NSW GOVERNMENT RESPONSE

Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales

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INTRODUCTION

Every day, people right across our regional public hospitals and health centres experience exceptional care and results. The NSW Government values all health workers and acknowledges their vitally important work. The skill, professionalism and extraordinary effort shown by NSW Health employees is recognised and appreciated.

Almost three million people attended a NSW public hospital emergency department last year and more than half of those were in rural, regional and remote areas. Of all those patients who pass through our public hospitals, almost all will have a positive outcome. Just 0.001 per cent of all patients discharged from hospital will be involved in a clinical incident which results in serious patient harm, known as a 'sentinel event'. A Bureau of Health Information survey of more than 6,000 patients who received emergency care from small, rural public hospitals found that 94 per cent rated their care as 'very good' or 'good'.

The inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW has provided an important opportunity to identify and address issues in our regional health system, building on our ongoing commitment to best practice healthcare and reform.

In May 2022, the Legislative Council Portfolio Committee No. 2 - Health released its Final Report (no. 57) which contains 22 findings and 44 recommendations.

The Committee found that residents of rural, regional 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.

Issues and findings in the inquiry's report included, but are not limited to: shortages in the health workforce causing staff fatigue and pressure; shared responsibilities between the Federal and NSW governments leading to gaps in service delivery; concerns with activity-based funding; cancer patients facing out of pocket costs; sub-optimal access to specialist care and maternity, palliative and ambulance services; concerns with the use of virtual care; issues with patients navigating the health system; a lack of genuine consultation between local health districts and the community; reluctance by some Aboriginal people to seek medical assistance; a lack of transparency and accountability of NSW Health in terms of the governance of health; issues with workplace culture; and challenges with transport and travel to access appropriate care.

The NSW Government recognises these findings and will take, and has already taken, meaningful action to provide safe and high quality health care services, to expand access to health and hospital services, and to improve health outcomes for all people living in rural, regional and remote NSW.

The NSW Government has continued to invest in and trial ground-breaking initiatives and models of care. One example of this is the Murrumbidgee Rural Generalist Training Pathway, an innovative pilot which aims to make rural generalist training more attractive for trainee doctors. In addition, the NSW Telestroke Service is providing 24/7 access to world-class and life-saving stroke diagnosis and treatment for people living in regional and rural areas 24/7 by connecting local doctors to specialist stroke physicians via video consultation.

In December 2021, the NSW Government demonstrated its renewed focus on regional health by appointing the Hon. Bronnie Taylor MLC as the first Minister for Regional Health. In April 2022, NSW Health established a Regional Health Division to ensure strong advocacy and a single point of contact for regional health issues. This division is developing a new Regional Health Plan (Recommendation 38) that will build on existing efforts and provide a renewed focus for goals and priorities that improve

health outcomes and access to services. The division will also oversee the implementation of the recommendations from the report including a 12-month review of progress by May 2023.

Since the Inquiry commenced, the NSW Government has committed significant funding to address the issues raised including:

- A $4.5 billion commitment to employ a record 10,148 full-time equivalent staff to be recruited to hospitals and health services across NSW over four years, with around 40% of this workforce being for regional areas
- an investment of $883 million over the next four years to attract and retain staff in rural and regional NSW by transforming the way health clinicians are incentivised to work in regional, rural and remote areas (Recommendations 15, 17, 20, 33).
- an investment of an additional $149.5 million to improve and expand the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) (Recommendation 2).
- an investment of $743 million funding boost over the next five years to enhance end-of-life care in NSW (Recommendation 23).

In 2021-22, the expense budget for the seven regional local health districts and Illawarra Shoalhaven and Central Coast local health districts was over $8.5 billion, an increase of $330 million (or 4.0 per cent) compared with the 2020-21 annualised budget.

The NSW Government has reviewed the recommendations in the Committee's Final Report and thanks the Committee for its detailed examination of the health outcomes and access to health and hospital services in rural, regional and remote NSW. Out of the 44 recommendations in the report, the NSW Government response:

- 41 are supported in full or in principle
- Three are noted

The specific recommendations of the Committee are addressed in the following section.

RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 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.

