

Dr Joe McGirr MP
Member for Wagga Wagga
Chair of the Select Committee on Rural, Remote and Regional Health
remoteruralregionalhealth@parliament.nsw.gov.au

Request for additional information (your ref: D23/47731)

Dear Dr McGirr

Thank you for your letter requesting additional information from NSW Health following the Select Committee private briefing in June 2023.

NSW Health appreciated the invitation and opportunity to discuss NSW Health's implementation of recommendations from the *Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW* (the Inquiry).

Please find attached the NSW Health advice in response to the Committee's questions.

NSW Health has placed significant focus on regional, rural and remote health, as part of the whole of NSW Health. This follows on from the previous *NSW Rural Health Plan: Towards 2021*, the findings and recommendations of the Inquiry, and an ongoing commitment to a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

Significant progress has been made to support improvements to regional healthcare. This includes, but is not limited to, the appointment of the Coordinator General Regional Health and now Deputy Secretary, and the development of the *NSW Regional Health Strategic Plan 2022-2032*, together with its Priority Framework. The Regional Health Strategic Plan has been developed to align with and support the whole of NSW Health strategy, *Future Health 2022-2032*, while addressing issues that are specific to regional, rural and remote communities. The Plan also draws upon and aligns with other NSW Health strategic plans including the *Elevating the Human Experience – Our Guide to Action*, drawing upon patient's experience, and the *NSW Health Workforce Plan 2022-2032*.

The Regional Health Division, led by the Deputy Secretary, Luke Sloane, is continually visiting regional, rural and remote areas of NSW, engaging with NSW Health staff, community members, local government representatives and a wide range of other stakeholders to ensure balanced and consistent feedback is received and listened to. Feedback from stakeholders during these visits has been very positive on the progress made.

Since the Regional Health Division commenced in April 2022, it has visited 124 different regional NSW Health facilities, often visiting multiple times, totalling over 50 trips that also involved engagements with local councils, First Nations groups, Primary Health Networks, and universities.

Other significant projects that are making a difference include the publishing the *Connecting, Listening and Responding: Blueprint for Action – Maternity Care in NSW* in March 2023, which is guiding local health districts in their development of sustainable continuity of care programs which address local needs.

Governance and engagement has been strengthened in numerous ways, for example, through the strengthening of local health committees, the commencement of the Regional Health Ministerial Advisory Panel, and the Regional Health Plan Steering Committee, and the recommencement of the Bilateral Regional Health Forum in December 2022 with the Australian Government.

I am also pleased to be Chairing the interjurisdictional Health Workforce Taskforce established in August 2022. The Taskforce provides advice and recommendations to the Health Ministers Meeting and develops and oversees the implementation of a suite of short- and medium-term actions and long-term strategies to ensure there is a sufficient and sustainable current and future health workforce to meet the health needs of Australians.

In February 2023, NSW Health also established a NSW Health System Advisory Council which has strong regional representation to ensure that NSW Health executive decision-making processes that impact the organisation and delivery of care across the system, are informed by specific and key clinical advice.

NSW Health has improved the Isolated Patients Travel and Accommodation Scheme (IPTAAS) by increasing the reimbursement rates, expanding the eligibility criteria, and is working on simplifying the application process. There are ongoing awareness campaigns to promote the scheme in the community and to health professionals.

NSW Health is focussing on a range of measures to attract and retain health staff in regional NSW. For example, a Rural Health Workforce Incentive Scheme is providing funding for Nurse Practitioners, as well as funding for training and placements for Rural Generalists. NSW Health is also working with the Australian Government to expand the Single Employer Model.

Significant progress has also been made in response to the recommended actions from *Living Well in Focus* including investment in the Pathways to Community Living Initiative and the Rural Adversity Health Program, and a focus on perinatal, children and youth, and Aboriginal Community initiatives.

NSW Health is also doing further significant work to progress workforce related actions. For example, a Collaborative Care Review is being conducted with the Rural Doctors Network; a review of credentialling and onboarding processes for general practitioner/Visiting Medical Officers in local health districts has started; innovative models of care for utilising the skill sets of paramedics are underway; funding has been allocated to recruit Aboriginal Care Navigators and Aboriginal Peer Workers; and NSW Health is developing a plan to undertake nursing and midwifery workforce modelling.

The NSW Health Workplace Culture Framework is in final stages of review, with consultation starting in October 2023. In addition to this, a pilot of a cultural deep dive process identified the need for enhanced cultural metrics that allow for early interventions where culture scores decrease. Implementation will occur in the final quarter of 2023.

NSW Health has also launched the *Addressing Grievances and Concerns Portal* to assist staff participate in the process of resolving grievances. This portal is available to all staff and managers and hosted on the NSW Health Intranet. The resources were developed using a co-design methodology to ensure the resources were responsive to the needs of persons addressing a grievance or concern as well as supportive to the managers who respond and support their staff.

In April 2023, the Regional Health Division engaged Ernst & Young to undertake an independent review into the progress and developments of NSW Health's implementation of the Inquiry recommendations. The finalised report of the review is enclosed in this letter. The review found that at this time:

- 15 actions have been completed and validated with evidence
- 42 actions are in progress, on track and validated with evidence
- 7 actions may have challenges and/or limited evidence to validate progress
- 4 actions have limited or no progress.

The review, and the ongoing work of the Regional Health Division and NSW Health, continues to reassure us that we are making good progress on the implementation of the recommendations of the Inquiry.

Thank you again for writing. For more information, please contact [REDACTED]

CC:
The Hon. Ryan Park PM, Minister for Health and Regional Health [REDACTED]
The Hon. Rose Jackson MLC, Minister for Mental Health, [REDACTED]

NSW Health advice in response to Select Committee questions

1. What key performance indicators will be used to evaluate and monitor the delivery of the NSW Regional Health Strategic Plan 2022-2032? Could you provide the key performance indicators that will be used for each of the strategic priorities?

The Regional Health Division has developed a Delivery Roadmap, a Measurement Framework (monitoring and reporting plan) and an Evaluation Strategy to support delivery of the NSW Regional Health Strategic Plan (the Plan) for 2022-2032.

The Delivery Roadmap identifies the specific actions that will be delivered in the first three years of the Plan and the Measurement Framework contains data indicators and targets, which relate to the six Strategic Priorities. These indicators and targets will be used to track progress against the Plan.

The data indicators focus on areas such as rural generalist employment, staff retention, IPTAAS uptake, regional patient experience, and research grants obtained in regional LHDs.

The Evaluation Strategy outlines theories of change for the six Strategic Priorities and provides a foundation on which to evaluate the plan at the end of each time horizon (3, 5 and 10 years).

Data will be reported on a 6-monthly basis to the Regional Health Committee (comprised of all regional LHD chief executives, NSW Health deputy secretaries, and the Health Secretary) and the Regional Health Plan Steering Committee (which includes clinicians, academics, Aboriginal leaders, NSW Health executives and consumer representatives).

An annual snapshot report will be published on the NSW Health website updating on progress against the six Strategic Priorities in the Plan and on the targets outlined in the Priority Framework.

The Plan will be evaluated at the end of 3, 5 and 10 years to determine the extent to which NSW Health is meeting the Plan's objectives and inform planning for the next time horizon.

2. Can you provide background information on how NSW Health funding models work, particularly in relation to remote, rural and regional health?

Local Health Districts (Districts) and Specialty Health Networks (Networks) are primarily funded through Activity Based Funding (ABF). ABF, in the context of health provides funding to Districts and Networks on the basis of the number and mix of patients they treat. Funding is provided to the place of treatment and not where the patient resides. ABF recognises that some patients are more complex and resource intensive than others. Under the ABF model in NSW, health services are funded at a unit price (weighted activity unit) based on activity agreed in service agreements with the Secretary, NSW Health. Additional loadings are provided to regional hospitals to acknowledge the additional costs of delivering care in regional settings.

This model, aligned with the funding model in the National Health Reform Agreement, provides a transparent and equitable process to allocate funds between hospitals.

Where a service is not appropriate for funding under the ABF methodology the NSW funding model provides a block funded amount for that service. Block funded amounts are guided by the latest full year clinical costing data submission. Included in the block funded component are Small Rural Hospitals, MPS's and some specific Specialty Hospitals.

A variation to the block funding applies to the small rural hospitals which enables them to be funded for additional activity growth. The Small Rural Hospital methodology provides a fixed and variable payment mechanism whereby the variable payment recognises any increased activity undertaken by the hospital and better enables harmonization of the funding and activity flows between small hospitals and ABF hospitals in rural settings. The Small Rural Hospital model does not penalise a facility where a reduction in activity occurs, recognising the unique cost characteristics of these facilities.

3. Can you provide some commentary on NSW Health’s performance in the two most recent People Matter Employee Surveys, in relation to workplace culture and how NSW Health has responded to these results? Could you please ensure this includes commentary on data from regional Local Health Districts?

The NSW Health culture index is comprised of 15 questions in the annual People Matter Employee Survey (PMES). The PMES provides insight into employee engagement, satisfaction, and organisational alignment with NSW Health's CORE values.

There is no change in the People Matter Employee Survey (PMES) culture index from 2021 to 2022 for NSW Health overall, remaining at 58%. A majority of Health organisations remained the same or reported a slightly increased culture index score in 2022.

On average, regional local health districts (LHD) report a culture index score that is similar to the overall figure: 55% for 2022 (range 49-60%) and 54% for 2021 (range 49-61%).

LHD Culture Index Scores have been collected since 2011. The survey questions have changed over the years so the culture index values are not directly comparable. Note that the 2020 PMES was suspended because of COVID-19 pandemic).

NSW Health Regional/Rural Local Health District Culture Index Scores	YourSay			People Matter Employee Survey					
	2011	2013	2015	2016	2017	2018	2019	2021	2022
Central Coast	41%	49%	51%	56%	53%	58%	59%	55%	51%
Far West	49%	53%	58%	62%	63%	64%	62%	52%	53%
Hunter New England	51%	54%	55%	59%	57%	58%	57%	54%	55%
Illawarra Shoalhaven	46%	50%	50%	52%	58%	59%	59%	53%	55%
Mid North Coast	41%	47%	49%	52%	53%	52%	51%	51%	54%
Murrumbidgee	48%	60%	55%	60%	58%	60%	59%	58%	57%
Nepean Blue Mountains	42%	46%	54%	51%	53%	52%	59%	54%	51%
Northern NSW	41%	50%	47%	48%	47%	52%	52%	49%	49%
Southern NSW	41%	70%	61%	66%	56%	63%	59%	50%	51%
Western NSW	49%	23%	56%	58%	60%	61%	59%	61%	60%

\$4.6 million is funded annually to LHDs and specialty health networks to support action plans in response to the annual PMES results. In 2020, 2021 and 2022, Rural LHDs submitted culture and safety action plans with a range of initiatives to improve their culture, based on the PMES results including:

- Bullying, harassment and racism prevention programs
- Coaching and mentoring programs to improve leadership behaviours and practice
- Diversity, inclusion and belonging plans
- Reward and recognition programs
- Wellbeing and psychological safety programs to deliver respectful workplaces
- Support for leaders in preparing and delivering performance development programs
- Communication and feedback programs.

Some of the key initiatives implemented across Rural LHDs since 2020 include:

Area for improvement	Strategies and key actions
Zero tolerance for Bullying & Harassment in the workplace	<p>Promote and provide education to staff on zero tolerance for bullying and harassment in the workplace.</p> <ul style="list-style-type: none"> • Include the discussion of preventing bullying on the staff consultative committee agenda • Promote ABAL and EAP support services for staff. • Code of Conduct and Bullying in the Workplace to be discussed at each monthly staff orientation session. • All managers to model appropriate behaviour. <p>• Bullying and Harassment in the Workplace focused session in the Ways of Working program</p>
Deliver and implement a Culture Program across the LHD	<p>Create and employ to position Program Manager to lead and deliver:</p> <ul style="list-style-type: none"> ○ the cultural and accountability turnaround framework ○ principles and processes on the people aspect of change to achieve program outcomes and contribute to achieving organisational objectives and excellence ○ on the ground implementation of the change initiatives
LHD People Management Pathway	<p>Development of the LHD People Management Pathway. This Pathway is being developed to provide managers with a package of online training and resources to assist in managing people within the NSW Health context.</p> <p>This will include enhancement of the New Managers 30, 60, 90 day conversations to allow debrief and application of content within those conversations with next level management. The Pathway can be utilised by existing Managers as well as those who aspire to be managers in the future, to support development of their management skills.</p>

4. Can you identify what mental health inquiries have been done in the past five years, any recommendations these inquiries have made, and NSW Health's response to any recommendations made?

There have been multiple state reviews and inquiries into mental health care since 2017, as well as national reviews into mental health and suicide prevention.

A summary of inquiries into mental health between 2017 and 2023 and NSW Health responses to recommendations is attached (**TAB B**).

Further detail about NSW Health's mental health initiatives in rural, regional and remote NSW which address the recommendations from the *Living Well in Focus 2020-2024 Progress Report 2: June 2023* are included at **TAB C**.

Mental Health – Parliamentary Inquiries 2017-2023

Date	Title	Status	NSW Health response against notable recommendations at July 2023
<p>October 2018 Report 5/56 published 25 October 2018.</p>	<p>Inquiry in the Prevention of Youth Suicide in New South Wales</p> <p>NSW Parliament Joint Committee on Children and Young People</p>	<p>27 recommendations supported in full or in principle by the NSW Government.</p>	<p>NSW Government response tabled on 18 February 2019 and published on the NSW Parliament website at: www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2447#tab-reportsandgovernmentresponses</p> <p>The Committee was established to inquire into approaches aimed at preventing youth suicide in NSW, calling for a collaborative whole of government effort, with greater integration and collaboration between all levels of government, community, non-government, and private sector organisations.</p> <p>The NSW Government response addressed the recommendations through the NSW Ministry of Health and Mental Health Commission of NSW <i>Strategic Framework for Suicide Prevention in NSW 2018-23</i> (released 17/10/2018), which was informed by and aligned with the Fifth National Mental Health and Suicide Prevention Plan, including the development of suicide prevention services accessible to young people, suicide prevention initiatives for Aboriginal communities, development of a suicide register and the expansion of gatekeeper training.</p> <p>The updated framework Strategic Framework for Suicide Prevention in NSW 2022-2027 builds on significant achievements, particularly the Towards Zero Suicides initiatives, and acknowledges the extensive investments by Commonwealth, state governments, and regions. It draws upon and aligns with the National Agreement on Closing the Gap, the National Mental Health and Suicide Prevention Agreement, the National Suicide Prevention Adviser's Final Advice and emerging evidence and achievements.</p> <p>The reach of the Towards Zero Suicides program among priority populations and the broader community has seen the NSW Government commit to continue funding the initiatives.</p>

Date	Title	Status	NSW Health response against notable recommendations at July 2023
<p>April 2019</p> <p>Report released December 2018</p>	<p>Inquiry into the accessibility and quality of mental health services in rural and remote Australia</p> <p>Completed by the Australian Government Senate Community Affairs References Committee</p>	<p>18 recommendations to the Australian Government</p> <p>138 submissions and held 16 public hearings, travelling across Australia to hear from people that live and work in rural and remote communities.</p>	<p>The Australian Government Senate Community Affairs References Committee held the inquiry to address low rates of access to mental health services and high rate of suicide in Australia’s rural and remote communities.</p> <p>The NSW Government noted its commitment to improving mental health services for rural and remote communities under these key focus areas:</p> <ul style="list-style-type: none"> • Enhancing access to care • Reducing suicide in rural and remote communities • Investing in and retaining a skilled workforce. <p>NSW Health has implemented public mental health system programs and initiatives to support suicide prevention initiatives and the mental health workforce respond to challenges in regional and rural areas.</p> <p>NSW Health funds and coordinates many NGOs to deliver a range of targeted treatment, psychosocial rehabilitation and recovery/disability support programs, including for rural and remote communities, including:</p> <ul style="list-style-type: none"> • Housing and Accommodation Support Initiative (HASI) • HASI Plus • Community Living Supports (CLS) • Pathways to Community Living Initiative (PCLI) • Family and Carer Mental Health Program.
<p>2019-2022</p> <p>Announced 27/11/2019</p> <p>NSW Health hearings 28/07/2020</p> <p>Report tabled 25/03/2022</p>	<p>Inquiry into and report on the services, support and life outcomes for autistic people in Australia and the associated need for a National Autism Strategy</p> <p>Established: Select Committee on Autism.</p>	<p>81 recommendations and 5 dissenting recommendations</p> <p>The Australian Government response supported 73 in full/partial/or in principle and 3 of the dissenting recommendations.</p> <p>It did not support 2, noted 6 and 2</p>	<p>The Australian Parliament Select Committee on Autism was established to lead this inquiry. NSW Health (Mental Health Branch) led the whole of government response to the Commonwealth of Australia, with input from the Department of Communities and Justice, and Department of Education (submitted 28/07/2020). Chapter 14 of the final report identified issues related to health and mental health, restrictive practices, and access to health care including cost of treatment, noting autistic Australians have a life expectancy more than 20 years shorter than the general population.</p> <p>NSW Health provides care to people with Autism Spectrum Disorder (ASD), their families and carers through mainstream and specialised health services. Since June 2020, NSW Health has continued to develop and refine these services through additional funding and improvement processes. Programs were developed</p>

Date	Title	Status	NSW Health response against notable recommendations at July 2023
		dissenting recommendations.	<p>within existing funding by the Sydney Children’s Hospital Network to streamline and improve access for diagnosis and support of children and young people with ASD in regional and rural areas.</p> <p>Enhancement to services and programs that are inclusive of people with ASD include: Safeguards CAMHS Response Teams, Statewide Intellectual Disability Mental Health Hubs, Specialised Intellectual Disability Health Service, pilot model of care for children and young people with behavioural disorders and/or ADHD in two regional LHDs, SCHN Randwick developed and piloted a telehealth model of care provided during COVID lockdowns.</p> <p>The <i>Autism Spectrum Disorder Diagnosis: Keeping Children Closer to Home</i> quality improvement project commenced, to support rural and regional paediatricians to use the Autism Cooperative Research Centre guidelines and reduce the numbers of children travelling to Sydney for assessment. The approach creates partnerships with local clinicians to reduce waiting times and distance travelled without compromising the quality of assessment, support and information patients receive from a multidisciplinary team assessment.</p>
<p>December 2020</p> <p>Established 10/12/2020 in light of events such as the 2019 bushfires and COVID-19.</p> <p>Final report published October 2021</p>	<p>Inquiry into Mental Health and Suicide Prevention</p> <p>Established: Select Committee on Mental Health and Suicide Prevention</p>	44 recommendations	<p>The House of Representatives resolved to establish a Select Committee on mental health and suicide prevention to inquire into the findings of recent reports and strategic reviews of the mental health system in light of events such as the 2019 bushfires and COVID-19. NSW Health did not submit a response to the inquiry.</p> <p>The following was identified:</p> <p>1.10 The Select Committee acknowledged that several reports and strategic reviews of the mental health system had been undertaken or were underway at the time. Most notably those works focused on veterans, people with a disability, and aged care sectors as well as people affected by family, domestic and sexual violence.</p> <p>1.11 The completed reports had undertaken a thorough examination of the mental health impacts on those individuals and made several significant recommendations.</p> <p>1.12 The Committee was cognisant of not overlapping or duplicating this vital work.</p>

Mental Health – Non-Parliamentary Inquiries 2017-2023

Date	Title	Status	NSW Health response against notable recommendations at July 2023
<p>July 2017 Report published</p>	<p>Review of transparency and accountability of mental health funding to health services Initiated by the Mental Health Commission of NSW</p>	<p>17 recommendations to support the principles of <i>Living Well</i> which recognize the changed context for mental health funding in NSW.</p>	<p>The review focused on how the funding allocated to mental health is actually invested in services that support consumers. NSW Health response to the resulting notable recommendations were:</p> <p>Recs 1, 13 –Ministry of Health (MoH) transparently implemented of activity-based funding (ABF) for mental health services, which is published in the annual report and accessible via the ABM portal for mental health service benchmarking.</p> <p>Rec 7 – MOH, LHDs/SHNs have adopted the National Mental Health Services Planning Framework to guide service planning and models of care and to provide a context for discussions between the Ministry and LHDs/SHNs on service need, workforce, gaps and purchasing decisions.</p> <p>Recs 8, 10, 11, 12 – LHD/SHN Service Agreements include adjusted mental health service activity and output targets, e.g., Individual LHD/SHN peer workforce FTE targets are reviewed annually by the Mental Health Branch.</p> <p>Recs 15, 16 – MoH uses the Australian Mental Health Care Classification (AMHCC) system to improve data quality, and shadow funding on a NWAU basis.</p>
<p>December 2017 Report published</p>	<p>Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities Independently led by NSW Chief Psychiatrist (Dr Murray Wright) and 5 mental health experts</p>	<p>19 recommendations across 7 key domains supported and completed between 2018-2022.</p>	<p>NSW Government released the independent final report of the Review, independently led by the state’s Chief Psychiatrist and a panel of five mental health experts to analyse the use of restrictive practices.</p> <p>Mental Health Safety and Quality in NSW is the implementation plan resulting from the recommendations of the <i>Review of seclusion, restraint</i>, with monthly updates published between 2018-2019.</p> <p>Over the past 3 years, the Mental Health Branch has completed the remaining 4 actions:</p> <p>Rec 6 - Developed the NSW Health policy towards the elimination of seclusion and restraint – Seclusion and Restraint in NSW Health Settings [PD2020_004] - completed March 2020.</p>

Date	Title	Status	NSW Health response against notable recommendations at July 2023
			<p>Rec 10 - Developed a draft NSW Peer Workforce Framework – currently being finalised.</p> <p>Rec 19 - Ensured all mental health units have a multidisciplinary team to deliver a therapeutic program and environment on an extended-hours basis – completed across 18 LHDs/SHNs April 2020.</p> <p>Rec 16 - The Agency for Clinical Innovation prepared the Safe Assessment Room Guidelines – published January 2020. Districts reviewed pathways and models in 2020.</p>
<p>December 2018 Report published</p>	<p>Review of the Mental Health Review Tribunal in respect of forensic patients</p> <p>Undertaken by the Hon Anthony Whealy QC with appropriate MoH support</p>	<p>30 recommendations across 4 key areas supported (in principle) in the NSW Government response 6/07/2018.</p> <p>All actions have been completed.</p>	<p>The NSW Government response was released on 6 July 2018.</p> <p>At the request of the then Minister for Mental Health, this review, led by the Hon Anthony Whealy QC, a lawyer and former judicial officer, found that the legislative test for forensic patient leave and release is appropriate, however the system is weighted too heavily towards the interests of patients, without due consideration for the safety and interests of victims.</p> <p>The legislative framework was appropriately brought into balance to acknowledge and protect the safety of victims with amendments to the <i>Mental Health (Forensic Provisions) Act 1990</i> (NSW), as well as to strengthen the voice given to victims to improve Tribunal procedures.</p>
<p>June 2018 Report published</p>	<p>Review of the Mental Health Commission of NSW - Report to Parliament</p> <p>Independently led by Dr David Chaplow, former National Director of Mental Health and Chief Advisor, Ministry of Health, Wellington, New Zealand</p>	<p>17 recommendations, however 1 was noted.</p>	<p>The review of the Mental Health Commission five years after its establishment (July 2012) was a requirement under the <i>Mental Health Commission Act 2007</i> (the Act). Notable resulting recommendations were:</p> <p>Recs 1, 3 – Redefined the Commission’s changing role to include monitoring, reviewing and improving the mental health and wellbeing of the people of NSW (rather than the system), with amendments to the <i>Mental Health Act 2007</i> to better reflect that focus onto the functions of strategic planning (including implementing and reporting), advocacy and systemic reviews.</p> <p>Rec 6 - Strengthening the Commission’s reporting function to increase impact by requiring relevant government agencies to prepare a response to Commission reports and tabled by the Minister for Mental Health in the NSW Parliament.</p>

Date	Title	Status	NSW Health response against notable recommendations at July 2023
			<p><i>Living Well in Focus</i> Progress Report 1 (2021) and 2 (2023) have been submitted to date, with the final due in 2025.</p> <p>Rec 7 – The Commission is a member of the whole of government Mental Health Taskforce, which was a non-legislative recommendation to strengthen its authority and engagement across government agencies.</p> <p>Rec 11, 12, 13 – The Commission has strengthened its engagement strategies with people with a lived experience of mental illness, along with its work with young people and the LGBTQI community.</p>
<p>June 2020 Report No. 95 publicly released November 2020</p>	<p>Australian Government Productivity Commission Inquiry into the role of mental health in supporting economic participation, enhancing productivity and economic growth</p>	<p>21 recommendations across 5 priority areas of reform to improve mental health to support economic participation and enhancing productivity and economic growth.</p>	<p>The NSW Government did not submit a response, as the report already closely aligned with the NSW Health strategic directions and policies. This includes an outcomes-based whole-of-government approach, delivering the right service at the right time, evidence-based decision making, and an adequate fit-for-purpose mental health workforce</p> <p>NSW Health is a key stakeholder for 15 of the 21 recommendations across the 5 priority areas of mental health reform for the Australian Government, state and territory governments:</p> <ol style="list-style-type: none"> 1. Prevention and early help for people 2. Improving people’s experiences with mental healthcare 3. Improving people’s experiences with services beyond the health system 4. Equipping workplaces to be mentally healthy 5. Instilling incentives and accountability for improved outcomes. <p>There are several NSW Health initiatives that address the emerging themes such as the NSW Health Psychiatry Workforce Plan 2020-2025; the NSW Peer Workforce Framework; the NSW Family Focused Recovery Framework 2020-2025; and the Physical Health Care for People Living with Mental Health Issues Guideline.</p>

Date	Title	Status	NSW Health response against notable recommendations at July 2023
<p>2019-2020</p> <p>Strategic advice delivered to the Minister for Mental Health in November 2019.</p> <p>LWiF delivered in August 2020.</p>	<p><u>Mid-term review of Living Well: A Strategic Plan for Mental Health in NSW 2014-2024</u></p> <p>Initiated by the Mental Health Commission of NSW</p>	<p>NSW Government supported the refresh of the <i>Living Well</i> strategy and incorporating consultation with 3,000 people across NSW over an 18-month period on what was working well in mental health, the challenges, and reform expectations for the remaining 5 years.</p>	<p>The Mental Health Commission of NSW conducted a <u>mid-term review</u> of <i>Living Well: A Strategic Plan for Mental Health in NSW 2014-2024</i>, the 10-year plan for mental health reform in NSW. The Commission considered the progress made over the first five years of the strategy and identified priorities and opportunities for the remaining five years of the strategy.</p> <p>NSW Health supported the Commission’s review of the progress made against <i>Living Well</i> over the first five years (2014-2019) and the resultant refreshed strategy for mental health reform delivered in <u>Living Well in Focus 2020-2024</u> (LWiF) to strengthen community recovery, wellbeing and mental health in NSW, and includes strategies that will have a positive impact on rural and remote communities, with targeted actions specific to those communities.</p> <p>The Mental Health Branch has delivered two progress reports for LWiF in 2021 and 2023, providing updates on 60 (on average) service and program initiatives delivered across NSW. The final report due in 2025 will aim to report on the outcomes for individuals and communities.</p>
<p>June 2023</p> <p>Submitted to the NSW Minister for Mental Health; cc Mental Health Commission of NSW</p>	<p><i>Living Well in Focus Progress Report 2</i></p> <p>Led by the Ministry of Health, Mental Health Branch</p>	<p>Progress update on 60 service and program initiatives delivered across NSW public health services.</p>	<p>Ministry of Health coordinated a whole of Health mid-term progress report highlighting the extent of the 17 LWiF Actions progressed effectively since the baseline Report 1 in July 2021, showing good progress against the 60 (on average) service and program initiatives delivered across NSW public health services in LHDs/SHNs and pillar agencies and other organisations.</p> <p>The Mental Health Branch identified a range of implemented activities specific to districts in rural, regional and remote NSW which strongly support the LWiF Actions. Further detail on these activities is provided at TAB C.</p>

Other inquiries with mental health related recommendations 2017-2023

Date	Title	Status	NSW Health response against notable recommendations at July 2023
<p>Feb 2017 Announced 1/02/2017 Report 8/56 – September 2018</p>	<p>Inquiry into the management of health care delivery in NSW NSW Legislative Assembly Public Accounts Committee</p>	<p>29 recommendations supported, ongoing or completed in the NSW Government</p>	<p>NSW Government Response tabled 17 June 2019. Available on the NSW Parliament website at: www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2423#tab-reportsandgovernmentresponses</p> <p>The Inquiry into the management of health care delivery in NSW focused on the current performance reporting framework for monitoring overall health system effectiveness and efficiency, without addressing mental health service delivery in detail. The resulting notable recommendations were:</p> <p>Recs 5, 7, 13 - NSW Health has a robust performance reporting framework for monitoring the effectiveness and efficiency of health care service delivery in NSW. There are currently 9 Mental Health KPIs, 7 Improvement Measures, and 7 Performance Deliverables in the <i>2023-24 Service Agreements for LHDs/SHNs</i>.</p> <p>Rec 14 – Ongoing development of strategies to improve integration and consistency between different data systems across the NSW Health system (Health Information Exchange, Single Digital Patient Record, Analytics Framework). In 2022-23, mental health data from CHIME transferred into the new EDWARD system – reconciliation expected for completion in the second half of 2023.</p> <p>Rec 16 – Your Experience of Service (YES) survey specifically designed for mental health consumers has been expanded to other areas of service delivery, including the Carer Experience Survey (CES). Feedback mechanisms are currently available in SMS format. Trended results available.</p>
<p>2020-2021</p>	<p>NSW Select Committee on the High Level of First Nations People in Custody and Oversight and Review of Deaths in Custody</p>	<p>39 recommendations. 132 submissions and five supplementary submissions received.</p>	<p>The NSW Government Response was tabled on 13 October 2021, and is available on the NSW Parliament website at: https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=266#tab-reportsandgovernmentresponses</p> <p>The response supported or supported in principle 16 of the Select Committee’s recommendations.</p> <p>Several recommendations are relevant to mental health and wellbeing, including specifically noting the need for improved mental health treatment and medical care.</p>

Date	Title	Status	NSW Health response against notable recommendations at July 2023
	Final report released on 15 April 2021		Responses included the review of mental health screening procedures and ensuring protocols are in place to support people upon release from custody.
<p>August 2020 to September 2022</p> <p>Announced 28/08/2020</p> <p>NSW Government response to Report 57 in September 2022</p>	<p>NSW Parliamentary Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p>	<p>22 findings and 44 recommendations</p> <p>NSW Government in principle support for 41 of the 44 recommendations (and noted 25, 41, 44).</p>	<p>The NSW Government response was tabled on 1 September 2022, and is available on the NSW Parliament website at:</p> <p>www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2615#tab-reportsandgovernmentresponses</p> <p>The NSW Government response noted Recommendation 25 - That Portfolio Committee No. 2 – Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.</p> <p>The NSW Government response to this recommendation noted:</p> <ul style="list-style-type: none"> • A new inquiry would be duplicative to the recent past examinations of the mental health system, which have considered the issues faced by regional, rural and remote communities. • The Mental Health Commission of NSW has a legislative function to focus on systemic mental health issues, with regional and remote communities identified in the <i>Mental Health Act 2007</i> as a priority population group. • The proposed inquiry would also risk allocating resources away from the health system in its delivery of existing and agreed 10-year mental health reform programs and initiatives under the Mental Health Commission of NSW's <i>Living Well</i> strategic plan, now followed by the refreshed priorities of <i>Living Well in Focus</i> including strategies that aims to have a positive and targeted impact on rural and remote communities. • NSW Health suggested an assessment of the NSW Government's success in delivering change for regional, rural and remote communities at the conclusion of the current reform program and to consider need for further inquiry at that time.

Living Well in Focus 2020-2024 Progress Report 2: June 2023 – responses to the Mental Health Commission’s actions (recommendations) for reform

Mental health initiatives in rural, regional and remote NSW

Significant progress has been made in response to the recommended actions from *Living Well in Focus* (LWiF) with several activities and related initiatives benefitting NSW rural, regional and remote communities by targeting barriers to accessing available, appropriate and culturally sensitive mental health support services at all levels of care.

Community mental health services

- Pathways to Community Living Initiative (PCLI) is a coordinated state-wide program which supports people with complex needs and severe and persistent mental illness to live in the community. PCLI has a specific rural and remote focus, with a dedicated Rural Coordinator position in Murrumbidgee Local Health District (LHD) and rural positions funded in 2022 in Northern NSW, Far West, Southern and Mid North Coast LHDs.
- The NSW Mental Health Community Living Programs are statewide community-based psychosocial support programs that help people with severe mental illness to live and participate in the community in the way they want to. The programs support more than 820 people living in regional and remote areas. Specific examples include:
 - In the Housing and Accommodation Support Initiative Plus (HASI Plus) program, 30 of the 70 high-intensity transitional residential support places are located in regional and remote areas (Tamworth, Newcastle and Kempsey).
 - The Mental Health Community Living Supports for Refugees (MH-CSLR) program supports refugees and asylum seekers in regional and rural remote areas who are experiencing psychological distress, mental ill health and impaired mental functioning in the Hunter New England, Mid North Coast, Murrumbidgee and Illawarra Shoalhaven LHDs.
- Rural Adversity Mental Health Program (RAMHP) is a mental health promotion program focused on prevention and early intervention. The NSW Government has committed to funding the program to June 2026. There are 19.5 FTE RAMHP Coordinators based in rural and regional local health districts, providing information and linking people to services and resources. They also provide mental health training, and partner with stakeholders to create pathways to care.
- The Peregrine Centre has been funded \$1 million (ex GST) per year to deliver translational rural mental health research to 2026. The Centre aims to translate research into evidence-based services through rural mental health research, research partnerships, and collaboration with local LHDs.
- \$18.2 million over the 4 years to 2025 has been invested in 27 FTE farmgate counsellors and rural peer support workers across 8 rural and regional local health districts. Farmgate counsellors and rural peer support workers provide outreach and coordination with local services and communities.
- The NSW Family and Carer Mental Health Program (FMHCP) is a statewide program funded by the NSW Ministry of Health designed to promote and sustain the well-being of families and carers of people with mental health issues. CMO partners

supporting these programs operate in regional and remote LHDs such as Far West, Mid North Coast, Murrumbidgee, and Central Coast LHDs

- Western NSW Primary Health Network (PHN) has been funded to increase mental health and wellbeing supports for people in Central West and Western NSW impacted by flood and disaster, including employing Local Recovery Coordinators, psychologists and crisis counsellors. Additional funds will go towards trauma-based programs and to engage Lifeline Central West to provide additional local supports.
- In March 2022, a \$25 million Mental Wellbeing Package was announced for flood recovery, with \$16.5 million allocated to Healthy North Coast (HNC) Primary Health Network to deliver four initiatives over three years. HNC has boosted local employment and increased access to psychological and clinical support in Northern NSW over three years.
- NSW Health recently allocated \$180,000 in grants for three local projects aimed at reducing the physical health gap, including to Mid North Coast LHD who will develop a co-produced and co-delivered program to support healthy lifestyle and exercise for people with chronic conditions and mental health conditions.

Perinatal, Child, and Youth

- New community-based Safeguard child and adolescent mental health response teams are being funded across every local health district and specialty health network in NSW to respond to children and young people aged up to 17 who are in acute distress. This program has received \$109.5 million in funding over 4 years (2021-22 to 2024-25).
- \$6.4 million to improve perinatal mental health data collection and reporting. One of the aims of the funding is to address gaps in screening and support evidenced based investments in perinatal mental health services, including funding for regional areas to increase the workforce to improve access for rural women.
- \$5.2 million over 4 years from 2022-23 to Gidget Foundation Australia to support the emotional wellbeing of expectant and new parents, and to promote community awareness of perinatal mental health needs. Three of the seven new Gidget House services will service regional and remote areas (Mudgee, Albury and Nowra).
- The Youth Community Living Support Service (YCLSS) is a community mental health service for young people aged 15 to 24. The program provides case management and psychosocial support, working to promote recovery and positive change. This program is being delivered in the Hunter New England, Nepean Blue Mountains, Northern NSW as well as South Western Sydney and Western Sydney Local Health Districts (\$2.2 million annually, provided from 2021-22 to 2025-26).

Aboriginal Community Initiatives

- 25 Aboriginal Community Controlled Health Organisations (ACCHOs) are funded to deliver locally designed and led social and emotional wellbeing programs to community as part of the Building on Aboriginal Communities' Resilience initiative. 23 of these are located in rural and regional areas, including: Ballina, Broken Hill, Coffs Harbour, Kempsey, Gilgandra, Nowra, Orange, Tamworth, and Walgett.
- Most LHDs and SHNs have co-designed local plans to support the implementation of the NSW *Aboriginal Mental Health and Wellbeing Strategy 2020-25*. \$21 million has also been invested to expand the Aboriginal workforce by employing mental health and suicide prevention staff.
- This funding will also provide 18 Aboriginal Care Navigators positions and 18 Aboriginal Mental Health & Wellbeing Peer Workers across NSW. Each local health

district and specialty health network will have access to one position for each of the programs. The positions are responsible for supporting Aboriginal people and their families to connect with the most appropriate service within and outside the local health district or specialty health network.

