ Transcript of Evidence, Associate Professor Hespe, Royal Australian College of General Practitioners, 30 October 2017, p30

⁶² Transcript of Transcript, Ms Pearce, NSW Health, 30 October 2017, p12

⁶³ Transcript of Transcript, Dr Lyons, NSW Health, 30 October 2017, p13

Provision of Consumer Information

- 3.53 As previously stated, a significant aspect of the use and collection of data in the NSW health system is ensuring that consumers are able to access information that reflects their experience of service delivery.
- 3.54 This includes making information more relevant to the consumer, and incorporating more user experience in the information made available. Collecting this kind of data is also useful in adding a different dimension to performance information and understanding the quality of the service.
- 3.55 The need to make data available that is relevant to the consumer was highlighted by the CEO of the ACHS, who told the Committee about 'a lot more work done in terms of the type of data and information that is available that is intended to help consumers choose where they might seek their clinical care'⁶⁴. It was also reported that recommendations for various health services from trusted friends and family, is often a significant factor when a person is deciding what kind of health services they will access.
- 3.56 In discussing the kind of information important to consumers, and the system as a whole, the ACHS said the following:
- It is important to also note however that not every that matters can be measured. Patient, family and consumer stories are so important and can be the best triggers for change. They grab the heart more than any indicator and as such, grab the attention of those face to face with patients every day⁶⁵.
- 3.57 This was further reiterated by BEING, who stressed that in order for services to be fully accountable, and for consumers to be able to access all the information needed to make a decision about their own health care, consumer feedback must be a part of public reporting.
- 3.58 Positive Life NSW also told the Committee that collecting data that looks at what is important to the consumer, and then ensuring that information feeds back into improved service delivery, will both increase transparency and allow for overall improvements. The organisation said that 'we believe that the involvement of consumers...will strengthen the effective and rigorous data collective and evidence based management of the NSW health service delivery '⁶⁶.
- 3.59 When asked about how information regarding the consumer experience is delivered to the public, NSW Health told the committee about the 'Your Experience of Service (YES) Survey'. This is 'routinely offered to consumers of mental health services to gather information about their experiences of care'⁶⁷. The results are then made available annually on the NSW Health website.

⁶⁴ Transcript of Evidence, Dr Dennis, Australian Council of Healthcare Standards, 9 March 2018, p20

⁶⁵ Submission 10, The Australian Council on Healthcare Standards (ACHS), p6

⁶⁶ Submission 30, Positive Life NSW, p4

⁶⁷ Responses to Supplementary Questions, Ministry of Health, 20 November 2017, p7

Committee comment

- 3.60 The Committee agrees that consumer information is significant in both keeping the system accountable, and allowing people to have a variety of information when they make choices about their health care. Having this information in an easily accessible format should be an important part of the data capture.

Recommendation 16

The Committee recommends that NSW Health expands the 'Your Experience of Service' Survey to other areas of service delivery in order to build on the consumer feedback mechanisms currently available.

Privacy safeguards

- 3.61 Given the highly personal and sensitive nature of health care delivery, it is imperative that any well managed and effective health system is supported by clear and effective privacy safeguards. This is especially important given the increasing use of electronic recording of personal health information and the ongoing efforts to increase integration of patient data across the service delivery terrain.
- 3.62 The Committee collected detailed evidence about how NSW Health is currently managing and responding to privacy concerns, and how this can be guaranteed in future. The NSW Privacy Commissioner, in discussing the importance of privacy standards in the health system, told the Committee that:
- There is no doubt that some of the greatest challenges and opportunities in the delivery of effective efficient healthcare services involve the appropriate handling and protection of health information. These are complex issues that include not just privacy but the related and distinct aspects of confidentiality and security. Privacy is an essential element of quality health service delivery⁶⁸.
- 3.63 Establishing strong privacy safeguards and ensuring they are effectively maintained, contributes greatly to public trust in the integrity of the health system. A robust privacy regime also allows consumers to be open and honest in their interactions with a health care provider. As noted by the Office of the Privacy Commissioner, 'the privacy protections in health care provision must be sufficient for the general community to feel confident that their health information is well-protected'⁶⁹.
- 3.64 While information regarding health care is 'inherently sensitive'⁷⁰, privacy protection is especially important for more vulnerable groups of the community. This includes people who may have illnesses or conditions that are socially stigmatised and are particularly concerned about accessing a health service in fear of having their medical records generally accessible.
- 3.65 This apprehension was reiterated by representatives from BEING, in discussing privacy concerns for people accessing treatment for mental health. In evidence to

⁶⁸ Transcript of Evidence, Ms Gavel, NSW Information and Privacy Commission, 30 October 2017, p20.

⁶⁹ Submission 9, Office of the Privacy Commissioner, p3

⁷⁰ Submission 9, Office of the Privacy Commissioner, p3

the Committee the Policy officer told the Committee that, 'people are concerned that when they share information, if it is not private, it will affect their future treatment, and it will affect the way that people treat them going into services in the future'⁷¹.

3.66 Additionally, the Privacy Commissioner noted that a major barrier in accessing health care services for young Aboriginal people was a concern about a possible lack of confidentiality and privacy⁷².

3.67 Another factor impacting privacy safeguards is the movement to electronic health records as the primary vehicle for recording and sharing health care data. While this does eliminate some of the privacy risks associated with keeping hard copies of health records, it also means that any data breach has the potential to be on a very large scale. There is now a requirement for all technological systems dealing with personal health data to have safeguards built in and be able to be updated and respond quickly to any new or unforeseen security threats.

Committee comment

3.68 Upholding strict privacy standards is essential for the integrity of an effectively functioning health system, as well as supporting positive clinical outcomes and overall community trust. Robust privacy standards must be built into the NSW Health performance framework and the service agreements between LHDs and the Ministry of Health.

3.69 Elevating privacy standards in the overarching performance framework of the NSW Health system will ensure its priority across the spectrum of service delivery. Additionally, including privacy standards in the service agreements will ensure that they can be benchmarked and monitored. This will allow the Ministry of Health to have a greater oversight of any particular privacy issues, and respond to them in a responsive and efficient way.

Recommendation 17

The Committee recommends that NSW Health includes privacy standards in its performance frameworks and service agreements with Local Health Districts and Specialty Health Networks.

Recommendation 18

The Committee recommends that NSW Health works with the Privacy Commissioner to develop appropriate privacy performance indicators and benchmarks that will support improvements throughout the health care system.

3.70 The Committee is also of the view that NSW Health should be reviewing its eHealth storage systems on a regular basis to determine if they remain secure. Given that this kind of technology is constantly evolving and developing, it is important that NSW Health identifies and responds immediately to any major risks to the privacy of health information.

⁷¹ Transcript of Evidence, Ms Comber, BEING, 30 October 2017, p42

⁷² Submission 9, Office of the Privacy Commissioner, p3

Recommendation 19

The Committee recommends that NSW Health commits to reviewing its eHealth security to determine if the current levels of protection are sufficient for any potential cyber threats.

Incident Information Management System (IIMS)

3.71 As part of the inquiry, the Committee received confidential evidence regarding an incident recording database, known as the IIMS system, used by NSW Health across the health network. IIMS is a platform used by NSW Health employees to log an incident and follow progress of that event.

3.72 The Committee was informed about flaws in the current operating system, its governance and reporting structures and the culture of incident reporting. This included various technical issues within the IIMS system making it difficult to use, as well as instances of under-reporting. The Committee was also made aware that a system upgrade, commenced in 2013, is yet to be completed.

3.73 When NSW Health were asked to characterise the 'current quality and functionality of IIMS'⁷³, the Secretary told the Committee that:

I think it has served its purpose. New South Wales was one of the leaders in incident reporting and one of the hallmarks of a high performance health system is incident reporting and transparency around it...It has, over time, become not as sophisticated as we would like in a health system. Hence, we are undertaking a review for replacement or updating of the incident reporting system⁷⁴.

3.74 In answer to questions about the delayed system upgrade, the Committee was told that the company responsible for the upgrade was purchased by another company, and this has complicated the negotiations and subsequently held up progress on the new system⁷⁵.

3.75 Representatives from NSW Health also added that there is work to be done regarding functionality and user testing before the system can be fully operational⁷⁶. It is estimated that the entire replacement will cost \$22.22 million, with \$14.2 million having been spent as at February 2018⁷⁷.

3.76 Another concern raised with the Committee was the failure to consult with the software users in order to determine their needs. However, when asked about this, NSW Health indicated that they had responded to these concerns and were developing the new software with this in mind. Ms Koff told the Committee that:

There is no point us rolling out electronic systems that our staff find unacceptable, unusable or counterintuitive to what they are trying to do. Their input is absolutely crucial to that process, so I have every confidence that once we work our way through

⁷³ Transcript of Evidence, Chair, Public Accounts Committee, 9 March 2018, p31

⁷⁴ Transcript of Evidence, Ms Koff, NSW Health, 9 March 2018, p31

⁷⁵ Transcript of Evidence, Ms Pearce, NSW Health, 9 March 2018, p32

⁷⁶ Transcript of Evidence, Ms Pearce, NSW Health, 9 March 2018, p32

⁷⁷ Responses to Supplementary Questions, Ministry of Health, 29 March 2018, p1

the contractual matters with the vendor we will be back out to start talking to them about the useability of the system⁷⁸.

- 3.77 NSW Health representatives acknowledged the frustration that some users of the IIMS system may have with the delayed upgrade and other current problems. Additionally, the Secretary stressed that given the size and complexity of the NSW Health system, there are some aspects of the system that are 'mandatory, that are non-negotiable'⁷⁹. However, it was also noted that NSW Health is making continued efforts to determine what each district requires, and what forms of reporting and information they need to best deliver quality outcomes in a safe environment.