Position	Supported in principle
Brief justification for position	As a core funding model, NSW Health uses a combination of activity-based funding (ABF) and block funding for all regional local health districts. This incorporates ABF for those hospitals that qualify as ABF-funded facilities and reflects a funding approach based on a unit price for the number and types of services provided. Hospitals that do not qualify for ABF are funded under either through a Small Hospitals Funding Model (SHFM), or are block funded. A SHFM aims to better harmonise funding and activity flow between small hospitals and larger ABF hospitals in rural settings. The model provides a closer match of funding to actual costs at a hospital than the national model. This provides advantages to a hospital, such as the potential to better support local clinical plans and utilise available infrastructure, with flow-on benefits to patients. The NSW Health Purchasing Framework is also used to determine the annual mix and volume of services that are purchased from health services to deliver the objectives, goals and outcomes articulated in NSW Premier's Priorities, the NSW Health strategic plan, and the emerging priorities of the NSW Government. NSW Health notes that it reviews the appropriateness of SHFM to applicable hospitals as necessary. Block funding arrangements fall under the National Health Reform Agreement (NHRA). Block funding may be in scope for the midterm review of the NHRA, to be completed by 2023.

RECOMMENDATION 2

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.*

Position	Supported
Brief justification for position	All actions identified in this recommendation have already been met or will be substantially in 2022-23.

	In the 2022-23 NSW Budget, the NSW Government made a significant investment by allocating an extra $149.5 million for IPTAAS, nearly tripling its total investment in the scheme. The fuel rebate was increased from 22 cents to 40 cents per kilometre for patients who drive their own car more than 100 kilometres for treatment. The subsidy for a one to seven-day stay away from home was nearly doubled from the current $43-$60 to a $75 flat rate per night to a $120 flat rate per night when patients spend more than seven nights away. For the first time, the scheme has been expanded with patients seeking non-commercial clinical trials, high risk foot clinics, highly specialised publicly funded dental health clinics and ocularists to be eligible for assistance. These changes came into effect 1 August 2022. People who hold private health insurance and people who are referred to treatment centres that are not geographically closest to them due to the urgency of the treatment required are already eligible under the current policy and guidelines. NSW Health has also completed a review of the application process that will make it easier for patients to access the scheme. Changes will be implemented by the end of 2022. A fully-funded public awareness campaign and activities will be delivered to promote the scheme, commencing in 2022. A monitoring and evaluation framework for IPTAAS will also be developed and implemented by end 2022 that will include evaluation of the awareness campaign.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	The Community Transport NGO Partnership Grants Program funds community transport providers to support people with limited transport options to access NSW Health appointments. Following assessment during the 2021-22 NGO Grants Program cycle, all community transport grants were renewed as two-year funding agreements from 2022-23. The Ministry of Health, local health districts (LHDs) and Transport for NSW (TfNSW) will continue to work collaboratively on governance, performance management and recommendations on the future direction of the grants throughout 2022-23 and 2023-24. They will also continue to explore alternative modes of transport based on local needs and resources. Through TfNSW's 16 Cities Regional Service Improvement Program, public transport service improvements have already been delivered in

	Wagga Wagga, Tweed Heads and Bathurst, which includes improved access to health services such as hospitals in these locations. Collaboration with NSW Health and LHDs will continue to be a key step for the remainder of the 16 Cities Program to ensure delivery of better public transport connections to health services and appointments. Planning for the Program will continue throughout the remainder of 2022. As part of the planning for future public transport in rural, regional and remote NSW, improved services to health services and facilities will continue to be an objective. Collaboration is a key driver to successfully achieving improvements and finding solutions for the unique barriers faced by vulnerable populations in regional, rural and remote areas. Further patient transport improvements and new initiatives at a district level will be considered by the NSW Government as part of its ongoing strengthening of the rural and regional health system.

RECOMMENDATION 4

That NSW Health review the funding available for air transport.

Position	Supported
Brief justification for position	The NSW Ministry of Health will consider NSW Health's Patient Transport Service (PTS) non-emergency fixed wing (air) patient transport costing data in its review of funding available for air transport by end June 2023. NSW Ambulance will be engaged as a partner in this discussion, given the existing statewide retrieval network consisting of a rotary and fixed wing fleet that is managed by NSW Ambulance, on behalf of NSW Health. The Royal Flying Doctor Service provides some aeromedical and transport services across rural, regional and remote NSW. NSW Ambulance also has contracts with Pel-Air Aviation Pty Ltd (provider of fixed wing transport services); Northern NSW Helicopter Rescue Service Pty Ltd (provider of helicopter services in the Northern zone of NSW); Toll Helicopters (NSW) Pty Ltd (provider of helicopter services in the Southern zone of NSW); and CareFlight Limited (provide helicopter services in the Sydney Basin Area).

RECOMMENDATION 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.