- \$10.1 million has been provided to assist communities implement Aboriginal mental health models of care across NSW mental health services. The funding will provide 12 grants of \$200,000 per year to local health districts, specialty health networks and ACCHOs to implement localised, evidence based cultural models of mental health and wellbeing care that improve the cultural safety, effectiveness and quality of mental health services and care pathways for Aboriginal people and communities.
- The Aboriginal Mental Health and Wellbeing Disaster Recovery Program provides \$4 million over 2022-23 and 2023-24 to enable ACCHOs in flood affected communities to design and implement culturally appropriate, locally based solutions to support affected Aboriginal communities. NSW Health has partnered with Reconstruction Authority and the Commonwealth on the development of this program.
- Central West Aboriginal Mental Health Project has addressed the current service gaps for trauma-informed wellbeing services for Aboriginal people in Central West NSW through the development of a strategic, Aboriginal-led, co-designed mental health and wellbeing program. It is a co-designed initiative of the Ministry of Health, Western NSW LHD and four Aboriginal Community Controlled Health Services (ACCHSs).

Primary mental health care

- More than \$68 million over four years from 2020-21 was allocated to expand virtual mental health services. LHDs/SHNs have recruited approximately 79 FTE staff (as at December 2022), and invested in infrastructure to expand virtual mental health services, enhancing access to services for regional and remote communities.
- Funding Mindgardens Neuroscience network over \$2.75 million (from 2021-22 to 2023-24) to provide the Tertiary Referral Service for Psychosis (TRSP). This provides rural and regional districts with access to assessment and treatment approaches for people with complex psychotic illnesses, including through providing virtual options.
- Regional and rural local health districts have established mental health co-responder models to support first responders to respond to people experiencing a mental health emergency in the community. These models use virtual technology to enhance accessibility due to far geographical distances. Police and Ambulance can link to mental health clinicians virtually for advice and support at the point of care.
- Mid North Coast LHD is developing a sustainable business plan, focusing on senior medical workforce recruitment and retention. Achievements to date include a significant number of returning locum Psychiatrists and Registrars and the establishment of the “Grown your own” Registrar program.

Access, intake and triage services

- Safe Havens provide an alternative to an emergency department for people in crisis or who are experiencing suicidal distress. Nineteen are now operational across NSW, with 12 located in rural and regional areas: Broken Hill, Dubbo, Gosford, Griffith, Lismore, Newcastle, Parkes, Port Macquarie, Tamworth, Tweed, Wagga Wagga, and Wollongong.
- The Project Air Strategy for Personality Disorders has been funded for a total of \$6.5 million, from 2022-23 to 2026-27. A part of this service is designed to provide brief,

rapid and timely intervention for people presenting in crisis on the background of personality disorder. Clinics operate in Hunter New England, Illawarra and Shoalhaven, Nepean Blue Mountains, Western NSW, and Murrumbidgee LHDs. Clinicians from rural and regional districts participate in educational and supervision programs to increase their skills in treating people with personality disorders.

Inpatient mental health services

- Funding has been allocated to the following regional and remote infrastructure projects, currently in the planning and design phase. Designing the model of care for these projects is based on extensive community consultation, and representation:
 - Tamworth Mental Health Unit - 37 beds, made up of 25 adult, 8 new older adult and 4 new adolescent beds.
 - Nolan House (Albury-Wodonga) - 32 beds (8 new)
 - Broken Hill 8 beds – 2 new beds
- The NSW Government is also committed to the Eurobodalla Hospital being a Level 4 facility. The delivery of the Hospital has taken a key step forward with a contractor appointed to finalise the design and planning, in preparation for construction of the new \$260 million facility – to include mental health beds for short term admission.
- All rural and regional local health districts have local Seclusion and Restraint Action Plans in place. LHDs and Specialty Health Networks have local seclusion and restraint action plans to improve accountability, increase consultation and co-design, improve governance, and provide increased transparency to the community about the use of seclusion, restraint and restrictive practices in NSW mental health services.
- Since 2021, 250 staff across NSW including from rural local health districts, have completed the HETI Six Core Strategies ‘Reducing Risk and Preventing Violence, Trauma, and the use of Seclusion and Restraint’ training. Staff learn how to apply the Six Core Strategies to prevent and reduce experiences of seclusion and restraint.
- The Mental Health Branch has established a Reducing Restrictive Practices Community of Practice (RRP CoP) where all LHDs and Networks are represented in a platform to share innovation and workshop common challenges to reduce, and where safe, eliminate the use of seclusion and restraint in NSW Health Mental Health facilities.

Collaboration with the non-government sector

- NSW and the Commonwealth Government have committed:
 - \$84.5 million over four years to establish 14 new Head to Health adult centres and satellite services across the state. Locations for services to be established in 2023-24 are Dubbo, Wagga Wagga, Young, Bathurst, Coffs Harbour, Muswellbrook, Hawkesbury and Moruya. Services are currently available in Penrith, Lismore, Parramatta, Canterbury, Shellharbour and the Central Coast.
 - \$36 million over four years to establish four Kids Hubs in NSW. The Kids Hubs will deliver integrated, comprehensive multi-disciplinary care to children under 12 and are to be located in Illawarra Shoalhaven, Central Coast, Western NSW Local Health Districts (LHDs).
 - \$106.1 million to substantially expand and enhance Headspace services, ensuring it can reach more young people across the state. There are 45 Headspace centres in NSW with 31 located outside of greater Sydney. One new Headspace centre being established under the bilateral is in regional NSW (Shellharbour).
 - A trial of the Distress Brief Support Program will be established in one rural/regional Local Health District. The DBS program provides support to

individuals (adults over 16 years) experiencing distress who may not seek help independently or through typical support channels and integrates with current health and psychosocial services in communities.

- The NSW Government is delivering a major funding boost of \$8.2 million for Lifeline over five years to expand its text and webchat services for residents across NSW.
- SafeWork NSW led the NSW Mentally Healthy Workplaces Strategy 2018 to 2022 in partnership with SIRA and icare. This Strategy included an investment in excess of \$20 million into raising awareness and building capability of workplaces to manage mental health risks at work.

Towards Zero Suicides

- Of 19 Suicide Prevention Outreach Teams (SPOT), 12 operate in rural and regional areas: Wyong, Broken Hill, Maitland, Nowra, Kempsey, Wagga Wagga, Griffith, Tweed Heads, Bega, Queanbeyan, Orange and Dubbo. SPOTs provide assertive outreach-based care by engaging with people where they live or anywhere they require support. The service links people with support services and care pathways to address the causes of their suicidal distress.
- Zero Suicides in Care provides \$10.2 million in funding to support staff in the mental health system to redesign procedures, reduce risks and build skills to prevent suicides among people with mental health conditions in hospital inpatient and community care. Zero Suicides in Care will foster a just and restorative organisational culture and strong service leadership to promote safety for patients and staff.
- Fifteen rural counsellor positions, funded in 9 rural and remote NSW Local Health Districts, provide extra counselling services to provide dedicated support to people experiencing suicidal crisis or recovering from a suicide attempt. \$9.8 million over 3 years to expand the Building on Aboriginal Communities' Resilience initiative to 12 new Aboriginal Community Controlled Health Organisations (ACCHO). The funding will significantly boost access to community-led culturally appropriate suicide prevention activities.
- The funding includes \$705,000 over 3 years to the Aboriginal Health & Medical Research Council of NSW to recruit a Suicide Prevention Project Officer and to build the capacity within participating ACCHOs through the delivery of workshops, events and training. The capacity building activities will be available to all 24 ACCHOs delivering the Building on Aboriginal Communities' Resilience initiative.
- Universal aftercare services are being established across all NSW Local Health Districts to provide individuals access to support following a suicide attempt and/or suicidal crisis.
- To support those bereaved or impacted by suicide, including families and first responders, postvention support services are now available to all people in NSW.
- Twenty Community Collaboratives have been established in NSW, empowering communities impacted by suicide to build local capacity to better respond to suicide through developing action plans and response strategies, knowledge sharing, and fostering stronger local collaborations. Collaboratives in rural and regional NSW include: Kiama, Inverell, Albury, Dubbo, Berrigan, Narrabri, and Gunnedah.

Other

- \$500 million over four years has been invested for targeted Health and Justice initiatives resulting from recommendations from the Special Commission of Inquiry

into the Drug 'Ice'. This includes increasing access to prevention, early intervention, and treatment, especially for regional areas and priority populations. Consultation on the Strategy has commenced and include representatives from regional NSW.

- Phase Two of Safeguards will identify how it can best support young people in contact with the criminal justice system with complex mental health and comorbidity in regional areas. The first stage of the expansion of the court liaison service and Diversion involves establishing the court diversion service in several regional courts.



Independent Review
Rural Health Inquiry

NSW Ministry of Health

June 2023

Table of Contents

Section	Topic	Page
Executive summary	1.1 Project context and objectives	4
	1.2 Limitations	4
	1.3 Project overview	5
	1.4 Key themes	6
	1.5 Key findings	7
Project approach	2.1 Project approach	20
	2.2 Assessment	20
	2.3 Project ratings	20
Review of 44 Recommendations	Recommendation 1	21
	Recommendation 2	22
	Recommendation 3	24
	Recommendation 4	28
	Recommendation 5	29
	Recommendation 6	30
	Recommendation 7	31
	Recommendation 8	32
	Recommendation 9	33
	Recommendation 10	34
	Recommendation 11	36
	Recommendation 12	37
	Recommendation 13	38
	Recommendation 14	40
	Recommendation 15	41
	Recommendation 16	43
	Recommendation 17	45
	Recommendation 18	46
	Recommendation 19	47
	Recommendation 20	49
	Recommendation 21	50
	Recommendation 22	51
	Recommendation 23	52
	Recommendation 24	55
	Recommendation 25	56
	Recommendation 26	57
	Recommendation 27	58
	Recommendation 28	59
	Recommendation 29	61
	Recommendation 30	62
	Recommendation 31	63
	Recommendation 32	64
	Recommendation 33	66
	Recommendation 34	69
	Recommendation 35	70
	Recommendation 36	71
	Recommendation 37	72
	Recommendation 38	73
	Recommendation 39	74
	Recommendation 40	75
	Recommendation 41	76
	Recommendation 42	78
	Recommendation 43	81
	Recommendation 44	82
Appendices	Appendix A: Engagement with Local Health Districts	84
	Appendix B: Stakeholders consulted	97
	Appendix C: Documentation reviewed to validate progress	100
	Appendix D: Stakeholder engagement approach	107
	Appendix E: Acronym list	108



TUE 12:30 PM

www.

OPD

SEARCH

www.

2

155-66-78-096
155-66-78-096



155-66-78-096
155-66-78-096

Executive Summary

SOCIAL NETWORK

MEDICAL

Executive summary

1.1 Project context and objectives:

In May 2022, the Legislative Council Portfolio Committee No. 2 - Health released its Final Report (no. 57), containing 22 findings and 44 recommendations. The Committee found that residents of regional, rural and remote NSW have poorer health outcomes and inferior access to health and hospital services, and face significant financial challenges in accessing these services, compared to their metropolitan counterparts.

Of the Inquiry's 44 recommendations for improving health outcomes and access to rural health services, 41 were accepted wholly or in principle by the NSW Government. The remaining 3 recommendations were noted. The NSW Government recognised these findings and committed to taking meaningful action to address these findings. Since the Inquiry's publication, the NSW Government and NSW Health have, in concert with regional, rural and remote Local Health Districts (LHD) and other key stakeholders, committed funding and undertaken a number of steps to begin the process of implementing the accepted recommendations.

As part of the NSW Government's Response, the Ministry of Health (MoH) committed to commission and commence an independent review to report on progress and developments against the 41 accepted recommendations. This review has been conducted 12 months following the release of the Final Report, ahead of a two-year review to be conducted by the NSW Legislative Council No. 2 in May 2024 (recommendation 6).

The review sought to answer the following six questions:

- | | | | |
|----------|--|----------|--|
| 1 | To what extent has the implementation of recommendations progressed? | 4 | The extent and nature of any gaps in documentation to indicate evidence of progress and development |
| 2 | To what extent has the implementations recommendations progressed effectively? | 5 | Stakeholder commentary about the extent and nature of progress and development |
| 3 | How can NSW Health be assured of the ongoing sustainability of progress regarding implementation of the recommendations? | 6 | Common themes regarding enablers or challenges to the progress and developments of the implementation of recommendations |

In the initial stages of the review, the Regional Health Division (RHD) met with EY to further define the scope and approach of the review. It was agreed that all 44 recommendations be included in the review, and that the review would focus on the 71 actions aligned to those 44 recommendations, rather than the recommendation itself.

1.2 Limitations:

- ▶ The scope of this review is focused on the progress and developments evidenced at MoH level, rather than at a LHD or community level.
- ▶ As this review occurred 12 months after the release of the Final Report (no. 57), many of the NSW Government agreed recommendations and actions are very early on in their implementation. Measuring the effectiveness and sustainability of progress towards these recommendations is therefore difficult. This is highlighted in the report where relevant.
- ▶ During the course of the review, in several instances progress could not be fully assessed without further consultation at LHD level. EY highlighted this with the RHD who then raised it at the Regional Health Committee (RHC) meeting on 26 May 2023. Although not within the scope of this review, a request was made to LHD Chief Executives following the RHC meeting to provide high level examples of progress being made towards the recommendations within their LHDs. These are provided in *Appendix A* (see page 84) and indicate that the LHDs have made good progress in the first 12 months towards implementing the recommendations. However, a more comprehensive assessment of progress to date at a LHD level is required to validate the summary provided within *Appendix A* and also give a deeper dive analysis of the challenges, enablers and impact of the implementation experienced at a local level.

Executive summary

1.3 Project overview

1 To what extent has the implementation of actions progressed?

Since Legislative Council Portfolio Committee No. 2 - Health released its Final Report (no. 57), NSW Health has taken a number of notable actions to demonstrate its commitment towards improving regional healthcare including:

- ▶ The development of the NSW Regional Health Strategic Plan 2022-2032, outlining six strategic priorities for the next decade.
- ▶ An \$883 million investment in regional healthcare over the next four years to build and sustain the rural and regional health workforce.
- ▶ A \$149.5 million investment into the Isolated Patients Travel and Accommodation Scheme (IPTAAS) over the next four years.

In addition, the NSW Government developed 71 actions to support the implementation of recommendations from the Rural Health Inquiry. This review aims to assess progress made towards the implementation of these actions and has found that overall, significant progress has been made towards the implementation of these actions. A snapshot of the review's findings can be found in *Graph 1*.

2 To what extent has the implementation of actions progressed effectively?

This independent review was conducted 12 months after the release of the Rural Health Inquiry and progress towards implementing actions is still ongoing. As a result, it was difficult to assess the effectiveness of progress of all actions.

This review did find that processes and dedicated resources were in place to support with the ongoing monitoring of effectiveness and include:

- ▶ The MoH has developed a Rural Health Inquiry tracker and resources devoted to oversee the tracking of progress, report risks and identify challenges towards the implementation of recommendations.
- ▶ The RHC has enabled collaboration and sharing of best practice across regional health. This forum is attended by all regional LHD Chief Executives, Deputy Secretaries, and the Secretary on a monthly basis. Other forums are outlined in the 'collaboration' theme overleaf.
- ▶ A robust governance structure has also been established to oversee the effective implementation of actions.

3 How can NSW Health be assured of the ongoing sustainability of progress regarding implementation of the recommendations?

As mentioned above, as progress towards the implementation of actions is still ongoing, it was difficult to assess the ongoing sustainability of all actions. This review found that a significant number of actions have robust governance structures in place, with agreed Terms of Reference and/or KPIs to support with the ongoing sustainability of progress. Examples of this include:

- ▶ The Bilateral Regional Health Forum has been recommenced to enable the ongoing collaboration between NSW and the Federal Government.
- ▶ A Priority Framework has been developed to support the implementation of the Regional Health Strategic Plan.

4 The extent and nature of any gaps in documentation to indicate evidence of progress and development

In most instances, supporting documentation was provided to validate progress against respective actions. Where it was not provided, it was either due to documented evidence not existing, or progress being made at the LHD level and not yet captured or reported into the Ministry of Health team.

5 Stakeholder commentary about the extent and nature of progress and development

Consultation with stakeholders confirmed that significant progress has been towards implementing the NSW Government agreed actions, with 42 of the 71 actions in progress, on track and validated with evidence. Commentary is included in the body of the report. A full list of stakeholders consulted for commentary can be found in Appendix B.



Graph 1: Independent Review Snapshot

Executive summary

6 Common themes regarding enablers or challenges to the progress and developments of the implementation of recommendations

Key Themes	Observations and Findings
1. Governance & Systems	<ul style="list-style-type: none"> ▶ A governance structure has been developed to support the Rural Health Inquiry Response (REF-150). The Ministry Executive Meeting (MEM), comprising of the Secretary and Deputy Secretaries, is the key sponsor of the response. Quarterly reports are provided to MEM. The lead branches responsible for the implementation of actions have been approved by MEM. ▶ Branches, pillars and agencies are accountable for delivering the plans, initiatives, deliverables, due dates, and status of actions, on a quarterly basis. A comprehensive tracker was developed by the RHD in MS Excel to monitor progress towards the recommendations and relevant actions. MoH branch leads were asked to directly update the tracker with progress around the deliverables. With some recommendations there are multiple actions with responsibility for implementation spread across different branch leads. Quarterly reports are generated from information in the tracker which summarise progress made against the recommendations. RHD is responsible for providing support to branches, pillars and agencies throughout this process, and reporting progress to the Regional Health Committee, the Health System Strategy Group (HSSG), and the Regional Health Ministerial Advisory Panel. ▶ The Review identified that in many cases, the full extent of progress being made towards actions (as supported by accompanying evidence) was not reflected in the tracker. It was noted that branch leads are responsible for updating the tracker, however this did not always occur. ▶ A disconnect has been identified between the ownership of actions at a central level, and the implementation of actions at LHD level. For example, branch leads are in some cases responsible for data collection to evaluate progress, but are not responsible for the implementation of the action itself. This has an impact on the reporting of progress towards actions, and is not consistent with the definition of the responsibility of the branch lead (REF-151).
2. Funding	<ul style="list-style-type: none"> ▶ Funding was identified as a common challenge for the ongoing sustainability of progress towards many actions. For example, a dependency on funding has been identified for progress towards the following: <ul style="list-style-type: none"> ▶ Expansion of Patient Transport Services ▶ Integration of NSW Ambulance with local hospitals ▶ Expansion of Community Paramedicine ▶ Implementation of the single employer model at LHD level
3. Collaboration	<ul style="list-style-type: none"> ▶ Significant progress has been made to support collaboration across the Ministry and LHDs, particularly with the establishment of RHD and the many forums to support engagement with the LHDs. For example, collaboration has been enabled by the Regional Health Workforce Working Group, participation at the LHD Directors of Nursing and Midwifery meetings, the Rural Doctors Employment Relations (RDEA) Working Group, a Collaborative Care Working Group and the Collaborative Care Executive Advisory Group.
4. LHD Engagement	<ul style="list-style-type: none"> ▶ It was identified across multiple recommendations that further engagement with LHDs is required to provide examples of progress, given that, in many cases LHDs manage the allocated funding and are responsible for the implementation of the action e.g. recruitment of workforce.
5. Delivery Model	<ul style="list-style-type: none"> ▶ Multiple reviews of service delivery models specific to rural health have been conducted with progress towards implementation commenced e.g. the review of the operating model for non urgent Patient Transport Services, the review of the Nurse Practitioner model with funding approved for the recruitment of additional Nurse Practitioners. Significant progress has also been made towards; the recruitment process; the expansion of the single employer model for General Practitioner trainees; and the addition of three item numbers to support the GP/VMO model of care.

Executive summary

1.5 Key findings






This review has assessed progress, *effectiveness and sustainability** of implementing the inquiry response actions which were developed and agreed by NSW Government, in order to successfully implement the Rural Health Inquiry recommendations. A summary of key findings have been provided below.

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
1 That NSW Health review the current funding models for all rural and regional Local Health Districts in order to identify any service delivery gaps and provide any recommendations for funding increases	1.1 Review the appropriateness of Small Hospital Funding Models to applicable hospitals as necessary	Complete	<ul style="list-style-type: none"> Small Hospital Funding Models are now embedded into the annual funding review process which is completed by NSW Health
	1.2 Block funding arrangements may be in scope for the midterm review of the NHRA, to be completed by 2023	Complete	<ul style="list-style-type: none"> Block funding is in scope for the midterm review of the National Health Reform Agreement and is embedded into the annual funding review process by NSW Health
2 That the NSW Government review the Isolated Patients Travel and Accommodation Assistance Scheme as a matter of priority, with a view to: <ul style="list-style-type: none"> Increasing the current reimbursement rates for accommodation and per kilometre travel Expanding the eligibility criteria, with consideration given to people participating in medical trials, those that hold private health insurance and those that are referred to treatment centres that are not geographically closest to them due to the urgency of the treatment required Streamlining the application process to make it easier for patients to access the scheme Undertaking on an ongoing basis a public awareness program of the scheme across the state in communities and among health professionals who can then inform patients 	2.1 Review of the application process for IPTAAS that will make it easier for patients to access the scheme	High	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health
	2.2 Deliver a public awareness campaign and activities to promote the scheme	Complete	<ul style="list-style-type: none"> A public awareness campaign was conducted in 2022 and the <i>Isolated Patients Travel and Accommodation Assistance Scheme Communications Plan 2023</i> details promotional activities scheduled for 2023
	2.3 Develop and implement a monitoring and evaluation framework for IPTAAS that will include evaluation of the awareness campaign	Complete	<ul style="list-style-type: none"> A <i>Monitoring and Evaluation Plan 2023-2026</i> has been developed to inform the evaluation of the awareness campaign
3 That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas	3.1 Work collaboratively with LHDs and TfNSW on governance, performance management and recommendations on the future direction of the NGO Grants Program, community transport grants throughout 2022-23 and 2023-24	High	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health
	3.2 Consider further patient transport improvements and new initiatives at a district level as part of the ongoing strengthening of the rural and regional health system	Medium	<ul style="list-style-type: none"> Progress towards this action has commenced Collaborative engagement between LHDs, the Ministry of Health and NSW Ambulance is required A state-wide review of non-emergency transport services is in progress
	3.3 Continue to explore alternative modes of transport based on local needs and resources	High	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health
	3.4 Continue planning for TfNSW's 16 Cities Regional Service Improvement Program throughout the remainder of 2022	High	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at a central level Significant evidence demonstrated by Transport for NSW





Progress Rating

■ Low: No or limited progress made
 ■ High: On track, with documented evidence
 ■ Medium: Some progress made. Blockers, challenges and/or limited evidence present
 ■ Complete: Complete and validated with evidence

Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
<p>4 That NSW Health review the funding available for air transport</p>	<p>4.1 Review funding available for air transport. Consider NSW Health's Patient Transport Service (PTS) non-emergency fixed wing (air) patient transport costing data in the review</p>		<ul style="list-style-type: none"> Progress towards this action has commenced at Ministry of Health level Strategic Procurement Branch is awaiting instruction on the scope of this review Evidence of progress was not provided
<p>5 That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government</p>	<p>5.1 NSW Health will work with other government agencies to undertake resource mapping</p>		<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health
<p>6 That on the two-year anniversary of the tabling of this report, Portfolio Committee No. 2 - Health undertake an inquiry and report on the progress and developments that have been made to address the matters raised by this inquiry</p>	<p>6.1 The Regional Health Division will commission and commence an independent review to report on progress and developments against the recommendations that it is responsible for with the results of that review to be provided to NSW Health prior to the commencement of the Inquiry</p>		<ul style="list-style-type: none"> This document provides an independent review of progress against NSW Government agreed actions in response to the Rural Health Inquiry recommendations and relates to progress which has occurred in the 12 months from the release of the report
<p>7 That the NSW Government urgently engage with the Australian Government at a ministerial level to:</p> <ul style="list-style-type: none"> establish clear governance arrangements and a Strategic Plan to deliver on the health reforms recommended in this report to improve doctor workforce issues progress those initiatives that both levels of government have identified as meritorious, but where progress has been slow or non-existent 	<p>7.1 Recommend a Bilateral Regional Health Forum between NSW and the Commonwealth in 2022</p>		<ul style="list-style-type: none"> The Bilateral Regional Health Forum was recommended on 9th December 2022 The next meeting is being scheduled for mid-2023
<p>8 That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales</p>	<p>8.1 All jurisdictions have committed to working together to improve the interface between primary and acute care services under the National Health Reform Agreement. This will also require commitment and collaboration with the Federal Government to effect meaningful change and deliver improved support for the primary health sector. It will also require extensive collaboration with other government agencies, communities, local councils, community support organisations, Nongovernment organisations, cross border agencies and other health care providers to address the social determinants of health</p>		<ul style="list-style-type: none"> Work is ongoing between NSW Health, the Federal Government and all jurisdictions to address interface issues, as well as improving key challenges that communities in rural and regional areas continue to experience

Progress Rating

 Low: No or limited progress made
  High: On track, with documented evidence
  Medium: Some progress made. Blockers, challenges and/or limited evidence present
  Complete: Complete and validated with evidence





Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
9	That NSW Health work with the Australian Government and the Primary Health Networks to expedite the implementation of a single employer model for GP trainees across rural, regional and remote New South Wales	9.1 Use the Bilateral Regional Health Forum to discuss expediting the implementation of the single employer model for General Practitioner trainees	<ul style="list-style-type: none"> ▶ The Bilateral Regional Health Forum was used to demonstrate the success of the Murrumbidgee Single Employer Model trial to the Federal Government, as well as, discuss how the Federal Government and NSW Health could enable the expansion of this model into a number of LHDs in NSW
	9.2 Support the Commonwealth Department of Health and Aged Care to expand the single employer model to other locations in regional NSW in 2022	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health 	
10	That the NSW Government work with the Australian Government to establish a Rural Area Community Controlled Health Organisation pilot, with a view to evaluating and refining it for rollout in all areas of New South Wales where existing rural health services do not meet community needs	10.1 Use the Bilateral Regional Health Forum to discuss a plan on how RACCHOs could be developed and expanded	<ul style="list-style-type: none"> ▶ This action is now focused on collaborative care initiatives, rather than Rural Area Community Controlled Health Organisations specifically ▶ Collaborative care initiatives have been discussed at the Bilateral Regional Health Forum
		10.2 Explore the adaptation of existing models such as an evolved HealthOne model and a rural pilot of an Urgent Care Centre	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
		10.3 The NSW will work with the Federal Government to develop and trial models that support communities where existing rural health services do not meet community needs	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
11	That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This should be done in consultation with rural, regional and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists and community organisations. It should set out a clear strategy for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional and remote health services in each town including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also address hospital and general practice workforce shortages including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalists	11.1 Work with the Federal Government if they are committed to investing in a 10 year strategy for Rural and Remote Medical Health Workforce Recruitment and Retention	<ul style="list-style-type: none"> ▶ Limited progress has been made





Progress Rating

■ Low: No or limited progress made
 ■ High: On track, with documented evidence
 ■ Medium: Some progress made. Blockers, challenges and/or limited evidence present
 ■ Complete: Complete and validated with evidence





Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
<p>12</p> <p>That NSW Health review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers in public health facilities in rural, regional and remote New South Wales, to ensure that the GP/VMO model remains viable while broader innovation and reform progresses</p>	<p>12.1 Review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers (VMOs) in regional public health facilities within the remit of the NSW Government Public Sector Wages Policy</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
	<p>12.2 The Rural Doctors' Association has requested an item number be added to the RDSP to compensate GP/VMOs for the time taken to use Electronic Medical Records and Electronic Medication Management. Work has commenced to consider the validity of this claim, including work organisational studies to observe the time taken to undertake an admission in RDSP sites</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
<p>13</p> <p>That NSW Health establish a state-wide system of GP/VMO accreditation, which is independent of the Local Health Districts. As part of this system, NSW Health should ideally look to establish an online GP/VMO availability system where GP/VMOs can nominate dates and locations they are available to work that can be accessed by the rural and regional Local Health Districts and general practices in filling vacancies</p>	<p>13.1 Review GP/VMO credentialing processes in LHDs to establish consistent and streamlined processes that are not onerous, and ensures that GPs have the skills, qualifications, experience to deliver safe and high-quality services at regional facilities</p>		<ul style="list-style-type: none"> ▶ A review has commenced at Ministry of Health level ▶ Progress towards streamlining the process for General Practitioner/ Visiting Medical Officer credentialing is dependent on a policy change at a systems level
<p>14</p> <p>That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions, integrating these within the new employment and service delivery models recommended in Recommendations 9 and 10</p>	<p>14.1 As part of the 2022-23 Budget, the NSW Government has invested \$883 million over the next four years to attract and retain staff in regional NSW. The investment will include funding to:</p> <ul style="list-style-type: none"> ▶ Attract GPs to work in NSW hospitals via incentive grants ▶ Expand programs to train and upskill GPs locally ▶ Increase rural intern positions 		<ul style="list-style-type: none"> ▶ Progress towards this action has been noted throughout stakeholder consultation. Evidence to validate this has not been provided
	<p>14.2 Continue to work with medical colleges, LHDs and the Ministry of Health to assist the accreditation of new rural specialist training posts, where there is appropriate supervision</p>		<ul style="list-style-type: none"> ▶ Progress towards this action has been noted throughout stakeholder consultation. Evidence to validate this has not been provided





Progress Rating

 Low: No or limited progress made
  High: On track, with documented evidence
  Medium: Some progress made. Blockers, challenges and/or limited evidence present
  Complete: Complete and validated with evidence






Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
<p>15 That NSW Health review the current employment arrangements and remuneration structure for trainee doctors with a view to aligning rural trainees' remuneration and incentives with those provided to metropolitan students travelling for rural training</p>	<p>15.1 NSW Health to review the remuneration and incentives for travelling trainee doctors. Aligning remuneration and incentives for rural trainee doctors with those provided to metropolitan students travelling for rural training requires additional funding and approvals through the Senior Officials Wages Advisory Committee</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
	<p>15.2 As part of the 2022-23 Budget, the NSW Government has invested \$883 million over the next four years to attract and retain staff in regional NSW. The investment will include funding for:</p> <ul style="list-style-type: none"> ▶ tailored incentive programs for healthcare staff to take up and retain positions in regional, rural and remote NSW - which can include a tailored incentive package of up to \$10,000 plus additional leave, relocation reimbursement, professional development and study assistance for the nursing and midwifery workforce ▶ increased training positions for nursing graduates and Nurse Practitioners ▶ career development and secondment opportunities for healthcare workers based in regional, rural and remote NSW, including for those based in metropolitan areas to 'try out' working in regional NSW 		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
<p>16 That NSW Health expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers based on local need across rural, regional and remote New South Wales. The outcome should ensure there are staffing levels that enable optimal patient care and for that care to be delivered in a professionally, physically and psychologically safe environment. NSW Health should publicly report on an annual basis its performance in meeting this outcome</p>	<p>16.1 Recruit an additional 3,800 regionally over the next four years. Nurses and midwives are a key priority, and the focus will be on maximising recruitment within the first two years of the four-year package</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
	<p>16.2 Conduct periodic reviews of the nursing and midwifery workforce and undertakes any reforms required to meet the workforce needs of the community, in accordance with current structures in place</p>		<ul style="list-style-type: none"> ▶ Progress of this action has not formally commenced ▶ A plan is in development to conduct workforce modelling for Nursing and Midwifery roles in NSW ▶ No evidence was provided to support progress

Progress Rating

 Low: No or limited progress made
  High: On track, with documented evidence
  Medium: Some progress made. Blockers, challenges and/or limited evidence present
  Complete: Complete and validated with evidence

Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
<p>17 That NSW Health work to widely implement the Nurse Practitioner model of care in rural, regional and remote New South Wales, by:</p> <ul style="list-style-type: none"> • funding the recruitment and training of additional Nurse Practitioners to work in rural, regional and remote areas, particularly in facilities without 24/7 doctor coverage, or that utilise virtual medical coverage • working with the Australian Government to address the practical barriers to creating and supporting these roles identified by the Australian College of Nurse Practitioners 	<p>17.1 Work collaboratively with the Federal Government to address the practical barriers to creating and supporting Nurse Practitioner roles identified by the Australian College of Nurse Practitioners. Existing forums will be utilised to work with the Federal Government on these issues</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
<p>18 That in addition to peer group B hospitals, NSW Health employ a geriatric nurse in all peer group C hospitals. Where a geriatric nurse is not employed, NSW Health develop and provide staff members with annual training in geriatric care to ensure an ageing population is given the best health care when visiting a health care facility</p>	<p>No action specified</p>	<p>N/A</p>	<ul style="list-style-type: none"> ▶ N/A
<p>19 That the rural and regional Local Health Districts:</p> <ul style="list-style-type: none"> • formalise and remunerate on call arrangements for nurses and midwives across all public health facilities in accordance with industrial awards • engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting • increase and formalise professional development opportunities for nurses and midwives, ensuring that rostering accounts for this 	<p>19.1 Support LHDs increasing and formalising professional development opportunities for nurses and midwives</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
	<p>19.2 Support local health districts (LHDs) undertaking a review of on call arrangements in 2022-23</p>		<ul style="list-style-type: none"> ▶ Progress towards this action has commenced at Ministry of Health level ▶ Further engagement at LHD level is required to measure the effectiveness of this action
<p>20 That NSW Health, as part of its review of the nursing and midwifery workforce:</p> <ul style="list-style-type: none"> • develop stronger partnerships with the university sector to more proactively engage local people and support them through rurally and regionally based education, training and professional development to become qualified nurses and midwives • develop partnerships between rural, regional and metropolitan Local Health Districts to devise programs for nurses and midwives who are either early career, specialised or are experienced to practice in rural and remote locations • implement professional, financial and career enhancement incentives for nurses and midwives who work in rural and remote locations 	<p>20.1 Continue to engage with university and vocational education and training sector partners on rural education pathways to support local health workforce development. This includes consultation with Department of Education and TAFE NSW on current investment in vocational education to support building the domestic health workforce for enrolled nurses</p>		<ul style="list-style-type: none"> ▶ Whilst progress towards this action has been noted throughout stakeholder consultation, evidence to validate this has not been provided
	<p>20.2 In June 2022, the NSW Government announced that \$883 million will be spent over the next four years to attract and retain staff, including nurses and midwives, in rural and regional NSW. This includes career enrichment opportunities using structured and targeted secondments as well as new graduate placements. Part of this package involves a revamp of scholarship programs and training pathways, which will see a greater shift towards 'grow your own' outcomes</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health

Progress Rating

■ Low: No or limited progress made
 ■ High: On track, with documented evidence
 ■ Medium: Some progress made. Blockers, challenges and/or limited evidence present
 ■ Complete: Complete and validated with evidence

Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
21	That NSW Health working with the Commonwealth and all relevant service providers investigate strategies to ensure public patients being treated in regional cancer centres can access private-public services while reducing out-of-pocket costs	21.1 Support measures to reduce out-of-pocket costs for cancer treatment	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health
22	That NSW Health and the rural and regional Local Health Districts work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to ensure continuity of care for patients	22.1 Working with Primary Health Networks, partner agencies, vendors and cross jurisdictional agencies to improve communication and the sharing of patients' clinical information between different health care settings	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at a central level Significant evidence demonstrated by eHealth NSW
23	That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce to: <ul style="list-style-type: none"> plan palliative care access and services of equivalence to those living in metropolitan areas map who is currently providing palliative care services and their level of training, as well as where these services are offered establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services investigate and promote innovative models of palliative care services ensure culturally appropriate palliative care services are available to First Nations peoples 	23.1 Review membership and terms of reference of the End of Life and Palliative Care Committee and relevant working groups by end 2022 to strengthen focus on regional and rural NSW and representation from Aboriginal communities and vulnerable population groups	<ul style="list-style-type: none"> A review towards the End of Life and Palliative Care Committee was completed in February 2023 and has resulted in a broader review of current gaps in palliative and end of life governance
	23.2 Establish a minimum data set for palliative care to provide better understanding and a consistent approach to monitoring access to and quality of palliative care across NSW	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health 	
	23.3 All local health districts have funding for an Aboriginal health worker in palliative care	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health 	
24	That NSW Health and the rural and regional Local Health Districts expand the Far West NSW Palliative and End-of-Life Model of Care to other rural and remote settings across New South Wales	24.1 Forums such as the Palliative Care Service Development Officer group and the Agency for Clinical Innovation End of Life and Palliative Care Network, provide opportunities for the promotion and sharing of effective local models and strategies	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level Significant evidence demonstrated by Ministry of Health
25	That Portfolio Committee No. 2 - Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future	<i>No action specified</i>	N/A
26	That the NSW Government implement the midwifery continuity of care model throughout rural, regional and remote New South Wales	26.1 The revised NSW Health Maternity Care Policy is planned for release in September 2022 and will guide LHDs in their development of sustainable continuity of care programs that address local needs	<ul style="list-style-type: none"> A revised NSW Maternity Care Policy was published in March 2023, aiming to address challenges including establishing and sustaining continuity of care and models of maternity care