Committee comment

- 3.78 Upon being alerted to the challenges surrounding the current and future status of IIMS, the Committee's main concern was the potential for critical incidents not to be captured in the database, impacting on patient care. Hearing evidence that these systems may be malfunctioning and unreliable prompted the Committee to follow this up extensively with NSW Health.
- 3.79 NSW Health assured the Committee that it is aware of the issues concerning the IIMS system, and are in the process of implementing a system upgrade. At the public hearing, representatives from NSW Health also stressed the importance of and commitment to consult staff who will use the software.
- 3.80 However, the Committee remains concerned about the significant delays in this upgrade and continued use of IIMS despite its known shortcomings. While the Committee appreciates the complexity involved in such an upgrade, and the various external issues involving the vendor, it is imperative that NSW Health commits to finalising this project as soon as possible.

Recommendation 20

The Committee recommends that NSW Health finalises the Incident Information Management System upgrade as a matter of urgency and in full consultation with current and future users.

⁷⁸ Transcript of Evidence, Ms Koff, NSW Health, 9 March 2018, p33

⁷⁹ Transcript of Evidence, Ms Koff, NSW Health, 9 March 2018, p33

Chapter Four – Mental Health Services

- 4.1 As outlined in Chapter One, after the commencement of the inquiry and as submissions were being received, the Committee's attention was drawn to a critical incident at Lismore Base Hospital. Catastrophic health care delivery failures resulted in the death of a patient in the mental health facility of the Hospital, accompanied by subsequent extensive local media coverage.
- 4.2 The issues identified in media reports, together with representations from the Minister for Mental Health, Ms Tanya Davies MP, referring to "alarming shortcomings at Lismore Hospital"⁸⁰, prompted the Committee to readvertise the terms of reference, extending the deadline for submissions and bringing particular focus to the adequacy of mental health service provision. The reopening of the inquiry resulted in additional submissions being received, dealing specifically with mental health service delivery.
- 4.3 As well as requesting the Committee to address structural issues, the Minister also appointed a separate review of the policy and practice of seclusion, restraints and observations across the entire NSW mental health system. The independent Review was conducted by NSW Chief Psychiatrist, Dr Murray Wright, with the assistance of the Principal Official Visitor, Karen Lenihan and an international expert in mental health nursing, Kevin Huckshorn.⁸¹
- 4.4 The seclusion and restraint Review reported in December 2017 and its findings will be discussed in detail later in this Chapter. It should be noted that a majority of the issues addressed in the Review, resulting in a series of recommendations to Government, will not be revisited in the Committee's current Report.

Mental health service management

- 4.5 Whereas the previous chapters have discussed service delivery across the health sector within partnership arrangements and strategies set out in the National Health Reform Agreement, the current Chapter looks at the needs of patients and characteristics of services delivered in the mental health care setting.
- 4.6 It should be noted that the NSW Health Performance Framework (HPF) together with the NSW Health Purchasing Framework provide the drivers for improvements in the NSW public health system. They are underpinned by integrated performance reviews, including comprehensive data collection, information provision and privacy safeguards and constitute a model of integrated care designed to respond to changing needs and demands.
- 4.7 Local Health Districts are held to account in performance against nine Key Performance Indicators and six monitoring measures specific to mental health. This is stated to be achieved through the NSW HPF cycle and mandatory Policy Directives, supported by clinical benchmarking, local quality improvement and

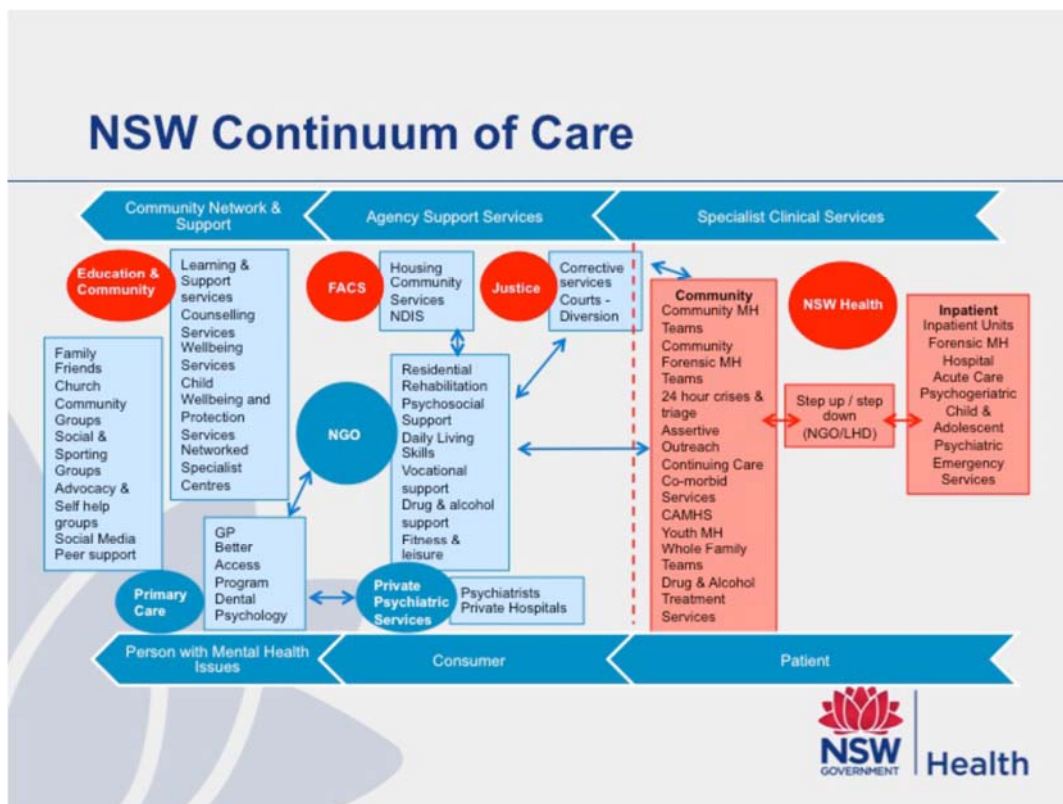
⁸⁰ Correspondence from Minister for Mental Health, dated 17 May 2017

⁸¹ NSW Health media release dated 12 May 2017, accessed at: [NSW Health Media Release](#), 19 April 2018

continual staff training, and is reported to be especially important in complex areas of service delivery such as seclusion and restraint.⁸²

Systemic characteristics

- 4.8 The widespread nature of mental illness accounts for 24% of the total non-fatal disease burden within the Australian health system. A quarter of all people aged 16-24 and 20% of all adult Australians will experience a mental disorder each year, with severe disorders accounting for 80% of mental health expenditure in Australia.⁸³ Depending on the severity of mental illness, some may require enduring intensive specialist care and support.
- 4.9 The majority of people with a mental illness or disorder are treated in the community. Where specialist services are required, this is provided through 15 Local Health Districts (LHDs) and 3 Specialist Health Networks (SNHs) and via grants to the non-government sector. Core specialist services include acute assessment and treatment, continuing care and rehabilitation and inpatient services.
- 4.10 Within the health sector, such services are augmented by linkages to emergency departments, general practitioners, Aboriginal health services and drug and alcohol clinics. These also intersect with housing, education, family and criminal justice system services, constituting a continuum of care, as set out below⁸⁴:



⁸² Submission 13a, Addendum to NSW Health, p1

⁸³ Submission 13a, Addendum to NSW Health, p2

⁸⁴ Submission 13a, Addendum to NSW Health, p3

- 4.11 In NSW, mental health care services are provided in 2,817 beds at 60 inpatient facilities and 282 community/mental health centres. Increasing service demand in 2016-17 has resulted in the purchase of 2.4% more mental health activity across LHDs, with a 95% increase in ambulatory contacts, 26.5% more acute overnight separations and 8% increased non-acute inpatient care since 2011-12. There has also been a concomitant 8.3% increase in average available beds from 2012 to 2016.
- 4.12 NSW Health has embarked on a series of strategic initiatives to deliver results against the NSW Health Key priorities for 2016/17 and has committed \$115M to the first stage of this reform. As part of these initiatives, the Ministry of Health is also developing a NSW Mental Health Strategic Framework to complement other existing plans and priorities.⁸⁵
- 4.13 The primary policy document guiding this work is entitled Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 and is described by the Deputy Secretary Strategy and Resources, NSW Ministry of Health, in the following terms:
- It outlines a vision for a mental health system focused on community-based mental health support. Promoting the vision of Living Well, the New South Wales Government has committed to undertaking a decade-long whole-of-government enhancement to mental health care. To strengthen mental health care in New South Wales, health care delivery focuses on five strategic directions. The first is a greater focus on community-based care. Second, strengthening prevention and early intervention. Third, developing a more responsive system. Fourth, working together to deliver person-centred care and, fifth, building a better overall system.⁸⁶
- 4.14 The reforms in NSW sit within the national governance structure for mental health services and contribute to the monitoring of effectiveness and efficiency across the entire health system. The National Mental Health Strategy is coordinated through the COAG process and endorsed by all State and Territory Health Ministers. Also included in the Strategy is the implementation of the NDIS and funding commitments to support psychosocial, rural, telehealth, psychological and ancillary services.
- 4.15 Mental health care delivery mechanisms include Service Agreements, quarterly LHD/SHN performance reviews, data collection and reporting. Key Performance Indicators (KPIs) are reported monthly within health districts and monitored by the Ministry. Identified performance concerns are resolved between the Ministry and relevant LHD/SHN.
- 4.16 Grants to the NGO sector augment services provided by NSW Health and the Mental Health Branch is moving towards coordinated purchasing arrangements for NGOs to ensure better program alignment with NSW Health strategic priorities. Figures provided in the NSW Health 2017 Annual Report indicate that the number