Position	Supported
Brief justification for position	All regional local health districts (LHD) are expected to engage with local community groups and charities. For example, LHDs have Local Health Advisory Committees or other community feedback mechanisms in place to engage with the broader community and actively collaborate with non-government organisations.

	In the 2022-23 Budget, the NSW Government committed $3 million to improve regional community access to health services through better coordination and information services. This recommendation requires comprehensive resource mapping with local community groups and charities to understand their capability and capacity to provide locally relevant services and resources. It needs to consider services provided within the public health system and the private health system, and federally funded initiatives and federal agencies to identify service gaps. NSW Health will work with other government agencies to undertake the resource mapping. The significant increase in IPTAAS funding announced by the NSW Government will help free up charitable funds, allowing them to provide support to more people.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	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.

RECOMMENDATION 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.*

Position	Supported
Brief justification for position	The NSW Government has been seeking collaboration from the Federal Government to address the issues raised in this recommendation. There are several opportunities for NSW Health to effect meaningful commitment and change. The NSW Government is working with other jurisdictions, including the Federal Government, to identify and progress practical improvements to the health system as agreed by National Cabinet in June 2022. National Cabinet is due to consider the findings of the Improving Care Pathways (ICP) Project, led by First Secretaries, in October 2022. NSW will also continue to pursue other opportunities for cross-government health reform, such as with other States and Territories through the Council for the Australian Federation (CAF). These are

some of several opportunities for NSW Health to effect meaningful commitment and change.

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.

The issues tabled by the NSW Government as priority areas include:

- boosting workforce incentives for regional GPs to support the engagement of nurses, allied health and other health professionals and provide multidisciplinary team-based care
- expanding the Innovative Models of Collaborative Care program across regional Australia to attract, support and retain rural health professionals
- strengthening rural generalist and GP registrar training, via establishing more training positions for rural generalists and GP registrars, allowing Fellowed GPs to undertake advanced training skills and expanding the Murrumbidgee single employer model to other regional health districts.

The Bilateral Regional Health Forum will foster greater collaboration and partnership between the Federal Government and NSW to progress change in regional health.

The Health Chief Executives Forum (HCEF) is an intergovernmental forum for joint decision-making and strategic policy discussions that helps to efficiently deliver health services in Australia. Further discussions are to be held with HCEF and the state and territory Health Ministers in the coming months that will consider this recommendation.

The Australian Health Ministers' Meeting is attended by the NSW Ministers for Health and Women, Regional Health and Mental Health.

The national Health Workforce Collaboration, which reports to HCEF, convenes until 30 June 2023 and aims to provide national coordination on issues related to national health workforce strategies.

The NSW Primary Health Network-NSW Health Statewide Committee is accountable for the *NSW Primary Health Network-NSW Health Joint Statement.* This is being progressed through three Working Groups. Working Group 2 aims to establish regional planning processes and governance through the following deliverables:

- Mapping governance and operational structures across LHDs and Primary Health Networks to advance the one health system
- Developing partnership principles for regional governance, joint service planning and investment and propose an operational integrated delivery model.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	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, Non-government organisations, cross border agencies and other health care providers to address the social determinants of health. The Health Chief Executives Forum (HCEF) has identified improving the interface between primary health and hospital-based services as a key focus for 2022-23. Some Local Health Districts have taken steps to adopt hybrid primary-acute models of care including the Rural Generalist program implemented by Murrumbidgee Local Health District, an initiative welcomed and supported by the Federal Government.

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.

Lead agency	NSW Health
Position	Supported
Brief justification for position	The NSW Government welcomes the Committee's acknowledgement of the successful Murrumbidgee Local Health District (MLHD) single employer model for rural generalist GP trainees. Under this model, rural generalists are employed by MLHD and are enrolled in a GP training program and training in advanced skills which gives them the skills to work in both community practice and in a rural hospital. The NSW Government notes the previous Federal Government's support for expanding this model to more regions across regional Australia. While we note that the new Federal Government has not yet expressed its position, we will use the Bilateral Regional Health Forum to discuss expediting the implementation of the single employer model for General Practitioner trainees. The Ministry of Health will support the Commonwealth Department of Health and Aged Care to expand the single employer model to other locations in regional NSW in 2022. We note this recommendation will require NSW Health, the Federal Government and the Primary Health Networks to work with GP colleges. Primary Health Networks are not responsible for delivery of GP training. From 2023 the responsibility for GP training transitions to the two GP Colleges, the Australian College of Rural and Remote

	Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP).

RECOMMENDATION 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.