Progress Rating

■ Low: No or limited progress made
■ High: On track, with documented evidence
■ Medium: Some progress made. Blockers, challenges and/or limited evidence present
■ Complete: Complete and validated with evidence



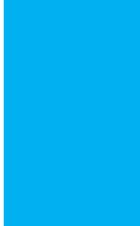





Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
27 That the rural and regional Local Health Districts, and those metropolitan Local Health Districts that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services	<i>No action specified</i>	N/A	▶ N/A
28 That NSW Health in conjunction with NSW Ambulance and unions review the use of ambulance vehicles for patient transfers, and in partnership with the rural and regional Local Health Districts explore extending the hours of operations of patient transfer vehicles to provide 24-hour coverage and minimise the number of low-acuity jobs that paramedics attend to, to relieve pressure on ambulance crews	28.1 Expand Patient Transport Service services to operate in regional and remote NSW and/or leverage the private market to provide support in these areas		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at a central level ▶ Significant evidence demonstrated by HealthShare NSW
	28.2 Consider expanding operating hours of patient transfer vehicles		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing at Ministry of Health level ▶ Further progress is dependent on a review of non-emergency transport for health
29 That NSW Health in conjunction with NSW Ambulance: <ul style="list-style-type: none"> ▶ undertake a community profiling program across rural, regional and remote New South Wales to identify the paramedic needs of communities ▶ ensure the equitable distribution of paramedics at all levels, including Extended Care and Intensive Care Paramedics and update ambulance deployment modelling to reflect present day demand, ensuring that ambulances are deployed as rostered ▶ expand the Intensive Care and Extended Care Paramedics program across rural, regional and remote New South Wales and allow paramedics outside metropolitan areas to undertake training, skills consolidation and skills maintenance locally ▶ explore innovative models of care utilising the skill sets of paramedics to better support communities that lack primary health care services, including consideration of embedding paramedics at facilities that do not have access to a doctor ▶ undertake a review of the efficacy of the current call triaging system and referral services 	29.1 Explore innovative models of care utilising the skill sets of paramedics. Community Paramedicine is currently not fully defined in the NSW context. A roundtable to define Community Paramedicine is planned. Community Paramedicine is featured in the NSW Ambulance Vision and Strategic Plan 2021-2026		<ul style="list-style-type: none"> ▶ Progress towards this action has commenced but is limited ▶ Further progress is dependent on the outcome of the current Ambulance Officers Award Reform, project resourcing and broader collaboration on Community Paramedicine at Federal level
30 That NSW Health: <ul style="list-style-type: none"> ▶ commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional and remote communities ▶ commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services ▶ where virtual models of medical care are operating, roster additional suitably trained nursing staff to assist in the provision of the physical care usually attended to by the medical officer ▶ provide staff members with training on how to effectively use telehealth and other virtual models of care ▶ create a public information campaign specifically targeted to rural, regional and remote communities in order to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions ▶ ensure that the use of virtual care, if required, is undertaken in consultation with community members, health providers and local governments in rural, regional and remote areas ▶ investigate telehealth cancer care models to improve access to cancer treatment and care including the Australasian Tele-trial model to boost clinical trial participation in regional areas 	30.1 Work is underway to continue to enhance training for staff on using virtual care technologies and building digital literacy skills. Limitations with connectivity in some locations will need to be addressed through collaboration with other agencies		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health


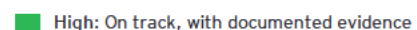


Progress Rating

■ Low: No or limited progress made
■ High: On track, with documented evidence
■ Medium: Some progress made. Blockers, challenges and/or limited evidence present
■ Complete: Complete and validated with evidence

Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
<p>31 That NSW Health acknowledge the significant cultural barriers that telehealth poses for First Nations communities and work to ensure face-to-face consultations are prioritised</p>	<p>31.1 NSW Health is committed to addressing cultural barriers and challenges such as access to appropriate devices, data, and skills in using technology and connectivity which influence access to and use of digital health technologies in Aboriginal communities</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
<p>32 That NSW Health and the Local Health Districts improve the cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities to:</p> <ul style="list-style-type: none"> ▶ revise and incorporate local content into cultural awareness training such as Respecting the Difference: Aboriginal Cultural Training ▶ listen to their experiences of the healthcare system and seek guidance around what cultural safety strategies should be applied in their areas ▶ include prominent Acknowledgements of Country in all NSW Health facilities as a starting point 	<p>32.1 Continue to encourage staff to buy directly from Aboriginal businesses and award contracts to these businesses, in line with the NSW Government's Aboriginal Procurement Policy</p> <p>32.2 The online eLearning resources are currently being redesigned with input from the Ministry of Health's Aboriginal Workforce Unit. Interactive resources are being developed for local facilitators in LHDs to support the delivery of local content</p>	 	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health ▶ A refreshed mandatory eLearning module, Respecting the Difference: Know the Difference has been published on the My Health Learning platform and local face-to-face training on this module is also available
<p>33 That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers</p>	<p>33.1 In October 2021 the NSW Government announced \$21 million in funding over four years that will allow every Local Health District and Specialty Network to employ Aboriginal Care Navigators and Aboriginal Peer Workers. The funding will support 36 FTE across the two disciplines</p> <p>33.2 The target for Aboriginal employment in NSW Health is 3% and many entities and local health districts are aiming to exceed that target</p> <p>33.3 Increase the numbers of Aboriginal nurse cadetships</p> <p>33.4 Increase the number of Aboriginal Health Practitioners</p>	   	<ul style="list-style-type: none"> ▶ Progress towards this action has been noted throughout stakeholder consultation. Evidence to validate this has not been provided ▶ Further engagement at the LHD level will be required to assess progress towards this action. ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
<p>34 That NSW Health and the Local Health Districts prioritise formalising partnerships with all Aboriginal Community Controlled Health Services to support the delivery of health services and improve the health outcomes of First Nations people in New South Wales. These partnerships should include formal documentation of service delivery responsibilities and expected outcomes</p>	<p>34.1 Formalise partnerships with Aboriginal Community Controlled Health Services (ACCHS) in those regions that are outstanding</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health

Progress Rating

 Low: No or limited progress made
  High: On track, with documented evidence
  Medium: Some progress made. Blockers, challenges and/or limited evidence present
  Complete: Complete and validated with evidence

Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
35	That the NSW Government mandate the requirement for each Local Health District to have at least one Indigenous community representative on the governing board	35.1 Ensure that there is an Aboriginal community representative on each local health district (LHD) board.	<ul style="list-style-type: none"> Progress towards this action is ongoing and on track at Ministry of Health level. Significant evidence demonstrated by Ministry of Health.
36	That the NSW Government maintain a Regional Health Minister in cabinet and provide that Minister with appropriate authority to address issues raised in the inquiry and future issues that affect the rural, regional and remote health system and its communities	36.1 A Minister for Regional Health was appointed in 2021, with responsibility for hospitals and health services in regional NSW	<ul style="list-style-type: none"> The current NSW Government has a Minister for Regional Health
37	That NSW Health complete and publish the final evaluation of the NSW Rural Health Plan: Towards 2021 before finalising the next rural health plan for New South Wales	37.1 The final progress review of the Rural Health Plan: Towards 2021 was published in May 2022. The next Regional Health Plan will be released by the end of 2022	<ul style="list-style-type: none"> The NSW Regional Health Strategic Plan 2022-2032 (Strategic Plan) was published on 21 February 2023
38	That the NSW Government ensure that the development of the next Rural Health Plan: <ul style="list-style-type: none"> acknowledges that rural and remote health systems are fundamentally different to urban and regional city health systems includes genuine consultation with rural and remote communities contains realistic, measurable and quantifiable goals in terms of tangible health outcomes provides the funding and support required to deliver against those goals 	<p>38.1 NSW Health is developing a new Regional Health Plan for the period 2022-2032.</p> <p>The Regional Health Division is currently undertaking extensive consultation with internal and external stakeholders across regional NSW, including with consumers, carers, workforce, peak unions, professional bodies, NGOs, education and training providers and Aboriginal stakeholders in regional areas. This consultation will inform the development of the new Regional Health Plan.</p> <p>The Plan will align with the strategic outcomes in Future Health Guiding the next decade of care in NSW 2022-2032, and will contain realistic, measurable and quantifiable goals.</p> <p>Existing funding will be allocated to deliver the health outcomes outlined in the plan. The plan will be finalised by the end of 2022</p>	<ul style="list-style-type: none"> The NSW Regional Health Strategic Plan 2022-2032 (Strategic Plan) was published on 21 February 2023





Progress Rating

■ Low: No or limited progress made
■ High: On track, with documented evidence
■ Medium: Some progress made. Blockers, challenges and/or limited evidence present
■ Complete: Complete and validated with evidence

Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
<p>39</p> <p>That NSW Health and the rural and regional Local Health Districts upgrade and enhance their collaborative work with the Primary Health Networks to:</p> <ul style="list-style-type: none"> ▶ ensure that high quality health services for rural, regional and remote New South Wales are cooperatively planned and successfully delivered ▶ drive innovative models of service delivery, including those recommended elsewhere in this report 	<p>39.1 Support stronger collaboration between the NSW public and Commonwealth primary systems across all areas of health, including regional health and mental health. The Regional Health Minister has invited the Federal Minister for Health and Aged Care to recommence a Bilateral Regional Health Forum between NSW and the Commonwealth in 2022. This could be used to secure a more specific focus on regional collaboration opportunities</p>		<ul style="list-style-type: none"> ▶ The Bilateral Regional Health Forum recommenced in December 2022 and is scheduled to occur again in mid-2023
<p>40</p> <p>That NSW Health and the rural and regional Local Health Districts:</p> <ul style="list-style-type: none"> ▶ commission an independent review of workplace culture including complaints management mechanisms and processes to align with a culture in which feedback from staff is encouraged, based on values of openness, continuous improvement and respect ▶ implement complaints management training for staff, particularly those in management positions ▶ commission the conduct of independent and confidential staff satisfaction surveys to measure progress and cultural improvements over time ▶ review and enhance whistle blower protections to ensure staff feel comfortable in speaking up, with training material to be developed and implemented across the Local Health Districts to support this change ▶ develop and fund a plan to eliminate bullying and harassment within the rural and regional Local Health Districts 	<p>40.1 Develop a new culture framework in consultation with all health organisations, which further embeds its CORE values of Collaboration, Openness, Respect and Empowerment. The consultation process for the new framework will incorporate the principles of workplace culture that have contributed to positive change since 2011</p>		<ul style="list-style-type: none"> ▶ Development of a new culture framework has not yet commenced
<p>41</p> <p>That the NSW Government establish an independent office of the Health Administration Ombudsman to receive and review concerns about the administrative conduct of management of Local Health Districts and NSW Health from staff, doctors, patients, carers and the public. The Health Administration Ombudsman is to be empowered to review administrative decisions of NSW Health and Local Health District management, including but not limited to, alleged coverups of medical errors or deaths, false or misleading data, inaccurate communications and/or media reporting, Visiting Medical Officer accreditation decisions, staff blacklisting, and bullying or harassment of whistle-blowers. Additionally, the Health Administration Ombudsman is to provide an annual report to Parliament and the public</p>	<p>41.1 Action is required to ensure better access for NSW Health staff to these existing oversight bodies - HCCC and the Ombudsman</p> <p>41.2 The Ministry of Health will meet with the HCCC and the Ombudsman to identify strategies to make sure their roles are understood, and they are more and available to our staff. We will also look to their expertise to support improving how we deal with complaints at the frontline</p>		<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health

Progress Rating

 Low: No or limited progress made
  High: On track, with documented evidence
  Medium: Some progress made. Blockers, challenges and/or limited evidence present
  Complete: Complete and validated with evidence

Executive summary

Recommendation	Inquiry Response Action	Overall Progress Rating	Key Finding
42 That the rural and regional Local Health Districts: <ul style="list-style-type: none"> ▶ review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning ▶ investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for the facilities within their remit 	42.1 In December 2021, the NSW Government announced an investment of \$3 million for a new online tool to navigate local services. This initiative is being explored and the planned next step is a more in-depth exploratory phase before settling on a particular focus	High	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
	42.2 Review local community engagement models such as Local Health Advisory Committees (LHACs) and Consumer, Community Consultation (CCCs) to determine the most effective approaches for engagement with local communities, including membership structure	Medium	<ul style="list-style-type: none"> ▶ Findings from a review of Local Health Committees and key principles to strengthen local health communities in regional NSW were published within the Strengthening local health committees across regional NSW report
	42.3 Continue to work with LHDs to ensure that contemporary best practices are implemented to consult widely and extensively with the community	High	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
	42.4 Leverage systems such as the Patient Flow Portal and the State Operational Data Store further to provide regional LHDs and communities with better visibility of the demand for services	High	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
43 That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population	43.1 Work with LHDs to provide relevant data to inform needs assessment and implementation of Local Health Plans	High	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
	43.2 Review a range of programs in rural and regional NSW to meet the needs of the local population, this includes co-designed programs for Aboriginal populations. LHDs will be involved in program co-design and implementation to ensure programs are meeting the needs of the local community	High	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health
44 That the NSW Government adopt a Health in All Policies framework (similar to the policy in South Australia) to ensure that the health of people in New South Wales is central to government decision making, and which recognises that community physical and mental health is a responsibility of all Ministers and Departments of government. Further, such a framework should include a requirement that all decisions of government are assessed to determine the impact on human and environmental health to ensure a whole-of-government ownership of health outcomes for people living in New South Wales	44.1 Consult with the South Australian Government to review the evidence, benefits, costs, and risks in adopting a Health in All Policies framework. Population and structural differences between NSW and South Australia will also be considered in this review	High	<ul style="list-style-type: none"> ▶ Progress towards this action is ongoing and on track at Ministry of Health level ▶ Significant evidence demonstrated by Ministry of Health

Progress Rating

■ Low: No or limited progress made
■ High: On track, with documented evidence
■ Medium: Some progress made. Blockers, challenges and/or limited evidence present
■ Complete: Complete and validated with evidence



Review of the 44 recommendations

MEDICAL

Project approach

2.1 Project approach

This independent review was conducted over 8 weeks using the following high level approach:

- Examination of relevant and available documentation regarding progress of implementation
- Individual interview and focus group consultations with NSW Health branch, pillar and agency leads who have responsibility for implementing the recommendations of the Rural Health Inquiry (see *Appendix B*)
- Synthesising and validating data gathered from documentation and stakeholder consultations to analyse recommendation progress, effectiveness and sustainability
- Identification of key themes regarding enablers or challenges to progress and developments of the implementation of recommendations

A detailed stakeholder engagement approach can be found in *Appendix D*.

2.2 Assessment

The below three criteria were used to assess the progress and developments made regarding the implementation of the NSW Government agreed actions.



Progress

The extent to which the implementation of the Actions have occurred. A progress rating was applied using the legend in 2.3 below



Effectiveness

The extent to which the implementation of the actions occurred effectively



Sustainability

How can NSW Health be assured of the ongoing sustainability of the of the recommendations (e.g. sufficiency of controls and process in place)

2.3 Progress ratings

Progress Rating	Description
Low	No or limited progress made toward the actions.
Medium	Some progress made towards actions however there may be significant blockers, challenges and/or limited evidence to support progress.
High	Actions are on track with documented evidence of progress demonstrated.
Complete	Complete and validated with evidence.

A progress rating was applied to each action relevant to the 44 recommendations. This progress rating has relied on documented evidence and stakeholder consultation commentary. A full list of stakeholders engaged throughout the review can be found in *Appendix B*. Documentation used to validate the progress of actions can be found in *Appendix C*.

Progress Rating

Low Medium High Complete

1

That NSW Health review the current funding models for all rural and regional Local Health Districts in order to identify any service delivery gaps and provide any recommendations for funding increases

Recommendation 1 was 'supported in principle' in the NSW Government response. Stakeholders from Activity Based Management (ABM), Regional Health Division (RHD), and System Purchasing Branch (SPB) within the Ministry of Health were consulted to review the progress of implementing the below actions.

	Progress Rating
1.1 Review the appropriateness of Small Hospital Funding Models to applicable hospitals as necessary	

Progress

- Through stakeholder consultation with ABM it was noted that that this action is marked as complete by ABM. The rationale provided is that it is already part of the existing annual funding review process which is completed by NSW Health.
- The existing review as referred to above is conducted on an annual basis which includes a review of suitability for either the Activity-Based Funding or the Small Hospitals Funding models. Consultation sessions noted that if the Small Hospitals Funding model is deemed appropriate, funding for these hospitals will be allocated based on the actual expenses incurred in the previous year, with adjustments for cost escalation.
- Consultation with SPB also confirmed that NSW Health review current funding models for all rural and regional LHDs in order to identify any service gaps and provide recommendations for funding increases and action.
- RHD noted that there is a process to develop the service agreements with all LHDs and Specialty Health Networks (SHNs). This process includes a review of funding for small hospitals and other block funding. Examples of this were evidenced in published LHD service agreements, specifically Hunter New England, which highlighted 'activity based funding', 'small hospitals and other block funding' as part of their budget allocation (REF-94).

Effectiveness

- Evidence has not been provided to assess the effectiveness of progress towards this action.

Sustainability

- The sustainability of progress towards this action has been embedded into an annual funding review process.

	Progress Rating
1.2 Block funding arrangements may be in scope for the midterm review of the NHRA, to be completed by 2023	

Progress

- Stakeholder consultation with ABM reported that this action is complete.
- Documentation received by RHD confirmed that a review of the National Health Reform Agreement 2020-2025 is currently underway (REF-4). The Terms of Reference for the review confirmed that the review will examine matters outlined in the Addendum Preliminaries Clause 21: 'for small rural and small regional hospitals, whether they continue to meet block funding criteria determined by the IHACPA' (Independent Health and Aged Care Pricing Authority) (REF-3, REF-52).
- Documentation received by RHD confirmed that feedback was requested from all states and territories and NSW Health completed a written submission to the reviewers in April 2023 which requested 'Any alternatives to block funding that may better meet the needs of small rural and small regional hospitals, with consideration given to the reporting requirements associated with any alternatives' (REF-1).
- The review of the NHRA is expected to be finalised by December 2023 (REF-4).

Effectiveness

- It is too early to measure the effectiveness of progress towards this action as it has not yet been fully implemented.

Sustainability

- Evidence has not been provided to assess the sustainability of progress towards this action.

Progress Rating

Low Medium High Complete

That the NSW Government review the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) as a matter of priority, with a view to:

- Increasing the current reimbursement rates for accommodation and per kilometre travel.
- Expanding the eligibility criteria, with consideration given to people participating in medical trials, those that hold private health insurance and those that are referred to treatment centres that are not geographically closest to them due to the urgency of the treatment required.
- Streamlining the application process to make it easier for patients to access the scheme.
- Undertaking on an ongoing basis a public awareness program of the scheme across the state in communities and among health professionals who can then inform patients.

Recommendation 2 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) within the Ministry of Health were consulted to review the progress of implementing the below actions.

2.1 Review of the application process for IPTAAS that will make it easier for patients to access the scheme	Progress Rating
Progress	
<ul style="list-style-type: none"> ▸ This action is scheduled to be delivered by 30 June 2023 and RHD within the Ministry of Health is responsible for implementing this action. ▸ It was noted during consultation with the RHD that a review of the IPTAAS application process was completed in consultation IPTAAS patients/ consumers representatives, NGO's, service providers, allied health and peak groups. A total of 14 suggested amendments were made to the application process by stakeholders and are being implemented incrementally to avoid multiple changes. To date, 9 of the 14 suggestions have been implemented and a patient fact sheet has been created. (REF-5, REF-6, REF-9): <ul style="list-style-type: none"> ▸ <i>Form 1: Application for travel and accommodation assistance</i> was updated to reflect changes to subsidy rates and service eligibility in August 2022 (REF-50) ▸ <i>Form 1: Travel and Accommodation Claims</i> was updated to reflect feedback on formatting and language in May 2023 (REF-49) ▸ A new version of the <i>Isolated Patients Travel Accommodation and Assistance Scheme (Travel and Accommodation Claims)</i> was drafted in April 2023 by the Ministry's design and brand team and will be considered in future updates (REF-48) ▸ RHD confirmed that further changes to the forms will be implemented post a policy review which is currently in progress. 	
Effectiveness	
<ul style="list-style-type: none"> ▸ It is too early to measure the effectiveness of this action. Monitoring is currently being measured against the effectiveness of Phase 1 of the public awareness campaign. 	
Sustainability	
<ul style="list-style-type: none"> ▸ An IPTAAS Stakeholder Consultative Forum was established with an agreed Terms of Reference (REF-9). This forum is continuing to monitor and progress the implementation of this action. ▸ The implementation of the <i>Monitoring and Evaluation Plan 2023-2026</i> will support the sustainability of this action. 	

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

2 That the NSW Government review the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) as a matter of priority

2.2 Deliver a public awareness campaign and activities to promote the scheme

Progress Rating

Progress

- ▶ This action was scheduled to be delivered by 30 June 2023 and has been completed by RHD. Phase 1 Ongoing progress towards this action Phase 1 was completed in 2022, and Phase 2 is scheduled for completion by 14 July 2023.
- ▶ Evidence confirmed that a public awareness campaign designed to promote IPTAAS and inform consumers of recent financial and eligibility changes occurred between 24 October 2022 - 9 December 2022 (REF-27). The awareness campaign will include a Community Awareness Survey, and additional communication activities targeting GPs, allied health professionals, practice managers, and multicultural and aboriginal communities (REF-27).

Effectiveness

- ▶ Consultation with RHD noted that analysis was conducted to determine the effectiveness of the awareness campaign 2022 and recognised the value of promotion activities in raising awareness of the scheme (REF-7).
- ▶ Evidence confirmed that the impact of Phase 1 of the public awareness campaign included an increase in the following (REF-27):
 - ▶ *Applications by 17%*
 - ▶ *Incoming calls by 19%*
 - ▶ *Website views by 59%*
 - ▶ *New patients by 8.4%*
- ▶ The effectiveness of social media ads has also been measured and resulted in high levels of engagement, including (REF-27):
 - ▶ *Facebook reaching 2.3M people, and*
 - ▶ *Twitter reaching 21,200 people, with 100% positive sentiment*

Sustainability

- ▶ *Isolated Patients Travel and Accommodation Assistance Scheme Communications Plan 2023* documents the proposed ongoing planning and implementation process for promotion activities for IPTAAS. The plan outlines the desired outcomes of Phase 2 of the IPTAAS public awareness campaign, demonstrating intent to implement this action into the future (REF-27).

2.3 Develop and implement a monitoring and evaluation framework for IPTAAS that will include evaluation of the awareness campaign

Progress Rating

Progress

- ▶ This action was delivered on 31 December 2022 and RHD within the Ministry of Health was responsible for implementing this action.
- ▶ A *Monitoring and Evaluation Plan 2023-2026* was published in December 2022 with the purpose of (REF-8):
 - ▶ *'Assessing the extent to which IPTAAS is meeting its objectives in improving access to specialised care for patients in rural, regional, and remote areas, and'*
 - ▶ *'Providing information which facilitates ongoing improvements to IPTAAS'*
- ▶ This Plan includes key evaluation questions which will guide the evaluation of IPTAAS (REF-8). Regarding the evaluation of the awareness campaign, these include:
 - ▶ *'How effective have communication strategies been in increasing awareness, understanding and use of IPTAAS'?*

Effectiveness

- ▶ A *Monitoring and Evaluation Plan 2023-2026* has been developed to inform the evaluation of the awareness campaign, as outlined within the key evaluation questions (REF-8).
- ▶ The plan also documents the reporting requirements for key data, to enable program monitoring. This includes monthly reporting through the state-wide operational report, quarterly through Enable NSW reporting and annually through the end of financial year report (REF-8).

Sustainability

- ▶ The implementation of the *Monitoring and Evaluation Plan 2023-2026* supports with the ongoing sustainability of this action.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

- 3 That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas

Recommendation 3 was 'supported' in the NSW Government. Stakeholders from Health and Social Policy Branch (HSPB), Regional Health Division (RHD), HealthShare NSW (HSNSW) and Transport for NSW (TfNSW) were consulted to review the progress of implementing the below actions.

3.1 Work collaboratively with LHDs and TfNSW on governance, performance management and recommendations on the future direction of the NGO Grants Program, community transport grants throughout 2022-23 and 2023-24

Progress Rating



Progress

- This action is scheduled to be delivered by June 2024 and the HSPB within the Ministry of Health is responsible for implementing this action.
- The HSPB has been actively engaging with LHDs and TfNSW through a dedicated Community Transport Ministerially Approved Grants (MAG) Partnership Working Group, which has an agreed Terms of Reference (REF-109). Engagement was also evidenced through annual governance meetings and KPI reporting (REF-97, REF-98).
- RHD noted that MAG program Governance meetings were held in 2022 with every community transport provider, the Ministry, TfNSW and the associated LHD. Evidence has been provided to demonstrate ongoing engagement with community organisations on KPIs, reporting, governance arrangements, budget and service delivery issues (REF-95, REF-96).
- Consultation with the HSPB confirmed that the performance assessment for this MAG cycle has not yet commenced. RHD noted that assessment will commence in Q2 2023, to inform MAG renewal by June 2024. This performance assessment will enable the Minister for Health and Minister for Regional Health to review the continuation of NGO and community transport grants every 2 years. No evidence was provided to support this commentary.
- An issues and opportunities log was developed and evidenced which further demonstrates collaborative engagement with TfNSW, LHDs and community transport providers (REF-99).
- The HSPB noted that IPTAAS is an alternative transport model that can further support with the implementation of the wider recommendation (see recommendation 2, page 21).

Effectiveness

- Consultation with HSPB noted that due to the wide range of objectives of the MAG program, it would be difficult to undertake a comprehensive evaluation to determine the effectiveness of the whole MAG program which specifically evaluates the Community Transport MAGs component.

Sustainability

- Governance reporting processes and KPIs have been established with LHDs and community transport providers (REF-100), as well as an issues log detailing mitigating actions (REF-99).
- The data collected can be utilised to support ongoing improvements.

Progress Rating

Low Medium High Complete

- 3 That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas

3.2 Consider further patient transport improvements and new initiatives at a district level as part of the ongoing strengthening of the rural and regional health system	Progress Rating
--	-----------------

Progress

- Progress towards implementing this action commenced in October 2022 and no delivery due date has been determined for this action. HSNSW has responsibility for implementing this action.
- HSNSW confirmed that progress has been made in terms of reviewing Patient Transport Service (PTS) and LHD led transport through the following:
 - Presenting at the Rural Health Committee on a state wide centralised service (REF-92)
 - Commencing the first quarterly PTS Strategic Engagement Meeting in February 2023 (REF-91)
- HSNSW also noted that further progress is dependent on collaborative engagement between HSNSW PTS, NSW Ambulance and LHDs.
- Consultation with HSNSW noted that HSNSW presented to the Ministry of Health in February 2023 on the scope and benefits of implementing a centralised non-emergency transport support service (REF-91). Evidence provided by RHD noted that the RHD, HSPB and HSNSW agreed to review NSWs approach to non-emergency transport for health using a system wide approach, with an emphasis on rural, regional and remote communities (REF-10). In addition, it was agreed that this review should include the spectrum of non-emergency transport for health including; non-emergency ambulance; air transport; non-emergency patient transport including Patient Transport Service and LHD led transport; IPTAAS; ride share; community transport; active transport (REF-10). Further consultation with RHD confirmed that emergency health transport including medical emergency ambulance services, air retrieval and Newborn & Paediatric Emergency Transport Service (NETS) and car parking is out of scope.

Challenges:

- Feedback from LHD representatives at the first quarterly PTS Strategic Engagement Meeting cited access to funding and staff as key barriers (REF-73).
- HSNSW noted that they currently provide non-emergency patient transport services in Hunter New England and Illawarra Shoalhaven LHD. This is provided in the form of governance, policy and IT infrastructure (REF-93). Wider implementation of that model by other LHDs would require a change to LHD operating models and collaborative engagement from LHDs, the Ministry of Health and NSW Ambulance.
- Collaborative engagement was also noted as a key challenge to progressing the implementation of this action. HSNSW reported that consideration should be given to the development of a joint monthly forum, led by the Ministry of Health with representation from HSNSW, NSW Ambulance and regional and rural LHDs to enable the effective implementation of this action.

Effectiveness

- It is too early to measure the effectiveness of progress towards this action.

Sustainability


- The sustainability of progress towards this action cannot be assessed until new initiatives are approved and activated.

Progress Rating

- Low
- Medium
- High
- Complete

3

That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas

3.3 Continue to explore alternative modes of transport based on local needs and resources	Progress Rating
<p>Progress</p> <ul style="list-style-type: none"> ▶ This action is scheduled to be delivered by September 2023 and RHD within the Ministry of Health is responsible for implementing this action. ▶ Consultation with HSNSW and HSPB determined that there was a need to review the current transport for health model, including a review of the Transport for Health Policy (REF-10). ▶ As forementioned (see page 24), evidence provided by RHD noted that the RHD, HSPB and HSNSW agreed to review NSWs approach to non-emergency transport and that this review should include the spectrum of non-emergency transport for health including; non-emergency ambulance; air transport; non-emergency patient transport including Patient Transport Service and LHD led transport; IPTAAS; ride share; community transport; active transport (REF-10). Emergency health transport and air retrieval is out of scope for this review (REF-10). ▶ Evidence provided by RHD confirmed that a brief to commence work on reviewing and revising the approach is currently undergoing review (REF-131). <p>Challenge:</p> <ul style="list-style-type: none"> ▶ One notable challenge identified was the dependency on engagement and collaboration with multiple stakeholders including representative from the Ministry of Health, TfNSW, LHDs, community transport organisations, private ride share companies etc. (REF-10). 	
<p>Effectiveness</p> <ul style="list-style-type: none"> ▶ It is too early to measure the effectiveness of progress towards this action. 	
<p>Sustainability</p> <ul style="list-style-type: none"> ▶ RHD noted that the ongoing sustainability of progress towards this action is dependent on the outcome of the review, and any changes to funding and/or partnership arrangements which are required for delivery. 	

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

3

That NSW Health, the rural and regional Local Health Districts and Transport for NSW work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas

3.4 Continue planning for TfNSW's 16 Cities Regional Service Improvement Program throughout the remainder of 2022

Progress Rating

Progress

- This action is scheduled to be delivered by October 2023 and Transport for NSW is responsible for implementing this action.
- Consultation with TfNSW confirmed their engagement with rural, regional and remote LHDs, primary care services and local hospitals during the detailed planning phase of the project, to ensure the planning and implementation (as required) of new services was aligned with the healthcare needs of the community (REF-47).
- 8 of the 11 cities with funding to implement service improvements have gone live, with Coffs Harbour, Griffith and Dubbo targeted to go live by October 2023 and detailed planning for the other 5 cities is scheduled for completion in July 2023 (REF-47).

Effectiveness

- Consultation with TfNSW confirmed that over 3,100 additional weekly routes have gone live across the 16 cities, an increase of more than 26% to the existing bus networks within the 16 cities. Additionally in:
 - August 2022, more than 250 weekly services were delivered to the Greater Nowra bus network, with more direct routes to Bomaderry Station (REF-105)
 - September 2022, Orange received more than 200 additional services, including more weekend services with longer operating hours (REF-105)
 - In January 2023, Albury received more than 300 extra weekly services, including better connections between Thurgoona, Lavington, Albury and Wodonga (REF-105)
 - January 2023, Queanbeyan received more than 90 additional services (REF-105)
 - January 2023, Lismore received 100 additional services, including services between Lismore and Ballina (REF-105)
- It was noted during consultation with TfNSW that a post implementation program has been established aiming to review the effectiveness of new routes 12 months post go-live. Evidence was not provided to support this commentary.
- Consultation with TfNSW also confirmed that a data monitoring system has been implemented, however current data analysis has been impacted by the effectiveness of COVID19 and is continuing to be assessed. No evidence was provided to support this commentary.
- Consultation sessions also noted that further engagement with LHDs is required to determine further health specific KPIs and gain a qualitative perspective on the effectiveness of these new routes.

Sustainability

- Dedicated resources and funding has been allocated to ensure the sustainability of detailed planning (5 cities) and the implementation of service improvements (11 cities).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

4 That NSW Health review the funding available for air transport

Recommendation 4 was 'supported' in the NSW Government response. Stakeholders from Strategic Procurement Branch (SPB) within the Ministry of Health were consulted to review the progress of implementing the below action.

4.1 Review funding available for air transport. Consider NSW Health's Patient Transport Service (PTS) non-emergency fixed wing (air) patient transport costing data in the review	Progress Rating
Progress	
<ul style="list-style-type: none">▶ This action is scheduled to be delivered by June 2023 and the SPB within the Ministry of Health is responsible for implementing this action.▶ The SPB is currently awaiting instructions on the scope of the review.	
Effectiveness	
<ul style="list-style-type: none">▶ It is too early to measure the effectiveness of progress towards this action.	
Sustainability	
<ul style="list-style-type: none">▶ The sustainability of progress towards this action is too difficult to assess based on the limited evidence provided.	


Progress Rating

Low Medium High Complete

5

That NSW Health and the rural and regional Local Health Districts actively engage with local community groups and charities to understand the services and resources they provide, and to ensure that where possible and appropriate, service gaps are filled by government

Recommendation 5 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) within the Ministry of Health were consulted to review the progress of implementing the below action.

5.1 NSW Health will work with other government agencies to undertake resource mapping	Progress Rating 
---	---

Progress

- ▶ This action is scheduled to be delivered by May 2024 and RHD within the Ministry of Health is responsible for implementing this action.
- ▶ A scoping plan has been developed by RHD, detailing a four phased approach for the implementation of Recommendation 5 (REF-11). These four phases include:
 - ▶ **Phase 1:** Determine methodology, scale and feasibility, identify with local community groups and charities
 - ▶ **Phase 2:** Consult with local community groups and charities, commence mapping services and resources provided these community groups and charities
 - ▶ **Phase 3:** Determine service gaps
 - ▶ **Phase 4:** Facilitate action, in partnership with other government agencies to address these gaps
- ▶ RHD confirmed that Phase 1 was completed in May 2023 which included an environmental scan of the roles and responsibilities of both NSW Health and community organisations and commencement of initial consultation with SMEs including NSW Health, Community groups, charities and other stakeholders (REF-11).
- ▶ RHD noted that Phase 2 is currently in progress, with overall completion scheduled for 30 Dec 2023 (REF-86). A Request For Tender was released in May 2023 (*Recommendation 5- Charity and community services and resources in regional NSW*) to provide an understanding of services and resources provided by charities and community organisations in 3 LHDs and will include all national, state and local organisations (REF-86). Resource mapping within these 3 LHDs is scheduled for completion by 31 October 2023.

Effectiveness

- ▶ It is too early to measure the effectiveness of progress towards this action.

Sustainability


- ▶ A project plan with established timelines and resources have been identified to support with the ongoing sustainability of this action (REF-86).
- ▶ A large stakeholder group has been identified to engage with implementing this action which was noted by RHD as a key enabler to implementing this action. Stakeholders include representation from the Ministry of Health, Cancer Institute NSW, Murrumbidgee LHD, Far West LHD, Illawarra Shoalhaven LHD, Mid North Coast LHD, Central Coast LHD, Hunter New England LHD, Southern NSW LHD and Agency for Clinical Innovation (REF-81).

Progress Rating

 Low  Medium  High  Complete

6 That on the two-year anniversary of the tabling of this report, Portfolio Committee No. 2 - Health undertake an inquiry and report on the progress and developments that have been made to address the matters raised by this inquiry

Recommendation 6 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) within the Ministry of Health were consulted to review the progress of implementing the below action.