⁸⁵ Submission 13a, Addendum to NSW Health, p4

⁸⁶ Transcript of Evidence, Dr Lyons, NSW Health, 30 October 2017, p2

of specialist mental health community contacts in 2016-17 continue a consistent upward trend from previous years.⁸⁷

Mental health funding, transparency and accountability

- 4.17 The Mental Health Commission of NSW highlights changes to the funding, reporting and performance framework for mental health services. In its submission, the Commission describes the move from a detailed, centrally determined, quarantined, separate funding allocation to activity based funding and devolved decision making. This is also stated to be driven by policy changes related to the adoption of a purchasing framework under one Service Agreement and Treasury budget reporting reforms.⁸⁸
- 4.18 The new funding model involves reduced centralised control, with input from LHDs on services to be purchased within a cap set out in the Service Agreement with the Ministry. The adoption of an integrated governance and accountability framework is dependent on adequate needs based planning and appropriate KPIs tied to adequate levels of funding. The submission makes the point that a critical component of the future success of service delivery will depend on the development of partnerships between LHDs and Primary Care Networks.⁸⁹

Key mental health priorities

- 4.19 One of the legislative requirements under the *NSW Mental Health Act 2007*⁹⁰ is to prevent and minimise disturbed and aggressive patient behaviour and reduce the use of restrictive practices such as seclusion and restraint. The Act stipulates that people with a mental illness or disorder should receive optimal treatment in the least restrictive environment. This encompasses effective care to professionally accepted standards, with restrictions on liberty and interference with patient rights, dignity and self-respect being kept to a necessary minimum.
- 4.20 Compliance with this statutory obligation is a condition of funding for public health organisations and is reflected in a policy directive emphasising appropriate staff training in the use of therapeutic interventions to reduce seclusion and restraint. This policy directive has been in force since 2012.
- 4.21 As previously stated, concerns raised about the use of seclusion and restraint in patient care at Lismore Base Hospital resulted in the establishment of an independent Review of mental health practice, with particular emphasis on the policy and practice of seclusion, restraints and observations across the NSW health system. In a press release announcing the commencement of the Review, the Minister for Health stated that the treatment and circumstances surrounding the patient death at Lismore was "shocking, and the lack of humanity ...astounding".⁹¹

⁸⁷ NSW Health Annual Report 2016-17, p237, accessed at: [Annual-report-2017](#), 26 June 2018

⁸⁸ Submission 32, Mental Health Commission of NSW, p2

⁸⁹ Submission 32, Mental Health Commission of NSW p3

⁹⁰ NSW Mental Health Act 2007 No 8 (s68(a),(b),(f)), accessed at: [Act-2007-8-chap4-part1-div1-sec68](#), 26 June 2018

⁹¹ NSW Health media release dated 12 May 2017, accessed at: [NSW Health Media Release](#), 19 April 2018

- 4.22 In tandem with the independent Review, the Committee visited Lismore Hospital and conducted a community consultation forum as well as separate meetings with staff, patients and service providers. The meetings and inspections of the new mental health facility at the Hospital enabled the Committee to gain first-hand insights into the adequacy of care and to assess the quality of the service provided. Many of the issues raised were reflected in the report of the independent Review, published in December 2017.⁹²
- 4.23 The Review addressed many of the shortcomings of the mental health system and made 19 recommendations to remedy these under the following headings: culture and leadership; patient safety; accountability and governance; workforce; consumer and carer engagement; data; and the built and therapeutic environment. A central guiding principle of the Review was to determine whether the system had appropriate goals, strategies and resources to prevent punitive patient treatment.
- 4.24 The Committee's own consultations in Lismore highlighted the same issues, specifically relating to: hospital design and layout; data collection and communication; workforce development and participation; funding adequacy; system complexity and service integration; staff training; and community service and carer support. Discussions with staff representatives also revealed a range of industrial issues and pressures on health workers, impacting on service delivery.
- 4.25 In May 2018, the NSW Government responded to the Review with an implementation plan setting out action to be taken on all 19 recommendations. A key principle in the response is to actively engage consumers, carers and their families in co-designing prevention initiatives. Such engagement will involve peak mental health organisations and harness the expertise of consumers, carers and their families.⁹³
- 4.26 The main stated policy goal is the elimination of seclusion and restraint, with a performance indicator range below 5.1 episodes per 100 bed days implemented through the NSW HPF from 2018/19. This represents a 25% reduction from the current indicator range. The implementation plan for the Review commenced in May 2018, to be completed by July 2019.
- 4.27 When questioned by the Committee about progress to date taken on the Review recommendations and confirmation that it would be implemented in full, the Deputy Secretary, NSW Health reported:

The implementation plan is under development at the moment. There are a number of recommendations in it that will take some time to implement. We are very conscious of the need to move swiftly and to show the community, our patients and our clinicians, that this review has led to real improvement. We are very committed to making sure that we move quickly, get as many of the recommendations implemented as swiftly as possible and recognise that there will be some that will be short term, there will be others that will be medium term, and then some that will be

⁹² Review of seclusion, restraint and observations of consumers with a mental illness in NSW Health facilities, December 2017, accessed at: [Review-mental health](#), 26 June 2018

⁹³ Mental Health Safety and Quality in NSW, NSW Government, May 2018, accessed at: [Mental health-Publications-implementation-plan](#), 26 June 2018

over the longer term. They have actually been assessed in that way, and the implementation plan that is being finalised at the moment presents them in a way that ensures we can demonstrate real change.⁹⁴

4.28 The Review recommendations address a majority of issues raised in the current inquiry, and the Committee will await the outcomes of action taken before commenting further. In addition, many of the key issues identified in the Review, reinforced in the Committee's inquiry and referred to above, also apply more generally across the health sector and are covered in other relevant chapters of this Report.

4.29 These include: data collection and management; building capacity for service delivery; post discharge care and improved information sharing; linkages between institutional and community settings; consumer feedback mechanisms and performance reviews; and awareness raising, staff training and workforce issues.

Other mental health concerns

4.30 During the inquiry, the Committee was alerted to additional patient centred concerns not specifically addressed in the seclusion and restraint Review. One of these was the ownership of health records.

Patient records

4.31 In evidence to the Committee from BEING, a NSW consumer group for people with a mental illness, the Policy Officer raised concerns about the integrity of access to individual medical records by patients, who may want to understand or challenge information about themselves, or guardians and carers who want to be more fully informed.

4.32 When asked about parental access to information about a child's treatment, the NSW Information and Privacy Commissioner told the Committee that access to medical records by the public and carers is an area for further investigation. In evidence to the Committee, the Commission's Director of Investigation and Reporting stated that:

There are mechanisms under the Health Records and Information Privacy Act and under the Privacy and Personal Information Act for authorised access to the health records of another person, typically for a guardianship or some of those arrangements but also for health service providers to go to nearest or next of kin to consult on access to health records. It is certainly an issue that I think the Privacy Commissioner and her team would be interested to hear more about. It is certainly an issue that we can look at in terms of the guidance that the Information and Privacy Commission makes available, in addition to the guidance that health service providers particularly through their health manual can address.⁹⁵

⁹⁴ Transcript of Evidence, Dr Lyons, NSW Health, 9 March 2018, p26

⁹⁵ Transcript of Evidence, Ms Marcelle-Shaw, NSW Information and Privacy Commission, 30 October 2017, p20

Committee comment

- 4.33 The Committee considers that greater availability of access to patient information in appropriate circumstances can be beneficial and is pleased to note that the NSW Information and Privacy Commissioner is prepared to examine this in more detail.

Recommendation 21

The Committee recommends that the Privacy Commissioner conducts a detailed investigation into the authorised access to patient health records by guardians, carers and family members under appropriate circumstances.

Workforce development

- 4.34 Another policy area directly influencing mental health provision is a sustainable workforce. While workforce standards are covered in the seclusion and restraint Review, broader recruitment concerns were raised during Committee hearings. The main concern is the lack of availability of trained nursing staff, partly due to the significant pressures inherent in patient care in mental health facilities, combined with limited career opportunities in the field.

- 4.35 The General Secretary of the NSW Nurses and Midwives' Association in his appearance before the Committee, expressed it in the following terms:

We think there is a crisis looming. How do you encourage someone to take up mental health nursing if their experience is to walk into an acute mental health unit that is understaffed. You have one or more psychotic patients bouncing around the walls, threatening people, being highly dangerous...That sort of experience is not impressive for a person who has not experienced mental health nursing nor has a mental health background. The education program has to fit every speciality in and mental health nursing is only one of those specialities.⁹⁶

- 4.36 In her evidence, the Mental Health Commissioner of NSW told the Committee:

Recruitment is an issue. Attracting people to work in mental health is an issue. I think we really need to look seriously at how we can have a sustainable workforce. I know the Ministry of Health was here yesterday but currently the ministry is undertaking the development of a mental health workforce strategy. The culture and the issues of retaining and recruiting nurses is a key part of that. It is definitely something that goes to training; it goes to resourcing and it also goes to leadership...I think nursing, as well as allied health professionals and others in the multidisciplinary team, have to find a new way of working. That is part of the issue. We are developing a new model and we need to pause, reflect and look at our education and training.⁹⁷

Committee comment

- 4.37 The Committee agrees that a fully trained and equipped workforce is essential in order to provide adequate care to patients in mental health care facilities. This includes developing proactive recruitment strategies and ensuring that adequate training and educational support and assistance is provided.