Position	Supported
Brief justification for position	The NSW Government will work with the Federal Government to develop and trial models that support communities where existing rural health services do not meet community needs. As Rural Area Community Controlled Health Organisations (RACCHOs) are not-for-profit organisations funded by government (proposed block funding from the Federal Government as well as Medicare and other sources). Implementing this recommendation will require support and financial commitment from the Federal Government. Additional research is required on the RACCHO model, its supporting evidence, and costings. The NSW Government will use the Bilateral Regional Health Forum to discuss a plan on how RACCHOs could be developed and expanded. If a RACCHO pilot is pursued, there are several localities which may be appropriate for a pilot. The Four T's (Tottenham, Trundle, Tullamore and Trangie) Collaborative Care primary care project already has a governance structure that incorporates community input. There is also merit in exploring the adaptation of existing models such as an evolved HealthOne model and a rural pilot of an Urgent Care Centre. The interaction and relationship with the Multipurpose Service (MPS) and the HealthOne model in NSW would need to be considered in implementing this recommendation. This will require significant work. Engagement and partnership with the Aboriginal health sector is essential in this recommendation response.

RECOMMENDATION 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.

Position	Supported in principle
Brief justification for position	NSW Health will work with the Commonwealth if they are committed to investing in a 10 year strategy for Rural and Remote Medical and Health Workforce Recruitment and Retention. 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, as well as build the future regional workforce pipeline. A new strategy should consider the outcomes and achievements from the current national workforce strategies including future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022–2032 and the National Medical Workforce Strategy 2021 to 2031. The Medical Workforce Strategy is focused on ensuring a better distribution of the medical workforce between metropolitan and regional, and across different specialties. The National Mental Health and Suicide Prevention Agreement signed by all jurisdictions in 2022, agrees to the development of a national mental health workforce strategy. The NSW Health Workforce Plan 2022-2032 (HWP) articulates the state workforce priorities in partnership with local health districts and workforce providers. The HWP identifies clear priorities on closing workforce gaps in rural and remote areas in collaboration with local stakeholders and using cross sector workforce planning. The priorities, early wins and outcomes from this plan could also contribute to the Federal Government's strategy. The development and implementation of a 10-Year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy needs to be completed at a national level as medical colleges are national colleges; Federal Government policy is applied nationally; and rural workforce shortages are a national issue. If a national plan is to be developed, it needs to be multidisciplinary, with particular focus on allied health professions. The ongoing supply and funding for small but critical workforce must also be included. NSW Health is committed to working with the Federal Government to address rural and remote health workforce recruitment and retention challenges. It is already engaged in existing work with the Federal Government and Primary Health Networks (PHN) to strengthen and ensure the sustainability and growth of rural, regional, and remote health services.

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.

Position	Supported

Brief justification for position	NSW Health supports a review of 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. GPs and specialists living near, and working at, any of the designated Rural and Remote facilities in NSW may be engaged as VMOs under the Rural Doctors' Settlement Package (RDSP). The RDSP is a fee-for-service model. 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.

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.

Position	Supported in principle
Brief justification for position	GPs are appointed to rural hospitals as Visiting Medical Officers (VMO) to provide specific services. The credentialing/accreditation process considers the GP's skills, qualifications and experience and the role delineation, infrastructure and other workforces at the facility to determine scope of practice and ensure patient safety. A GP's scope of practice may vary between rural hospitals based on differences in hospital role delineation. The Rural Doctors' Network already has a system in place where GP practices can list GP locum vacancies. NSW Health proposes that it reviews 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.

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.

Position	Supported
Brief justification for position	NSW Health will work with Regional Training Hubs to support this recommendation.

	NSW Health has a vested interest in an adequate, sustainable rural GP workforce and is committed to partnering with the Federal Government on joint priorities. A priority of the NSW Health Workforce Plan 2022-2032 (HWP) is to close workforce gaps in rural and remote areas in collaboration with local stakeholders. One of the priority outcomes calls for building a pipeline of future job-ready graduates particularly in rural and remote areas. 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: • Attract GPs to work in NSW hospitals via incentive grants • Expand programs to train and upskill GPs locally • Increase rural intern positions Part of this package involves a revamp of scholarship programs and training pathways, which will see a greater shift towards 'grow your own' outcomes. NSW Health's Health Education and Training Institute (HETI) will 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.

RECOMMENDATION 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.