6.1 The Regional Health Division will commission and commence an independent review to report on progress and developments against the recommendations that it is responsible for with the results of that review to be provided to NSW Health prior to the commencement of the Inquiry	Progress Rating 
---	---

Progress

- › RHD commissioned EY to conduct this independent review on 19th April 2023 and is scheduled to be delivered by 30 June 2023.
- › It was noted on commencement of this engagement that the NSW Government has committed to a set of inquiry response actions against the Rural Health Inquiry recommendations (REF-73). Therefore, it was agreed with RHD that this independent review would report on progress and developments made regarding the implementation of these inquiry response actions only.
- › Significant stakeholder consultation was conducted throughout the development of this independent review, including engagement with the following (see Appendix B):
 - › Executive and Ministerial Services (EMS) and Enterprise Program Management Office (EPMO)
 - › Two Chief Executives from Regional and Remote LHDs
 - › Executive Directors within the Ministry of Health
 - › Regional Health Committee members
 - › NSW Health Pillar, Branch and Agency Leads
- › A total 71 actions were reviewed through engagement with 19 separate NSW Health Pillar, Branch and Agency Leads via individual interview and focus group consultation sessions (see full list of stakeholder in Appendix B).
- › Further evidence of progress and supporting documentation was requested from all NSW Health Pillar, Branch and Agency Leads to validate progress discussed during individual interview and focus group sessions.

Effectiveness

- › Not assessed.

Sustainability

- › Not assessed.

Progress Rating

 Low  Medium  High  Complete

7

That the NSW Government urgently engage with the Australian Government at a ministerial level to:

- Establish clear governance arrangements and a Strategic Plan to deliver on the health reforms recommended in this report to improve doctor workforce issues
- Progress those initiatives that both levels of government have identified as meritorious, but where progress has been slow or non-existent

Recommendation 7 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) within the Ministry of Health were consulted to review the progress of implementing the below action.

7.1 Recommend a Bilateral Regional Health Forum between NSW and the Commonwealth in 2022	Progress Rating
Progress	
<ul style="list-style-type: none"> ▸ This action was successfully completed by RHD, in December 2022. ▸ A Bilateral Regional Health Forum was recommenced in Tamworth NSW on 9th December 2022, between NSW Health and the Federal Government (REF-12). ▸ A joint communique was published, highlighting a commitment to continuing dialogue on priority areas such rural and regional health workforce, primary care, mental health, suicide prevention, and aged care (REF-12). 	
Effectiveness	
<ul style="list-style-type: none"> ▸ It was noted that the Australian government reiterated its commitment to improving the distribution of the health workforce in remote areas and investing \$146 million in healthcare professionals (REF-12). ▸ They explored innovative approaches to rural health, including trials for primary care provision and expanding models like the Murrumbidgee single-employer model. The forum also addressed mental health, aged care, and improving healthcare access for First Nations communities, with a commitment to further dialogue in future forums (REF-12). 	
Sustainability	
<ul style="list-style-type: none"> ▸ RHD confirmed that a Terms of Reference has been developed and an actions tracker has been implemented to support the ongoing accountability and sustainability of actions at this forum (REF-13, REF-130). ▸ RHD noted that the next Forum is being scheduled for mid-2023. NSW Health is awaiting further guidance from the Federal Government regarding the scheduling of the Forum (REF-12). 	


Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

8

That the NSW Government investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas, and support the sector's critical role in addressing the social determinants of health and reducing avoidable hospitalisations for the citizens of New South Wales

Recommendation 8 was 'supported' in the NSW Government response. Stakeholders from Government Relations Branch (GRB) within the Ministry of Health were consulted to review the progress of implementing the below action.

8.1 All jurisdictions have committed to working together to improve the interface between primary and acute care services under the National Health Reform Agreement. This will also require commitment and collaboration with the Federal Government to effect meaningful change and deliver improved support for the primary health sector. It will also require extensive collaboration with other government agencies, communities, local councils, community support organisations, Nongovernment organisations, cross border agencies and other health care providers to address the social determinants of health	Progress Rating 
--	---

Progress

- ▶ This action is in progress and no due date has been determined for this action. GRB within the Ministry of Health is responsible for implementing this action. GRB confirmed that they are progressing this action through:
 - ▶ Leveraging the NSW Health Ministers' Meeting (HMM) to highlight the impact of interface issues in regional NSW
 - ▶ Leveraging the Mid-Term review of the National Health Reform Agreement (NHRA) by representing NSW in national workshops (REF-79, REF-153). Consultation with GRB noted a dedicated workshop was held that focused specifically on Regional NSW (REF-153)
 - ▶ Leveraging the Mid-Term review of the NHRA to deliver an interim report from all jurisdictions, on key interface issues by August, with a final report expected by the end of the 2023 calendar year (REF-3)
- ▶ Consultation with GRB confirmed that progress has been made towards addressing the social determinants of health through collaboration with Primary Health Networks and other healthcare providers such as the Royal Australian College of General Practitioners, NSW Health Child Wellbeing Units and Domestic Family Violence (DFV) Crisis Response to develop a suite of violence, abuse and neglect health pathways (REF-55). Evidence confirmed that these stakeholders have also supported the Emergency Care Institute to develop NSW Health Non-Fatal Strangulation Clinical Practice Guide for emergency departments (REF-55).
- ▶ Evidence also confirmed that NSW Health aims, over the next 5 years, to implement the Domestic and Family Violence (DFV) Crisis Response in at least one site in all 15 LHDs across NSW. To support with this implementation, an initial pilot accompanied by an action research evaluation is scheduled to test the service model and plan for broader rollout (REF-55). This pilot has not yet commenced but commentary confirmed that it will include one regional and one metro pilot site. A Request for Tender is due to be released to oversee the pilot and conduct action research to guide state-wide implementation. Evidence to support this commentary was not provided.

Challenge:

- ▶ No delivery date has been determined for this action as this action has an external dependency on engagement with the Federal Government and current parameters of the National Health Reform Agreement.

Effectiveness

- ▶ The national NHRA workshops mentioned above have been effective in sharing key learnings and insights from other jurisdictions, as well as enabling engagement with the Federal Government on ways to collaboratively enable improved support for the primary health sector. The Murrumbidgee single employer model is an example of an initiative that has been shared for adoption in other jurisdictions.
- ▶ With respect to addressing the social determinants of health, it was noted that the NSW Health Child Wellbeing Unit responded to 6,007 contacts from NSW Health workers in rural, regional and remote areas who had child wellbeing and protection concerns they needed to discuss (REF-55).

Sustainability

- ▶ A neutral platform, such as the existing NHRA forums were noted as mechanisms that enable ongoing collaboration between NSW Health and the Federal Government.

Progress Rating

 Low  Medium  High  Complete

9

That NSW Health work with the Australian Government and the Primary Health Networks to expedite the implementation of a single employer model for GP trainees across rural, regional and remote New South Wales

Recommendation 9 was 'supported' in the NSW Government response. Stakeholders from the Regional Health Division (RHD) and Workforce Planning and Talent Development (WPTD) within the Ministry of Health were consulted to review the progress of implementing the below actions.

9.1 Use the Bilateral Regional Health Forum to discuss expediting the implementation of the single employer model for General Practitioner trainees

Progress Rating

Progress

- This action was successfully completed by the RHD in December 2022.
- RHD confirmed that the Bilateral Regional Health Forum was used to discuss the implementation of the Single Employer Model (SEM) for General Practitioner trainees, with all relevant actions logged via an actions log (REF-13, REF-108). The *Bilateral Regional Health Forum Joint Communique* noted that 'the expansion of the Murrumbidgee single-employer model into a number of local health districts in NSW' was discussed and confirmed that NSW Health were to 'suggest areas for consideration' to the Federal Government (REF-12).

Effectiveness

- A letter to NSW Minister Park in May 2023 from the Federal Department of Health and Aged Care recognised the success of the Murrumbidgee SEM model and endorsed the expansion of this to two additional sites in NSW (REF-79).

Sustainability

- Sustainability will be dependent on the success of the future trials, but assurance can be leveraged from the success of trial 1 at Murrumbidgee LHD.

9.2 Support the Commonwealth Department of Health and Aged Care to expand the single employer model to other locations in regional NSW in 2022.

Progress Rating

Progress

- This action is scheduled to be delivered by July 2023 and Workplace Planning and Talent Development within the Ministry of Health is responsible for implementing this action.
- Consultation with RHD and WPTD confirmed that the Federal Department of Health and Aged Care issued a letter to NSW Minister Park in May 2023 which recognised the success of the Murrumbidgee SEM trial, and proposed implementing a 'total number of SEM trials to 3, with the incorporation of the Murrumbidgee trial' (REF-79).
- It was also noted from consultation with WPTD that NSW Health meet regularly with the Federal Department of Health and Aged Care, in addition to the Bilateral Regional Health Forums.

Challenge:

- Stakeholder consultation with WPTD raised that while the Federal Government is providing funding over the next 4 years to support the implementation of the competitive market based trials, LHDs will have to subsidise up to 25% of the costs to support the program.

Effectiveness

- It is too early to measure the effectiveness of progress towards this action given that the implementation of further SEM trial sites is ongoing in rural and regional areas in NSW (REF-79).

Sustainability

- The Federal Department of Health and Aged Care has established regular cross-jurisdictional/ stakeholder SEM forums to share learnings from additional trials, the first of which is scheduled to occur at the Murrumbidgee SEM trial location in July 2023 (REF-79).
- The Bilateral Regional Health Forum will also support the ongoing sustainability of this action. The next Forum is scheduled for mid-2023 (REF-12).
- A governance structure has been agreed to oversee the implementation of the SEM project (REF-110).

Progress Rating

Low Medium High Complete

- 10 That the NSW Government work with the Australian Government to establish a Rural Area Community Controlled Health Organisation pilot, with a view to evaluating and refining it for rollout in all areas of New South Wales where existing rural health services do not meet community needs

Recommendation 10 was 'supported' in the NSW Government response. Stakeholders from the Regional Health Division (RHD) and System Purchasing Branch (SP) within the Ministry of Health were consulted to review the progress of implementing the below actions.

10.1 Use the Bilateral Regional Health Forum to discuss a plan on how RACCHOs could be developed and expanded

Progress Rating

Progress

- › This action was successfully completed by the Regional Health Division, in December 2022.
- › RHD confirmed that the National Rural Health Alliance's Rural Area Community Controlled Health Organisations (RACCHOs) model has evolved since the Rural Health Inquiry report was published in May 2022. It has now proposed a different model of rural health care called Primary care Rural Integrated Multidisciplinary Health Services (PRIM-HS) which intends to build the rural primary healthcare workforce, improve access to affordable, high-quality, culturally safe care when and where it is needed (REF-133).
- › A Bilateral Regional Health Forum was recommenced in Tamworth NSW on 9th December 2022, between NSW Health and the Federal Government (REF-12). This Bilateral Regional Health Forum was used to discuss a plan on aligning the single employer model and the collaborative care models to support innovative place-based solutions (REF-13).
- › A plan to engage the Sax Institute was also discussed to support the Collaborative Care Program that works with local health professionals and communities to create a primary care access model that fits their needs (REF-13).

Effectiveness

- › A Collaborative Care Working Group and Collaborative Care Executive Advisory Group have been established with agreed Terms of Reference to support a Collaborative Care Scalability Assessment which is scheduled to be completed by August 2023 (REF-67, REF-68, REF-69).

Sustainability

- › RHD confirmed that a Terms of Reference was developed and an actions tracker has been implemented to support the ongoing sustainability of actions at this forum (REF-13, REF-130).

10.2 Explore the adaptation of existing models such as an evolved HealthOne model and a rural pilot of an Urgent Care Centre

Progress Rating

Progress

- › This action is scheduled to be delivered by 2026 in line with the NSW Virtual Care Strategy 2021-2026 and SP within the Ministry of Health is responsible for implementing this action.
- › Consultation with SP confirmed that the implementation of an Urgent Care Services (UCS) model is in progress across regional and remote NSW. An *Urgent Care Services Governance Committee Working Group* has been established with an agreed Terms of Reference (REF-74).
- › An Expressions of Interest (EOI) application was released to LHDs, PHNs and GPs in November 2022 (REF-75, REF-78). Evidence confirmed that 28 regional based applications were received and included a variety of urgent care models. It was noted during consultation with SPS that one of the objectives of the EOI was to promote innovation and flexibility into proposed models to address the unique requirements of regional areas and workforce challenges.
- › The application process is currently ongoing, applications have been reviewed by the Ministry of Health and a list of 'preferred' applications have been identified (REF-78). A Communication and Stakeholder Engagement Strategy has been drafted to build awareness and motivate usage of these UCS models from a consumer and NSW Health staff perspective (REF-76).
- › It was also noted during consultation sessions with SP that an existing model, implemented in Murrumbidgee LHD is in refinement.

Challenge:

- › Consultation with SP noted that the Federal Budget in May 2023 changed incentives to bulk billing initiatives for GPs which may impact the number of GPs willing to participate in these UCS initiatives.

Effectiveness

- › It is too early to measure the effectiveness of progress towards this action.

Sustainability

- › An Urgent Care Services Governance Committee has been established with an agreed Terms of Reference (REF-74).

10 That the NSW Government work with the Australian Government to establish a Rural Area Community Controlled Health Organisation pilot, with a view to evaluating and refining it for rollout in all areas of New South Wales where existing rural health services do not meet community needs

10.3 The NSW will work with the Federal Government to develop and trial models that support communities where existing rural health services do not meet community needs

Progress Rating



Progress

- ▶ This action was scheduled for completion by March 2023 and is ongoing. RHD within the Ministry of Health is responsible for the implementation of this action.
- ▶ Consultation with RHD confirmed that the Federal Government commenced collaboration with NSW Health to support with establishing an *Integrated Care and Commissioning Project* in South Eastern NSW (REF-117). It was noted that the aim of this project is to engage with the community to identify locally-led, placed- based solutions for integrated care locally within the South Eastern NSW region.
- ▶ Consultation with RHD confirmed that this trial model in South Eastern NSW has just commenced and includes representatives from NSW Ministry of Health, Southern NSW LHD, Federal Government, the Primary Health Network and other government agencies (Regional NSW, Education, Communities and Justice)(REF-117).
- ▶ Evidence also noted that progress towards this action is being conducted through a Scalability Assessment for Collaborative Care and place-based planning (REF-14). This Collaborative Care Scalability Assessment which is scheduled to be completed by August 2023 and will support the trialling of the Collaborative Care approach on a state-wide scale. It will also investigate current models designed to address market failure in regional communities and assess their replicability (REF-14).

Effectiveness

- ▶ It is too early to measure the effectiveness of this action.

Sustainability

- ▶ Evidence confirmed that key stakeholder groups have been identified from the South Eastern NSW region, a risks and issues log has been drafted and an approach to engagement has been developed which will support with the ongoing sustainability of the *Integrated Care and Commissioning Project* in South Eastern NSW (REF-117).
- ▶ Evidence provided also noted that the Federal Department of Health and Aged Care has established regular cross-jurisdictional/ stakeholder SEM forums to share learnings from additional trials, the first of which is scheduled to occur at the Murrumbidgee SEM trial location in July 2023 (REF-79).
- ▶ The Bilateral Regional Health Forum will also support the ongoing sustainability of this action. The next Forum is scheduled for mid-2023 (REF-12).

Progress Rating

Low Medium High Complete

That NSW Health work with the Australian Government collaboratively to immediately invest in the development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy. This should be done in consultation with rural, regional and remote local government, schools, community services, human services, unions, professional organisations, general practice, pharmacists and community organisations. It should set out a clear strategy for how NSW Health will work to strengthen and fund the sustainability and growth of rural, regional and remote health services in each town including quantifiable targets for tangible improvement in community-level health outcomes, medical and health workforce growth, community satisfaction, and provider coordination and sustainability. It must also address hospital and general practice workforce shortages including General Practitioner, nurses and midwives, nurse practitioners, mental health nurses, psychologists, psychiatrists, counsellors, social workers, paramedics, allied health practitioners and Rural Generalists

Recommendation 11 was 'supported in principle' in the NSW Government response. Stakeholders from Workforce Talent and Planning Development (WPTD) within the Ministry of Health were consulted to review the progress of implementing the below action.

11.1 Work with the Federal Government if they are committed to investing in a 10 year strategy for Rural and Remote Medical Health Workforce Recruitment and Retention	Progress Rating*
Progress	
<ul style="list-style-type: none"> ▸ This action is due to be delivered in May 2023. WPTD is responsible for the implementation of this action. ▸ WPTD noted that collaboration between the Federal Government regarding the development of a 10 year strategy for Rural and Remote Medical Health Workforce Recruitment and Retention is yet to commence. ▸ Whilst progress towards this action has not commenced, both the Federal Government and NSW Health have developed independent strategies, which capture the recruitment and retention of the rural and remote medical workforce: <ul style="list-style-type: none"> ▸ NSW Health Workforce Plan 2022-2032 (REF-106) ▸ National Medical Workforce Strategy 2021-2031 (REF-56) ▸ The establishment of the Regional Health Workforce Working Group (RHWWG) ▸ WPTD noted during stakeholder consultation that further discussion with the Federal Government would be necessary to determine the value of an additional strategy, given the strong focus on rural and regional workforce challenges within the National Medical Workforce Strategy 2021-2031 (REF-56). ▸ WPTD noted during stakeholder consultation that broader consultation and collaboration would be required between the States for a comprehensive strategy to be developed, given the national significance of priorities which would be addressed. ▸ RHD in collaboration with WPTD, have established the RHWWG. RHWWG allows Ministry of Health representatives to discuss state-level strategies, initiatives and focus areas for strengthening the regional health workforce (REF-89). ▸ The scope of the Regional Health Workforce Working Group <i>includes Issues to be discussed with the Commonwealth at the Bilateral Regional Health Forum</i>. These forums may be leveraged in the future to progress the development of a 10-year strategy for Rural and Remote Medical Health Workforce Recruitment and Retention in collaboration with the Federal Government (REF-89). 	
Effectiveness	
<ul style="list-style-type: none"> ▸ It is too early to measure the effectiveness of progress towards this action as progress is ongoing. 	
Sustainability	
<ul style="list-style-type: none"> ▸ The ongoing sustainability of this action is dependent on a commitment from the Federal Government. 	

*The progress of this action is dependent on commitment from the Federal Government.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

12 That NSW Health review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers in public health facilities in rural, regional and remote New South Wales, to ensure that the GP/VMO model remains viable while broader innovation and reform progresses

Recommendation 12 was 'supported' in the NSW Government response. Stakeholders from Workplace Relations within the Ministry of Health were consulted to review the progress of implementing the below actions.

12.1 Review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers (VMOs) in regional public health facilities within the remit of the NSW Government Public Sector Wages Policy

Progress Rating



Progress

- ▶ Progress towards this action commenced 31 August 2022 and no delivery due date has been determined for this action. Workplace Relations is responsible for the implementation of this action.
- ▶ The review of the working conditions, contracts and incentives of GPs working as VMOs is being facilitated through the Rural Doctors Employment Arrangements (RDEA) Working Group. This forum was established to enable collaboration between key stakeholders, and provide an opportunity to discuss feedback and proposed solutions (REF-26, REF-37).
- ▶ The RDEA Working Group, (commenced November 2022), consists of a broad range of stakeholders (REF-22). Membership includes representatives from:
 - ▶ NSW Ministry of Health
 - ▶ Rural Doctors Association
 - ▶ Australian Medical Association
 - ▶ LHDs: MLHD, WNSLHD, FWNSWLHD, SNSWLHD, HNELHD, ISLHD, MNCLHD, NNSWLHD, NBMLHD
- ▶ Workplace Relations noted during stakeholder consultation that broad membership has enabled a range of perspectives to be considered throughout the review process.
- ▶ Documentation has been provided to demonstrate the forums being used to progress this action. For example, the November 2022 instance of the RDEA Working Group included discussion of the following questions (REF-23):
 - ▶ *What issues are impacting working arrangements of GP VMOs engaged on the Rural Doctors' Settlement Package?*
 - ▶ *What does success look like?*
 - ▶ *What are the gaps?*
 - ▶ *What changes could be implemented in the short-term to RDSP GP VMOs arrangements?*
 - ▶ *What barriers are there to implementing changes?*
 - ▶ *What alternative employment models or other structures should be considered to modernise the RDSP?*
- ▶ The RDEA Working Group has established short, medium, and long term objectives in relation to improving the working conditions, contracts, and incentives of GP VMOs (REF-26).

Effectiveness

- ▶ Workplace Relations noted that the RDEA Working Group has established short, medium, and long term objectives in relation to improving the working conditions, contracts, and incentives of GP VMOs. A timeline for the completion of these objectives has been defined to calendar year 2025. The RDEA Working Group provides governance and oversight into progress towards defined objectives (REF-26).
- ▶ Workplace Relations noted that further engagement with LHDs will be required to determine the effectiveness of changes to the working conditions, contracts and incentives of GPs working as VMOs in regional facilities.

Sustainability

- ▶ A timeline for the completion of the above objectives has been defined to calendar year 2025. The RDEA WG provides governance and oversight into progress towards defined objectives (REF-26).
- ▶ Whilst initial progress towards this action has been effective in defining future priorities, Workplace Relations noted during stakeholder consultation that the implementation of these objectives is dependent on funding. At present, objectives remain unfunded, and there is no *in principle* agreement for funding to be granted.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

12 That NSW Health review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers in public health facilities in rural, regional and remote New South Wales, to ensure that the GP/VMO model remains viable while broader innovation and reform progresses

12.2 The Rural Doctors' Association has requested an item number be added to the RDSP to compensate GP/VMOs for the time taken to use Electronic Medical Records and Electronic Medication Management. Work has commenced to consider the validity of this claim, including work organisational studies to observe the time taken to undertake an admission in RDSP sites

Progress Rating



Progress

- This action is scheduled to be completed by FY 2023/2024. Workplace Relations is responsible for the implementation of this action.
- The RDEA Working Group has progressed the approval of three additional item numbers to be added to the RDSP (REF-25).
- The following updates have been made to the Rural Doctors' Settlement Package Hospitals Indexation of Fees - VMOs, effective 1 February 2023 (REF-58):
 - *Item number 1005 Discharge Summary*
 - *Item number 1006 Admission Medication Reconciliation*
 - *Item number 1007 Discharge Medication Reconciliation*

Effectiveness

- Workplace Relations noted that GP VMOs are responsible for claiming these new item numbers and LHDs are responsible for processing payments under the Rural Doctors' Settlement Package (REF-58).
- As the additional item numbers have been in effect as of 1 February 2023, the effectiveness of these item numbers in improving the compensation of General Practitioner/Visiting Medical Officers (GP/VMOs) cannot be determined (REF-26).
- Workplace Relations noted that further engagement with LHDs will be required to determine the effectiveness of these item numbers in improving the compensation of GP/VMOs.

Sustainability

- Workplace Relations noted that the ongoing implementation of item numbers within the *Rural Doctors' Settlement Package Hospitals Indexation of Fees - VMOs* is dependent on ongoing funding (REF-58).

Progress Rating

Low Medium High Complete

That NSW Health establish a state-wide system of GP/VMO accreditation, which is independent of the Local Health Districts. As part of this system, NSW Health should ideally look to establish an online GP/VMO availability system where GP/VMOs can nominate dates and locations they are available to work that can be accessed by the rural and regional Local Health Districts and general practices in filling vacancies

Recommendation 13 was 'supported in principle' in the NSW Government response. Stakeholders from Workforce Planning and Talent Development (WPTD) within the Ministry of Health were consulted to review the progress of implementing the below action.

13.1 Review GP/VMO credentialling processes in LHDs to establish consistent and streamlined processes that are not onerous, and ensures that GPs have the skills, qualifications, experience to deliver safe and high-quality services at regional facilities

Progress Rating

Progress

- ▶ This action is due to be delivered by June 2023. WPTD is responsible for the implementation of this action.
- ▶ WPTD noted during stakeholder consultation that the credentialling process in LHDs for GP/VMOs is duplicative due to the absence of a state-wide process.
- ▶ In order to address this duplication, a review of how credentialling and onboarding processes for GP/VMOs occurs within respective LHDs has commenced. This information will support the identification of streamlining opportunities. Evidence has not been provided to validate this process.

Challenge:

- ▶ WPTD noted during stakeholder consultation that establishing a consistent and streamlined process for GP/VMO credentialling would be dependent on policy change. At present, the policy ascribes the responsibility of credentialling to individual LHDs. The influence of WPTD in streamlining this process and reducing duplication is therefore limited. Evidence has not been provided to demonstrate this dependency.

Effectiveness

- ▶ It is too early to measure the effectiveness of progress towards this action.

Sustainability

- ▶ Stakeholder consultation sessions noted that engagement with LHDs is ongoing. Evidence to support this commentary was not provided.

Progress Rating

Low Medium High Complete

14 That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions, integrating these within the new employment and service delivery models recommended in Recommendations 9 and 10

Recommendation 14 was 'supported' in the NSW Government response. Stakeholders from Workforce Planning and Talent Development (WPTD) within the Ministry of Health were consulted to review the progress of implementing the below actions.

<p>14.1 As part of the 2022-23 Budget, the NSW Government has invested \$883 million over the next four years to attract and retain staff in regional NSW. The investment will include funding to:</p> <ul style="list-style-type: none"> ▸ Attract GPs to work in NSW hospitals via incentive grants ▸ Expand programs to train and upskill GPs locally ▸ Increase rural intern positions 	<p>Progress Rating</p>
---	------------------------

Progress

- This action is due to be delivered by 2024. WPTD is responsible for the implementation of this action.
- The *NSW Budget 2022-23* provided an investment of \$883 million over the next four years, to provide flexible and bespoke recruitment and retention incentives to build and sustain the rural and regional health workforce (REF-57).
- This funding will support incentive grants to attract GPs to work in NSW hospitals through the Rural Health Workforce Incentive Scheme (RHWIS). RHWIS aims to recruit and retain staff in eligible positions at health services across regional and rural NSW. Under the scheme, incentives *over and above award entitlements* may be offered to entice workforce to hard to fill roles, and assist health agencies in stabilising the supply of health workers in rural and regional locations. For example, an incentives package of up to \$10,000 in value is available for some roles throughout rural and regional NSW (REF-60).
- WPTD noted during stakeholder consultation that the Federal Government is responsible for funding training positions for GPs. However, NSW Government funding has been approved to increase rural intern positions. Evidence has not been provided to validate the budget allocation for increasing rural intern positions, or communication between WPTD and LHDs regarding these additional roles.

Effectiveness

- It is too early to measure the effectiveness of progress towards this action.

Sustainability

- WPTD noted during stakeholder consultation that the ongoing implementation of this action is dependent on recurrent funding, which has been approved. Evidence has not been provided to validate the approval of this funding.

<p>14.2 Continue to work with medical colleges, LHDs and the Ministry of Health to assist the accreditation of new rural specialist training posts, where there is appropriate supervision</p>	<p>Progress Rating</p>
--	------------------------

Progress

- The delivery of this action is ongoing. WPTD is responsible for the implementation of this action.
- WPTD noted during stakeholder consultation that collaboration between medical colleges, LHDs and the Ministry of Health occurs on an ongoing basis. No evidence was provided to demonstrate communication between these stakeholders.

Effectiveness

- The effectiveness of progress towards this action cannot currently be assessed.

Sustainability


- Evidence has not been provided to measure the sustainability of progress towards this action.

Progress Rating
■ Low ■ Medium ■ High ■ Complete



15 That NSW Health review the current employment arrangements and remuneration structure for trainee doctors with a view to aligning rural trainees' remuneration and incentives with those provided to metropolitan students travelling for rural training

Recommendation 15 was 'supported in principle' in the NSW Government response. Stakeholders from Workplace Relations and Workforce Planning and Talent Development (WPTD) within the Ministry of Health were consulted to review the progress of implementing the below actions.

15.1 NSW Health to review the remuneration and incentives for travelling trainee doctors. Aligning remuneration and incentives for rural trainee doctors with those provided to metropolitan students travelling for rural training requires additional funding and approvals through the Senior Officials Wages Advisory Committee	Progress Rating 
---	--

Progress

- ▶ A delivery due date was not provided for this action and progress is ongoing. Workplace Relations is responsible for the implementation of this action.
- ▶ The review of remuneration and incentives for travelling trainee doctors is currently being progressed through the Accommodation Advisory Group (AAG). The AAG was established by Workplace Relations, to provide advice to the Ministry of Health on options to address accommodation issues faced by trainees rotating to non-country locations. Terms of reference for the AAG have been developed, which acknowledge that 'trainees based in rural locations and rotating to metropolitan locations do not get the benefit of the allowance, or the provision of accommodation' (REF-38).
- ▶ The AAG is chaired by the Director, Industrial Relations and Human Resources Policy within Workplace Relations. The AAG includes representation from the following (REF-38):
 - ▶ Medical Advisor, Workforce Planning and Talent Development Branch
 - ▶ Associate Director, Rural and Regional, Workplace Relations Branch
 - ▶ Australian Salaried Medical Officers Federation of NSW
 - ▶ Health Services Union
 - ▶ Health Education and Training Institute
 - ▶ Training Network
 - ▶ LHD and Specialty Network, including representation from rural, regional and metropolitan
- ▶ Workplace Relations noted during stakeholder consultation that discussion has commenced to investigate the feasibility of funding a grant payment to supplement the accommodation costs associated with relocation. Documentation has not been provided to validate this.
- ▶ The Ministry of Health has issued a determination regarding *Non-standard remuneration for rurally based junior medical officers undertaken rotations at other NSW sites*. This determination outlines that as of 28 October 2022, a medical officer undertaking rotation from a relevant country hospital to one of the following sites will have their salary increased by one incremental step (REF-59):
 - ▶ NBMLHD
 - ▶ NSLHD
 - ▶ SESLHD
 - ▶ SWSLHD
 - ▶ St Vincent's Hospital Network
 - ▶ SLHD
 - ▶ WSLHD

Effectiveness

- ▶ It is too early to measure the effectiveness of progress towards this action.

Sustainability

- ▶ Workplace Relations noted during stakeholder consultation that the ongoing implementation of this action is dependent on the approval of funding.

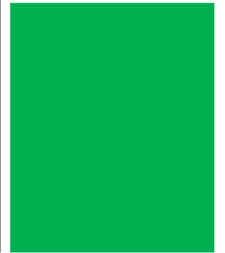
Progress Rating
 Low
  Medium
  High
  Complete

15 That NSW Health review the current employment arrangements and remuneration structure for trainee doctors with a view to aligning rural trainees' remuneration and incentives with those provided to metropolitan students travelling for rural training

15.2 As part of the 2022-23 Budget, the NSW Government has invested \$883 million over the next four years to attract and retain staff in regional NSW. The investment will include funding for:

- tailored incentive programs for healthcare staff to take up and retain positions in regional, rural and remote NSW - which can include a tailored incentive package of up to \$10,000 plus additional leave, relocation reimbursement, professional development and study assistance for the nursing and midwifery workforce
- increased training positions for nursing graduates and Nurse Practitioners
- career development and secondment opportunities for healthcare workers based in regional, rural and remote NSW, including for those based in metropolitan areas to 'try out' working in regional NSW

Progress Rating



Progress

- This action is scheduled to be delivered by December 2026. WPTD is responsible for the implementation of this action.

Tailored incentive programs for healthcare staff to take up and retain positions in regional, rural and remote NSW

- The NSW Budget 2022-23 provided an investment of \$883 million over the next four years, to provide flexible and bespoke recruitment and retention incentives to build and sustain the rural and regional health workforce. (REF-57). A proportion of this funding has been allocated to the Rural Health Workforce Incentive Scheme (RHWIS). RHWIS was published by WPTD on 4 July 2022 (REF-60).
- RHWIS is a tailored incentive program which aims to recruit and retain staff in eligible positions at health services across regional and rural NSW. Under the scheme, incentives 'over and above award entitlements' may be offered to eligible health workers to recruit and retain staff in eligible positions at health services across regional and rural NSW. This scheme has been designed to entice the health workforce to fill roles, and assist health agencies stabilise the supply of health workers in rural and regional locations. RHWIS offers a variety of monetary and non-monetary incentives. Incentive packages for each health worker may be a collation of several incentives, with the total package value up to \$10,000 (REF-60).
- RHWIS is applicable in locations classified MM3 to MM7. Metropolitan Sydney, Gosford, Newcastle and Wollongong, and localities within 20km of these areas are therefore excluded from the scheme (REF-60)

Increased training positions for nursing graduates and Nurse Practitioners

- Information regarding progress towards this action can be found under Recommendation 19, Action 1 (see page 47).

Career development and secondment opportunities for healthcare workers based in regional, rural and remote NSW

- NSW Health is in the progressing career development and secondment opportunities for healthcare workers based in regional, rural, and remote NSW through the NSW Health Deployment Program. Under this program, workers from over 20 professions will have the opportunity to partake in short-term placements across NSW. Workers will be employed as a member of the Central Resource Unit (CRU), a team of staff who travel throughout NSW to fill short term vacancies which may be affecting service delivery (REF-80).

Effectiveness

- Information regarding the effectiveness of progress towards increasing training positions for nursing graduates and Nurse Practitioners can be found under Recommendation 19, Action 1 (see page 46).

Sustainability

- Information regarding the sustainability of progress towards increasing training positions for nursing graduates and Nurse Practitioners can be found under Recommendation 19, Action 1 (see page 46).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

That NSW Health expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers based on local need across rural, regional and remote New South Wales. The outcome should ensure there are staffing levels that enable optimal patient care and for that care to be delivered in a professionally, physically and psychologically safe environment. NSW Health should publicly report on an annual basis its performance in meeting this outcome

Recommendation 16 was 'supported' in the NSW Government response. Stakeholders from Workforce Planning and Talent Development (WPTD) and the Nursing and Midwifery Office (NaMO) within the Ministry of Health were consulted to review the progress of implementing the below actions.

16.1 Recruit an additional 3,800 regionally over the next four years. Nurses and midwives are a key priority, and the focus will be on maximising recruitment within the first two years of the four-year package

Progress Rating

Progress

- This action is scheduled to be delivered by December 2026. WPTD is responsible for the implementation of this action.
- WPTD and NaMO noted during stakeholder consultation that progress towards the recruitment of an additional 3,800 regionally over the next four years is occurring through:
 - The Rural Health Workforce Incentive Scheme (RHWIS) (REF-60)
 - Recruitment initiatives being funded through the New Policy Proposal (NPP) for *Building and Sustaining the Rural Workforce* (REF-61, REF-63, REF-64)
 - The Regional Health Workforce Working Group (RHWWG) (REF-89)
 - Graduate recruitment initiatives, including the GradStart Program (REF-107)
- WPTD and NaMO noted during stakeholder consultation that 3,800 regional recruitment target is not exclusive to nurses and midwives. WPTD confirmed that to date, the recruitment of staff across rural and regional NSW has grown by 1,015 FTE since June 2022 including 352 Nurses and Midwives, 19 doctors and 236 Allied Health.
- RHWIS aims to recruit and retain staff in eligible positions at health services across regional and rural NSW. Under the scheme, incentives over and above award entitlements may be offered to entice workforce to hard to fill roles, and assist health agencies in stabilising the supply of health workers in rural and regional locations. For example, an incentives package of up to \$10,000 in value is available for some roles throughout rural NSW (REF-60).
- RHWIS is applicable in locations classified MM3 to MM7. Metropolitan Sydney, Gosford, Newcastle and Wollongong, and localities within 20km of these areas are therefore excluded from the scheme (REF-60).
- Documentation has confirmed that funding for initiatives to maximise the regional recruitment of nurses and midwives has been approved through the New Policy Proposal (NPP) for *Building and Sustaining the Rural Workforce*. Stakeholder consultation with NaMO confirmed that relevant initiatives include:
 - Funding for 20 FTE of Nurse Practitioner has been allocated to each rural and regional LHD to support the implementation and growth of rural generalist NP/TNP roles. This allocation is annualised, and will be included in Service Level Agreements from FY23/24 (REF-61)
 - Funding for 100 Nurse Practitioner positions will be allocated over the next four years, with 25 FTE Nurse Practitioner per year to be distributed within rural and regional LHDs (REF-61)
 - Funding to support 20 additional Aboriginal nursing and midwifery cadetship positions (REF-64)
 - Funding for 5 Rural Postgraduate Midwifery Student scholarships in 2022/2023 (REF-63)
- The Regional Health Workforce Working Group (RHWWG) has been established to facilitate discussion and collaboration throughout the Ministry of Health on issues relating to regional healthcare, including attracting and retaining the regional health workforce (REF-89, REF-90).
- Stakeholder consultation confirmed NaMO is currently overseeing graduate recruitment for the nursing and midwifery workforce through the GradStart Program. GradStart offers employment to graduates with initial registration as a nurse or midwife. Whilst NaMO coordinates recruitment, individual LHDs, Specialty Networks and Affiliated Health Organisations recruit to their own health facilities through the GradStart process (REF-107).

Effectiveness

- Both NaMO and WPTD noted during stakeholder consultation that recruitment to the regional health workforce is the responsibility of individual LHDs. The effectiveness of initiatives to maximise recruitment cannot be determined without further consultation at LHD level.
- NaMO noted during stakeholder consultation that data is collected to measure the number of regional graduate placements within nursing and midwifery. However, whilst this data may indicate an increase in recruitment, whether this is due to an increase in budget and/or the prioritisation of nurses and midwives throughout the recruitment process, cannot be determined. Evidence of this recruitment data has not been provided.