⁹⁶ Transcript of Evidence, Mr Holmes, NSW Nurses and Midwives' Association, 30 October 2017, p40

⁹⁷ Transcript of Evidence, Ms Lourey, Mental Health Commission of NSW, 31 October 2017, p2

Recommendation 22

The Committee recommends that NSW Health expedites its work in devising strategies and policies to ensure the recruitment of adequate numbers of nursing staff in mental health care facilities to meet current and future demand.

Recommendation 23

The Committee recommends that NSW Health actively consults the NSW Nurses and Midwives Association in the development of its mental health workforce strategy.

Medication management

4.38 A significant theme emerging through the inquiry was the appropriateness of prescribed medication for mental illness and suggestions for the improved targeting of treatment options. Claims made in confidential submissions from former patients of psychiatric institutions and discussions with health care staff have highlighted a range of issues regarding the appropriateness and use of psychotherapeutic drug treatments in institutional settings.

4.39 The Committee was informed of cases where, upon admission as psychiatric patients, individuals have been subjected to misdiagnosis and mismanagement resulting in adverse drug reactions and exacerbated clinical outcomes as a result of inadequate monitoring of their genetic profiles.

4.40 In order to test these claims, the Committee invited a specialist clinician to give evidence at the final public hearing. Professor Ric Day, a clinical pharmacologist and recognised expert in pharmacotherapy and drug reactions and interactions, provided detailed comment on the impacts of drugs on pre-existing psychiatric conditions. Professor Day is also a member of a Federal/State working party examining adverse medication events in mental health.

4.41 According to Professor Day, the cost to the health system for inappropriate or erroneous prescribing is very high:

The cost internationally is calculated to be \$42 billion annually. That is 1 per cent of global health expenditure just on the cost side; forget the matters for the individuals. In our own hospitals the rate of admissions for medication errors is very high and it is very hard to reduce it. On average, it is about 2 per cent to 3 per cent but the older you get with more comorbidities that number increases. In some studies in Australia up to almost 40 per cent of reasons for admission is something to do with medicines.⁹⁸

4.42 As well as communication barriers in describing the effects of drugs by patients with a mental illness, another complicating factor in predicting drug efficacy and suitability is the existence of comorbidities. Professor Day described it in the following terms:

The other big hazard for people with mental illness is the comorbidities. It is much more common to have diabetes, hypertension and related metabolic problems because it is harder to look after their general health matters and some of the drugs used actually induce these problems—that is, they cause a tendency to eat more.

⁹⁸ Transcript of Evidence, Professor Day, Clinical Pharmacology and Toxicology, 9 March 2018, p2

There is also a hazard of what is called the prescribing cascade if something goes wrong. I give an example of an elderly person who has been taking a drug for dementia and it has effects on their bladder and leads to retention. They are then put on a drug to treat the bladder problem that actually was drug induced and there is this chain of drug two, drug three, drug four because the first problem is not identified as an adverse reaction.⁹⁹

4.43 A relatively recent development to individually tailor drug treatments to better predict their efficacy depending on each person's ability to metabolise and benefit from the active ingredients is known as pharmacogenomics. The Deputy Secretary, NSW Health, acknowledged that this was a promising area of further exploration.¹⁰⁰

4.44 Depending on the interactions between individual gene proteins and drugs in the body, the action of a drug may be beneficial, adverse or have what are described as "bizarre" drug reactions. Some examples of this relate to well described syndromes affecting particular ethnic groups and drugs used to treat mental illness. Professor Day elaborated on developments in this area:

One of them is a drug we use for mood disorders—carbamazepine. The test really should be done to check if someone has the gene and marker and, if the person does, the doctor should see if there is an alternative drug. That does apply to an increasing number of drugs. We are still accumulating data, looking at populations and deciding when it is the right time to test. I would not say it is right for every drug at this point, but it certainly is for quite a lot of them... The cost of getting the panel of key enzymes done is dropping. In fact, you can get your whole genome done now. It is quicker and cheaper, so on and so forth. That is moving very fast.¹⁰¹

4.45 Professor Day also made the observation that there is a lack of clinical pharmacologists and suitably trained medical practitioners to take full advantage of recent developments in the specific targeting of drugs based on individual genetic markers. As an example of an educational resource, reference was made to NPS MedicineWise, a not-for-profit organisation funded by the Australian Department of Health, providing clinically reviewed independent information about medicines to doctors, pharmacists and other health professional. Many of these online materials relate to new drugs or more complex grey-areas in the prescription process.¹⁰²

Committee comment

4.46 The Committee shares the concerns expressed through the evidence provided that pharmacogenomics testing is not being adequately utilised in the public mental health system. Furthermore, there is a lack of appropriately qualified health care practitioners in the area of clinical pharmacology to provide accurate advice on the optimal use of medicines for mental health care patients.

⁹⁹ Transcript of Evidence, Professor Day, Clinical Pharmacology and Toxicology, 9 March 2018, p2

¹⁰⁰ Transcript of Evidence, Dr Lyons, NSW Health, 9 March 2018, p35

¹⁰¹ Transcript of Evidence, Professor Day, Clinical Pharmacology and Toxicology, 9 March 2018, p3

¹⁰² NPS MedicineWise, accessed at: <https://www.nps.org.au/>, 2 July 2018

Recommendation 24

The Committee recommends that NSW Health provides funding for clinical pharmacologists in each Local Health District to provide education about recent advances in drug therapy and adverse drug reactions, to better target pharmaceutical treatments for mental illness.

Recommendation 25

The Committee recommends that NSW Health actively pursues and funds the increased use of pharmacogenomic testing as a means of improving treatment for patients with a mental illness.

Chapter Five – Health System Objectives

- 5.1 Overall coordination of the health care system is jointly managed by the Australian Government and State and Territory health Ministers. Reference has previously been made to work conducted under the auspices of the Council of Australian Governments (COAG), to develop a national performance framework endorsed and owned by the Australian Health Ministers' Advisory Council (AHMAC).
- 5.2 The Australian Health Performance Framework (AHPF) is intended to be flexible, to meet the needs of multiple audiences, populations and levels of the health system, through tiering and disaggregation of indicators and data.

Health goals and targets

National framework

- 5.3 According to a report prepared by the National Health Information and Performance Principal Committee, the AHPF "will provide a foundation upon which to build more detailed performance or evaluation frameworks for sector, condition or population-specific strategies. In all applications it will support achievement of the National Healthcare Agreement objective: to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. The AHPF should have primacy over other sector-specific performance frameworks. Over time, existing sector-specific health performance frameworks should be linked to this Framework."¹⁰³
- 5.4 The overarching determinants of the performance framework include health status, and biomedical, environmental and socioeconomic factors, external to traditional views of the health system. The Principal Committee report stresses the need for multi-sectoral approaches, including patient and provider perspectives and taking account of activity levels, outputs and outcomes of care. Higher order domains within the framework include quality delivery variables, overall community health status, socio-political and governance factors and equitable distribution and delivery of health care services.¹⁰⁴
- 5.5 Periodic reviews of the AHPF indicators are intended to be undertaken every three to four years, with a full formal review conducted every six to eight years. This time frame is, however, flexible enough to take account of changes in data availability or policy priorities. Continuity of care is cited as an important aspect of effective system performance and reporting under the AHPF should assist policy making as well as promoting transparency and accountability.

¹⁰³ The Australian Health Performance Framework, accessed at: [The Australian Health Performance Framework](#), 3 July 2018

¹⁰⁴ The Australian Health Performance Framework, accessed at: [The Australian Health Performance Framework](#), 3 July 2018

Health System Objectives

- 5.6 Furthermore, the performance framework indicators are delineated in a set of tables, which specify the measure under review and the relevant sector responsible for each indicator.

NSW framework

- 5.7 NSW Health participates in this process through its NSW Health performance and purchasing frameworks and five strategic priorities to improve health care delivery. In appearing before the Committee, the Deputy Secretary Systems Purchasing and Performance Division, NSW Ministry of Health summarised it as follows:

The Ministry of Health is leading the New South Wales health system to become increasingly focused on quality and safety of care by delivering outcomes that are most valuable to patients, carers and communities. Our approach incorporates transparent monitoring and reporting of the critical health system performance domains, efficiency and effectiveness, as well as safety, patient-centred culture, accessibility, timeliness, appropriateness and equity...The Ministry of Health has established five strategic priorities to drive improvement in healthcare delivery in New South Wales. These are: patient safety first; leading better value care; systems integration; digital health and data analytics; and strengthening governance and accountability.¹⁰⁵

- 5.8 Evidence provided by the Deputy Chair of the Disability Council NSW indicated that there were shortcomings in the current NSW performance framework in responding to the specific needs of people with a disability, calling for urgent updates in NSW Health data practices to feed into the monitoring framework.