Position	Supported in principle
Brief justification for position	NSW Health can 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. Options and costings will need to be developed and potential uptake is yet to be determined. The NSW Health Workforce Plan 2022-2032 (HWP) identifies that modern employment arrangements enable new care models and new ways of working, aligned to worker and patient preferences. NSW Health workforce leaders and advocates have agreed that there are key opportunities to unlock the potential of the future health workforce, including modernising employment arrangements to enable delivery of new care models and new ways of working. 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.

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.

Position	Supported
Brief justification for position	The NSW Government announced a major workforce funding boost in the 2022/23 budget, the largest of its kind announced in the state, with 3,800 additional staff to be recruited 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. Driving this recruitment will be a $883 million incentives package, also announced in the 2022/23 budget. This package will allow Local Health Districts to offer significant benefits to employ people in hard-to-fill and critical roles in regional health facilities. NSW Health conducts 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. The Ministry of Health centrally monitors and reports on a number of workforce metrics that include profiling of clinical workforces and nursing and midwifery workforce trends, including regional and rural workforce reporting. All NSW Health agencies can report locally on their specific trends for all workforces. NSW Health publicly releases workforce data, including nursing and midwifery, on an annual basis. In terms of staffing levels that enable optimal patient care, the Nurses and Midwives Award provides workload principles including provisions for staffing arrangements and levels in rural and regional facilities, hospitals and multipurpose services, across a range of clinical areas. The Award also provides processes for employees to raise workload concerns at the local level through reasonable workload committees so that care can be delivered in a professionally, physically and psychologically safe environment.

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.*

Position	Supported
Brief justification for position	In the 2022-23 Budget, the NSW Government announced an $883 million investment over the next four years to attract and retain staff in rural and regional NSW, and to create new training and recruitment pathways to build a pipeline of regionally based workers. One of these measures is funding to expand training positions for Nurse Practitioner roles in rural locations that struggle to attract doctors. Additional funding has been announced to recruit to these positions and retain them through incentives as a key priority for NSW Health. NSW Health is committed to working collaboratively with the Federal Government to address the practical barriers to creating and supporting these roles identified by the Australian College of Nurse Practitioners. Existing forums will be utilised to work with the Federal Government on these issues.

RECOMMENDATION 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.

Position	Supported in principle
Brief justification for position	The foundational training of all Australian nursing graduate is generalist based (including aged care) and is regulated by the Nursing and Midwifery Board of Australia. Individual nurses build on their foundation training to enable them to practice in any health setting. There are many online training resources developed and available in *My Health Learning*, an electronic learning platform for NSW Health staff, to support education and training of staff in caring for the older person. Training modules include but not limited to: anxiety and depression in the older person, caring for older persons, health for the older Aboriginal person and positive approach to the care of the older person with dementia. HETI Higher Education offers postgraduate degrees (award qualification) and units of study related to the older person's mental health such as core skills when working with older people, responding to transitional crises for older people, and engaging with older persons. There are post-graduate courses in aged care which can be supported by scholarships. Many local health districts already have clinical nurse consultants and specialists with specific expertise in aged care, and they provide clinical support and education across facilities.

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.*

Position	Supported in principle
Brief justification for position	NSW Health supports local health districts (LHDs) undertaking a review of on call arrangements in 2022-23, however NSW Health does not support mandating formal on call arrangements occurring in all areas. The Nurses and Midwives Award contains on call arrangements where staff can be rostered on call and are paid an allowance to hold themselves available for such period, should they be required. If an on-call roster is not in place, staff who are requested and agree at short notice to work a shift, are paid at overtime rates outside normal hours (e.g. weekends, public holidays, overtime, late night or early shifts). It may not always be viable or appropriate to roster staff on call as staffing availability, escalation pathways, and work requirements outside normal hours can vary greatly across rural and regional areas and between facilities. Some LHDs have commenced a review of on-call arrangements including Hunter New England LHD and Murrumbidgee LHD to ensure the arrangements are fair and appropriate. NSW Health supports in principle LHDs engaging with emergency departments to develop agreed plans to address security issues. All health facilities must undertake an audit of their compliance with work health and safety and security standards every two years. At the end of an audit, an action plan is developed, and the Ministry will assess the appropriateness and governance of the plan to ensure all actions are completed. Many LHDs have implemented, or are implementing the recommendations from the Anderson Report, a review to identify and consider whole of NSW Health strategies for security in hospitals. For example, a review of security systems at the Bourke Multi-Purpose Service (MPS) was conducted by a security consultant engaged by the LHD and NSW Police in January 2022. Improvements have been made including contracting a local security company to patrol the MPS and be stationed outside the facility to support staff and assess security risks 24 hours and 7 days per week; and additional security lighting at the onsite accommodation and facility entrances.