Sustainability

- It is too early to determine the sustainability of progress towards this action as progress is ongoing.

Progress Rating

Low Medium High Complete

That NSW Health expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers based on local need across rural, regional and remote New South Wales. The outcome should ensure there are staffing levels that enable optimal patient care and for that care to be delivered in a professionally, physically and psychologically safe environment. NSW Health should publicly report on an annual basis its performance in meeting this outcome

16.2 Conduct periodic reviews of the nursing and midwifery workforce and undertake any reforms required to meet the workforce needs of the community, in accordance with current structures in place

Progress Rating

Progress

- › This action was scheduled to be delivered by May 2023, however is yet to formally commence. WPTD is responsible for the implementation of this action.
- › WPTD noted that NSW Health is in the process of developing a plan to undertake workforce modelling on the Nursing and Midwifery workforce in NSW. This will enable NSW Health to establish indicative workforce requirements to 2040.
- › It has been proposed that workforce modelling will be performed for:
 - › NSW state-wide view, including NSW Health, private, and additional providers
 - › NSW Health
 - › Registered Nurse (RN) and Enrolled Nurse (EN) and Midwife workforces for NSW Health, and at the LHD level (inc. NSW Health metro, regional, and rural)
- › This plan is yet to be finalised. Documentation has not been evidenced to validate this progress.

Effectiveness

- › It is too early to measure the effectiveness of progress towards this action as progress has not formally commenced.

Sustainability

- › It is too early to measure the sustainability of progress towards this action as progress has not formally commenced.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

That NSW Health work to widely implement the Nurse Practitioner model of care in rural, regional and remote New South Wales, by:

- Funding the recruitment and training of additional Nurse Practitioners to work in rural, regional and remote areas, particularly in facilities without 24/7 doctor coverage, or that utilise virtual medical coverage
- Working with the Australian Government to address the practical barriers to creating and supporting these roles identified by the Australian College of Nurse Practitioners

Recommendation 17 was 'supported' in the NSW Government response. Stakeholders from Workplace Planning and Talent Development (WPTD), Government Relations Branch (GRB) and Nursing and Midwifery Office (NaMO) within the Ministry of Health were consulted to review the progress of implementing the below action.

17.1 Work collaboratively with the Federal Government to address the practical barriers to creating and supporting Nurse Practitioner roles identified by the Australian College of Nurse Practitioners. Existing forums will be utilised to work with the Federal Government on these issues

Progress Rating



Progress

- Progress towards implementing this action commenced in August 2022 and was due to be delivered by December 2022, however progress towards this action is still ongoing.
- GRB within the Ministry of Health is leading engagement with the Federal Government via the Health Ministers Meeting (HHM) forums to address barriers, create awareness and promote alignment with other states and territories.
- The Federal Budget in May 2023, provided financial measures to support with addressing some of the practical barriers associated with Nurse Practitioner roles. These measures have not yet been implemented but were supported by the Australian College of Nurse Practitioners (REF-87) and include the following:
 - The legislated Collaborative Arrangements that put patients of nurse practitioners at financial disadvantage, and limit NP practice, will end
 - Medicare rebates for Nurse Practitioners will rise by 30%, at a cost of \$46.8 million
 - 1,850 Postgraduate scholarships are being funded for registered nurses to become Nurse Practitioners at a cost of \$50.2m
- A Rural Nurse Practitioner Framework has been designed and published by NaMO which provides a training and development pathway for Rural Generalist Nurse Practitioners. This framework also includes a pathway that enables the progression of Registered Nurses to Nurse Practitioner positions (REF-20).
- Recurrent funding was approved by NSW Treasury in February 2023. NaMO was appointed to oversee the roll out of the funding. This includes the implementation of the following initiatives, which are funded through the *Building and Sustaining the Rural Workforce NPP* and Budget Supplementation letters have been distributed to LHDs for the following (REF-61):
 - 20 FTE Rural Generalist Nurse Practitioner positions within rural and regional LHDs
 - 100 Nurse Practitioner Rural positions, 25 FTE positions will be established per year over the next four years and will be distributed across rural and regional LHDs
- Stakeholder consultation with NaMO confirmed that recruitment occurs at the LHD level.

Challenges:

- NaMO noted during stakeholder consultation that whilst the recent Federal Budget funding may address some of the barriers for NPs, NPs cannot currently issue PBS prescriptions for dispensing in community pharmacies. A Pharmaceutical Reform Arrangement between the Federal Government and NSW would enable patients to receive more effective and timely access to subsidised prescription medicines through an NP delivered service. Evidence to support this commentary was not provided.
- NaMO noted during stakeholder consultation that PBS medications lists are currently limited for Nurse Practitioners and MBS has a limited range of billing items available for NPs, generating additional out of pocket expenses for patients attending NP services compared to other medical practitioners. Evidence to support this commentary was not provided.

Effectiveness

- Further engagement is required with LHDs to determine the impact and ability to appoint these additional Nurse Practitioner posts (REF 61). NaMO noted that further engagement is required to determine these KPIs with LHDs.

Sustainability

- Recurrent funding has been approved for the above mentioned Nurse Practitioner Rural and Generalist Nurse Practitioner positions. Sustainability will be dependent upon the uptake and development of these positions.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

18

That in addition to peer group B hospitals, NSW Health employ a geriatric nurse in all peer group C hospitals. Where a geriatric nurse is not employed, NSW Health develop and provide staff members with annual training in geriatric care to ensure an ageing population is given the best health care when visiting a health care facility

Recommendation 18 was 'supported in principle' in the NSW Government response.

NSW Health Inquiry Response Actions	Lead Branch Consulted	Delivery Date	Progress Rating
<i>No action specified</i>			

NOT REVIEWED

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

That the rural and regional Local Health Districts:

19

- ▶ formalise and remunerate on call arrangements for nurses and midwives across all public health facilities in accordance with industrial awards
- ▶ engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting
- ▶ increase and formalise professional development opportunities for nurses and midwives, ensuring that rostering accounts for this

Recommendation 19 was 'supported in principle' in the NSW Government response. Stakeholders from Nursing and Midwifery Office (NaMO) and Workplace Relations (WR) were consulted to review the progress of implementing the below action.

19.1 Support LHDs increasing and formalising professional development opportunities for nurses and midwives

Progress Rating



Progress

- ▶ This action is due to be delivered by May 2024 and the NaMO within the Ministry of Health is responsible for implementing this action.

Rural Nursing Pathways in Practice (RNPIP)

- ▶ NaMO has successfully implemented the Rural Nursing Pathways in Practice (RNPIP) (REF-40). RNPIP is a package of career resources for all rural and remote nurses, and includes:
 - ▶ Online education modules developed by rural nurses for rural nurses, to hone and refresh the fundamentals of clinical assessment in rural and remote settings
 - ▶ Funded postgraduate scholarships for rural nurses
 - ▶ Supported workplace learning opportunities including clinical rotations to progress skills

Graduate Certificate - Rural Nursing

- ▶ A Graduate Certificate in Rural Nursing has been established and is scheduled to commence in July 2023. This Certificate course is fully funded by NaMO and will be managed by HETI (REF-40).

Upskilling opportunities for nurses and midwives

- ▶ In February 2023, approval was made for the transfer of funding to Rural/Regional LHDs, as part of an NPP for Building and Sustaining the Rural Workforce (REF-63). Under this Budget Supplementation, \$373,120 was approved to support upskilling opportunities for nurses and midwives. This funding will provide rural and remote nursing and midwifery staff with the opportunity to undertake a supernumerary placement into a different clinical care context or speciality area, in order to increase capabilities and expand clinical skills.

Transition to rural and remote new graduate program

- ▶ In March 2023, approval was made for the transfer of funding to Rural/Regional LHDs, as part of an NPP for Building and Sustaining the Rural Workforce (REF-66). Under this Budget Supplementation, \$4,048,765 will be transferred in FY22/23, and \$3,779,618 will be transferred in FY23/24 to support transition to rural and remote new graduate program. This funding supports rural and remote graduate nurses allocated to small rural facilities or Multipurpose Services (MM4-MM7) to undertake a supernumerary placement at a larger facility or Emergency Department. Alternatively, this funding could be utilised to enable education and clinical support to be delivered at the graduates' place of work. All Rural LHDs have been allocated a proportion of this funding, which includes backfill, accommodation, and travel costs.

Effectiveness

Rural Nursing Pathways in Practice (RNPIP)

- ▶ The uptake of RNPIP is currently being reported by NaMO. For example, data is being collected to demonstrate the number of completions, incompletions and non-attempts for the RNPIP. Data is categorised by LHD and course name (REF-65). Data extracted in March 2023 confirmed that 577 participants had completed modules offered through RNPIP.
- ▶ As part of the online education modules provided through RNPIP, participants are asked to complete a survey, providing feedback on metrics such as:
 - ▶ *The extent to which the course structure helped me learn the knowledge and skills*
 - ▶ *The extent to which the module included content and examples that are relevant to my work*
 - ▶ *The extent to which participants will implement changes to my practice based on what has been learnt* (REF-65)
- ▶ Data extracted in March 2023 indicates that participant feedback was significantly positive, according to a survey completion rate of approximately 50% (REF-65).

Upskilling opportunities for nurses and midwives, Transition to new graduate program

- ▶ Funding which has been obtained for the provision of upskilling opportunities for nurses and midwives includes backfill for secondee and accommodation costs (REF-63, REF-66). Stakeholder consultation with NaMO identified workforce shortages as a challenge for the backfill of these positions. Further assessment will be required at LHD level to determine the extent to which positions may be covered within individual LHDs.

Sustainability

Rural Nursing Pathways in Practice (RNPIP)

- ▶ NaMO noted that the RNPIP and Graduate Certificate in Rural Nursing has been fully funded and resourced through recurring funding. Evidence to validate this commentary was not provided.

Upskilling opportunities for nurses and midwives

- ▶ The funding allocated towards supporting LHDs with upskilling rural nurses has been approved for the next 4 years and will then transition over to BAU with LHDs.

Progress Rating

Low Medium High Complete

That the rural and regional Local Health Districts:

19

- formalise and remunerate on call arrangements for nurses and midwives across all public health facilities in accordance with industrial awards
- engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting
- increase and formalise professional development opportunities for nurses and midwives, ensuring that rostering accounts for this

19.2 Support local health districts (LHDs) undertaking a review of on call arrangements in 2022-23

Progress Rating

Progress

- This action was scheduled for completion by March 2023. Workplace Relations is responsible for the implementation of this action.
- Workplace Relations noted during stakeholder consultation that communication between Workplace Relations and LHDs to determine the level of support required for a review of on call arrangements had occurred. Correspondence was initiated through a letter to LHDs requesting information around existing on-call arrangement (REF-149). Workplace Relations noted that all LHDs responded to this correspondence, but additional support requests were not notable.
- Workplace Relations noted during stakeholder consultation that on-call arrangements are currently being reviewed at LHD level.

Effectiveness

- Further consultation with Workplace Relations noted that while this action is complete from a Ministry of Health level, further engagement with LHDs would be required to assess the effectiveness of this action.

Sustainability

- Workplace Relations noted that consultation with RHD confirmed that the ongoing sustainability of this action would be discussed with LHD Chief Executives at the Regional Health Committee meeting.

Progress Rating

Low Medium High Complete

That NSW Health, as part of its review of the nursing and midwifery workforce:

- ▶ develop stronger partnerships with the university sector to more proactively engage local people and support them through rurally and regionally based education, training and professional development to become qualified nurses and midwives
- ▶ develop partnerships between rural, regional and metropolitan Local Health Districts to devise programs for nurses and midwives who are either early career, specialised or are experienced to practice in rural and remote locations
- ▶ implement professional, financial and career enhancement incentives for nurses and midwives who work in rural and remote locations

Recommendation 20 was 'supported in principle' in the NSW Government response. Stakeholders from Workplace Planning and Talent Development (WPTD) and Nursing and Midwifery Office (NaMO) within the Ministry of Health were consulted to review the progress of implementing the below actions.

20.1 Continue to engage with university and vocational education and training sector partners on rural education pathways to support local health workforce development. This includes consultation with Department of Education and TAFE NSW on current investment in vocational education to support building the domestic health workforce for enrolled nurses	Progress Rating

Progress

- ▶ This action was due to be delivered by May 2023. Workplace Planning and Talent Development (WPTD) is responsible for the implementation of this action.
- ▶ Both WPTD noted during stakeholder consultation that the Chief Nursing Midwifery Officer attends a regular meeting between university and vocational education sector partners. Evidence to demonstrate the content and attendees of this meeting has not been provided.

Effectiveness

- ▶ The effectiveness of progress could not be assessed for this action.

Sustainability

- ▶ Evidence has not been provided to demonstrate the sustainability of progress towards this recommendation.

20.2 In June 2022, the NSW Government announced that \$883 million will be spent over the next four years to attract and retain staff, including nurses and midwives, in rural and regional NSW. This includes career enrichment opportunities using structured and targeted secondments as well as new graduate placements. Part of this package involves a revamp of scholarship programs and training pathways, which will see a greater shift towards 'grow your own' outcomes	Progress Rating

Progress

- ▶ This action is scheduled to be delivered by December 2026. WPTD is responsible for the implementation of this action.
- ▶ The NSW Budget 2022-23 provided an investment of \$883 million over the next four years, to provide flexible and bespoke recruitment and retention incentives to build and sustain the rural and regional health workforce. (REF-57).

Career enrichment and secondment opportunities for healthcare workers based in regional, rural and remote NSW

- ▶ Information regarding progress towards career enrichment and secondment opportunities can be found under Recommendation 15, Action 2 (see page 42).

New graduate placements

- ▶ Information regarding progress towards revamping scholarship programs and training pathways can be found under Recommendation 19, Action 1 (see page 42).

Scholarship programs and training pathways

- ▶ Information regarding progress towards revamping scholarship programs and training pathways can be found under Recommendation 19, Action 1 (see page 59).

Effectiveness

- ▶ Information regarding the effectiveness of progress towards revamping scholarship programs and training pathways can be found under Recommendation 19, Action 1 (see page 47).

Sustainability


- ▶ Information regarding the sustainability of progress towards revamping scholarship programs and training pathways can be found under Recommendation 19, Action 1 (see page 47).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

21 That NSW Health working with the Commonwealth and all relevant service providers investigate strategies to ensure public patients being treated in regional cancer centres can access private-public services while reducing out-of-pocket costs

Recommendation 2.1 was 'supported' in the NSW Government response. Stakeholders from Cancer Institute NSW (CINSW) were consulted to review the progress of implementing the below action.

21.1 Support measures to reduce out-of-pocket costs for cancer treatment	Progress Rating 
--	--

Progress

- ▶ The delivery of this action is ongoing. From a Ministry of Health perspective, CINSW is responsible for the implementation of this action.
- ▶ CINSW noted during stakeholder consultation that the delivery of measures to reduce out-of-pocket costs for cancer treatment is dependent on the Cancer Council, and other service providers.
- ▶ CINSW plays a role in extracting data, and reporting on the outcomes of cost-reduction programs. For example:
 - ▶ *IPTAAS Reporting*: CINSW works in collaboration with the Regional Health Division to extract data regarding the uptake of IPTAAS for cancer treatment. Whilst this data is indicative of IPTAAS occasions of service over a range of cancer treatments, the effectiveness of IPTAAS as a cost-reduction measure cannot be determined to data being incomplete (REF-41).
 - ▶ *Breast Hypofractionation Trends*: CINSW works in collaboration with Enable NSW to extract data regarding the uptake of breast hypofractionation treatment. This data is indicative of an upward trend in service uptake, resulting in a reduction of financial cost to consumers. However, the role of CINSW regarding this measure is in reporting only (REF-42).
- ▶ CINSW noted during stakeholder consultation that the implementation of ongoing measures to reduce out-of-pocket costs for cancer treatment is currently being delivered by the Cancer Council. The Cancer Council is responsible for the delivery, and reporting on the outcomes of the following measures:
 - ▶ *Financial Assistance program*: Financial assistance is provided to cancer patients experiencing financial hardship. Assistance is delivered in the form of financial counselling, and emergency financial assistance payments (REF-44).
 - ▶ *Transport to Treatment program*: Transport assistance is provided as a free service for people who are unable to access community transport services, or who have additional transport barriers (REF-45).
 - ▶ *Accommodation during cancer treatment program*: In instances where patients must travel from regional and remote areas for cancer treatment, subsidised accommodation may be provided. This program is delivered by partnerships between the Cancer Council and AccorHotels, as well as through the NSW Government's IPTAAS (REF-46).

Challenges:

- ▶ CINSW noted during stakeholder consultation that the ability for CINSW to implement measures to reduce out-of-pocket costs for cancer treatment is limited. Progress towards implementation is dependent on change which CINSW is unable to influence within its current remit (e.g., funding, policy).
- ▶ CINSW noted that further engagement is required with the Cancer Council to determine the full extent of progress, effectiveness and sustainability.

Effectiveness

- ▶ Further engagement is required with the Cancer Council to determine the full extent of progress, effectiveness and sustainability.

Sustainability

- ▶ CINSW confirmed that the reporting on the outcome of cost cost-reduction programs is ongoing at Ministry of Health level.

Progress Rating

 Low  Medium  High  Complete

That NSW Health and the rural and regional Local Health Districts work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to ensure continuity of care for patients

Recommendation 22 was 'supported' in the NSW Government response. Stakeholders from eHealth NSW were consulted to review the progress of implementing the below action.

22.1 Working with Primary Health Networks, partner agencies, vendors and cross jurisdictional agencies to improve communication and the sharing of patients' clinical information between different health care settings

Progress Rating



Progress

- This action is due to be delivered by December 2023. eHealth NSW is responsible for the implementation of this action.
- Progress towards this action is currently being delivered through the Co-Located Clinics project. This project has been designed to address issues faced by clinicians in accessing and sharing patient information between LHD and Primary Care settings (REF-72).
- As part of the Co-Located Clinics project, eHealth NSW is currently partnering with *WSLHD, FWLHD, WNSW PHN, Royal Flying Doctor Service and Aboriginal Medical Services* to understand the current-state of communication and information sharing issues, and deliver an Information Sharing solution. This solution will leverage existing systems, enabling patient information to be shared between NSW Health and non-NSW Health services and providers of care (REF-72).
- The Co-Located clinics project commenced in July 2021. The roll-out of the Information Sharing solution throughout rural and remote locations has been planned for delivery by May 2024.
- eHealth NSW has progressed documentation for the Co-Located Clinics project, including (REF-72):
 - *Co-Located Clinics Project Overview*
 - *2021-2024 Project Roadmap*
 - *Co-Located Clinics - High-Level End-to-End Workflow*
 - *Authentication and consent*
 - *Co-Located Clinics Project's High-Level Timeline*
- Far West NSW will pilot the implementation of the Information Sharing Solution- PRODA. This pilot will include 18 GP practices and 9 NSW Health sites, covering all Clinical Information System vendors. A detailed overview of this plan, including highlights, pros and cons, has been developed. (REF-72).

Challenges:

- eHealth NSW noted they are currently in the process of developing a business case to further support a number of wider digital health initiatives which have been identified by LHDs to support the broader recommendation. eHealth NSW noted that funding has not been approved for this business case.

Effectiveness

- It is too early to measure the effectiveness of progress towards this action.

Sustainability

- A project roadmap for the Co-Located Clinics Project has been developed to support the ongoing sustainability of this project (REF-72).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

23

That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce to:

- plan palliative care access and services of equivalence to those living in metropolitan areas
- map who is currently providing palliative care services and their level of training, as well as where these services are offered
- establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services
- investigate and promote innovative models of palliative care services
- ensure culturally appropriate palliative care services are available to First Nations peoples

Recommendation 23 was 'supported in principle' in the NSW Government response. Stakeholders from the Health and Social Policy Branch (HSPB) were consulted to review the progress of implementing the below actions.

23.1 Review membership and terms of reference of the End of Life and Palliative Care Committee and relevant working groups by end 2022 to strengthen focus on regional and rural NSW and representation from Aboriginal communities and vulnerable population groups

Progress Rating

Progress

- This action was completed in February 2023 and the HSPB within the Ministry of Health is responsible for implementing this action.
- Evidence confirmed that a review of the Membership and Terms of Reference for the End of Life and Palliative Care (EOLPC) Committee was completed in February 2023 (REF-32).
- Consultation with the HSPB noted that through this review, it was identified that reinstating the Committee with an expanded membership would not provide a robust state-wide governance structure for palliative care across NSW. Therefore, a broader review of current gaps in palliative and end of life governance is being conducted. Consultation sessions noted that this review will inform a more integrated approach to palliative and end of life governance across NSW Health and bring heightened focus on governance for palliative care for Aboriginal people (REF-31). Consultation with HSPB confirmed that this review is scheduled to be completed by December 2023.
- It was noted that the HSPB has also established a NSW Aboriginal Palliative Care Network as a forum for the NSW Aboriginal Palliative Care Workforce, LHDs, and SHNs to share information on initiatives such as Aboriginal Health Workforce training in Palliative Care, local, state and federal based palliative care improvement initiatives, and exchange information regarding culturally appropriate palliative care (REF-100, REF-112).
- Evidence was also provided illustrating progress towards implementing the broader recommendation such as a outputs from the Palliative Care NSW Biennial Conference 2022 which included presentations on integrated palliative and end of life care service models in Central Coast Local Health District (CCLHD) (REF-102).

Effectiveness

- It is too early to measure the effectiveness of this action.

Sustainability

- Consultation with HSPB noted that a revised governance review is ongoing and is scheduled to be delivered by December 2023.
- The NSW Aboriginal Palliative Care Network with draft Terms of Reference also supports the ongoing sustainability of this action (REF-100).

Progress Rating

Low Medium High Complete

23

- That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce to:
- plan palliative care access and services of equivalence to those living in metropolitan areas
 - map who is currently providing palliative care services and their level of training, as well as where these services are offered
 - establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services
 - investigate and promote innovative models of palliative care services
 - ensure culturally appropriate palliative care services are available to First Nations peoples

23.2 Establish a minimum data set for palliative care to provide better understanding and a consistent approach to monitoring access to and quality of palliative care across NSW

Progress Rating



Progress

- No delivery due date was provided for this action. HSPB within the Ministry of Health is responsible for implementing this action.
- Evidence provided confirmed that an EOLPC Minimum Dataset was drafted in March 2023 to support with the mandatory and consistent reporting on EOLPC outcomes from a state, district and network perspective (REF-28). The main purpose of this Minimum Dataset is to:
 - Provide key population data related to death and dying (REF-28)
 - Present a comprehensive view of EOLPC activity, quality, access and experiences (REF-28)
 - Support the identification of variations in care and the ability for NSW Health to track changes over time (REF-28)
- HSPB confirmed that this Minimum dataset will also monitor system wide performance and will be reviewed every six months within the first two years of implementation, and annually thereafter (REF-28).
- Consultation with HSPB confirmed that a draft was shared with Palliative Care SDOs in March 2023 and engagement with LHDs and SHNs is due to commence in June 2023 to ensure local reporting elements are incorporated and stakeholders understand the risks, benefits and feasibility associated with the Minimum Dataset.

Challenge:

- Consultation with HSPB noted that the effective implementation of an EOLPC Minimum Dataset in NSW may be impacted by the following barriers:
 - The absence of a national EOLPC Minimum Dataset
 - Variations in models of end-of-life palliative care which are being reported on
 - Variations in data coding and recording practice

Effectiveness

- It is too early to measure the effectiveness of this action.

Sustainability

- HSPB noted that this EOLPC Minimum Dataset is in its final stages of design, with stakeholder consultation commencing in June 2023.
- An implementation plan has been drafted and future reporting priorities have already been developed (REF-28).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

That NSW Health, in conjunction with The Australian and New Zealand Society of Palliative Medicine, the Royal Australian College of General Practitioners, the Royal Australasian College of Physicians and the Aboriginal Health and Medical Research Council of NSW urgently establish a palliative care taskforce to:

- 23 ▶ plan palliative care access and services of equivalence to those living in metropolitan areas
- ▶ map who is currently providing palliative care services and their level of training, as well as where these services are offered
- ▶ establish an agreed, uniform state-wide platform for the collection of palliative care and end of life care data to allow for clinical benchmarking of regional palliative care services
- ▶ investigate and promote innovative models of palliative care services
- ▶ ensure culturally appropriate palliative care services are available to First Nations peoples

Progress Rating

23.3 All local health districts have funding for an Aboriginal Health Worker in Palliative Care

Progress

- ▶ No delivery due date was provided and HSPB within the Ministry of Health is responsible for implementing this action.
- ▶ Consultation with HSPB confirmed that the Enhancing Community Care initiative of \$45m (2019-20 to 2022-23) and two initiatives from the \$100m (2017-18 to 2020-21) enhancement provided funding to all LHDs for an Aboriginal Health Worker in Palliative Care (REF-30).
- ▶ Evidence provided by the HSPB on *Palliative Care Enhancement Reporting Nov 2022* confirmed that 18 FTE Aboriginal Health Workers (AHW) in Palliative Care were funded across NSW (REF-30). To date, 12.53 FTE (15 positions) have been recruited and positions include AHW, Senior Aboriginal Health Worker, Aboriginal Health Practitioner (AHP), Principal Aboriginal Health Worker. The distribution of positions include:
 - ▶ 13 positions are in hospital and community roles
 - ▶ 1 position is in a hospital role
 - ▶ 1 position is in a community role

Challenge:

- ▶ Evidence provided by HSPB noted challenges regarding 2 LHDs recruiting a 'Health Service Manager' title which currently relates to a different Award (REF-30). Evidence also noted that the HSPB are engaging with the Aboriginal Workforce Unit on this issue and will communicate expectations with LHDs/SHNs once agreed (REF-30).

Effectiveness

- ▶ 18 FTE AHWs in Palliative Care have been funded across NSW and to date, 12.53 FTE have been recruited across hospital and community settings (REF-30).
- ▶ Evidence confirmed that 4 LHDs have not recruited any AHW positions since 2021 (REF-30).

Sustainability

- ▶ Funding for 18 FTE AHWs in Palliative Care was provided with 12.53 FTE in post to date. Recruitment is in progress to fill the remaining 5 FTE at LHD level (REF-30).
- ▶ An additional \$650 million over five years has been approved via The Enhancing End of Life Care Fund 'to ensure all people in NSW have access to the high quality end of life and palliative care that they need' (REF-29). Consultation with HSBP noted that this initiative could be used by LHDs to further increase their Aboriginal Health Workforce in Palliative Care. It was also noted that this funding is broader than just AHWs and aims to 'employ an extra 600 nurses, allied health professionals, doctors and support staff' (REF-29).

Progress Rating

Low Medium High Complete

That NSW Health and the rural and regional Local Health Districts expand the Far West NSW Palliative and End-of-Life Model of Care to other rural and remote settings across New South Wales

Recommendation 24 was 'supported in principle' in the NSW Government response. Stakeholders from Health and Social Policy Branch (HSPB) within the Ministry of Health were consulted to review the progress of implementing the below action.

24.1 Forums such as the Palliative Care Service Development Officer group and the Agency for Clinical Innovation End of Life and Palliative Care Network, provide opportunities for the promotion and sharing of effective local models and strategies

Progress Rating



Progress

- No delivery due date was provided and HSPB within the Ministry of Health is responsible for implementing this action.
- Consultation with HSPB confirmed that the promotion and sharing of effective models and strategies is currently being undertaken by the Agency for Clinical Innovation (ACI). ACI regularly publishes EOLPC organisational models, along with information on effective local implementation of Clinical Principles for EOLPC. When a new local initiative is published, it is shared with members via a newsletter (REF-101).
- NSW Health is progressing the promotion and sharing of effective models and strategies through the following:
 - The PCNSW Biennial Conference provides an opportunity for updated information about Palliative Care to be shared. The *Summary and Evaluation Report - PCNSW Biennial Conference 2022* confirms the inclusion of presentation around integrated palliative and end-of-life service model (REF-102).
 - HSPB has established a *NSW Palliative Care SDO Network SharePoint* to enable communication between the Ministry and LHDs. Membership includes broad representation from each LHD (REF-103).
 - Regular communication and correspondence occurs between The Palliative Care Policy Team within HSPB, and Palliative Care SDOs at LHD level (REF-104).

Effectiveness

- Consultation with HSPB noted that 7 additional Palliative Care Service Models are due to be published by ACI, some of which have applicability to regional areas.
- A review of the ACI EOLPC website confirmed that Sydney Children's Hospitals Network and Hunter New England Local Health District (HNELHD) published a local initiative on the *NSW Paediatric Palliative Care Programme* in May 2023.

Sustainability

- Consultation with HSPB noted that NSW Health is committed to the ongoing collaboration and supporting opportunities for networking and sharing of best practice through the above mentioned initiatives such as regular communication between the Ministry and SDOs (REF-104) and the NSW Palliative Care SDO Network SharePoint (REF-103).
- ACI is continuing to work LHDs to publish EOLPC organisational models, along with information on effective local implementation of Clinical Principles for EOLPC (REF-101).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

25

That Portfolio Committee No. 2 - Health consider undertaking an inquiry into mental health, including into mental health services in rural, regional and remote New South Wales in the future.

Recommendation 25 was 'noted' in the NSW Government response.

NSW Health Inquiry Response Actions	Lead Branch Consulted	Delivery Date	Progress Rating
<i>No action specified</i>			

NOT REVIEWED

Progress Rating

Low Medium High Complete

That the NSW Government implement the midwifery continuity of care model throughout rural, regional and remote New South Wales

Recommendation 26 was 'supported in principle' in the NSW Government response. Stakeholders from Health and Social Policy Branch (HSPB) were consulted to review the progress of implementing the below action.

26.1 The revised NSW Health Maternity Care Policy is planned for release in September 2022 and will guide LHDs in their development of sustainable continuity of care programs that address local needs

Progress Rating

Progress

- This action was successfully completed by the HSPB, in March 2023.
- The *Connecting, Listening and Responding: Blueprint for Action - Maternity Care in NSW* was published in March 2023 which builds on the previous NSW Health policy directive *Towards Normal Birth in NSW (PD2010_045)* and has now been rescinded (REF-113).
- Evidence confirmed that this Blueprint aims to address challenges such as '*establishing and sustaining continuity of care and models of Maternity Care*' (REF- 35). The Blueprint details 10 Goals for Maternity Care in NSW and provides guidance to LHDs on ways to improve the maternity experience for women, children and families and is underpinned by national maternity guidelines and frameworks.
- Consultation with HSPB also confirmed that an Information Bulletin was published in March 2023 outlining key actions for LHDs and speciality health networks regarding the use of this Blueprint (REF-36).

Effectiveness

- It is too early to measure the effectiveness of this action as the *Connecting, Listening and Responding: Blueprint for Action - Maternity Care in NSW* was published in March 2023.

Sustainability

- The Information bulletin published by NSW Health in March 2023 details the intent for NSW Ministry of Health to work with key stakeholders to establish an implementation plan for the Blueprint, which will outline future priorities and guide decisions required to strengthen implementation (REF-36).

Progress Rating

Low Medium High Complete

27

That the rural and regional Local Health Districts, and those metropolitan Local Health Districts that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services

Recommendation 27 was 'supported' in the NSW Government response.

NSW Health Inquiry Response Actions	Lead Branch Consulted	Delivery Date	Progress Rating
<i>No action specified</i>			

NOT REVIEWED

Progress Rating

Low Medium High Complete

That NSW Health in conjunction with NSW Ambulance and unions review the use of ambulance vehicles for patient transfers, and in partnership with the rural and regional Local Health Districts explore extending the hours of operations of patient transfer vehicles to provide 24-hour coverage and minimise the number of low-acuity jobs that paramedics attend to, to relieve pressure on ambulance crews

Recommendation 28 was 'supported' in the NSW Government response. Stakeholders from HealthShare NSW (HSNSW) and Regional Health Division (RHD) were consulted to review the progress of implementing the below actions.

28.1 Expand Patient Transport Service services to operate in regional and remote NSW and/or leverage the private market to provide support in these areas

Progress Rating

Progress

- Progress towards this action commenced in October 2022 and no delivery due date has been determined for this action. HSNSW is responsible for the implementation of this action.
- At present, HSNSW is responsible for the provision of Patient Transport Services (PTS) within two rural/regional LHDs, including (REF-92):
 - Hunter New England LHD
 - Illawarra Shoalhaven LHD
- The expansion of PTS into regional and rural LHDs has been identified as a future opportunity to ensure state-wide coverage of the non-emergency transport service. A high-level transition approach has been developed to outline how the transition of regional satellites to PTS could be implemented (REF-92).
- HSNSW confirmed that progress has been made in terms of reviewing Patient Transport Service and LHD led transport through:
 - Presenting at the Rural and RHD and the Rural Health Committee on a state wide centralised service (REF-92)
 - Commencing the first quarterly PTS Strategic Engagement Meeting in February (REF-91)
- The expansion of PTS within regional and remote NSW has occurred on a limited scale. For example, a trial of two new patient vehicles within Inverell and Armidale commenced in November 2022. HSNSW noted that the introduction of additional resources within these areas has assisted in demand management.
- HSNSW noted ongoing collaboration within NSW regarding potential opportunities to streamline non-emergency transport within regional and remote NSW. Opportunities identified have included the potential expansion of PTS.
- HSNSW noted that SNSWLHD, MNCLHD, NNSWLHD, and MLHD have leveraged a variety of service providers from the private market, in order to assist in demand management. This has not been verified at LHD level.

Challenges:

- HSNSW noted that the expansion of PTS to operate in regional and remote NSW is dependent on the transition of the PTS operating model, such that PTS may function as a centralised, state-wide service. For example, multiple stakeholders are currently responsible for the delivery of non-emergency transport, including NSW Ambulance.
- HSNSW noted that they currently provide non-emergency patient transport services in Hunter New England and Illawarra Shoalhaven LHDs. This is provided in the form of governance, policy and IT infrastructure (REF-93). Wider implementation of that model by other LHDs would require a change to LHD operating models and collaborative engagement from LHDs, the Ministry of Health and NSW Ambulance.
- Collaborative engagement was also noted as a key challenge to progressing the implementation of this action. HSNSW reported that consideration should be given to the development of a joint monthly forum, led by the Ministry of Health with representation from HSNSW, NSW Ambulance and regional and rural LHDs to enable the effective implementation of this action.
- HSNSW noted during stakeholder consultation that the unique and complex requirements of each LHD must be taken into consideration in any review of the operating model for patient transport services. For example:
 - PTS may be more effective in LHDs which currently depend on ambulatory resources to conduct non-emergency transportation
 - Differing resourcing challenges between LHDs may impact the extent to which PTS can be expanded

Effectiveness

- HSNSW has documented opportunities for the expansion of PTS to effectively improve system flow, and alleviate pressure on NSW in supply-constrained districts (REF-92). For example, of all PTS assigned transports in HNELHD in 2023, 0 transfers have been given to NSW. This has established greater capacity for NSW to service high acuity patients (REF-93).
- Hunter New England LHD has been used as a case study to demonstrate the effectiveness of PTS in improving a range of metrics regarding timeliness and efficiency (REF-92).
- RHD noted that the PTS may be more likely to make a significant impact in regional and rural settings, compared to remote locations. Consideration of the impact of PTS to regional and rural communities should be reflected within the wording of Action 28.1.

Sustainability

- HSNSW noted the expansion of PTS is dependent on significant upfront and ongoing investment (REF-92).

That NSW Health in conjunction with NSW Ambulance and unions review the use of ambulance vehicles for patient transfers, and in partnership with the rural and regional Local Health Districts explore extending the hours of operations of patient transfer vehicles to provide 24-hour coverage and minimise the number of low-acuity jobs that paramedics attend to, to relieve pressure on ambulance crews

28.2 Consider expanding operating hours of patient transfer vehicles

Progress Rating

Progress

- Progress towards this action is ongoing and no delivery date has been determined. HSNSW is responsible for the implementation of this action.
- HSNSW noted during stakeholder consultation that where HSNSW PTS services are in operation (e.g., HNELHD), an analysis of the demand profile was conducted to inform consideration of operating hour expansion. This analysis confirmed that peak demand occurred during current operating hours, decreasing rapidly during the evening (REF-93).
- HSNSW noted during stakeholder consultation that further progress of this action is dependent on:
 - The transition to a PTS operating model, such that PTS may function as a centralised, state-wide service. For example, multiple stakeholders are currently responsible for the delivery of non-emergency transport, including NSW Ambulance.
 - A review of non-emergency transport for health including the demand profile for; non-emergency ambulance; air transport; non-emergency patient transport including Patient Transport Service and LHD led transport; IPTAAS; ride share; community transport; active transport (REF-10). Further information can be found under Recommendation 3 (see page 24).

Challenge:

- Following analysis of the demand profile for PTS within HNELHD, HSNSW noted patient preference, and high risks associated with driving at night in regional settings as a barrier to expanding operating hours for patient transfer vehicles (REF-93).