One of the things that we find is that there is very poor data recording for people with disability integrated with Health so there may be reasonable data recorded by current disability services but that is not connected to the health system. We also find that people may come to a health service and their disability is recorded or there is a recognition that they have a disability. They then go to another health service and that information is not shared... data should be available and shared, with all of the caveats around confidentiality.¹⁰⁶

- 5.9 Issues with data capture as part of the NSW Health performance framework were also raised in evidence provided by the Australian Council on Healthcare Standards, particularly in relation to the public reporting of performance data. Appearing before the Committee, the Chief Executive Officer stated: "I think there is a lot more work to do to ensure that public reporting achieves the objectives that it sets out to."¹⁰⁷

- 5.10 The submission from the Mental Health Coordinating Council, the peak body representing Community Managed Organisations (CMOs) in NSW, noted that the existing framework does not have a performance indicator for the sector. The Council argues that the lack of performance monitoring results in minimal accountability and oversight of NSW Health funded programs. A case is made to

¹⁰⁵ Transcript of Evidence, Ms Pearce, NSW Health, 30 October 2017, p1

¹⁰⁶ Transcript of Evidence, Professor Baldry, Disability Council NSW 30 October 2017, p25

¹⁰⁷ Transcript of Evidence, Dr Dennis, Australian Council on Healthcare Standards, 9 March 2018, p19

include the CMO sector within the NSW performance framework to strengthen, monitor and drive performance improvement for the sector.¹⁰⁸

- 5.11 Other submissions criticise the performance framework as being deficient in certain aspects such as: focussing on health care delivery, rather than broader community health objectives¹⁰⁹; not including set definitions and terms for gender identity and sexual orientation¹¹⁰; lacking performance measures for quality of life¹¹¹; not including privacy protections¹¹²; and risking sacrificing quality of care for performance information¹¹³.
- 5.12 Further information provided by the Australian Council on Healthcare Standards (ACHS), following their appearance before the Committee, voiced similar concerns about an overreliance on single targets to measure performance. The ACHS suggested that all targets should traverse multiple domains and go beyond hospital boundaries to include patient outcomes from the primary care perspective.¹¹⁴
- 5.13 In a similar vein, the NSW Council of Social Service (NCOSS) reinforced the need for more patient reported outcome measures to supplement activity based targets. According to additional information provided to the Committee by NCOSS:

...a high volume of activity does not necessarily demonstrate improved health outcomes in the community. It does not provide insight into the effectiveness of the health system at either a patient or population level...The use of outcome indicators is important to ensure understanding of the treatments and practices that are most effective, which ultimately leads to improved patient outcomes and to improved health for the population as a whole.¹¹⁵

Committee comment

- 5.14 The Committee notes that NSW Health, in partnership with the Commonwealth Health Department through the COAG process, is developing improved performance data monitoring mechanisms to document and drive reforms in health care. It is, however, apparent that the NSW performance framework needs further refinement to comprehensively account for a broader range of factors to better reflect special needs groups and to improve performance data.
- 5.15 The incorporation of more variables to capture qualitative and quantitative information should assist in providing an improved evidence base for future monitoring and delivery of targeted health care services.

Recommendation 26

The Committee recommends that NSW Health, in consultation with special needs groups and service providers, expands the scope of its performance framework

¹⁰⁸ Submission 1, Mental Health Coordinating Council, p1

¹⁰⁹ Submission 3, Royal Australian College of General Practitioners NSW & ACT

¹¹⁰ Submission 5, ACON

¹¹¹ Submission 7, Combined Pensioners and Superannuants Association of NSW

¹¹² Submission 9, Office of the Privacy Commissioner

¹¹³ Submission 10, Australian Council of Healthcare Standards

¹¹⁴ Supplementary Information, Australian Council on Healthcare Standards, 15 November 2017

¹¹⁵ Supplementary Information, NSW Council of Social Service, 6 December 2017

to incorporate a more comprehensive range of information to improve health care delivery.

Recommendation 27

The Committee recommends that refinements to the NSW performance framework be referred to the Australian Health Ministers' Advisory Council for ratification as part of the Australian Health Performance Framework.

Health service integration

- 5.16 As previously indicated, changing patient demographics and advances in technology are some of the drivers of increased demands on the health system. New models of integrated care are designed to provide more effective and efficient personalised service delivery, particularly for people with complex needs across the life span. This requires improved communication and connectivity between service providers in primary care, community and hospital settings and better access to community based services close to home.
- 5.17 The 2011 National Health Reform Agreement (NHRA) entered into by the Federal, State and Territory Governments, provides the architecture for all parties to work collaboratively to improve health outcomes and ensure the sustainability of the health care system. In an addendum to the NHRA, NSW is obliged to improve the integration between primary, secondary and tertiary health sectors.¹¹⁶
- 5.18 The NSW Government has allocated \$180M over six years to implement locally based integrated care models, designated as Demonstrator sites, Innovator sites and State-wide Enablers of integrated care.¹¹⁷ This involves the development of partnerships with other sectors to link services for local populations.
- 5.19 A vital component of service integration is the sharing of data and clinical health information across public hospital, private provider and primary care settings. The Australian Digital Health Agency has announced that NSW patients will pioneer the ability to access their data on a secure My Health Record¹¹⁸.
- 5.20 Evidence provided by the Deputy Secretary Systems Purchasing and Performance Division, NSW Ministry of Health, indicated that:

The focus of healthcare funding is shifting from volume to value. As a key enabler of value-based health care, patient-reported outcomes have emerged over the past five years as a rapidly developing area of health service research and policy development in Australia and internationally. Since July 2015 the New South Wales Agency for Clinical Innovation has conducted a patient-reported measures program across 11 proof-of-concept sites, and the program is now planned for a wider rollout using an integrated information technology [IT] platform for hospital primary and community services as part of the New South Wales health strategy to deliver better value care. Leading better value care is an initiative that is designing healthcare delivery to derive

¹¹⁶ Submission 13, Ministry of Health, pp1-2

¹¹⁷ Submission 13, Ministry of Health, pp41-42

¹¹⁸ Submission 13, Ministry of Health, p31

better patient outcomes, encourage a more collaborative whole-of-system approach and deliver better value health care to our patients.¹¹⁹

5.21 More details about data collection and dissemination can be found in Chapter Three of the Report.

5.22 Representatives from peak medical practitioner groups expressed some concerns about the current state of service delivery integration. The President of the NSW Branch of the Australian Medical Association told the Committee that:

The Local Health Districts and the primary health networks are talking about integrated care and meeting to discuss that but it is in its infancy. It is proving very difficult to do integrated care in a meaningful way. Public hospitals function 24 hours a day, and a lot of the work gets done in the evenings and on weekends. General practice, not entirely, is largely during the week or daytime hours. We have not overcome that barrier of seeing people in hospitals after hours and trying to find out more information about them. Often it is at a time when they are unable to communicate that to us themselves and we cannot contact their primary doctors to get more information.¹²⁰

5.23 This concern was reinforced by the Chair of the NSW Regional Committee, Royal Australasian College of Surgeons, who in evidence also raised other integration issues, as follows:

...timely treatment is not being implemented because of the fragmented nature of the way things are at the moment—not being able to get access to previous records or the surgeon who did the surgery in a private hospital, for example, may not be available for contact...One of the main issues, which seems to be a recurring theme certainly in my chairmanship of the State committee, is a feeling of disenfranchisement by the country surgeons and, consequently, the patients... there are also issues regarding a feeling in the rural setting of appropriate follow-up with general practitioners. For example, I think general practitioners can no longer claim Medicare benefits schedule [MBS] No. 105 to follow up patients. This really disadvantages patients. They have to travel long distances to see their surgeons again, whereas before they could be followed up by the general practitioners. Certainly there are issues in the country that keep recurring, which I think we can improve on.¹²¹

5.24 The Chair of the NSW and ACT Royal Australian College of General Practitioners, while supportive of the very successful integrated care projects being piloted by NSW Health, criticised the lack of a more general rollout of the model in the following terms:

It always seems to be told to you that it is about the budget. I cannot say anything more than that. From a primary health networks [PHNs] perspective we do not get money to be able to do anything in terms of integrated care. We are highly dependent on having money from NSW Health to actually work with them to do that. It is a very

¹¹⁹ Transcript of Evidence, Ms Pearce, Ministry of Health, 30 October 2017, p2

¹²⁰ Transcript of Evidence, Professor Frankum, Australian Medical Association NSW, 30 October 2017, p30

¹²¹ Transcript of Evidence, Dr Qasabian, Royal Australasian College of Surgeons, 30 October 2017, p30

frustrating space to be sitting in, seeing some successful projects around you but not being able to do anything.¹²²

Committee comment

- 5.25 The Committee welcomes the implementation of NSW Health integrated care pilot projects as part of its health service reform strategy but agrees with representatives of peak medical practitioner organisations that successful models should be extended to more Local Health Districts. This will enable greater coordination of service delivery across all settings.
- 5.26 The Committee also shares the concern that the inability of General Practitioners (GPs) to claim a Medicare rebate for patient follow up as part of a consultation, prevents seamless integration of health care provision and disadvantages patients, particularly in rural and remote areas.
- 5.27 The Committee understands that the Commonwealth Government has established a Medicare Benefits Schedule Review Taskforce, which is currently examining how the more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.¹²³ This would be an appropriate vehicle to determine the efficacy of restoring item 105 to the Schedule.

Recommendation 28

The Committee recommends that NSW Health extends its integrated care project to cover more Local Health Districts, where piloted models already funded have been found to be successful.

Recommendation 29

The Committee recommends that the NSW Minister for Health refers consideration of the reinstatement of Medicare Benefits Schedule item 105 to the Medicare Benefits Schedule Review Taskforce, with a view to enhancing integrated health care delivery.

¹²² Transcript of Evidence, Associate Professor Hespe, Royal Australian College of General Practitioners, 30 October 2017, p31

¹²³ Medicare Benefits Schedule Review, Australian Department of Health, accessed at: <http://www.health.gov.au/internet/main/publishing.nsf/content/mbsreviewtaskforce>, 11 July 2018

Appendix One – Terms of Reference

Inquiry into the Management of Health Care Delivery in NSW

That the Committee inquire into and report on the management of Health Care Delivery in NSW, with particular reference to:

- a) The current performance reporting framework for monitoring the effectiveness and efficiency of health care service delivery in NSW;
- b) The extent to which efficiency and effectiveness is sustained through rigorous data collection, monitoring and reporting;
- c) The adequacy of the provision of timely, accurate and transparent performance information to patients, clients, health providers and health system managers;
- d) The extent to which the current framework drives improvements in the health care delivery system and achieves broader health system objectives;
- e) Any other related matters.

Appendix Two – Glossary

ABF	Activity Based Funding model
ACHS	The Australian Council of Healthcare Standards
AHMAC	Australian Health Ministers' Advisory Council
AHPF	Australian Health Performance Framework
AMA	Australian Medical Association
CMO	Community Managed Organisations
COAG	Council of Australian Governments
GDP	Gross Domestic Product
GPs	General Practitioners
HPF	NSW Health Performance Framework
KPIs	Key Performance Indicators
LHDs	Local Health Districts
MHCC	The Mental Health Coordinating Council
MoH	Ministry of Health
NCOSS	NSW Council of Social Service
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NHRA	National Health Reform Agreement
OECD	Organisation for Economic Co-operation and Development
RACGP	The Royal Australian College of General Practitioners, NSW & ACT
SHNs	Specialty Health Networks

Appendix Three – Submissions

1. Mental Health Coordinating Council
- 1a Mental Health Coordinating Council
2. Confidential Submission
3. The Royal Australian College of General Practitioners
4. Disability Council NSW
5. ACON
6. Hepatitis NSW
7. CPSA
8. NCOSS (NSW Council of Social Service)
9. Office of the Privacy Commissioner
10. The Australian Council on Healthcare Standards
11. BEING (previously NSW-CAG)
12. Australian Medical Association (NSW) Limited
13. Ministry of Health
- 13a Ministry of Health
14. Mrs Maria Grasso
15. Ms Rachael Pepin
16. Confidential Submission
17. Confidential Submission
18. Confidential Submission
19. One Door Mental Health
20. Mrs Elizabeth Davidson
21. Confidential Submission
22. Name suppressed
23. Mr Michael Raftery
24. Lorica Health
25. Royal Australasian College of Surgeons

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

Submissions

26. NSW Nurses and Midwives' Association

27. Member for Bankstown

28. Confidential Submission

29. Mr Mark Anthony Stevens

30. Positive Life NSW

31. Justice Action

32. NSW Mental Health Commission

33. Mrs Jennifer Allen

34. Member for Blue Mountains

Appendix Four – Witnesses

MONDAY, 30 OCTOBER 2017 – MACQUARIE ROOM, NSW PARLIAMENT

Witness	Organisation
Ms Susan Pearce Deputy Secretary System Purchasing and Performance	NSW Health
Dr Nigel Lyons Deputy Secretary Strategy and Resources	NSW Health
Dr Lena Low Executive Director Corporate & Surveyor Workforce	Australian Council on Healthcare Standards
Ms Linda O'Connor Executive Director Customers Services & Development	Australian Council on Healthcare Standards
Ms Samantha Gavel Privacy Commissioner	NSW Information and Privacy Commission
Ms Roxane Marcelle-Shaw Director Investigation and Reporting	NSW Information and Privacy Commission
Mr Mark Tonga Chair	Disability Council NSW
Professor Eileen Baldry	Disability Council NSW
Associate Professor Charlotte Hesper Chair	Royal Australian College of General Practitioners, NSW & ACT
Professor Bradley Frankum President	Australian Medical Association NSW
Dr Raffi Qasabian Chair of NSW Regional Committee	Royal Australasian College of Surgeons
Mr Brett Holmes General Secretary	NSW Nurses and Midwives Association
Mr Marc Hopkins Senior Professional Officer	NSW Nurses and Midwives Association
Ms Jaime Comber Policy Officer	BEING

TUESDAY, 31 OCTOBER 2017 – PRESTON-STANLEY ROOM, NSW PARLIAMENT

Witness	Organisation
Ms Catherine Lourey Commissioner	NSW Mental Health Commission
Dr Tim Smyth Expert Consultant	NSW Mental Health Commission
Ms Mel Fernandez Deputy Chief Executive Officer	NCOSS
Mr Rob Ramjan Chief Executive Officer	One Door Mental Health
Associate Professor Anthony Harris Chair	One Door Mental Health
Mr Brett Collins Justice Action Coordinator	Justice Action
Dr Yolanda Lucire Psychiatrist	Justice Action
Mr Douglas Holmes Justice Action Mental Health Consultant	Justice Action
Ms Kerry O'Malley Community Treatment Order (CTO) Casualty	Justice Action
Mr Nicholas Summerhays Justice Action Assistant Coordinator	Justice Action

FRIDAY, 9 MARCH 2018 – MACQUARIE ROOM, NSW PARLIAMENT

Witness	Organisation
Professor Ric Day Director Clinical Pharmacology and Toxicology	St Vincent's Hospital Sydney
A/Professor John Allan President-Elect	Royal Australian and New Zealand College of Psychiatrists
Mr David Heffernan NSW Branch President	The Pharmacy Guild of Australia NSW Branch
Dr Christine Dennis Chief Executive Officer	Australian Council of Healthcare Standards
Ms Elizabeth Koff Secretary NSW Health	Ministry of Health
Dr Nigel Lyons Deputy Secretary Strategy and Resources	Ministry of Health
Ms Susan Pearce Deputy Secretary System Purchasing and Performance	Ministry of Health

Appendix Five – Extracts from Minutes

MINUTES OF MEETING No. 20

Thursday, 17 November 2016

9.15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Michael Daley, Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Jacqueline Isles, Ze Nan Ma, Christopher Herbert, Derya Sekmen.

1. ***

2. ***

3. ***

4. ***

5. Other business

The Committee considered draft Terms of Reference for an Inquiry into the Management of Health Care Delivery in New South Wales.

Resolved, on the motion of Mr Bromhead, that the Committee:

- adopts the draft terms of reference for an inquiry into the Management of Health Care Delivery in New South Wales;
- advertises the inquiry and calls for submissions;
- writes to appropriate stakeholders inviting submissions; and
- conducts public hearings next year in connection with the inquiry.

7. Next meeting

The Committee adjourned at 10.00am until a time and date to be advised.

MINUTES OF MEETING No. 21

Thursday, 23 February 2017

9.15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Michael Daley, Mr Lee Evans.

Apologies

Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Jenny Gallagher, Ze Nan Ma, Christopher Herbert, Derya Sekmen.

1. ***

2. ***

3. ***

4. ***

5. New Inquiry- Management of Health Care Delivery in NSW

The Committee noted the stakeholder list for the Inquiry into Management of Health Care Delivery in NSW.

6. ***

7. ***

8. ***

9. Next meeting

The Committee adjourned at 10.15am until 9:15am on Thursday 30 March 2017

MINUTES OF MEETING No. 22

Thursday, 30 March 2017

9.15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Michael Daley, Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Ze Nan Ma, Christopher Herbert, Derya Sekmen.

1. ***

2. ***

3. ***

4. New Inquiry - Management of Health Care Delivery in NSW

The Committee noted that one submission has been received to the inquiry.

5. ***

6. ***

7. Next meeting

The Committee adjourned at 9.45am until 9:15am on Thursday 4 May 2017.

MINUTES OF MEETING No. 23

Thursday, 4 May 2017

9.15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Michael Daley, Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Ze Nan Ma, Christopher Herbert, Derya Sekmen.

Extracts from Minutes

1. ***

2. ***

3. ***

4. Inquiry into Management of Health Care Delivery in NSW

The Committee noted that eleven submissions have been received for the inquiry.

5. ***

6. ***

7. ***

8. Next meeting

The Committee adjourned at 9.56am until 9:15am on Monday 22 May 2017.

MINUTES OF MEETING No. 24

Monday, 22 May 2017

9.15am Jubilee Room, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Lee Evans, Mr Greg Piper, Mr Michael Daley

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Jennifer Gallagher, Derya Sekmen.

1. ***

2. Inquiry into Management of Health Care Delivery in NSW

Resolved, on the motion of Mr Piper, that the Committee approves the request from the Minister for Mental Health to extend the deadline for the receipt of submissions to the inquiry until 30 June 2017.

3. ***

4. ***

5. ***

6. ***

7. Next meeting

The Committee adjourned at 12.10pm until 9:15am on Thursday 25 May 2017 in Room 1254.

MINUTES OF MEETING No. 25

Thursday, 25 May 2017

9.15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Lee Evans, Mr Greg Piper, Mr Michael Daley

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Christopher Herbert, Derya Sekmen.

1. ***

2. ***

3. Inquiry into Management of Health Care Delivery in NSW

The Committee noted, on the motion of Mr Evans, the following correspondence:

- 5 May 2017 letter received from Minister for Department of Family and Community Services advising that the Department will not be providing a submission.
- Submissions publication schedule.
- Letter to Minister for Mental Health, advising an extension of receipt of submission to 30 June 2017.

The Committee deliberated on the proposed publication schedule of submissions received to date. Resolved, on the motion of Mr Piper, that the submissions received to date be authorised for publication and uploaded on the Committee's website in accordance with the schedule provided.

4. ***

5. ***

6. ***

7. Next meeting

The Committee adjourned at 9:55am until 9:15am, Thursday 22 June 2017 in Room 1254.