Effectiveness

- It is too early to measure the effectiveness of progress towards this action.

Sustainability

- Evidence provided by RHD noted that the RHD, HSPB and HSNSW agreed to review NSW's approach to non-emergency transport for health using a system wide approach, with an emphasis on rural, regional and remote communities (REF-10). This will enable the ongoing sustainability of progress towards this action.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

That NSW Health in conjunction with NSW Ambulance:

- undertake a community profiling program across rural, regional and remote New South Wales to identify the paramedic needs of communities
- ensure the equitable distribution of paramedics at all levels, including Extended Care and Intensive Care Paramedics and update ambulance deployment modelling to reflect present day demand, ensuring that ambulances are deployed as rostered
- expand the Intensive Care and Extended Care Paramedics program across rural, regional and remote New South Wales and allow paramedics outside metropolitan areas to undertake training, skills consolidation and skills maintenance locally
- explore innovative models of care utilising the skill sets of paramedics to better support communities that lack primary health care services, including consideration of embedding paramedics at facilities that do not have access to a doctor
- undertake a review of the efficacy of the current call triaging system and referral services.

Recommendation 29 was 'supported in principle' in the NSW Government response. Stakeholders from NSW Ambulance were consulted to review the progress of implementing the above action.

29.2 Explore innovative models of care utilising the skill sets of paramedics. Community Paramedicine is currently not fully defined in the NSW context. A roundtable to define Community Paramedicine is planned. Community Paramedicine is featured in the NSW Ambulance Vision and Strategic Plan 2021-2026

Progress Rating

Progress

- The scheduled delivery of this action is planned for 2026 and is in line with the NSW Ambulance Strategic Plan (REF-115). NSW Ambulance is responsible for the implementation of this action.
- Consultation with NSW Ambulance confirmed that progress of this action has been limited and is dependent on the following:
 - **Ambulance Officers Award Reform:** It was noted that the current Ambulance Officers Award does not allow paramedics to be employed for anything other than what is traditionally defined as paramedicine work. Therefore, there is a dependency on the outcome of this Award Reform to progress with exploring innovative models of care that utilise the skill sets of paramedics (REF-139). The roundtable to define Community Paramedicine is also dependent on the outcome of this Award Reform and has therefore not commenced. NSW Ambulance noted that sequencing of this action is being reviewed by NSW Ambulance and the Ministry of Health to reflect this dependency.
 - **Funding:** It was noted that a system wide effort is required to develop Community Paramedicine beyond concept phase and this is currently unfunded. Consultation with NSW Ambulance confirmed that a business case would need to be developed to progress this dependency but has not yet commenced.
 - **A national approach to Community Paramedicine:** Community Paramedicine does not currently exist within the Australian context and requires a national co-design approach, in collaboration with colleges, other health services and jurisdictions. Consultation with NSW Ambulance noted that there is a risk that NSW will define Community Paramedicine in silo.
- Other initiatives have been progressed such as the development of a NSW Alternate Referral Pathways framework to support LHDs in developing referral care pathways that enable the more effective use of community services for eligible patients and to reduce the number of Emergency Department presentations, where appropriate (REF-139).

Challenges:

- Consultation with NSW Ambulance noted that a range of stakeholders at both the regional and national level have an interest in developing Community Paramedicine beyond concept phase, however, a national approach is required and states cannot develop this independently.
- It was also noted that NSW Ambulance is responsible for the stewardship of development of paramedicine rather than the delivery of Community Paramedicine.
- Consultation with NSW Ambulance noted that the wider implementation of care pathways will require digital support as NSW Ambulance EMR does not currently integrate with other EMR systems and NSW Ambulance is not in scope for the NSW Single Digital Patient Record Program (REF-139).

Effectiveness

- Consultation with NSW Ambulance noted that a manual data collection process is in place to measure the effectiveness of care pathways including number of referrals and successful referral rate.

Sustainability

- Consultation with NSW Ambulance noted that further progress towards implementing Community Paramedicine and exploring innovative models of care for paramedicine will be dependent on the outcome of the Ambulance Officers Award Reform, funding and collaboration with both regional and national stakeholders.
- A Governance Committee and Terms of Reference have been developed to support with the ongoing sustainability of NSW Alternate Referral Pathways (REF-140).

Progress Rating

Low Medium High Complete

That NSW Health:

- ▶ commit to providing continuity of quality care with the aim of a regular on-site doctor in rural, regional and remote communities
- ▶ commit to a model of care under which virtual care technology is used to supplement, rather than replace, face-to-face services
- ▶ where virtual models of medical care are operating, roster additional suitably trained nursing staff to assist in the provision of the physical care usually attended to by the medical officer
- ▶ provide staff members with training on how to effectively use telehealth and other virtual models of care
- ▶ create a public information campaign specifically targeted to rural, regional and remote communities in order to assist patients to effectively engage with virtual care, including factsheets and checklists to set expectations and support positive interactions
- ▶ ensure that the use of virtual care, if required, is undertaken in consultation with community members, health providers and local governments in rural, regional and remote areas
- ▶ investigate telehealth cancer care models to improve access to cancer treatment and care including the Australasian Tele-trial model to boost clinical trial participation in regional areas.

30

Recommendation 30 was 'supported in principle' in the NSW Government response. Stakeholders from Strategic Reform and Planning Branch (SRPB) and System Performance Support Branch (SPS) were consulted to review the progress of implementing the below action.

30.1 Work is underway to continue to enhance training for staff on using virtual care technologies and building digital literacy skills. Limitations with connectivity in some locations will need to be addressed through collaboration with other agencies

Progress Rating



Progress

- ▶ This action is currently in progress and is scheduled to be delivered in 2026, in line with the NSW Virtual Care Strategy. SRPB and SPS are responsible for the implementation of this action.
- ▶ Consultation with both the SRPB and SPS confirmed that the training of staff on using virtual technologies and building digital literacy skills is part of the The NSW Virtual Care Strategy 2021-2026 (REF- 88). The implementation of this strategy is being overseen by the NSW Health Virtual Care Taskforce (the Taskforce). Membership of the Taskforce includes HETI, the Ministry of Health, Agency for Clinical Innovation, eHealth NSW, the Clinical Excellence Commission, PHNs and LHDs (REF-95).
- ▶ SRPB and SPS noted during stakeholder consultation that the NSW Health Virtual Care Education Framework was published by HETI in November 2022. The Framework is aligned to the Strategy, and is designed to guide education providers in building the capacity, skills and knowledge of the current and emerging workforce to integrate virtual care into their practice (REF-95).
- ▶ It was noted that both SRPB and SPS have been progressing this action cross divisionally through a range of activities and/or platforms. For example:
 - ▶ *Virtual Care Central* is being used to enhance the digital literacy of NSW Health staff. *Virtual Care Central* is an internal online hub of virtual care information, resources and news (REF-125).
 - ▶ In addition to general key messages for patients, carers, families and the community, virtual care key messages for regional and remote communities, and Aboriginal communities, are currently being developed. These resources are being designed to ensure virtual care concerns and opportunities within regional, remote, and Aboriginal communities are addressed. Draft documentation outlines the intent for the System Performance Support Branch to use specific and tailored messaging for a range of communication modes including social media, flyers, posters, and digital signage across LHDs (REF-125, REF-128).
 - ▶ A *Virtual Care Newsletter* is regularly published and broadly disseminated throughout NSW Health to increase awareness of virtual care (REF-127).

Challenge:

- ▶ SPS noted during stakeholder consultation that the implementation of *the NSW Virtual Care Strategy 2021-2026* is currently under resourced from a HR perspective. This may impact on supporting connectivity in rural and regional areas and areas of change management support for clinicians.

Effectiveness

- ▶ The *NSW Virtual Care Monitoring and Evaluation Plan* has been established to measure the impact of the Strategy against the four dimensions of value-based healthcare, and evaluate the extent to which the Strategy is meeting its objectives. In August 2022, the formation of a *Virtual Care Monitoring and Evaluation Governance Committee* was approved, to independently oversee the monitoring and evaluation activities of state-wide virtual care initiatives (REF-124).

Sustainability

- ▶ SPS noted during stakeholder consultation that a robust governance structure is in place to oversee the implementation of the Strategy. In addition to the Taskforce (as above), the *Virtual Care Steering Committee* has been established to provide a strategic, coordinated and consistent approach to implementing virtual care across NSW, ensure alignment with Future Health reform directions and monitor key deliverables and outcomes. A terms of reference for both governance forums have been endorsed (REF-127).

Progress Rating

- Low
- Medium
- High
- Complete



31 That NSW Health acknowledge the significant cultural barriers that telehealth poses for First Nations communities and work to ensure face-to-face consultations are prioritised

Recommendation 31 was 'supported' in the NSW Government response. Stakeholders from Strategic Reform and Planning Branch (SRPB), and System Performance Support Branch (SPS) were consulted to review the progress of implementing the below action.

31.1 NSW Health is committed to addressing cultural barriers and challenges such as access to appropriate devices, data, and skills in using technology and connectivity which influence access to and use of digital health technologies in Aboriginal communities

Progress Rating



Progress

- › This action is currently in progress and is scheduled to be delivered in 2026, in line with the NSW Virtual Care Strategy. Strategic Reform and Planning, and System Performance Support are responsible for the implementation of this action.
- › The *NSW Virtual Care Strategy* acknowledges the need for consideration in the implementation of Virtual Care, the cultural safety of the NSW Health Workforce. This Strategy recognises that the Aboriginal workforce will be instrumental in ensuring that Aboriginal patients are provided with virtual care opportunities (REF-88).
- › Evidence confirmed that the Implementation goals of the *Virtual care delivery framework* highlights NSW Health' commitment to addressing this action and noted that NSW Health will collaborate with aboriginal communities to assess barriers to accessing virtual care (REF-88).
- › Consultation noted that the Virtual Care Unit in collaboration with the Centre for Aboriginal Health, Aboriginal Health and Medical Research Council undertook a survey of ACCHS and Directors of Aboriginal Health. Survey results included information around organisational use of and familiarity with virtual care, along with perception around the cultural safety of virtual care for Aboriginal people (REF-129).
- › Evidence noted that the Aboriginal Strategic Leadership Group has been leveraged as a forum to discuss virtual care in Aboriginal Health. For example, in May 2023 the Director, Virtual Care presented to this forum, requesting feedback around what considerations need to be made to further develop virtual care services for Aboriginal people, and how best to engage in local discussions with both Aboriginal communities and leaders (REF-129).

Effectiveness

- › It is too early to measure the effectiveness of progress towards this action.

Sustainability

- › A NSW Virtual Care Strategy has been developed and will support with the ongoing sustainability of this action. No additional evidence was provided to further assess the sustainability of this action.

Progress Rating

Low Medium High Complete

That NSW Health and the Local Health Districts improve the cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities to:

- Revise and incorporate local content into cultural awareness training such as Respecting the Difference: Aboriginal Cultural Training
- Listen to their experiences of the healthcare system and seek guidance around what cultural safety strategies should be applied in their areas
- Include prominent Acknowledgements of Country in all NSW Health facilities as a starting point

Recommendation 32 was 'supported' in the NSW Government response. Stakeholders from Health Education and Training Institute (HETI) and Strategic Procurement Branch (SPB) were consulted to review the progress of implementing the below actions.

32.1 Continue to encourage staff to buy directly from Aboriginal businesses and award contracts to these businesses, in line with the NSW Government's Aboriginal Procurement Policy

Progress Rating



Progress

- This action is scheduled to be completed by December 2023 and the SPB within the Ministry of Health are responsible for implementing this action.
- Consultation with SPB confirmed that NSW Health are implementing a Whole of Government Aboriginal Procurement Policy (APP) which enables Aboriginal businesses to engage in direct procurement processes with NSW Health and also enables Aboriginal businesses to participate on projects valued at or over \$7.5m (REF-116).
- Consultation with SPB also confirmed that the SPS is continuing to encourage staff to buy directly from Aboriginal businesses and award contracts to these businesses by:
 - Publishing information on how the APP should be applied at the Procurement Policy Training in 2022 and in the Procurement Academy
 - Provision of links to Aboriginal business listings
 - Developing Quick Reference Guides for NSW Health staff on how to apply the policy on Procurement Portal, as well as, issuing links to the policy. Evidence to support this commentary was not provided (REF-116).
- SPB noted that the NSW Procurement Board has set annual targets on direct spend to Aboriginal businesses and include (REF-116):
 - Direct 1% of spend to Aboriginal businesses
 - Award 3% of goods and services contracts to Aboriginal businesses

Effectiveness

- SPB confirmed that NSW Health monitor the impact of the above mentioned annual targets that relate to direct spend to Aboriginal business:
 - In FY2022-22023 the direct spend target was \$22.9m, WofG Spendcube confirmed that NSW Health spent \$26.4m from July to December 2022 with Aboriginal businesses. Evidence to validate this information was not provided.
 - In FY2022-22023 the award target was 63 goods and services contracts to Aboriginal businesses, WofG Spendcube confirmed that NSW Health awarded 90 good and services contracts to Aboriginal businesses.

Sustainability

- SPB confirmed that there is a monitoring process in place to track annual targets on spend for Aboriginal businesses which supports with the ongoing sustainability of this action.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

That NSW Health and the Local Health Districts improve the cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities to:

- Revise and incorporate local content into cultural awareness training such as Respecting the Difference: Aboriginal Cultural Training
- Listen to their experiences of the healthcare system and seek guidance around what cultural safety strategies should be applied in their areas
- Include prominent Acknowledgements of Country in all NSW Health facilities as a starting point

32.2 The online eLearning resources are currently being redesigned with input from the Ministry of Health's Aboriginal Workforce Unit. Interactive resources are being developed for local facilitators in LHDs to support the delivery of local content

Progress Rating



Progress

- This action was successfully completed by Health Education and Training Institute (HETI) in December 2022.
- Consultation with HETI confirmed that a refreshed mandatory eLearning module, *Respecting the Difference: Know the Difference* was published on the My Health Learning platform in 2022.
- Consultation with HETI noted that the learning pathway contains two components, mandatory eLearning and local face-to-face training. HETI confirmed that resources were developed to support LHDs with the delivery of local face-to-face training but evidence was not provided to support this commentary.

Effectiveness

- HETI confirmed that a monitoring and evaluation process is in place to track completion:
 - 40,418 NSW Health staff members have completed mandatory eLearning (REF-120)
 - 13,031 NSW Health staff members have completed local face-to-face training (REF-121)

Sustainability

- Evidence confirmed that a monitoring and evaluation process is in place which may support the sustainability of this action (REF-120, REF-121).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

33 That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers

Recommendation 33 was 'supported' in the NSW Government response. Stakeholders from Nursing and Midwifery Office (NaMO), Centre for Aboriginal Health (CAH) and Workforce Planning and Talent Development (WPTD) within the Ministry of Health were consulted to review the progress of implementing the below actions.

33.1 In October 2021 the NSW Government announced \$21 million in funding over four years that will allow every Local Health District and Specialty Network to employ Aboriginal Care Navigators and Aboriginal Peer Workers. The funding will support 36 FTE across the two disciplines

Progress Rating


Progress

- Progress towards this action is ongoing. CAH is responsible for the implementation of this action.
- \$21 million has been approved by the NSW Government to allow for the recruitment of 18 FTE Aboriginal Care Navigators and 18 FTE Aboriginal Peer Workers across NSW (REF-137). CAH confirmed during stakeholder consultation that the recruitment of these positions is the responsibility of individual LHDs and SHNs. No evidence was provided to validate this commentary.
- Further engagement at the LHD level will be required to assess progress towards this action.

Effectiveness

- Further engagement at LHD level will be required to measure the effectiveness of progress towards this action.

Sustainability

- Further engagement at LHD level will be required to measure the effectiveness of progress towards this action.

33.2 The target for Aboriginal employment in NSW Health is 3% and many entities and local health districts are aiming to exceed that target

Progress Rating


Progress

- Progress towards this action is on going. WPTD is responsible for the implementation of this action.
- WPTD noted during stakeholder consultation that the target for Aboriginal representation within the national health workforce has been updated to 3.43% by 2031, in alignment The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan - 2021-2031 (REF-141). In addition, the *NSW Regional Health Strategic Plan 2022-2032 Priority Framework* defines a target of at least 4% or greater representation of Aboriginal staff employed by all regional LHDs (REF-156).
- Documentation has confirmed that individual LHDs are working towards increasing the number and proportion of Aboriginal people working across all health professions. For example, HNELHD has established the 2021-2025 Aboriginal Employment Strategy, demonstrating a commitment to employment equality and enhanced career potential for Aboriginal people (REF-142).

Challenge:


- Consultation with CAH noted that progress towards the 3% target is reported as a collective, as opposed to a proportion against all salary bands and occupations across Aboriginal health workforce in NSW.

Effectiveness

- CAH noted during stakeholder consultation that reporting for this target is challenging, given the current collective reporting in place. Evidence to validate this level of reporting was not provided.

Sustainability

- CAH noted during stakeholder consultation that many entities and LHDs have a stretch target for Aboriginal employment, in accordance with the proportion of Aboriginal people within respective regions (REF-156).

Progress Rating




That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers

33.3 Increase the numbers of Aboriginal nurse cadetships

Progress Rating

Progress

- Progress towards this action is ongoing. Nursing and Midwifery Office (NaMO) is responsible for the implementation of this action.
- NaMO confirmed that the NSW Aboriginal Nursing and Midwifery Cadetship Program provides support and assistance to Aboriginal people studying an undergraduate nursing or midwifery degree at university.
- In April 2023, the NSW Treasury approved funding to support 20 additional Aboriginal nursing and midwifery cadetship positions as part of the *Building and Sustaining the Rural Health Workforce Policy Proposal (NPP)*. This funding will support an additional 20 Aboriginal nursing and midwifery cadetships, as part of a strategy to increase the number of Aboriginal clinicians working within the NSW health system. The additional cadetships have been allocated between CCLHD, FWLHD, HNELHD, ISLHD, MNCLHD, NNSWLHD, NBMLHD, with FTE varying between one and five. A total of \$500 000 has been approved for FY22/23. \$25 000 will be provided per cadet, inclusive of \$12 000 Study Allowance, \$1000 Book Allowance, and \$12 000 Work Placement (REF-64).
- NaMO noted during stakeholder consultation that applications for Aboriginal nurse cadetships were open between 9 January 2023 and 5 February 2023 (REF-157).

Effectiveness

- The NSW Aboriginal Nursing and Midwifery Cadetship Program has been scheduled to commence in 2023. NaMO noted during stakeholder consultation that KPIs to measure the effectiveness progress towards this action are in development, with the intention to monitor the uptake of cadetships by Aboriginal people, and the employment status of cadets following completion.

Sustainability

- Progress towards this action forms part of an ongoing strategy to increase the number of Aboriginal clinicians working within the NSW health system. NaMO noted during stakeholder consultation that progress will be monitored on an ongoing basis.
- The sustainability of progress towards this action is dependent on ongoing funding for the additional 20 Aboriginal nurse cadetships. NaMO noted during stakeholder consultation that funding has been approved for the next four years. Documentation has not been provided to validate this.

Progress Rating

Low Medium High Complete

That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers

33.4 Increase the number of Aboriginal Health Practitioners

Progress Rating

Progress

- ▶ Progress towards this action is ongoing. WPTD is responsible for the implementation of this action.
- ▶ WPTD noted during stakeholder consultation that state-wide targets for increasing the number of AHPs throughout NSW are established within Service Agreements between NSW Health and LHDs/SHNs. Expanding the AHP workforce aligns to the strategic direction within *The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan - 2021-2031* to retain and grow the existing Aboriginal and Torres Strait Islander workforce (REF-141).
- ▶ WPTD noted during stakeholder consultation that a number of programs and initiatives are in place to enable an increase in the number of AHPs. For example:
 - ▶ The Healthy Deadly Feet (HDF) Project aims to increase the Aboriginal workforce in foot care and podiatry in NSW Health, and improve Diabetes Related Food Disease outcomes for Aboriginal people in NSW. AHPs form a central component of the HDF workforce, with education and training provided through HETI and TAFE NSW (REF-145)

Challenges:

- ▶ AHPs are required to hold a Certificate IV Aboriginal Primary Health Care Practice (REF-147). This qualification is dependent on the completion of 500 hours of compulsory vocational placement. WPTD noted during stakeholder consultation that additional modelling is needed to understand both the workforce and financial requirements required for LHDs to accommodate this requirement.
 - ▶ WPTD noted during stakeholder consultation that student placement agreements have been established for students undertaking the Certificate IV Aboriginal Primary Health Care Practice, in order to enable vocational placement opportunities. Evidence has not been provided to validate this
- ▶ WPTD noted during stakeholder consultation that a significant increase to the number of AHPs within NSW is dependent on a review of the qualification pipeline. Current workforce shortages are unable to support the requirement for the on-side verification of skills needed for qualification to be obtained.
 - ▶ WPTD noted during stakeholder consultation that a clinical supervision tool to build the capability of AHP supervisors is in development and scheduled for completion by September 2023. Evidence has not been provided to validate this

Effectiveness

- ▶ It is too early to assess the effectiveness of progress towards this action.

Sustainability

- ▶ The sustainability of progress towards this action is embedded within Service Agreements between NSW Health and LHDs/SHNs. Evidence has not been provided to validate this.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

34 That NSW Health and the Local Health Districts prioritise formalising partnerships with all Aboriginal Community Controlled Health Services to support the delivery of health services and improve the health outcomes of First Nations people in New South Wales. These partnerships should include formal documentation of service delivery responsibilities and expected outcomes

Recommendation 34 was 'supported' in the NSW Government response. Stakeholders from Centre for Aboriginal Health (CAH) were consulted to review the progress of implementing the below action.


34.1 Formalise partnerships with Aboriginal Community Controlled Health Services (ACCHS) in those regions that are outstanding	Progress Rating
Progress	
<ul style="list-style-type: none"> • The delivery of this action is ongoing and CAH within the Ministry of Health is responsible for implementing this action. • Consultation with CAH confirmed that all LHDs are currently reviewing their partnership agreements with ACCHS and are due to provide an update to CAH in October 2023. • Consultation with CAH noted that while LHDs may have overarching strategic partnerships in place with ACCHS, the outcome of these partnerships is difficult to measure. CAH is developing a Aboriginal Governance and Accountability framework for NSW Health. CAH noted that the aim of the framework is to increase Aboriginal voice in decisions about the health system and strategy in NSW and develop genuine partnerships between NSW Health and Aboriginal Community Controlled Organisations, with strong accountability and transparency mechanisms embedded. Evidence to support this commentary was not provided. 	
Challenge:	
<ul style="list-style-type: none"> • CAH noted during consultation that many successful partnerships are in place across NSW Health. However, the evaluation of these partnerships is limited. • CAH noted during consultation that more work is needed to understand the characteristics of effective partnerships. 	
Effectiveness	
<ul style="list-style-type: none"> • The effectiveness of this outcome cannot be assessed until the LHDs provide an update on their review which is expected in October 2023. 	
Sustainability	
<ul style="list-style-type: none"> • CAH noted that the development of an accountability metric will support with the ongoing sustainability of formalising more effective partnerships with ACCHS. 	

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

35 That the NSW Government mandate the requirement for each Local Health District to have at least one Indigenous community representative on the governing board

Recommendation 35 was 'supported' in the NSW Government response. Stakeholders from Centre for Aboriginal Health were consulted to review the progress of implementing the below action.

35.1 Ensure that there is an Aboriginal community representative on each local health district (LHD) board	Progress Rating 
--	--

Progress

- ▶ A due date was not determined for this action because it is an ongoing action that may require legislative change. CAH within the Ministry of Health are responsible for implementing this action.
- ▶ Consultation with CAH confirmed that the current NSW Aboriginal Health Plan 2013-2023 requires all NSW Health Boards to have a membership that includes at least one member with knowledge of Aboriginal health (REF-136). It was noted that these individuals do not currently need to identify as someone from an Aboriginal community.
- ▶ CAH noted that an Aboriginal Governance and Accountability framework is currently in development and CAH are collaborating with Legal and Regulatory Services (LRS) within the Ministry of Health to update the above requirement to ensure all NSW Health Boards have membership that includes at least one Aboriginal representative. Evidence to validate this commentary was not provided.
- ▶ The Corporate Governance and Risk Management Unit within the Ministry of Health has provided evidence to confirm that all Regional LHDs have members on Boards who identified as Aboriginal and/or Torres Strait Islander (REF-155):
 - ▶ CCLHD Board: 1 member identified
 - ▶ FWLHD Board: 2 members identified
 - ▶ HNELHD Board: 1 member identified
 - ▶ ISLHD Board: 1 member identified
 - ▶ MNCLHD Board 1 member identified
 - ▶ MLHD Board: 2 members identified
 - ▶ NBMLHD Board: 1 member identified
 - ▶ NNSWLHD Board: 1 member identified
 - ▶ SNSW LHD Board: 2 members identified
 - ▶ WNSW LHD Board: 1 member identified

Challenge:

- ▶ CAH noted that the membership of NSW Health Boards are refreshed every 5 years and therefore Aboriginal community representation board numbers often change.

Effectiveness

- ▶ It is too early to assess the effectiveness of progress towards this action.

Sustainability

- ▶ CAH highlighted that most NSW Health Boards have Aboriginal sub-committees in place which support with ongoing sustainability and can provide oversight when mandated Aboriginal community representative are not in place.

Progress Rating

-  Low
-  Medium
-  High
-  Complete

36

That the NSW Government maintain a Regional Health Minister in cabinet and provide that Minister with appropriate authority to address issues raised in the inquiry and future issues that affect the rural, regional and remote health system and its communities

Recommendation 36 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) were consulted to review the progress of implementing the below action.

36.1 A Minister for Regional Health was appointed in 2021, with responsibility for hospitals and health services in regional NSW

Progress Rating



Progress

- › Consultation with the RHD confirmed that this action has been completed.
- › A Minister for Regional Health has been retained within the Portfolio and is currently held by Minister Park (REF-19).

Effectiveness

- › Not applicable.

Sustainability

- › Not applicable.

Progress Rating

Low Medium High Complete

37 That NSW Health complete and publish the final evaluation of the NSW Rural Health Plan: Towards 2021 before finalising the next rural health plan for New South Wales

Recommendation 37 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) were consulted to review the progress of implementing the below action.

37.1 The final progress review of the Rural Health Plan: Towards 2021 was published in May 2022. The next Regional Health Plan will be released by the end of 2022

Progress Rating



Progress

- This action was completed on 21 February 2023. RHD was responsible for the implementation of this action.
- The *Rural Health Plan: Towards 2021 - Final Progress Review* (the Review) was published in May 2022 as the third and final review of the Rural Health Plan. The Review highlights key achievements against goals in the Plan, in addition to the progress outlined in earlier reviews conducted in 2015 and 2018 (REF-118).
 - The Review outlines future directions and proposed priorities under six key areas of focus. These directions were used as strategic input to inform the development of the next Regional Health Plan (REF-118).
- The *NSW Regional Health Strategic Plan 2022-2032* (Strategic Plan) was published on 21 February 2023. The Strategic Plan was developed by RHD in consultation with LHDs, consumers, community members and an extensive stakeholder network (REF-18).
- The Strategic Plan outlines the vision of NSW Health in establishing a *'sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW'*. The Plan has been established as a roadmap for NSW to build the future regional workforce, embrace change and continually improve service delivery (REF-18).

Effectiveness

- It is too early to measure the effectiveness of the *NSW Regional Health Strategic Plan 2022-2032* due to implementation having only commenced in 2022. However, the Strategic Plan outlines the intent for a comprehensive evaluation to be conducted to determine the impacts and success of the Plan. In addition, NSW Health will continue to review the health outcomes and needs of people living in regional NSW, and incorporate new deliverables such that the Strategic Plan remains fit-for-purpose (REF-18).

Sustainability

- The Strategic Plan provides an overview of the 10-year deliverables, outlining how progress will be made towards better health outcomes for regional communities (REF-18).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

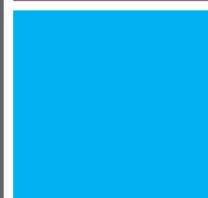
That the NSW Government ensure that the development of the next Rural Health Plan:

- Acknowledges that rural and remote health systems are fundamentally different to urban and regional city health systems
- Includes genuine consultation with rural and remote communities
- Contains realistic, measurable and quantifiable goals in terms of tangible health outcomes
- Provides the funding and support required to deliver against those goals

Recommendation 38 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) were consulted to review the progress of implementing the below action.

38.1 NSW Health is developing a new Regional Health Plan for the period 2022-2032. The Regional Health Division is currently undertaking extensive consultation with internal and external stakeholders across regional NSW, including with consumers, carers, workforce, peak unions, professional bodies, NGOs, education and training providers and Aboriginal stakeholders in regional areas. This consultation will inform the development of the new Regional Health Plan. The Plan will align with the strategic outcomes in Future Health Guiding the next decade of care in NSW 2022-2032, and will contain realistic, measurable and quantifiable goals. Existing funding will be allocated to deliver the health outcomes outlined in the plan. The plan will be finalised by the end of 2022

Progress Rating



Progress

- This action was completed on 21 February 2023. RHD was responsible for the implementation of this action.
- The NSW Regional Health Strategic Plan 2022-2032 (Strategic Plan) was published on 21 February 2023. The Strategic Plan provides a 'blueprint for the future in enhancing regional, rural and remote NSW health services, improving patient experience, and delivering better health outcomes for these communities' (REF-18, REF-122).
- The Strategic Plan documents the extensive consultation process undertaken by RHD throughout its development (REF-18). For example:
 - More than 1600 people from across NSW participated in 68 initial consultations during June and July 2022. This process captured the insights and experiences of stakeholders including but not limited to; community organisations, health staff, local councils, PHNs, LHDs, SHNs, training organisations, NGOs, Aboriginal Community Controlled Health Organisations (ACCHO), community members, and consumers
 - An online survey *Have your say* was open for public contribution until 23 October 2022. This survey was completed by over 2000 people (REF-18, REF-119)
- To support the implementation of the Strategic Plan, a delivery roadmap has been developed for each priority which will include an alignment with existing work, including *Future Health* and other NSW Strategic Plans (REF-18).
- Evidence has not been provided to validate how existing funding will be allocated to deliver health outcomes outlined in the Plan.

Effectiveness

- It is too early to measure the effectiveness of the *NSW Regional Health Strategic Plan 2022-2032* due to implementation having only commenced in 2022. However, the Strategic Plan outlines the intent for a comprehensive evaluation to be conducted to determine the impacts and success of the Strategic Plan. In addition, NSW Health will continue to review the health outcomes and needs of people living in regional NSW, and incorporate new deliverables such that the Plan remains fit-for-purpose (REF-18).

Sustainability

- The Strategic Plan provides an overview of the 10-year deliverables, outlining how progress will be made towards better health outcomes for regional communities (REF-18).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

39

That NSW Health and the rural and regional Local Health Districts upgrade and enhance their collaborative work with the Primary Health Networks to:

- ensure that high quality health services for rural, regional and remote New South Wales are cooperatively planned and successfully delivered
- drive innovative models of service delivery, including those recommended elsewhere in this report

Recommendation 39 was 'supported' in the NSW Government response. Stakeholders from Regional Health Division (RHD) were consulted to review the progress of implementing the below action.

39.1 Support stronger collaboration between the NSW public and Commonwealth primary systems across all areas of health, including regional health and mental health. The Regional Health Minister has invited the Federal Minister for Health and Aged Care to recommence a Bilateral Regional Health Forum between NSW and the Commonwealth in 2022. This could be used to secure a more specific focus on regional collaboration opportunities

Progress Rating



Progress

- This action was completed in December 2022. RHD was responsible for the implementation of this action.
- Evidence confirmed that the Bilateral Regional Health Forum recommenced 9 December 2022. This Forum included broad representation from both the Federal Government, and NSW Government (REF-12).
- RHD confirmed during stakeholder consultation that this Forum was used to discuss a range of collaboration opportunities between the Federal and NSW Governments'.
- The Bilateral Regional Health Forum Joint Communique confirmed discussion of the following (REF-12):
 - Identification of '*current and future opportunities for innovative and collaborative approaches to rural health in NSW*'
 - How the trialling of '*different approaches to primary care provision in rural NSW offered strong potential for collaboration*'
 - Consideration by the Federal and NSW Governments' over the expansion of the Murrumbidgee single-employer model
 - Agreement on initiatives in the Commonwealth-NSW bilateral schedule on mental health and suicide prevention

Effectiveness

- It is too early to measure the effectiveness of progress towards this action as progress is ongoing.

Sustainability

- RHD noted that the sustainability of progress towards this action will be dependent on the continuation of dialogue between the Federal Government and the NSW Government. Ministers have committed to continuing dialogue through the Forum, with the next to be held in mid-2023 (REF-12).
- RHD confirmed that a Terms of Reference was developed and an actions tracker has been implemented to support the ongoing sustainability of this action (REF-130).

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

40

That NSW Health and the rural and regional Local Health Districts:

- commission an independent review of workplace culture including complaints management mechanisms and processes to align with a culture in which feedback from staff is encouraged, based on values of openness, continuous improvement and respect
- implement complaints management training for staff, particularly those in management positions
- commission the conduct of independent and confidential staff satisfaction surveys to measure progress and cultural improvements over time
- review and enhance whistle blower protections to ensure staff feel comfortable in speaking up, with training material to be developed and implemented across the Local Health Districts to support this change
- develop and fund a plan to eliminate bullying and harassment within the rural and regional Local Health Districts

Recommendation 40 was 'supported in principle' in the NSW Government response. Stakeholders from Workforce Planning and Talent Development (WTPD) and Regional Health Division (RHD) were consulted to review the progress of implementing the below action.

40.1 Develop a new culture framework in consultation with all health organisations, which further embeds its CORE values of Collaboration, Openness, Respect and Empowerment. The consultation process for the new framework will incorporate the principles of workplace culture that have contributed to positive change since 2011

Progress Rating



Progress

- Progress towards this action has commenced and WTPD are responsible for implementing this action.
- Consultation with WPTD confirmed that an annual culture review was conducted in 2022 via the People Matter Employee Survey and results have been analysed (REF-152).
- Consultation with WPTD also noted that a refreshed eLearning module, *Respecting the Difference: Know the Difference* was published on the My Health Learning platform in 2022 and has a mandatory eLearning and an optional face-to-face component (see page 64).
- Consultation with WPTD confirmed that progress towards developing a new culture framework has not yet commenced.

Effectiveness

- The effectiveness of progress towards a new culture framework cannot currently be assessed, however, WTPD provided evidence demonstrating that formal reporting of compliance is monitored and generated through HETI every 6 months (REF-154).

Sustainability

- The sustainability of this action could not currently be assessed.

Progress Rating


- Low
- Medium
- High
- Complete



41

That the NSW Government establish an independent office of the Health Administration Ombudsman to receive and review concerns about the administrative conduct of management of Local Health Districts and NSW Health from staff, doctors, patients, carers and the public. The Health Administration Ombudsman is to be empowered to review administrative decisions of NSW Health and Local Health District management, including but not limited to, alleged coverups of medical errors or deaths, false or misleading data, inaccurate communications and/or media reporting, Visiting Medical Officer accreditation decisions, staff blacklisting, and bullying or harassment of whistle-blowers. Additionally, the Health Administration Ombudsman is to provide an annual report to Parliament and the public

Recommendation 41 was 'noted' in the NSW Government response. Stakeholders from the Legal and Regulatory Services (LRS) and Regional Health Division (RHD) were consulted to review the progress of implementing the below actions.

41.1 Action is required to ensure better access for NSW Health staff to these existing oversight bodies - HCCC and the Ombudsman	Progress Rating
Progress	
<ul style="list-style-type: none"> ▸ This action was due to be delivered in May 2023, however progress towards this action is ongoing and consultation with LRS noted that milestones to determine the completion date will need to be agreed. LRS is responsible for the implementation of this action. ▸ Evidence provided confirmed that the NSW Health Intranet and the publicly available NSW Health website provides information on how to access each of the oversight bodies. The NSW Health website also provides access to effective complaint handling and policy directives on workplace grievances, workplace bullying, complaints, misconduct etc. (REF-54). ▸ Evidence confirmed that a newsletter published by the Secretary in March 2023 and communicated to all NSW Health staff included information regarding <i>Getting help for a workplace issue</i> to further increase internal awareness around available services and resources (REF-53). ▸ LRS also noted that NSW Health is working with the Ombudsman on materials to support with the commencement of the Public Interest Disclosures Act 2022. Evidence was not provided to validate this commentary. ▸ Progress towards understanding how to improve access to the Ombudsman is ongoing. From January 2023, the Ombudsman is asking people who make a complaint to take part in a customer feedback survey to facilitate service improvements (REF-122). <p>Challenge:</p> <ul style="list-style-type: none"> ▸ LRS noted that both a cultural and legislative change will be required to progress this action further for NSW Health staff. 	
Effectiveness	
<ul style="list-style-type: none"> ▸ It is too early to measure the effectiveness of progress towards this action as progress is ongoing. 	
Sustainability	
<ul style="list-style-type: none"> ▸ Consultation with LRS confirmed that meetings are ongoing between NSW Health, the Ombudsman and HCCC to support with the ongoing sustainability of this action. 	