MINUTES OF MEETING No. 26

Thursday, 22 June 2017

9.15am

Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Stephen Bromhead, Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Christopher Herbert, Ze Nan Ma, Derya Sekmen.

1. Apologies

Apologies were received from Mr Mark Taylor (Deputy Chair), Mr Michael Daley.

2. ***

3. ***

4. ***

5. Inquiry into Management of Health Care Delivery in NSW

The Committee noted three additional submissions that had been received since the deadline was extended to 30 June 2017.

The Committee also noted a letter received from Ms Tania Mihailuk MP, Member for Bankstown. The Committee deliberated on further extending the deadline for submissions, as well as sending a letter to each MP inviting their constituents and any relevant stakeholders to make submissions.

Resolved, on the motion of Mr Bromhead and seconded by Mr Piper to action the following:

- Extend the deadline for submissions to 31 July 2017
- Draft a letter to each MP inviting their constituents to make a submission
- Further advertise the Inquiry in relevant media outlets

The Committee discussed the scope of the Inquiry.

Resolved, on the motion of Mr Piper, to write a letter to the Minister for Mental Health seeking clarification regarding what is being done in response to specific reports of mismanagement in the sector.

6. ***

7. ***

8. ***

9. Next meeting

The Committee adjourned at 9:53am until 9:15am, Thursday 10 August 2017 in Room 1254.

MINUTES OF MEETING No. 27

Thursday, 10 August 2017

9.15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Lee Evans.

Staff in attendance: Simon Johnston, Bjarne Nordin, Madeleine Dowd, Christopher Herbert, Ze Nan Ma, Derya Sekmen.

1. Apologies

Apologies were received from Mr Greg Piper and Mr Michael Daley.

2. ***

3. ***

4. ***

5. ***

6. Inquiry into Management of Health Care Delivery in NSW

The Committee noted the following:

- A further 21 submissions have been received, resulting in a total of 34 to date
- NSW Health has provided an addendum to their original submission.
- A total of 18 letters received to be treated as correspondence.

6.1 Submissions- consideration of and approval for publication:

- Resolved, on the motion of Mr Evans, that the further submissions received to date be authorised for publication and uploaded on the Committee's website in accordance with the schedule provided.

7. ***

8. ***

9. ***

10. Next meeting

The Committee adjourned at 9:45am until 9:15am, Thursday 21 September 2017 in Room 1254.

MINUTES OF MEETING No. 28

Thursday, 21 September 2017

9.15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Ze Nan Ma, Christopher Herbert.

1. Apologies

Apologies were received from Mr Ryan Park.

2. Membership

The Committee noted the appointment to the Committee of Mr Ryan Park in place of Mr Michael Daley.

3. ***

4. ***

5. ***

6. Inquiry into the Management of Health Care Delivery in NSW

- Resolved, on the motion of Mr Evans, that the Committee travels to Lismore on 24 and 25 October 2017, to conduct meetings in connection with its inquiry into the Management of Health Care Delivery in NSW.
- Resolved, on the motion of Mr Evans, that the Committee holds public hearings at Parliament House on 30 and 31 October 2017.
- Resolved, on the motion of Mr Evans, that the witness schedule for the public hearings be agreed to.

Extracts from Minutes

7. ***

8. ***

9. ***

10. Next meeting

The Committee adjourned at 9:26am until 9:15am, Thursday 19 October 2017 in Room 1254.

MINUTES OF MEETING No. 29

Thursday, 19 October 2017

9:15am Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Lee Evans, Mr Greg Piper, Mr Ryan Park.

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Ze Nan Ma, Christopher Herbert, Derya Sekmen

1. Apologies

No apologies were received.

2. ***

3. ***

4. ***

5. Inquiry into the Management of Health Care Delivery in NSW

- The Committee discussed the upcoming site visit to Lismore on the 24th and 25th of October 2017, and the public hearings on the 30th and the 31st of October 2017.
- Resolved, on the motion of Mr Piper, to contact the offices of Members in the Lismore area regarding the upcoming site visit.

6. ***

7. ***

8. Next meeting

The Committee adjourned at 9:58am until 2:00pm, Tuesday 24 October 2017 at Lismore.

MINUTES OF MEETING No. 30

Tuesday, 24 October 2017

2:00pm Lismore Workers Club

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Madeleine Dowd.

1. Apologies

Mr Stephen Bromhead, Mr Ryan Park.

2. Public Forum

- The Committee welcomed members of the public, representatives from various relevant organisations and the media to the public forum.
- The Chair outlined the purpose of the public forum and invited individuals to share their experiences of the health system with the Committee.
- Discussion ensued between Committee Members and the attendees until 4:00pm.
- The Chair provided comments to several media outlets regarding the Committee's visit and the public forum.

3. Next meeting

The Committee adjourned at 4.05pm until 9:30am, Wednesday 25 October 2017 at Lismore Base Hospital.

MINUTES OF MEETING No. 31

Wednesday, 25 October 2017

9:30am Lismore Base Hospital

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Madeleine Dowd.

1. Apologies

Mr Stephen Bromhead, Mr Ryan Park.

2. Meeting with representatives from Northern NSW Local Health District

The Committee met with the following representatives:

- Mr Wayne Jones, Chief Executive, Northern NSW Local Health District.
- Ms Lynne Weir, General Manager, Lismore Base Hospital.
- Mr Richard Buss, General Manager, Mental Health & Drug and Alcohol Service and Stream Services, Northern NSW Local Health District.

Discussion concluded at 11:15am.

3. Meeting with representatives of health service providers

At 11.30am, the Committee met with the following individuals:

- Mr Dave Mcloughlin, Manager, Grow NSW.
- Mr Shaen Springall, Branch President, NSW Nurses and Midwives' Association.
- Ms Charmaine Crispin, Delegate, NSW Nurses and Midwives' Association.
- Mr Peter Kelly, Northern Organiser, Health Services Union NSW.

Discussion concluded at 12:30pm.

4. Tour of Lismore Mental Health Wards

At 12:30pm, the Committee was joined by Mr Richard Buss who accompanied the Committee on an inspection of the renovated mental health wards of the hospital.

5. Next Meeting

The Committee adjourned at 1:30pm until 9:15am on Monday 30 October 2017 at Parliament House.

MINUTES OF MEETING No. 32

Monday 30 October 2017

9:15am Macquarie Room

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Lee Evans, Mr Greg Piper, Mr Ryan Park.

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Chris Herbert, Derya Sekmen.

1. Apologies

Mr Stephen Bromhead.

2. ***

3. Inquiry into Management of Health Care Delivery in NSW

Resolved, on the motion of Mr Evans, that the following standard resolutions for the conduct of the public hearings on 30 and 31 October 2017 be agreed to:

- That the Committee authorises the audio-visual recording, photography and broadcasting of the public hearings on 30 and 31 October 2017 in accordance with the NSW Legislative Assembly's guidelines for coverage of proceedings for parliamentary committees administered by the Legislative Assembly.
- That the corrected transcripts of evidence given on 30 and 31 October 2017 be authorised for publication and uploaded on the Committee's website.
- That witnesses be requested to return answers to questions taken on notice within 14 days of the date on which the questions are forwarded, and that once received, answers be published on the Committee's website.
- That documents tendering during the public hearing be accepted by the Committee and published on the Committee's website.

The Committee was provided with additional material received from the in-camera witness.

4. ***

5. Adjournment

The Committee adjourned the private meeting at 9:30am to conduct a public hearing.

6. Public Hearing

The public and press were admitted.

The following witnesses representing the NSW Ministry of Health were called:

- Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance, sworn and examined.
- Dr Nigel Lyons, Deputy Secretary, Strategy and Resources, sworn and examined.

Evidence concluded, the witnesses withdrew.

The following witnesses representing the Australian Council on Healthcare Standards were called:

- Dr Lena Low, Executive Director, Corporate & Surveyor Workforce, affirmed and examined.
- Ms Lina O'Connor, Executive Director, Corporate & Surveyor Workforce, affirmed and examined.

Evidence concluded, the witnesses withdrew.

The following witnesses representing the NSW Information and Privacy Commission were called:

- Ms Samantha Gavel, Privacy Commissioner, sworn and examined.
- Ms Roxane Marcelle-Shaw, Director, Investigation and Reporting, affirmed and examined.

Evidence concluded, the witnesses withdrew.

The following witnesses representing Disability Council NSW were called:

- Mr Mark Tonga, Chair, sworn and examined.
- Professor Eileen Baldry, Deputy Chair, affirmed and examined.

Evidence concluded, the witnesses withdrew.

The following witnesses were called:

- Associate Professor Charlotte Hespe, Chair, Royal Australian College of General Practitioners, NSW & ACT, sworn and examined.
- Professor Bradley Frankum, President, Australian Medical Association NSW, affirmed and examined
- Dr Raffi Qasabian, NSW Chair, Royal Australasian College of Surgeons, affirmed and examined.

Evidence concluded, the witnesses withdrew.

The following witnesses representing the NSW Nurses and Midwives' Association were called:

- Mr Brett Holmes, General Secretary, affirmed and examined.
- Mr Marc Hopkins, Senior Professional Officer, affirmed and _ examined.

Evidence concluded, the witnesses withdrew.

The following witness from BEING was called:

- Jamie Comber, Policy Officer, affirmed and examined. Evidence concluded, the witness withdrew.

The public hearing adjourned at 4:00pm.

7. Next Meeting

The Committee adjourned at 4:00pm until 9:30am on Tuesday 31 October 2017 in the Preston Stanley Room.

MINUTES OF MEETING No. 33

Tuesday 31 October 2017

9:30am Preston Stanley Room

Members Present

Mr Bruce Notley-Smith (Chair) Mr Mark Taylor (Deputy Chair) Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Chris Herbert, Derya Sekmen, Ze Nan Ma.

1. Apologies

Mr Stephen Bromhead, Mr Ryan Park.

2. Public Hearing

The public and press were admitted.

The following witnesses representing the NSW Mental Health Commission were called:

- Ms Catherine Lourey, Commissioner, affirmed and examined.
- Dr Timothy Smyth, Expert Consultant, affirmed and examined.

Evidence concluded, the witnesses withdrew.

The following witness representing the NSW Council of Social Service was called:

- Ms Elyse Cain, Policy Lead, affirmed and examined.

Evidence concluded, the witness withdrew.

The following witnesses representing One Door Mental Health were called:

- Mr Rom Ramjan, Chief Executive Officer, affirmed and examined.
- Associate Professor Anthony Harris, Chair, affirmed and examined.

Evidence concluded, the witnesses withdrew.

The following representatives representing Justice Action were called:

- Mr Brett Collins, Justice Action Coordinator, affirmed and examined.
- Mr Nicholas Summerhays, Justice Action Assistant Coordinator, affirmed and examined.
- Dr Yolanda Lucire, affirmed and examined.
- Mr Douglas Holmes, sworn and examined.
- Mrs Kerry O'Malley, sworn and examined.

Evidence concluded, the witness withdrew.

Ms Jennifer Allen, private citizen was called, affirmed and examined, to give evidence.

The public hearing adjourned at 12:50pm.

MINUTES OF MEETING No. 34

23 November 2017

9:15am, Room 1254

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Lee Evans, Mr Stephen

Bromhead, Mr Ryan Park, Mr Greg Piper.

Staff in attendance: Bjarne Nordin, Madeleine Dowd, Chris Herbert, Derya Sekmen, Ze Nan Ma.

1. ***

2. ***

3. ***

4. ***

5. Inquiry into the Management of Health Care Delivery in NSW

- The Committee deliberated on the conduct of the inspections in Lismore on 24 and 25 October 2017 and agreed that the summary of discussion points raised by participants at meetings be circulated to Members.
- Resolved, on the motion of Mr Park, that the following answers to questions on notice/supplementary questions from the public hearings be noted:
 - The Australian Council on Healthcare Standards and Office of the Privacy Commissioner
 - Disability Council of NSW
 - Ministry of Health

The Committee deliberated on the witness list for a future public hearing, including specific reference to an expert in pharmacogenomics.

At 9.22am, the Chair departed the meeting and the Deputy Chair, Mr Taylor, took the Chair.

6. ***

7. ***

8. Next meeting

The Committee adjourned at 10.09am until 9.15am, 15 February 2018 in Room 1254.

MINUTES OF MEETING No. 36

15 February 2018
9:15am, Room 1254
Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Lee Evans, Mr Stephen Bromhead, Mr Greg Piper.

Staff in attendance: Elaine Schofield, Bjarne Nordin, Madeleine Dowd, Chris Herbert, Derya Sekmen.

1. Apologies

Mr Ryan Park.

2. ***

3. ***

Extracts from Minutes

4. ***

5. ***

6. Inquiry into the Management of Health Care Delivery in NSW

- The Committee noted answers to supplementary questions received from Mental Health Commission of NSW, dated 1December 2017.
- Committee staff provided an update on the third public hearing to take place on 9 March 2018.

7. ***

8. ***

9. Next meeting

The Committee adjourned at 10.11am until 9:45am, 9 March 2018 at Parliament House.

MINUTES OF MEETING No. 37

9 March 2018

9:46am, Macquarie Room

Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Lee Evans, Mr Stephen Bromhead.

Staff in attendance: Elaine Schofield, Bjarne Nordin, Madeleine Dowd, Chris Herbert, Ze Nan Ma, Derya Sekmen.

1. Apologies

Mr Ryan Park, Mr Greg Piper.

2. ***

3. Inquiry into Management of Health Care Delivery in NSW

Resolved, on the motion of Mr Evans, that the following standard resolutions for the conduct of the public hearing be agreed to:

- That the Committee permits audio-visual recording, photography and broadcasting of the public hearing.
- That the corrected transcript of evidence given on 9 March 2018 be authorised for publication and uploaded on the Committee's website.
- That witnesses be requested to return answers to questions taken on notice and any further questions within 5 days of the date on which the questions are forwarded to the witness, and that once received, answers be published on the Committee's website.
- That documents tendered during the public hearing be accepted by the Committee and published on the Committee's website.

The Committee was provided with additional material provided by Professor Ric Day.

4. ***

5. Adjournment

The Committee adjourned the private meeting at 9:51am to conduct a public hearing.

6. Public Hearing

The public and press were admitted.

The following witness was called:

- Professor Ric Day, Director, Clinical Pharmacology and Toxicology, St Vincent's Hospital Sydney, affirmed and examined.

Evidence concluded, the witness withdrew.

The following witness representing the Royal Australian and New Zealand College of Psychiatrists was called:

- A/Professor John Allan, President-Elect, affirmed and examined.

Evidence concluded, the witness withdrew.

The following witness representing the Pharmacy Guild of Australia, NSW Branch; was called:

- Mr David Heffernan, NSW Branch President, sworn and examined.

Evidence concluded, the witness withdrew.

The following witness representing the Australian Council of Healthcare Standards was called:

- Dr Christine Dennis, Chief Executive Officer, sworn and examined.

Evidence concluded, the witness withdrew.

The following witnesses representing NSW Health were called:

- Ms Elizabeth Koff, Secretary, sworn and examined.
- Dr Nigel Lyons, Deputy Secretary, Strategy and Resources, sworn and examined.
- Ms Susan Pearce, Deputy Secretary, System Purchasing and Performance, sworn and examined.

Evidence concluded, the witnesses withdrew.

The public hearing adjourned at 2.55pm.

7. Next meeting

The Committee adjourned at 2.55pm until 9:15am, 15 March 2018 in Room 1254.

MINUTES OF MEETING No. 38

15 March 2018

9:16am, Room 1254

Parliament House

Members Present

Mr Bruce Notley-Smith, Mr Mark Taylor, Mr Lee Evans, Mr Stephen Bromhead, Mr Greg Piper.

Staff in attendance: Elaine Schofield, Bjarne Nordin, Madeleine Dowd, Chris Herbert, Derya Sekmen.

AGENDA

1. Apologies

Mr Ryan Park.

2. Confirmation of Minutes

Resolved, on the motion of Mr Evans, that the draft minutes of deliberative meeting No.37 conducted on 9 March 2018, be confirmed.

3. ***

4. ***

5. ***

6. ***

7. Next meeting

The Committee adjourned at 9:51am, 3 May 2018 in Room 1254.

MINUTES OF MEETING No. 39

3 May 2018

9:17am, Room 1254

Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Lee Evans, Mr Stephen Bromhead, Mr Greg Pipe, Mr Ryan Park.

Staff in attendance: Elaine Schofield, Bjarne Nordin, Madeleine Dowd, Ze Nan Ma.

AGENDA

1. Minutes of Meeting No. 38

Resolved, on the motion of Mr Piper, that the draft minutes of deliberative meeting No.38 conducted on 15 March 2018, be confirmed.

2. ***

3. ***

4. Management of Health Care Delivery Inquiry

The Committee noted the draft report outline, as circulated.

5. ***

6. ***

7. Next meeting

The Committee adjourned at 10:03am until 9.15am, 7 June 2018 in Room 1254.

MINUTES OF MEETING No. 40

7 June 2018

9.15am

Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Lee Evans, Mr Greg Piper.

Staff in attendance: Elaine Schofield, Bjarne Nordin, Madeleine Dowd, Derya Sekmen.

1. Apologies

Mr Ryan Park.

2. Confirmation of Minutes

Resolved, on the motion of Mr Piper, that the minutes of meeting No. 39, held on 3 May 2018, be confirmed.

3. ***

4. ***

5. ***

6. Management of Health Care Delivery Inquiry

The Committee was updated on progress on the draft report.

7. ***

8. ***

9. Next meeting

The Committee adjourned at 9.46 until 9.15, Thursday 21 June 2018 in Room 1254.

MINUTES OF MEETING No. 42

16 August 2018

9.16am

Room 1254, Parliament House

Members Present

Mr Bruce Notley-Smith (Chair), Mr Mark Taylor (Deputy Chair), Mr Stephen Bromhead, Mr Greg Piper.

Staff in attendance: Elaine Schofield, Bjarne Nordin, Madeleine Dowd, Ze Nan Ma, Derya Sekmen.

1. Apologies

Mr Lee Evans, Mr Ryan Park.

2. Confirmation of Minutes

Resolved, on the motion of Mr Taylor, that the minutes of meeting No. 41, held on 21 June 2018, be confirmed.

3. ***

4. ***

5. Inquiry into the Management of Health Care Delivery Into NSW - Consideration of the Chair's Draft Report

- Resolved, on the motion of Mr Bromhead, that the Committee considers the Chair's draft report as circulated.
- Resolved, on the motion of Mr Taylor, that the Committee adopts the draft report signed by the Chair for presentation to the House, and authorises Committee staff to make appropriate final editing and stylistic changes as required.
- Resolved, on the motion of Mr Bromhead, that once tabled the report be published on the Committee's webpage.

6. ***

7. ***

8. ***

9. Next meeting

The Committee adjourned at 10.10am until 8.30am, Thursday 17 September in the Macquarie Room, Parliament House.