Progress Rating

 Low  Medium  High  Complete

That the NSW Government establish an independent office of the Health Administration Ombudsman to receive and review concerns about the administrative conduct of management of Local Health Districts and NSW Health from staff, doctors, patients, carers and the public. The Health Administration Ombudsman is to be empowered to review administrative decisions of NSW Health and Local Health District management, including but not limited to, alleged coverups of medical errors or deaths, false or misleading data, inaccurate communications and/or media reporting, Visiting Medical Officer accreditation decisions, staff blacklisting, and bullying or harassment of whistle-blowers. Additionally, the Health Administration Ombudsman is to provide an annual report to Parliament and the public

41.2 The Ministry of Health will meet with the HCCC and the Ombudsman to identify strategies to make sure their roles are understood, and they are more and available to our staff. We will also look to their expertise to support improving how we deal with complaints at the frontline

Progress Rating

Progress

- This action was due to be delivered in December 2022, however progress towards this action is ongoing and consultation with LRS noted that milestones to determine the completion date will need to be agreed. LRS is responsible for the implementation of this action.
- Consultation with LRS confirmed that NSW Health, the Ombudsman and HCCC have met 3 times since September 2022 to progress this action. Evidence of this commentary was not provided.
- LRS confirmed that information regarding the roles and responsibilities of NSW Health, HCCC and the Ombudsman have been published publicly on the NSW Health website and links to each of the entity's services have been provided (REF-54).
- The HCCC has developed roadshow presentation for LHDs on the functions of the HCCC, how to raise a concern with the HCCC, and information on local complaints handling practices at hospitals (REF-54). LRS confirmed that LRS also support with this through facilitation of theatres/ presentation areas. Evidence to validate this commentary was not provided.

Challenge:

- Consultation with LRS noted that while engagement with the Ombudsman is ongoing to help with identifying strategies to ensure roles are understood by staff, the Ombudsman must also remain independent.

Effectiveness

- It is too early to measure the effectiveness of progress towards this action as progress is ongoing.

Sustainability

- Consultation with LRS confirmed that meetings are ongoing between NSW Health, the Ombudsman and HCCC to support with the ongoing sustainability of this action.

Progress Rating

Low Medium High Complete

That the rural and regional Local Health Districts:

- review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning
- investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for the facilities within their remit

Recommendation 42 was 'supported' in the NSW Government response. Stakeholders from the eHealth NSW, Regional Health Division (RHD), and System Performance Support Branch (SPS) were consulted to review the progress of implementing the below action(s).

42.1 In December 2021, the NSW Government announced an investment of \$3 million for a new online tool to navigate local services. This initiative is being explored and the planned next step is a more in-depth exploratory phase before settling on a particular focus

Progress Rating



Progress

- This action was scheduled for delivery by 30 March 2023, however progress towards this action is currently ongoing. eHealth NSW is responsible for the implementation of this action.
- eHealth NSW has commenced work with the Ministry of Health and the Department of Consumer Service, to design and test digital solutions which guide and inform a consumer-centric health experience, and better enable consumers to access and search for information safely and securely (REF-114).
- eHealth NSW is currently working with LHD partners, the Department of Customer Service, consumer reference groups and individual consumers to co-design and test a prototype of the *NSW Health App*. The prototype provides consumers with centralised access to information published both on the NSW Health web portal, and by relevant NSW Health Services (REF-114).
- eHealth NSW noted during stakeholder consultation that by providing existing information in one single, safe, and secure app, the *NSW Health App* will establish a single-source of truth.
- A first-release of *NSW Health App* is has been made available with limited information and functionality for public beta testing. Up to 5,000 consumers will be able to access the app and provide feedback to inform improvements for further releases (REF-114).

Challenge:

- eHealth NSW noted during stakeholder consultation that the timely public release of the *NSW Health App* is dependent on the Ministry of Health undertaking a strategic review of the app. This review is being conducted to determine whether the app will meet the needs of regional and rural communities regarding access to information.

Effectiveness

- Consultation with eHealth NSW confirmed that whilst the *NSW Health App* is still in development, eHealth NSW has undertaken significant consumer engagement activities to assess the effectiveness of the app in its initial form, and gain further insight into consumer requirements. For example:
 - eHealth NSW engaged with consumers in Dubbo to explore the features of the *NSW Health App* between 31 Nov 2022 - 2 Dec 2022. 85 consumers across broad demographics (inc. age, gender, living with a disability, Aboriginal/TSI, postcode) were engaged. General feedback, suggestions on additional information resources in the app, and suggestions on potential features, was captured via survey (REF-70)
 - eHealth NSW engaged with consumers in Eurobodalla to explore the features of the *NSW Health App* on 12 Nov 2022. 7 consumers across broad demographics (inc. age, gender, living with a disability) were engaged. General feedback, and suggestions on additional information resources in the app, was captured via survey (REF-71)
- Evidence has not been provided to demonstrate the integration of this feedback into the further development of the app.

Sustainability

- eHealth NSW noted during stakeholder consultation that the sustainability of progress towards this action is dependent on funding.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

- 42 That the rural and regional Local Health Districts:
- ▶ review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning
 - ▶ investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for the facilities within their remit

42.2 Review local community engagement models such as Local Health Advisory Committees (LHACs) and Consumer, Community Consultation (CCCs) to determine the most effective approaches for engagement with local communities, including membership structure

Progress Rating



Progress

- ▶ This action was completed in November 2022. RHD was responsible for the implementation of this action.
- ▶ Evidence provided confirmed that RHD conducted a review of Local Health Committees (LHCs) and the findings of this review and key principles to strengthen local health communities in regional NSW were published in *Strengthening local health committee in regional NSW* (REF-83, REF-138).

Effectiveness

- ▶ Evidence confirmed that 5 guiding principles have been developed for regions to strengthen community engagement through local health committees (REF-82).
- ▶ The effectiveness of the implementation of these guiding principles by regional LHDs will be monitored and evaluated by RHD commencing in 2023 (REF-83).

Sustainability

- ▶ RHD confirmed that an Implementation Working Group has been established and an implementation plan has been developed with 3 stages of implementation between 2023-2024 (REF-82, REF-83).

42.3 Continue to work with LHDs to ensure that contemporary best practices are implemented to consult widely and extensively with the community

Progress Rating



Progress

- ▶ No delivery due date has been provided for this action, progress is ongoing and RHD is responsible for its implementation.
- ▶ As mentioned above, RHD has developed 5 guiding principles to enable more engaging local health committees. RHD has developed an implementation plan to review and monitor the use of these principles by LHDs through periodic monitoring between 2023-2024 (REF-83).
- ▶ RHD also provided evidence of LHD exemplars which demonstrates work with LHDs to implement best practices such as closing the gap events in SLHD, establishing a Local Health Committee in MLHD and developing a Patient Story Library in MNCLHD (REF-146).

Effectiveness

- ▶ The effectiveness of this action cannot be assessed as the monitoring of use of these principles by LHDs has not yet been completed.

Sustainability

- ▶ As mentioned above, an Implementation Working Group has been established and an implementation plan has been developed with 3 stages of implementation between 2023-2024 (REF-82, REF-83).

Progress Rating

Low Medium High Complete

- 42 That the rural and regional Local Health Districts:
- ▶ review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning
 - ▶ investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for the facilities within their remit

42.4 Leverage systems such as the Patient Flow Portal and the State Operational Data Store further to provide regional LHDs and communities with better visibility of the demand for services

Progress Rating



Progress

- ▶ This action is scheduled to be completed by June 2023 and the SPS within the Ministry of Health are responsible for implementing this action.
- ▶ Consultation with the SPS confirmed that significant progress has been made towards this action through an internal Operational Data Store (ODS) team. Evidence confirmed that this internal team has been actively engaging with rural and regional LHDs to deliver more fit for purpose patient flow and real time operational tools within rural and regional LHDs and to date, has resulted in the following (REF-144):
 - ▶ A state wide ODS and Patient Flow Portal Implementation plan has been developed and is in progress with LHDs to implement an expended allocations module within the Patient Flow Portal, providing real time data on hospital demand and includes ED and ICU units
 - ▶ A state wide electronic Recommendation solution for Admission Elective Surgery has commenced and evidence of an implementation plan encompassing regional and rural LHDs was provided (REF-143)

Effectiveness

- ▶ Further engagement at LHD level would be required to assess the effectiveness of this action.

Sustainability


- ▶ SPS noted that having an the internal Operational Data Store team enables SPS to adopt an agile approach and adapt to meet the needs of LHDs, patients and clinicians.

Progress Rating

■ Low
 ■ Medium
 ■ High
 ■ Complete

43 That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population

Recommendation 43 was 'supported in principle' in the NSW Government response. Stakeholders from the Regional Health Division (RHD) were consulted to review the progress of implementing the below actions.

43.1 Work with LHDs to provide relevant data to inform needs assessment and implementation of Local Health Plans	Progress Rating 
--	--

Progress


- This action was scheduled for delivery by May 2023, progress towards this action is currently ongoing. RHD is responsible for the implementation of this action.
- Evidence provided confirmed that progress towards conducting a Scalability Assessment for Collaborative Care and place-based planning has commenced (REF-14, REF-15, REF-16). This assessment aims to investigate the scalability of adopting a Collaborative Care approach and methodologies for place-based planning in areas where market failures were identified (REF-14). The outcome of this scalability assessment will be used to inform the implementation of future place based planning and collaborative care approaches more broadly.

Effectiveness

- It is too early to measure the effectiveness of progress towards this action.

Sustainability

- A Collaborative Care Working Group and Collaborative Care Executive Advisory Group has been established with an agreed Terms of Reference (REF-67, REF- 68).
- An prequalification contract was issued to the Sax Institute in May to commence the Scalability Assessment for Collaborative Care and is scheduled to be completed by August 2023 (REF-69).

43.2 Review a range of programs in rural and regional NSW to meet the needs of the local population, this includes co-designed programs for Aboriginal populations. LHDs will be involved in program co-design and implementation to ensure programs are meeting the needs of the local community	Progress Rating 
---	--

Progress





- No due date was provided for this action, progress towards this action is currently ongoing. RHD is responsible for the implementation of this action.
- A Collaborative Care Program has been established in collaboration with NSW Health and the Federal Government across 5 five sub-regions in Murrumbidgee Local Health District (MLHD), Western New South Wales Local Health District (WNSWLHD) and Far West Local Health District (FWLHD)(REF-14).
- Evidence confirmed that this program incorporates a consultation based approach with LHDs and communities to mapping and planning solutions to address primary care issues (REF-14). Evidence also confirmed that this program involves identifying need, building local capacity, and making collaborative decisions around changes required. This can result in changes to models of care, new models of care or in more general coordination and collaboration initiatives (REF-14).
- Consultation with RHD noted that NSW Health is also involved in cross agency initiatives such as the Regional Liveability Strategy which aims to work with local people and communities to secure services that meet local needs (REF-148).

Effectiveness

- It is too early to assess the effectiveness of this action.

Sustainability

- As mentioned above, a Collaborative Care Working Group and Collaborative Care Executive Advisory Group has been established with an agreed Terms of Reference (REF-67, REF- 68).
- An prequalification contract was issued to the Sax Institute in May to commence the Scalability Assessment for Collaborative Care and is scheduled to be completed by August 2023 (REF-69).

Progress Rating
 Low
  Medium
  High
  Complete

That the NSW Government adopt a Health in All Policies framework (similar to the policy in South Australia) to ensure that the health of people in New South Wales is central to government decision making, and which recognises that community physical and mental health is a responsibility of all Ministers and Departments of government. Further, such a framework should include a requirement that all decisions of government are assessed to determine the impact on human and environmental health to ensure a whole-of-government ownership of health outcomes for people living in New South Wales

Recommendation 44 was 'noted' in the NSW Government response. Stakeholders from Government Relations Branch (GRB) and Regional Health Division (RHD) were consulted to review the progress of implementing the below action.

44.1 Consult with the South Australian Government to review the evidence, benefits, costs, and risks in adopting a Health in All Policies framework. Population and structural differences between NSW and South Australia will also be considered in this review

Progress Rating



Progress

- ▶ This action was scheduled for delivery by May 2023, progress towards this action is currently ongoing. RHD is responsible for the implementation of this action.
- ▶ Evidence confirmed that NSW Health commenced engagement with Wellbeing SA in June 2023 to explore opportunities to implement a Health in All Policies approach (REF-132).
- ▶ Consultation with RHD confirmed that RHD will review early evidence provided by Wellbeing SA in collaboration with other branches in the Ministry of Health and other NSW government agencies to determine a position on the Health in All Policies approach.

Effectiveness

- ▶ It is too early to measure the effectiveness of progress towards this action as progress is ongoing.

Sustainability

- ▶ The sustainability of progress towards this action cannot be assessed until NSW Health has determined a position on the All Policies approach.

Progress Rating

Low Medium High Complete

Appendices



Appendix A: Engagement with Local Health Districts

During the course of the review, it was noted that progress could not be fully assessed without deeper consultation at the LHD Level. This was raised at the Regional Health Committee on 26 May 2023 and it was agreed that an email request will be sent to all regional LHDs to provide high level examples of progress where appropriate.

Analysis was conducted to determine what recommendations required high level examples of progress from an LHD perspective. Below is a summary of responses shared by LHD Chief Executives which provides a progress update on recommendations, rather than specific actions. This progress update is for information sharing purposes only and therefore did not include a request for supporting evidence and is not exhaustive. It is important to note that a more comprehensive assessment is required to fully assess progress across LHDs more broadly.

Recommendation 3: That NSW Health, the rural and regional Local Health Districts and Transport for NSW (TfNSW) work collaboratively to ensure, where feasible, more frequent and appropriately timed affordable transport services are available to support people to attend medical appointments in rural, regional and remote areas

Progress

Far West LHD

- Far West LHD (FWLHD) noted that timely and affordable transport for medical appointments is available through both public and LHD-provided services. For example, public transport is currently available from Wilcannia and Menindee, providing transport to support people to attend medical appointments in Broken Hill. In addition, FWLHD provides transport assistance for patients travelling between Wilcannia and Broken Hill for dialysis.
- FWLHD noted that the affordability of transport services for Aboriginal people is supported by both the Maari Ma Aboriginal Health Service and the Broken Hill Health Service.

Murrumbidgee LHD

- Murrumbidgee LHD (MLHD) noted that community transport services are available in the majority of Local Government Areas (LGA) within the LHD to facilitate transportation to medical appointments. These services are partially funded by Transport for Health, however a patient contribution is required.
- MLHD noted that access to financial assistance schemes such as IPTAAS is assisted through care coordination support.

Hunter New England LHD

- Hunter New England LHD (HNELHD) noted that the continuous improvement of public transport services to hospital and community health services is facilitated through the partnership between HNELHD and TfNSW.

Central Coast LHD

- Central Coast LHD (CCLHD) noted that the identification of opportunities for collaboration is being progressed through regular meetings between CCLHD, and the Department of Regional NSW. Representation from Regional Transport has allowed for the consideration of opportunities regarding future community service planning.

Western NSW LHD

- Western NSW LHD (WNSWLHD) noted that transport services between medical appointments are provided by WNSWLHD, for all residents who are a part of the Multi-Purpose Service (MPS) Program.

Recommendation 9: That NSW Health work with the Australian Government and the Primary Health Networks to expedite the implementation of a single employer model for GP trainees across rural, regional and remote New South Wales

Progress

Far West LHD

- FWLHD has been identified by NSW Health as a host site for the trial of the single employer model for GP trainees across rural, regional and remote NSW to commence in February 2024. Preparatory and planning work is being conducted between FWLHD and local partners, including Western NSW Primary Health Network (WNSWPHN), local GP practices, Aboriginal Medical Services, Royal Flying Doctor Services, and the Regional Training Hub.

Murrumbidgee LHD

- MLHD, in collaboration with the UNSW Rural Training Hub, has developed an integrated GP pathway to increase the uptake of medical students and junior doctors into rural general practice. The Murrumbidgee Rural Generalist Training Program (MRGPT) trains junior medical officers into GPs with the advanced skills required within rural healthcare settings. MRGPT is a comprehensive and structured training program, consisting of placements within both hospital and primary care settings, and commenced in 2021.
- MLHD noted that this training pathway is aligned with both the National Rural Health Commissioners Rural Generalist Pathway, and the NSW Rural Generalist Program. Funding is allocated for hospital training and placements through the NSW Rural Generalist Program.

Hunter New England LHD

- HNELHD noted that submission for the single employer model, New England Northwest region has been approved. It has been proposed that Tamworth Hospital would be a designated hub for Advanced Specialty Training (AST) opportunities in anaesthetics, obstetrics, emergency medicine, paediatrics and palliative care.

Central Coast LHD

- CCLHD has not been identified as a host site for the trial of the single employer model for GP trainees across rural, regional and remote NSW. CCLHD noted that opportunities for collaboration, throughout the implementation of the trial within HNELHD.

Western NSW LHD

- WNSWLHD noted that collaboration with the Regional Health Division (RHD) is ongoing, regarding the implementation of the trial of the single employer model for GP trainees across rural, regional and remote NSW.
- WNSWLHD noted that collaboration with Charles Sturt University (CSU), Western Sydney University (WSU), and the University of Sydney (USYD), to allocate students to clinical placements.

Recommendation 12: That NSW Health review the working conditions, contracts and incentives of GPs working as Visiting Medical Officers in public health facilities in rural, regional and remote New South Wales, to ensure that the GP/VMO model remains viable while broader innovation and reform progresses

Progress

Murrumbidgee LHD

- MLHD noted that contract-types for VMOs vary depending on need and clinician preference. Contracts may be sessional, or a part of the Rural Doctors Settlement Package.

Western NSW LHD

- WNSWLHD noted it is working closely with the People and Culture Directorate within the Ministry of Health to provide advice on the reform of the GP/VMO model, and amendments to related awards. Interim determinations are currently being trialled within WNSWLHD.

Appendix A: Engagement with Local Health Districts

Recommendation 13: That NSW Health establish a state-wide system of GP/VMO accreditation, which is independent of the Local Health Districts. As part of this system, NSW Health should ideally look to establish an online GP/VMO availability system where GP/VMOs can nominate dates and locations they are available to work that can be accessed by the rural and regional Local Health Districts and general practices in filling vacancies

Progress

Far West LHD

- FWLHD noted that a Rural Sectors Appointment Credentials (Clinical Privileges) Sub-Committee has been established by the joint FWLHD and WNSWLHD Dental Appointments Advisory Committee.

Murrumbidgee LHD

- MLHD noted that all GP/VMOs are currently appointed by a standard process as defined by the Medical and Dental Appointments Advisory Committee process. Contingent worker applications are reviewed by Directors of Medical Services, Director of Primary Care, or Executive Director of Medical Services.

Western NSW LHD

- WNSWLHD noted its current operation of a centralised GP/VMO placement system. The state-wide programme *Litmus* is currently being used for locum GP/VMOs.

Recommendation 14: That NSW Health work with the Australian Government, the Primary Health Networks, the university sector and the specialist medical colleges to increase rural GP and specialist training positions, integrating these within the new employment and service delivery models recommended in Recommendations 9 and 10

Progress

Far West LHD

- FWLHD noted that the process of increasing rural GP and specialist training positions is in progress, with additional placements to commence in February 2024. The following additional progress has been made by FWLHD in collaboration with NSW Health, towards this action:
 - An Expression of Interest (EOI) has been submitted to NSW Health for FWLHD to host an additional 4 PVT positions, including an allocation for 2 Intern and 2 Rural Resident Medical Officer (RMO) positions in Broken Hill. This will enable FWNSW to apply to the Health Education and Training Institute (HETI) to become a 5 term PVT facility, therefore attracting additional students from the Rural RMO Cadetship Program.
 - FWNSW noted an additional two RMOs will be recruited from February 2024 and February 2025 respectively, to complete GP rotations on the HETI John Flynn Prevocational Doctor Program.
 - FWLHD has applied to the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australasian College of General Practitioners (RACGP) for the accreditations required for FWLHD to offer HETI Rural Generalist (RGTP) and Rural GP AST (RGPPTP) training, to commence from February 2024.

Murrumbidgee LHD

- MLHD noted that a program is currently in progress to expand the number of rural training pathway positions in anaesthesia. This expansion is being developed in collaboration with Albury Wodonga Health, Canberra Hospital, and Westmead Hospital.

Hunter New England LHD

- HNELHD noted that progress towards this action is ongoing. For example, the Tablelands Sector has engaged with ACRRM and RACGP to support advanced procedural training for rural generalist doctors. It has been proposed that Armidale Rural Referral Hospital (RRH) will become a training hub for both the Tablelands Sector and the Broader Hunter New-England region. Discussion has also commenced on the potential for HNELHD to partner with both the University of Newcastle (UoN) and the University of New England (UNE) to establish a tailored training program.

Western NSW LHD

- WNSWLHD noted that an application has been submitted for additional placements within John Flynn Private Hospital, to commence from 2024 onwards.

Recommendation 16: That NSW Health expedite its review of the nursing and midwifery workforce with a view to urgently increasing nurse and midwifery staffing numbers based on local need across rural, regional and remote New South Wales. The outcome should ensure there are staffing levels that enable optimal patient care and for that care to be delivered in a professionally, physically and psychologically safe environment. NSW Health should publicly report on an annual basis its performance in meeting this outcome

Progress

Far West LHD

- FWLHD confirmed it is working in partnership with Sydney Local Health District (SLHD) on international recruitment, where 10 positions are currently moving to conditional letters of offer stages. These positions will utilise the Rural Health Workforce Incentive Scheme (RHWIS) to incentivise these positions. FWLHD confirmed it is also working with an international recruitment agency in partnership with SLHD to attract nursing staff utilising a holiday visa, where recruitment and retention brochures/guidelines have been developed for promotion.
- The Nursing and Midwifery Directorate of FWLHD has also created and will implement a recruitment media campaign video, which encompasses all healthcare professionals, illuminating what is on offer within our district for career opportunities, and holistic psychosocial aspects of living and working in the district.
- FWLHD confirmed that the New Graduate program continues to be supported and letters of offer for permanent positions are currently underway to appoint the current cohort of new graduates who have expressed interest, to permanent positions following on from the new graduate year.

Illawarra Shoalhaven LHD

- ISLHD confirmed that Graduate numbers did increase in 2023 but is a challenge, for example, In 2023 the target for Nurse Graduates was 34 but achieved 29. Strategic planning is ongoing to meet additional nursing need.
- ISLHD also noted that Midwifery recruitment is not a challenge and is fully established. Working with Waminda (Birthing on Country) for alternative midwifery models of care.

Murrumbidgee LHD

- MLHD confirmed that it has a Growing Our Own Nursing Strategy that has enabled 134 new graduate nurses to commence in 2022 and 121 new graduate nurses to commence in 2023. In 2024, MLHD will be recruiting to 147 new graduate positions.
- MLHD have also undertaken an international recruitment campaign in Ireland and the United Kingdom in May 2023. There are 95 nurse candidates that were experienced nurses deemed suitable candidates that are being extended letters of intent for employment. MLHD confirmed that these attraction and recruitment strategies are assisting to build the professional capability of our nursing workforce across the district for the future.

Hunter New England LHD

- HNELHD confirmed that it has introduced additional Clinical Nurse Educators to support more new graduate positions.

Central Coast LHD

- CCLLHD confirmed that it continues to partner with TAFEs, to support Assistants in Nursing (AIN) and EN positions. CCLHD confirmed that it has increased first year GradStarts candidates from 91 in 2019 to 173 in 2023.
- CCLHD also confirmed that it increased casual staffing from 484 in 2020 to 673 in 2023 and increased EN transition to professional practice from ten in 2019 to 28 in 2023.

Western NSW LHD

- WNSWLHD confirmed that it has a robust People Strategy in place and is actively increasing its their graduate and advanced practice nursing roles.

Mid North Coast

- MNCLHD noted it undertakes regular reviews of nursing and midwifery vacancies in order to establish a clear understanding of the workforce. In order to address gaps, MNCLHD has commenced overseas recruitment and sponsorship for nurses and midwives.
- MNCLHD noted it the use of branding and marketing within MNCLHD, along with roadshows and collaboration with tertiary partners to attract additional graduates.

Appendix A: Engagement with Local Health Districts

Recommendation 17: That NSW Health work to widely implement the Nurse Practitioner model of care in rural, regional and remote New South Wales, by:

- funding the recruitment and training of additional Nurse Practitioners to work in rural, regional and remote areas, particularly in facilities without 24/7 doctor coverage, or that utilise virtual medical coverage
- working with the Australian Government to address the practical barriers to creating and supporting these roles identified by the Australian College of Nurse Practitioners

Progress

Far West LHD

- FWLHD also confirmed that it received Ministry of Health funding for the appointment of 3 additional Nurse Practitioners (NP) over the next 2 years. The first role is currently under recruitment with additional 2 FTE allocated for the FY 24/25 (1) and FY 25-26 (1).
- FWLHD confirmed that 2 additional Nurse Practitioner business cases are in development.

Illawarra Shoalhaven LHD

- ISLHD confirmed that 2 NP positions were funded by NSW Health for the Shoalhaven region over the next 2 years. The first role is at appointment phase and hosted within the SDMH Emergency Dept and rotating later to Milton Ulladulla Hospital.

Murrumbidgee LHD

- MLHD noted that it is currently recruiting to 8 FTE NP positions, comprising of 7 FTE Rural Generalist NPs and 1 FTE Mental Health NP. A further 4FTE of NPs will be recruited in the 2023/24 financial year.
- MLHD also confirmed that a Rural Mental Health NP was funded and currently works in Young, Cootamundra, Temora, Gundagai and Tumut and surrounding area Emergency departments, hospital wards and community mental health teams. This NP has been developing relationships with GPs and attending these hospitals and assessing patients in the ED and wards and providing ongoing advice and consultation. The NP will be focusing on physical and metabolic health.

Hunter New England LHD

- HNELD confirmed that Nurse Practitioners and Transitional Nurse Practitioner Models of Care have been introduced.

Central Coast LHD

- CCLHD confirmed that strategic planning of service models and staff profiles is in progress to support with increasing NP positions. CCLHD also confirmed that 2 NP enhancement positions for Hospital in The Home (HiTH) 2024 have been progressed. Wyong emergency department is also increasing transitional NP positions to provide 24/7 NP services within the ED.

Western NSW LHD

- WNSWLHD confirmed that it is currently implementing a number of additional NP scholarships and new roles.

Mid North Coast

- MNCLHD noted funding had been approved by Ministry of Health for five additional NP positions. This allocation of additional NP positions follows the submission of business templates. At present, position descriptions remain under review.

Appendix A: Engagement with Local Health Districts

Recommendation 19: That the rural and regional Local Health Districts:

- ▶ formalise and remunerate on call arrangements for nurses and midwives across all public health facilities in accordance with industrial awards
- ▶ engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting
- ▶ increase and formalise professional development opportunities for nurses and midwives, ensuring that rostering accounts for this

Progress

Far West LHD

- ▶ FWLHD has not commenced any reviews for on-call arrangements. Current on-call arrangements were developed in consultation with the NSW Nurses and Midwives' Association, last reviewed 2018-19.
- ▶ From a security perspective, a FWLHD Security Committee has been established for LHD wide governance of security issues. A site visit from Security Licensing & Enforcement Directorate (SLED) confirmed that FWLHD was compliant with their respective requirements.

Illawarra Shoalhaven LHD

- ▶ There are existing on-call arrangements for nurses and midwives in accordance with the industrial award. The Shoalhaven Hospital Group have considered Recommendation 19 and do not believe that there is a need to undertake a District-wide review of the on call arrangements for nurses and midwives.
- ▶ ISLHD noted that the ISLHD Nurses and Midwives Strategy will address the pathways for career development for all roles. Over the past 6 months, Shoalhaven Hospital Group (SHG) Nurse Unit Managers (NUM) have attended: The nurse/midwife in charge leadership course -run by ISLHD Nursing and Midwifery Leadership and Culture Division, SHG Patient Flow workshop, Visible Leadership Workshop, Length of Stay workshop, Rehabilitation Conference, People Management Skills Program, Clinical Supervision teaching
- ▶ ISLHD also noted that security has been improved at some EDs with recent environmental lockdown improvements and procedure reviews. Duress alarms are available for all staff and are expected to be worn. Violence Prevention and Management (VPM) training rates for SDMH staff require improvement. Risk Assessment completed. Review of ED BAT tool underway. Implementation of Termination of Licence process.

Murrumbidgee LHD

- ▶ MLHD confirmed that on-call arrangements for nurses and midwives have been reviewed for 2022 and all on-call nurses and midwives are paid the allowances in accordance with the Public Health System Nurses and Midwives (State) Award 2022.
- ▶ From a security perspective, MLHD noted that Safety Officers and Health & Security Assistants (HASA's) are in place across all Mental Health declared emergency departments and district hospitals across MLHD. Staff are required to attend Targeted Violence, Prevention Management training and safety huddles which are conducted across all emergency departments across MLHD.
- ▶ MLHD also noted that from a professional development perspective, the Rural Nursing Pathways in Practice (RNPIP) is in place to equip rural nurses with the skills, knowledge and experience to work towards their full scope of practice and provides a career pathway for rural generalist nurses 2022- onwards.
- ▶ MLHD also provide access to NSW Health scholarships and grants to support career progression through the nursing and midwifery profession as well as other programs such as the Aboriginal cadetships; EN and Undergraduate programs; Postgraduate and career development programs; Grad Start or Mid-Start programs for newly graduated nurses or midwives; re-entry to nursing or midwifery programs and Rural Midwifery Scholarships.

Hunter New England LHD

- ▶ HNELHD noted that it is currently in compliance with NSW Nurses and Midwives' Association Award requirements for on-call arrangements.
- ▶ HNELHD confirmed that it has transitioned security staff from employment at HealthShare NSW, with a focus on security audit compliance in particular in Emergency Departments.

Appendix A: Engagement with Local Health Districts

Recommendation 19: That the rural and regional Local Health Districts:

- formalise and remunerate on call arrangements for nurses and midwives across all public health facilities in accordance with industrial awards
- engage with the emergency departments in their area to develop agreed plans to address security issues with timeframes and regular progress reporting
- increase and formalise professional development opportunities for nurses and midwives, ensuring that rostering accounts for this

Progress

Central Coast LHD

- CCLHD noted that it is currently in compliance with NSW Nurses and Midwives' Association Award requirements for on-call arrangements. CCLHD noted that a security governance committee is in place to monitor all security practices and procedures.

Mid North Coast LHD

- MNCLHD noted that it is currently in compliance with the NSW Nurses and Midwives' Association Award requirements for on-call arrangements.
- MNCLHD noted that emergency departments have dedicated Health and Security Assistants (HASAs) rostered at all times, with additional support available.
- MNCLHD noted that the Nursing and Midwifery team is in the process of developing a suite of professional development opportunities for all nurses and midwives.

Recommendation 20: That NSW Health, as part of its review of the nursing and midwifery workforce:

- ▶ develop stronger partnerships with the university sector to more proactively engage local people and support them through rurally and regionally based education, training and professional development to become qualified nurses and midwives
- ▶ develop partnerships between rural, regional and metropolitan Local Health Districts to devise programs for nurses and midwives who are either early career, specialised or are experienced to practice in rural and remote locations
- ▶ implement professional, financial and career enhancement incentives for nurses and midwives who work in rural and remote locations

Progress

Far West LHD

- ▶ FWLHD has developed and sustained partnerships with 37 universities across Australia and has multiple Rural Metro Exchange Programs with Central Coast and South Eastern Sydney LHD (SESLHD), for their GradStart program.
- ▶ FWLHD noted that multiple communities of practice (CoP) have been developed with other rural and remote LHD's including Southern, Murrumbidgee, and Western NSW LHD's, to address immediate and ongoing workforce needs and how districts can continue to partner to strengthen each other and NSW Health as a whole.
- ▶ FWLHD confirmed that it has implemented professional and career enhancement incentives including the Career Pathways Guideline, a Nurse and Midwifery Leadership and Management Guideline, and Transition to Speciality Practice Programs which utilise both in-house and external tertiary level qualifications to guide their implementation and review. In combination with this, scholarships for Post Graduate study are awarded to Nurses and Midwives, along with study leave, to ensure Career Pathways, career enhancement, and succession planning are vital pillars of our organisation and district

Illawarra Shoalhaven LHD

- ▶ ISLHD noted that it meets regularly with Universities and TAFEs to develop local pathways for workforce planning. Some feedback from them has been the cost of living in some of our local areas, particularly around the seasonal periods.

Murrumbidgee LHD

- ▶ MLHD noted that it is working with partner universities and TAFEs to enable local students to have the opportunity to undertake clinical placements within their local health facilities and support transition into permanent employment within the region.

Hunter New England LHD

- ▶ HNELHD noted that eLearning is in collaboration with TAFE NSW to grow the local nursing and midwifery workforce via AIN and Diploma pathways. HNE also noted that its supports school based traineeships (SBATs) across the rural and regional areas

Central Coast LHD

- ▶ CCLHD noted that it has increased rural metro exchange program placements for GradStart candidates.

Western NSW LHD

- ▶ WNSWLHD noted that it has launched an inaugural two year new graduate program for allied health professionals and continues to implement exchange partnerships with tertiary LHDs for specialised units such as ICU and neonatal care.

Mid North Coast LHD

- ▶ MNCLHD noted that in order to broaden placement opportunities, a review of undergraduate contractual agreements with tertiary partners has been completed.
- ▶ MNCLHD noted an event calendar capturing all local opportunities for trade displays, and career displays and workshops at tertiary partner locations has been developed.
- ▶ MNCLHD noted that the identification of all vacant positions which meet incentive criteria has been completed. These positions have been escalated, and the payment of incentives has commenced.

Appendix A: Engagement with Local Health Districts

Recommendation 22: That NSW Health and the rural and regional Local Health Districts work with the Primary Health Networks and other partners to promote improved communication between service providers, including through the use of shared medical record systems, in order to ensure continuity of care for patients

Progress

Far West LHD (FWLHD)

- FWLHD noted that a Memorandum of Understanding is in place between FWLHD and Maari Ma Health, among other Primary Health Networks, to ensure communication is standardised, structured and streamlined.
- FWLHD confirmed that FWLHD, in partnership with Western NSW LHD, is in the process of implementing Clinical Health Information Exchange (CHIE), which allows clinicians to view eMR records for the same patient across different organisations; work is ongoing regarding extending access to local GPs to assist with continuity of care for patients particularly in remote LHD facilities with Co-Located GP Clinics.

Illawarra Shoalhaven LHD

- ISLHD noted that it works closely with our local Primary Health Network COORDINARE on multiple strategies that rely on comprehensive communication and sharing of information e.g. the Collaborative Commissioning program for Chronic Obstructive Pulmonary Disease (COPD), Health Pathways and currently the preparation for the introduction of Urgent Care Centres.

Murrumbidgee LHD

- MLHD noted that it is progressing a pilot to allow Aboriginal Controlled Health Organizations Medical Officers read only access to state-wide electronic medical record (EMR).
- MLHD noted that reciprocal access arrangements are in place for Mosaik system (cancer treatment) between private cancer service provider and the District completed in 2023.

Hunter New England LHD (HNELHD)

- HNELHD noted that Mental Health Services have established a structured partnership meeting with the PHN and key HNE Staff to improve communication and collaboration between primary and tertiary mental health services.

Central Coast LHD

- CCLHD noted that it has an alliance with the Hunter New England Central Coast Primary Health Network and are working to improve communication through the inclusion of GPs in multidisciplinary team meetings, and inclusion of GPs in codesign of models of care including HiTH, elderly and frail, voluntary assisted dying, palliative care, clinical service and annual priority planning.

Southern NSW LHD

- SNSWLHD noted that collaboration with local GPs in order to improve discharge summary timeliness, and GP access to NSW Pathology data and diagnostic imaging reports, has commenced.

Mid North Coast LHD

- MNCLHD noted that discharge and admission notifications for GPs have been established. GPs are currently in the process of providing feedback, in order to continually improve this service.
- MNCLHD noted that Healthnet and My Health Record have been integrated. This ensures the access of patient summaries by PHNs.

Recommendation 27: That the rural and regional Local Health Districts, and those metropolitan Local Health Districts that take in regional areas of the state, review their maternity services in order to develop plans for midwifery, GP Obstetrics, specialist Obstetrics and newborn services

Progress

Illawarra Shoalhaven LHD

- ISLHD noted that Planning for Midwifery Group Practice (MGP) has been completed and are awaiting Birth-rate Plus to support its implementation.
- ISLHD noted that it is currently reviewing opportunities for GPs to undertake work at the hospital clinic and in birthing unit to maintain and enhance skills and 2 full time staff specialist to enhance the Obstetric team are scheduled to be in position by August 2023.
- ISLHD also noted that its Special Care Nursery (SCN) service has been upgraded to a level 3 unit and its Obstetric services are working towards becoming a level 4 service.

Murrumbidgee LHD

- MLHD noted that it is currently implementing alternate models of birthing education services that are now delivered virtually or face-to-face to improve accessibility, as well as, having an early pregnancy assessment service and hyperemesis gravidarum clinic at Wagga Wagga Base Hospital.

Central Coast LHD

- Maternity services are being reviewed as part of the development of the District's Clinical Services Plan, expected to be finalised in late 2023.

Southern NSW LHD

- SNSWLHD noted that an assessment of two maternity units has been completed by the CEC, through the Resilience Assessment Program. The remaining three maternity services will undergo the same assessment in 2023.

Mid North Coast LHD

- MNCLHD noted that a Midwifery Group Practice has been established, to ensure ongoing care for birthing mothers at Macksville District Hospital. This has now evolved into a Midwifery Group Practice at Coffs Harbour Health Campus.
- MNCLHD noted that they are in the planning process for the implementation of a Midwifery Group Practice model for Hastings Macleay Clinical Network. Implementation is dependent on funding.
- MNCLHD noted that a review of maternity services at Kempsey District Hospital by a multidisciplinary team has commenced.

Recommendation 33: That NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas, prioritise building their Indigenous workforce across all disciplines, job types and locations. This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Workers

Progress

Far West LHD (FWLHD)

- FWLHD is implementing a FWLHD Workforce Plan 2020-2025 to expand employment opportunities and develop new career pathways for their Indigenous workforce across all disciplines, job types and locations and has developed new positions including Executive Assistant, Aboriginal Health and Community Relations and Integrated Care, AHP.
- FWLHD also noted that it is currently working with local AACHOs to increase training opportunities for both AHWs and AHPs and will be included into the training cohort commencing June 2023.

Illawarra Shoalhaven LHD

- ISLHD noted that it has made significant progress in building an Aboriginal workforce across all disciplines and job types through new positions such as Aboriginal Mental Health Peer worker, an Aboriginal New Graduate Physiotherapist, and an Aboriginal Trainee Cardiac Sonographer. Additionally, the LHD is presently in the process of recruiting a replacement for the Aboriginal Care Navigator position.

Murrumbidgee LHD

- MLHD has developed an Aboriginal Workforce Strategy and Aboriginal Workforce Action Plan to ensure focus and priority actions strengthening our current and future Aboriginal workforce.
- MLHD noted that it increased the number of Aboriginal Nurse Cadetships to 5 in 2023 and an Aboriginal School based trainee model is due to commence its 3rd year intake for 2024.
- MLHD also noted that an Aboriginal Cancer Care Coordinator pilot will commence in June 2023 to work with Aboriginal consumers undergoing cancer treatment.

Hunter New England LHD

- HNELHD is currently reinvigorating the role of health advisory committees, including information about performance and accountability based on findings from the Strengthening Local Health Committees in Regional NSW report.

Central Coast LHD

- Recently funded positions have expanded the identified workforce including Aboriginal cancer care navigators, Aboriginal mental health peer workers and Aboriginal mental health care navigators, a new Aboriginal social worker role, a new partnership and projects manager role and two new Aboriginal hospital liaison officers.

Western NSW LHD

- WNSWLHD has an active workforce program to attract and retain aboriginal staff. WNSWLHD noted that its goal is to have 9.3% of its workforce identify as Aboriginal and this currently sits at just over 7%.

Mid North Coast LHD

- MNCLHD noted that the MNCLHD AHP was endorsed in 2022.
- MNCLHD noted that a dedicated Aboriginal Workforce Development Manager, and an Aboriginal Workforce Development Coordinator has been established to support internal and external career development. A dashboard has been developed to represent the Aboriginal Workforce for MNCLHD.
- MNCLHD noted that 2 FTE Aboriginal Elders in residence have been funded through available funding for the Aboriginal Peer Worker.

Appendix A: Engagement with Local Health Districts

Recommendation 42: That the rural and regional Local Health Districts:

- review, reinvigorate and promote the role of Local Health Advisory Committees to ensure genuine community consultation on local health and hospital service outcomes, and health service planning
- investigate methods of better informing communities about the services that are available to them, and publish additional data such as wait times and minimum service standards for the facilities within their remit

Progress

Far West LHD

- FWLHD noted that it has 8 Health Councils across the Far Western region of NSW with these Health Council Advisory Committees consisting of community members, a health service manager, manager consumer experience and community engagement integration and the health service administration officer. FWLHD Chief Executive and Director Aboriginal Health and Community Relations meet monthly with the Chairs of the Health Committees to share information such as workforce developments and service provisions.

Illawarra Shoalhaven LHD

- ISLHD noted that it is currently developing a District Community Advisory Committee in collaboration with consumer representatives to advise the Board of the issues and concerns of the various communities the Board serves and a Terms of Reference is currently in development.
- ISLHD also noted that an Annual Safety and Quality Account is a community facing document that is publicly available and is an example of how ISLHD is informing our community about services in ISLHD.

Murrumbidgee LHD

- MLHD has active participation with 33 Local Health Advisory Committees (LHACs) across the District and shares responsibility for supporting and engaging with LHACs with the Murrumbidgee Primary Health Network (MPHN).

Central Coast LHD

- CCLHD continues to engage with the community through complaints management, committee structure, working groups, redevelopment planning, service planning and other key strategies.
- CCLHD noted that a robust consumer feedback process and a consumer and community directory is in place to engage with relevant stakeholder groups to review models of care and redesign of processes.

Western NSW LHD

- The WNSWLHD is currently implementing its Meaningful Engagement Strategy, and are piloting a number of new community engagement initiatives in the north of the district and in Dubbo. WNSWLHD also noted that an online platform to support community engagement is being launched by the LHD June.

Mid North Coast LHD

- MNCLHD noted that a Local Health Advisory Council (LHAC) had been established in April 2023. This Council was established through the combination of the Partnering with Consumers Committee (PCC) and One District Consumer Reference Group (CRG), within MNCLHD. LHAC Terms of Reference reflect a continued consumer engagement focus, with membership reflective of a strong representative cohort of 50%, at minimum.
- MNCLHD noted that the LHAC fulfills a district-wide role as a peak consumer forum. The LHAC provides advice to the Governing Board, to support effective coordination and promote meaningful engagement with our community.

Appendix A: Engagement with Local Health Districts

Recommendation 43: That the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and Local Health Plans in collaboration with the Department of Regional NSW, local government, education, human services, community services, community and First Nations organisations and local health providers that are responsive to the variations in determinants, lifestyle and disease burden for each community and its population

Progress

Far West LHD

- FWLHD noted that it is committed to improving health outcomes within the Far West Region and has developed localised Health Council Action Plans. The Far West and Western LHD in partnership with the Murdii Paakii Regional assembly are currently working towards finalising the localised Aboriginal Health Action Plans by 30th July 2023.

Illawarra Shoalhaven LHD

- ISLHD noted that ISLHD is a member of the Regional Executive Group which includes the parties identified in recommendation 43. There are a number of key focus areas related to specific communities and these include multi-cultural hubs in regional areas, essential worker housing and health service planning.

Murrumbidgee LHD

- MLHD noted that local place-based partnerships have been established with Aboriginal Communities to address localised health needs specific to the community and continues to support the Aboriginal Community through the NSW Government and Riverina Murray Regional Alliance (RMRA). MLHD also noted that it is a collaborative partner with Leeton Shire Council exploring opportunities to improve health service integration.

Central Coast LHD

- CCLHD noted that the Central Coast Alliance has undertaken a joint needs assessment specific to the Central Coast, by working with the Central Coast Research Institute to pull together available information, data and consultations. This data includes population characteristics, social determinants, health risk factors and health conditions. This data will be used to inform the District's Clinical Service Plan and identify priority areas to develop neighbourhood models for codesign with the local community.
- CCLHD also noted that the Central Coast Research Institute in Integrated Care is in the early phases of developing a neighbourhood model of care for the Central Coast community. The model, All Inclusive Care for the Elderly (ALICE) is designed to improve care, experience and outcomes for older people living with complex health and social care needs in our Central Coast communities, supporting them to remain independent and well, and delaying or avoiding the use of institutional care. ALICE is designed to build on the District's elderly and frail connected care pathway approach to create an evidence-based neighbourhood model for integrated community care.

Western NSW LHD

- WNSWLHD noted that the rural and regional Local Health Districts work with rural and remote communities to develop Place-Based Health Needs Assessments and is currently being discussed with the Western NSW Primary Health Network.

Mid North Coast LHD

- MNCLHD noted that it is working closely with its rural communities to understand and develop Place-Based Health Needs Assessments. This collaboration is underpinning strategic planning and the development of service planning. The following outcomes of this engagement have been completed, or are in progress:
 - Clinical Service Planning in Bellingen and Wauchope
 - Development of MNCLHD Strategic Plan 2022-2032
 - Regional Mental Health Plan
 - Clinical Service Planning for Cancer Services
 - COVID and Community AMS partnership
 - Development of the Aboriginal Health Strategic Framework 2023-32
 - Establishment of MNCLHD Aboriginal Authority
 - Review of Aboriginal partnership arrangements, for completion by September 2023

Appendix B: Stakeholders consulted (1 of 3)

We would like to extend our appreciation to the following individuals who assisted us in our discussions and provided information to us during this engagement.

Regional Health Division:

Name	Title
Luke Sloane	Co-Ordinator General, Regional Health Division
Michelle Maxwell	Director, Strategy, Governance and Delivery, Regional Health Division
Brendon Cutmore	Director Information and Performance Support, Regional Health Division
Amy Donohue	Senior Policy Officer, Regional Health Division
Monique Hourn	Senior Policy Officer, Regional Health Division
Rebecca Bell	Senior Policy Officer, Regional Health Division
Jane Selwood	Principal Policy Officer, Strategy, Governance and Delivery, Regional Health Division

Workplace Relations Branch:

Name	Title
Joanne Prados Valerio	Associate Director, Rural & Regional, Workplace Relations Branch
Edith Watt	Workplace Relations Advisor, Workplace Relations Branch
Christine Stone	Senior Project Officer, Workplace Relations Branch

eHealth NSW:

Name	Title
Petra Milnes	Director, Office of the Chief Executive, eHealth NSW
Andrew Perkins	Executive Director, Investment, Strategy and Architecture, eHealth NSW
Mona Thind	Director Strategy, Investment, Strategy and Architecture, eHealth NSW

Health and Social Policy Branch:

Name	Title
Tish Bruce	Executive Director, Health and Social Policy Branch
Cherie Butler	Principal Advisor, Health and Social Policy Branch
Hebe Thomas	Principal Policy Officer, Health and Social Policy Branch

Legal and Regulatory Services Branch:

Name	Title
Murray Stone	Director, Regulation & Compliance Unit

Cancer Institute NSW:

Name	Title
Lisa Cox	Chief Operating Officer, Cancer Institute NSW
Sarah McGill	Chief Executive Officer, Cancer Institute NSW

Nursing and Midwifery Office:

Name	Title
Yervette Jones	Principal Advisor Workforce Priorities, Nursing & Midwifery Office

NSW Ambulance:

Name	Title
Clare Beech	Senior Assistant Commissioner and Executive Director, Clinical Systems Integration, NSW Ambulance

Appendix B: Stakeholders consulted (2 of 3)

Government Relations Branch:

Name	Title
Gregory Westenberg	Director, Policy and Funding Reform, Government Relations Branch
Lorna McNamara	Director, Prevention and Response to Violence, Abuse and Neglect, Government Relations Branch

HealthShare NSW:

Name	Title
Shubjeet Kaur	Director, Patient Transport Services, HealthShare NSW
David Thomson	Executive Officer, System Service Delivery, HealthShare NSW
Brendan Mann	Customer Experience Manager, Patient Transport Service, HealthShare NSW

Transport for NSW:

Name	Title
Dennis Tsai	Senior Manager Major Programs, Transport for NSW

System Purchasing Branch:

Name	Title
Joe Portelli	Executive Director, System Purchasing Branch
Sarah Marmara	Principal Policy Officer, Emergency Access, System Purchasing Branch

Workplace Planning and Talent Development:

Name	Title
Tamara Lee	Director Future Workforce, Workforce Planning and Talent Development
Cassandra Walton	Director, Workforce Operational Strategic Unit, Workforce Planning and Talent Development
Wendy Bryanclothier	Manager, Aboriginal Workforce, Workforce Planning and Talent Development
Linda Macpherson	Medical Advisor, Workforce Planning and Talent Development

Centre for Aboriginal Health:

Name	Title
Geraldine Wilson	Executive Director, Centre for Aboriginal Health
Ashley Brown	Principal Advisor, Partnerships and Strategy, Centre for Aboriginal Health
Helen Gardiner	Senior Project Officer, Centre for Aboriginal Health

System Performance Support Branch:

Name	Title
Justin Gardiner	Director, System Performance Support

Strategic Reform and Planning Branch:

Name	Title
Sireesha Gollakota	Principal Advisor, Strategic Reform and Planning Branch

Appendix B: Stakeholders consulted (3 of 3)

Executive Directors:

Name	Title
Jo Blackwell	Executive Director, Workplace Relations
Vince McTaggart	Executive Director, Strategic Reform and Planning Branch
Maggie Crowley	Director, Professional Practice and Interprofessional Collaboration, HETI
Richard Griffiths	Executive Director, Workforce Planning and Talent Development
Geraldine Wilson	Executive Director, Centre for Aboriginal Health
Justin Gardiner	Executive Director, System Performance Support
Jacqui Worsley	Executive Director, Government Relations Branch
Michael Gendy	Chief Procurement Officer, NSW Health
Neville Onley	Executive Director, Activity Based Management, NSW Health
Anne Robertson	Manager, Nursing and Midwifery Office
Yervette Jones	Principal Advisor Workforce Priorities, Nursing & Midwifery Office
Joe Portelli	Executive Director, System Purchasing Branch
Garth Worboys	Executive Director, System Service Delivery, HealthShare NSW

Appendix C: Documentation reviewed to validate progress (1 of 6)

The table below provides a summary of supporting documentation provided by NSW Health Branch, Pillar and Agency Leads to validate findings from interview consultation sessions and support the analysis of inquiry response action progress, effectiveness and sustainability.

REF	Document Title	Relevant Recommendation
1	Attachment 1 - Feedback Template - Written submission to the NHRA Midterm Review - IPS and SGD feedback	Recommendation 1
2	Attachment 2 - Fact Sheet - NHRA Midterm Review	Recommendation 1
3	Attachment 3 - Terms of Reference	Recommendation 1
4	Memo - Request for input - Written submission to the Midterm Review of the Addendum to the National Health Reform Agreement 2020-25	Recommendation 1
5	27 February Stakeholder meeting slides - IPTAAS Stakeholder Consultative Forum	Recommendation 2
6	DRAFT IPTAAS Stakeholder Forum Minutes 27 February 2023	Recommendation 2
7	IPTAAS Campaign Analytics 2022	Recommendation 2
8	IPTAAS Monitoring and Evaluation Plan 2023-2026	Recommendation 2
9	Terms of Reference endorsed 27 February 2023	Recommendation 2
10	Review of NSW Health's Approach to Transport for Health - project proposal 2 May 2023	Recommendation 3
11	Recommendation 5 - Scoping Plan	Recommendation 5
12	Bilateral Regional Health Forum - Joint Communique Dec 2022	Recommendation 7 Recommendation 8 Recommendation 9 Recommendation 10 Recommendation 39
13	Bilateral forum actions 9 December 2022	Recommendation 7 Recommendation 9 Recommendation 32
14	Collaborative Care Scalability Assessment Plan April 2023	Recommendation 43 Recommendation 10
15	Sax Institute Quote Scalability Assessment Collaborative Care and Place Based Planning	Recommendation 43 Recommendation 10
16	Successful Tenderer Letter	Recommendation 43 Recommendation 10
17	NSW Rural Health Plan: Towards 2021 Final Progress Review	Recommendation 37
18	NSW Regional Health Strategic Plan 2022-2032	Recommendation 38
19	Regional Health - https://www.health.nsw.gov.au/ministers/Pages/health.aspx	Recommendation 36
20	Rural Nurse Practitioner Framework	Recommendation 17
21	Maternity Care Policy	Recommendation 26
22	RDEA WG Membership List	Recommendation 12
23	Agenda - RDEA WG - 9 November 22	Recommendation 12
24	Attendee list - RDEA WG - 9 November 22	Recommendation 12

Appendix C: Documentation reviewed to validate progress (2 of 6)

The table below provides a summary of supporting documentation provided by NSW Health Branch, Pillar and Agency Leads to validate findings from interview consultation sessions and support the analysis of inquiry response action progress, effectiveness and sustainability.

REF	Document Title	Relevant Recommendation
25	Minutes - RDEA WG - 9 November	Recommendation 12
26	RDEA WG Objectives and progress - May 23	Recommendation 12
27	H23 17701 IPTAAS Communications Plan - Phase II January 2023	Recommendation 2
28	EOLPC Minimum dataset 14th May 2023	Recommendation 23
29	Tab B - Enhancing End of Life Care funding: planning guidelines	Recommendation 23
30	Palliative Care Enhancement Monitoring Report - November 2022	Recommendation 23
31	Governance Structure Proposed	Recommendation 23
32	End of Life and Palliative Care Steering Committee - Terms of Reference	Recommendation 23
33	End of life and palliative care - organisational models https://aci.health.nsw.gov.au/__data/assets/pdf_file/0010/703855/ACI-End-of-life-and-palliative-care-organisational-models.pdf	Recommendation 24
34	Far West NSW - Palliative and End of Life Model of Care	Recommendation 24
35	Connecting, listening and responding: A Blueprint for Action - Maternity Care in NSW https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/professionals/Pages/maternity-blueprint.aspx	Recommendation 26
36	Information Bulletin - Connecting, listening and responding: A Blueprint for Action - Maternity Care in NSW https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2023_006.pdf	Recommendation 26
37	RDEA Working Group Terms of Reference	Recommendation 12
38	JMO AAG Terms of Reference	Recommendation 15
39	Recommendation 15 - Internal Stakeholders	Recommendation 15
40	Rural Nursing Pathways in Practice Flyer https://www.heti.nsw.gov.au/__data/assets/pdf_file/0007/737233/Rural-Nurse-Pathways-in-Practice-Flyer-A4-Jul22-V7.pdf	Recommendation 19
41	IPTAAS Reporting - Rural Health Inquiry	Recommendation 21
42	Breast Hypofractionation trend public and private - 2020 2021	Recommendation 21
43	Reporting for Better Cancer Outcomes Report	Recommendation 21
44	Financial Assistance Program - Cancer Council Australia	Recommendation 21
45	Transport to Cancer Treatment Program - Cancer Council Australia	Recommendation 21
46	Accommodation During Cancer Treatment Program	Recommendation 21
47	16 cities - NSW Health Update - 2023.05.19	Recommendation 3
48	IPTAAS form April 23	Recommendation 2
49	Form 1 - Travel and Accommodation Claims	Recommendation 2

Appendix C: Documentation reviewed to validate progress (3 of 6)

The table below provides a summary of supporting documentation provided by NSW Health Branch, Pillar and Agency Leads to validate findings from interview consultation sessions and support the analysis of inquiry response action progress, effectiveness and sustainability.

REF	Document Title	Relevant Recommendation
50	Form 1. Application for travel and accommodation assistance	Recommendation 2
51	Form Feedback for May 2023 changes	Recommendation 2
52	Addendum to National Health Reform Agreement 2020 - 2025	Recommendation 1
53	Your Health Check In - Creating happiness at NSW Health	Recommendation 41
54	NSW Health - Help for a workplace issue (webpage)	Recommendation 41
55	Prevention and Response to Violence Abuse and Neglect May 2023	Recommendation 8
56	National Medical Workforce Strategy 2021-2031	Recommendation 11
57	NSW Budget 2022-23	Recommendation 14
58	Rural Doctors' Settlement Package Hospitals Indexation of Fees - Visiting Medical Officers	Recommendation 12
59	JMO rural trainee determination	Recommendation 15
60	Rural Health Workforce Incentive Scheme - Webpage	Recommendation 16
61	6th Budget Supplementation Brief - External NPP funding transfer to LHDs	Recommendation 17
62	Careers in Rural Nursing	Recommendation 17
63	3rd Budget Supp - Rural Workforce NPP Funding Transfer to LHDs	Recommendation 17
64	Budget Supplementation Brief - NPP funding transfer to LHDs - Aboriginal cadetships	Recommendation 33
65	RNPip completion data March 2023	Recommendation 19
66	Budget supplementation Brief - NPP funding release to LHDs	Recommendation 19
67	Collaborative Care Working Group - Terms of Reference	Recommendation 10
68	Collaborative Care Executive Advisory Group - Terms of Reference	Recommendation 10
69	Eval-23-0008 - Sax agreement may 2023 (partially signed contract with Sax Institute)	Recommendation 10
70	Dubbo Consumer Engagement Survey Results	Recommendation 42
71	Eurobodalla Health Expo Survey Results	Recommendation 42
72	Co Located GP Clinics Overview	Recommendation 22
73	NSW Government Response - Rural Health Inquiry	All recommendations
74	Terms of reference and action log - Urgent Care Services Governance Committee	Recommendation 10
75	NSW UCS Expression of Interest Documents (Combined)	Recommendation 10

Appendix C: Documentation reviewed to validate progress (4 of 6)

The table below provides a summary of supporting documentation provided by NSW Health Branch, Pillar and Agency Leads to validate findings from interview consultation sessions and support the analysis of inquiry response action progress, effectiveness and sustainability.

REF	Document Title	Relevant Recommendation
76	For endorsement - Urgent Care Services Communication and Engagement Strategy	Recommendation 10
77	For endorsement - Urgent Care Services Evaluation Plan	Recommendation 10
78	B23 258 Urgent Care Services	Recommendation 10
79	NSW - Letter from Minister Butler to Minister Park	Recommendation 9
80	NSW Health Deployment Program	Recommendation 15
81	Charity and Community Organisation Working Group (email)	Recommendation 5
82	Strengthening Local Health Communities review and implementation	Recommendation 10
83	Draft Terms of Reference - Local Health Committees Working Group	Recommendation 10 Recommendation 42
84	Focus Group Membership	Recommendation 5
86	TAB D - Rec 5 - Phase 2 Mapping - Approach	Recommendation 5
87	Australian College of Nurse Practitioners: Media Release - 2023 Federal Budget Announcements	Recommendation 17
88	NSW Virtual Care Strategy 2021-2026	Recommendation 30
89	Terms of Reference - Regional Health Workforce Working Group	Recommendation 16
90	Papers - Regional Health Workforce Working Group - 23 May 2023	Recommendation 16
91	Tab A - Strategic Engagement Meeting Pack_Regional LHDs	Recommendation 3
92	Tab B - Patient Transport Service (PTS) Rural and Regional Expansion	Recommendation 3 Recommendation 28
93	Tab C - PTS HNE	Recommendation 28
94	Service Agreements 2022-23 An agreement between the Secretary, NSW Health and Hunter New England Local Health District for the period 1 July 2022 - 30 June 2023	Recommendation 1
95	NSW Health Virtual Care Education Framework 2022-2026	Recommendation 30
96	Governance Meeting - Connect You Too	Recommendation 3
97	Governance Meeting - Peppercorn	Recommendation 3
98	Progress Report Template - Inverell HACC Services	Recommendation 3
99	Issues Log - Governance Meetings FY2023	Recommendation 3
100	Draft Aboriginal Palliative Care Network ToR	Recommendation 23
101	Agency for Clinical Innovation - End of Life and Palliative Care - Web-page	Recommendation 24

Appendix C: Documentation reviewed to validate progress (5 of 6)

The table below provides a summary of supporting documentation provided by NSW Health Branch, Pillar and Agency Leads to validate findings from interview consultation sessions and support the analysis of inquiry response action progress, effectiveness and sustainability.

REF	Document Title	Relevant Recommendation
102	2022 Conference Report Ministry	Recommendation 24
103	SDO network - Teams page members	Recommendation 24
104	Email communication between the Ministry and SDOs	Recommendation 24
105	16 Regional Cities Services Improvement Program https://www.transport.nsw.gov.au/projects/programs/16-regional-cities-services-improvement-program	Recommendation 3
106	NSW Health Workforce Plan 2022-2023	Recommendation 11
107	GradStart Handbook 2024	Recommendation 16
108	Bilateral Regional Health Forum agenda	Recommendation 7 Recommendation 8 Recommendation 9 Recommendation 10 Recommendation 39
109	Terms of Reference - Community Transport MAG Partnership Working Group	Recommendation 3
110	Draft - single employer model expansion governance	Recommendation 9
111	ICC Project Engagement Plan_SENSW	Recommendation 10
112	Email of NSW Aboriginal Palliative Care Network Membership	Recommendation 23
113	Towards normal birth in NSW	Recommendation 26
114	NSW Health App - Webpage	Recommendation 42
115	NSW Ambulance Vision and Strategic Plan 2021-2026	Recommendation 29
116	Aboriginal Procurement Policy 2021	Recommendation 32
117	Integrated Care and Commissioning Project South Eastern NSW Engagement Plan	Recommendation 10
118	Rural Health Plan Progress Review	Recommendation 37
119	Have your say - NSW Regional Health Plan	Recommendation 38
120	RTD Completions 180822_150523 report results	Recommendation 32
121	RTD_F2F	Recommendation 32
122	Ombudsman - Make a Complaint online	Recommendation 41
123	Collated Minutes Collab - SC, TF	Recommendation 30
124	Collated ToR M&E - VCTF	Recommendation 30
125	Combined examples of key messages - promotional materials	Recommendation 30

Appendix C: Documentation reviewed to validate progress (6 of 6)

The table below provides a summary of supporting documentation provided by NSW Health Branch, Pillar and Agency Leads to validate findings from interview consultation sessions and support the analysis of inquiry response action progress, effectiveness and sustainability.

REF	Document Title	Relevant Recommendation
126	Combined NAP and RPM models of care	Recommendation 30
127	Combined virtual care newsletter	Recommendation 30
128	DRAFT key virtual care key messages - regional communities	Recommendation 30
129	Combined AHS results, correspondence	Recommendation 31
130	Tab B - Bilateral Regional Draft Terms of Reference	Recommendation 7 Recommendation 8 Recommendation 9 Recommendation 10 Recommendation 39
131	Approval Brief - Secretary - Revising NSW Health's Approach to Transport for Health	Recommendation 3
132	Health in All Policies Discussion_SA Health NSW Regional Health Division Agenda	Recommendation 44
133	PRIM-HS wesbite	Recommendation 10
134	Strengthening local health committees in regional NSW report	Recommendation 42
135	National Agreement on Closing the Gap	Recommendation 34
136	NSW Aboriginal Health Plan 2013-2023	Recommendation 35
137	Aboriginal Affairs - Web page	Recommendation 33
138	NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020	Recommendation 33
139	Paramedics and controlled centre officers (state) award 2022	Recommendation 29
140	Alternate Referral Pathway Steering Committee Terms of Reference	Recommendation 29
141	National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan - 2021-2031	Recommendation 33
142	Aboriginal Employment Strategy	Recommendation 33
143	Erfa state wide implementation plan	Recommendation 42
144	Allocations Implementation Plan	Recommendation 42
145	Healthy Deadly Feet Project - Governance, Pathway and Domains	Recommendation 33
146	Draft Priority 4 - LHD Exemplars	Recommendation 42
147	Definition of an Aboriginal Health Worker	Recommendation 33
148	Regional NSW Our Vision for Regional Communities	Recommendation 44
149	'Correspondence' document	Recommendation 19
150	Governance RHI	All recommendations
151	Monitoring and reporting of actions - HealthShare	All recommendations
152	WPTD email 2022 Culture Index Results for Regional LHDs	Recommendation 40
153	NNHRA MTR Workshop 3 - Regional Health Slides	Recommendation 8
154	Respecting the Difference Report - as at 4 January 2023 (filtered regional)	Recommendation 40
155	Aboriginal representatives on LHD Boards email thread (26 June 2023)	Recommendation 35

Appendix C: Documentation reviewed to validate progress (6 of 6)

The table below provides a summary of supporting documentation provided by NSW Health Branch, Pillar and Agency Leads to validate findings from interview consultation sessions and support the analysis of inquiry response action progress, effectiveness and sustainability.

REF	Document Title	Relevant Recommendation
156	NSW Regional Health Strategic Plan 2022-2032 Priority Framework	Recommendation 33
157	NSW Health Aboriginal Nursing and Midwifery Cadetship Program - Website	Recommendation 33

Appendix D: Stakeholder engagement approach

The table below outlines the stakeholder engagement approach used by EY to conduct this independent Review. EY engaged with branch, pillar and agency leads who have responsibility for implementing the recommendations of the Rural Health Inquiry. EY sought advice and guidance on stakeholders to consult across the Ministry of Health, and engaged with the following:

Stakeholder Groups	Objective
Regional Health Division (2-4 meetings)	Review the purpose and objectives of the independent review, timeline and stakeholder engagement approach. Share insights on progress.
Executive and Ministerial Services (EMS) and Enterprise Program Management Office (EPMO) (1 meeting)	Present the approach and seek guidance on who to consult with and any other insights
Two LHD Chief Executives (1 meeting)	Present the approach and seek early insights on progress
Executive Directors (2 meetings)	Review the purpose and objectives of the review, stakeholder engagement approach and seek advice on the appropriate stakeholders for individual interviews and focus groups. Seek high level insights and a progress update on actions
Regional Health Committee (1-2 meetings)	Present the approach and seek advice on LHD-based actions. Provide update on progress and any early findings if appropriate.
Individual Interviews and Focus Groups (10-15 in total)	Review and validate progress towards the recommendations

EY requested information on the progress towards approved actions for each recommendation, by engaging with the below stakeholders through interview sessions to gain further commentary and insight. Following these sessions, documentation was requested to validate information provided.

1. Regional Health Division	2. eHealth NSW	3. Workplace Relations	4. Health and Social Policy
5. Legal and Regulatory Services	6. Nursing and Midwifery Office	7. Cancer Institute NSW	8. NSW Ambulance
9. Government Relations Branch	10. Cancer Institute NSW	11. Transport for NSW	12. System Purchasing Branch
13. Workforce Planning and Talent Development	14. Centre for Aboriginal Health	15. System Performance Support	16. Strategic Reform and Planning

Appendix E: Acronym list

Acronym	Description
ACCHO	Aboriginal Community Controlled Health Organisation
AHP	Aboriginal Health Practitioner
AHW	Aboriginal Health Worker
AAG	Accommodation Advisory Group
ABM	Activity Based Management
AST	Advanced Specialty Training
ACI	Agency for Clinical Innovation
ALICE	All Inclusive Care for the Elderly
AIN	Assistants in Nursing
ACRRM	Australian College of Rural and Remote Medicine
CINSW	Cancer Institute NSW
CCLHD	Central Coast Local Health District
CRU	Central Resource Unit
CAH	Centre for Aboriginal Health
CSU	Charles Sturt University
COPD	Chronic Obstructive Pulmonary Disease
DFV	Domestic and Family Violence
EMR	Electronic Medical Record
EOLPC	End of Life and Palliative Care
EN	Enrolled Nurse
EPMO	Enterprise Project Management Office
EMS	Executive and Ministerial Services
EOI	Expression of Interest
FWLHD	Far West Local Health District
GP	General Practitioner
GP/VMO	General Practitioner/Visiting Medical Officer
HASA	Health and Security Assistant
HSPB	Health and Social Policy Branch
HSSG	Health System Strategy Group
HSNSW	HealthShare NSW
HDF	Healthy Deadly Feet
HNELHD	Hunter New England Local Health District
ISLHD	Illawarra Shoalhaven Local Health District
IHACPA	Independent Health and Aged Care Pricing Authority
IPTAAS	Isolated Patients Travel and Accommodation Scheme
LRS	Legal and Regulatory Services Branch
LGA	Local Government Area
LHAC	Local Health Advisory Committee
LHD	Local Health District
MNCLHD	Mid North Coast Local Health District
MGP	Midwifery Group Practice
MEM	Ministry Executive Meeting

Appendix E: Acronym list

Acronym	Description
Ministry of Health	MoH
MPS	Multi-Purpose Service
MLHD	Murrumbidgee Local Health District
MPHN	Murrumbidgee Primary Health Network
NHRA	National Health Reform Agreement
NPP	New Policy Proposal
NETS	Newborn and Paediatric Emergency Transport Service
NNSWLHD	Northern NSW Local Health District
NSWA	NSW Ambulance
HMM	NSW Health Ministers' Meeting
NP	Nurse Practitioner
NUM	Nurse Unit Manager
NaMO	Nursing and Midwifery Office
ODS	Operational Data Store
PCC	Partnering with Consumers Committee
PTS	Patient Transport Service
PHN	Primary Health Network
RHD	Regional Health Division
RHWG	Regional Health Workforce Working Group
RMRA	Riverina Murray Regional Alliance
RACGP	Royal Australasian College of General Practitioners
RACCHO	Rural Area Community Controlled Health Organisation
RDEA	Rural Doctors Employment Relations
RHC	Regional Health Committee
RHWIS	Rural Health Workforce Incentive Scheme
RNPiP	Rural Nursing Pathways in Practice
RRH	Rural Referral Hospital
SLED	Security Licensing and Enforcement Directorate
SHG	Shoalhaven Hospital Group
SEM	Single Employer Model
SNSWLHD	Southern NSW Local Health District
SCN	Special Care Nursery
SHN	Specialty Health Network
SPB	Strategic Procurement Branch
SRPB	Strategic Reform and Planning Branch
SLHD	Sydney Local Health District
SPS	System Performance Support Branch
SP	System Purchasing Branch
TfNSW	Transport for NSW
UNE	University of New England
UoN	University of Newcastle
USYD	University of Sydney
UCS	Urgent Care Service
VPM	Violence Prevention and Management

Appendix E: Acronym list

Acronym	Description
WNSWLHD	Western NSW Local Health District
WSU	Western Sydney University
WPTD	Workplace Planning and Talent Development
GRB	Government Relations Branch
RHC	Regional Health Committee

Disclaimers

Our report has been provided to the NSW Ministry of Health pursuant to the terms and conditions of our Statement of Work. Our report has been provided for the sole purposes of understanding the progress and developments made towards the implementation of recommendations as outlined in the Rural Health Inquiry. We disclaim any responsibility for the use of our report for a different purpose in a different context.

We shall not be responsible or liable to the extent that our Report has been extracted, altered, edited or modified from the form in which we provide it and you shall not refer to us or any other EY Firm in connection with any modified EY Report unless we have provided written consent for you to do so.

Our work has not been performed in accordance with generally accepted auditing, review, or other assurance standards in NSW and accordingly does not express any form of assurance. None of the Services or any Reports will constitute any legal opinion or advice. We will not conduct a review to detect fraud or illegal acts.

Notwithstanding anything to the contrary in the Agreement or the Statement of Work, we do not assume any responsibility for any third-party products, programs or services, their performance or compliance with your specifications or otherwise.

No representation, warranty or undertaking is made or liability is accepted by Ernst & Young as to the adequacy, completeness or factual accuracy of the contents of our report. In addition, we disclaim all responsibility to any party for any loss or liability that any party may suffer or incur arising from or relating to or in any way connected with the contents of our report, the provision of our report to any party or the reliance upon our report by any party.

In carrying out our work and preparing our report, Ernst & Young has worked solely on the instructions of NSW Ministry of Health and has not taken into account the interests of any other party. Our report has been constructed based on information current as of June 16 2023 and provided to us by NSW Ministry of Health and NSW Health agencies. Material events may have occurred since this date which are not reflected in our report.





EY | Assurance | Tax | Strategy and Transactions | Consulting

About EY

EY is a global leader in assurance, tax, transaction and consulting services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation is available via ey.com/privacy. For more information about our organization, please visit ey.com.

© 2023 Ernst & Young, Australia.
All Rights Reserved.

Liability limited by a scheme approved under Professional Standards Legislation.

The information in this document and in any oral presentations made by Ernst & Young is confidential to Ernst & Young and should not be disclosed, used, or duplicated in whole or in part for any purpose other than the evaluation by NSW Ministry of Health of Ernst & Young for the purposes of this proposal. If an engagement is awarded to Ernst & Young, the right of NSW Ministry of Health to duplicate, use, or disclose such information will be such as may be agreed in the resulting engagement contract. If an engagement is not awarded to Ernst & Young, this document and any duplicate copy thereof must be returned to Ernst & Young or destroyed.

ey.com