	NSW Health supports LHDs increasing and formalising professional development opportunities for nurses and midwives. All LHDs comply with the Learning and Development leave entitlements outlined in the *Public Health System Nurses and Midwives (State) Award 2021*. This enables staff to have access to learning and professional development opportunities.

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.*

Position	Supported in principle
Brief justification for position	NSW Health is committed to developing the rural and regional health workforce across the state, including the nursing and midwifery workforce, and a broad range of options for development are currently underway. NSW Health continues 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. A priority of the NSW Health Workforce Plan 2022-2032 (HWP) is to close workforce gaps in rural and remote areas in collaboration with local stakeholders. One of the priority outcomes of the HWP is to build a pipeline of future job-ready graduates, particularly in rural and remote areas. This includes the introduction of positions to build greater flexibility and responsiveness into the NSW Health workforce – with further new graduate nurse and midwife positions. The HWP also outlines the importance of multidisciplinary teams and the role of other complementary workforces in rural health environments. 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.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	NSW Health supports measures to reduce out-of-pocket costs for cancer treatment. The NSW Government's $149.5 million IPTAAS funding boost will nearly triple funding available to rural and regional patients, which will reduce out of pocket travel and accommodation costs, including for patients travelling for cancer care and non-commercial clinical trials. Oversight of charging or referral arrangements of cancer centres vary by region and are managed locally by 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.

Position	Supported
Brief justification for position	Currently, eHealth NSW is 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. The Lumos data asset currently collects deidentified data from general practices across the state and links this with NSW Health data. NSW Health clinicians can view the Commonwealth's My Health Record system through HealtheNet. NSW Health continues to enhance the HealtheNet system to encourage adoption by NSW Health clinicians.

RECOMMENDATION 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.*

Position	Supported in principle
Brief justification for position	In June 2022, the NSW Government announced that NSW residents will have access to the highest quality care and pain management services at the end of their life, with palliative care and specialist health services to receive a record $743 million funding boost over the next five years. The 2022-23 funding boost is on top of the $300 million the NSW Government invests each year in palliative care. The spending boost aims to ensure NSW has the best palliative care services and support in Australia. There are opportunities to review and update current End of Life and Palliative Care project implementation, governance and stakeholder engagement arrangements to increase the focus on palliative care in rural and regional NSW. In 2019, NSW Health established a state level governance group (End of Life and Palliative Care Committee) to provide strategic advice and oversee the implementation of the End of Life and Palliative Care Framework. Various working groups are in place for development, implementation, and stakeholder engagement. Membership and terms of reference of the Committee and relevant working groups will be reviewed by end 2022 to strengthen focus on regional and rural NSW and representation from Aboriginal communities and vulnerable population groups. Work is also underway to 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. Various budget enhancements since 2017 have provided new funding for palliative care workforce, education and training, virtual care and refurbishment. The Agency for Clinical Innovation's Clinical Principles for End of Life and Palliative Care Guideline identifies the clinical principles and key actions that will support good quality, evidence-informed practice, and improvement in the provision of end of life and palliative care in NSW. An Aboriginal Reference Group has been established to provide advice on implementation, monitoring and evaluation of palliative care activities. This group includes representation from the Aboriginal Health and Medical Research Council to incorporate the Aboriginal Community Controlled Health Sector. All local health districts have funding for an Aboriginal health worker in palliative care.

RECOMMENDATION 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.

Position	Supported in principle
Brief justification for position	NSW Health supports the development of local evidence-based models of care which are responsive to local needs and resources.

	Models of care that employ a mix of specialist palliative care, generalist palliative care and generalist end of life care are appropriate. The Far West NSW Palliative and End of Life Model of Care is an individualised yet standardised needs-based approach for the care of patients with life-limiting disease in the last year of life. This electronic Palliative Approach Framework aims to assist carers and healthcare professionals to assess, plan and care for patients with advancing life-limiting illness and may be transferable to other palliative care locations and settings. 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.

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.

Position	Noted
Brief justification for position	A new inquiry into mental health would likely duplicate the recent past examinations of the mental health system which have included consideration of the issues faced by rural, regional 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 *Mental Health Act 2007* as a priority population group to be considered. In 2013 the NSW Mental Health Commission conducted the most extensive consultation and review of the mental health system in NSW ever undertaken. It heard from over 2,000 people including 880 consumers and carers, travelling to 27 regional locations of the total 32 locations visited. This brought about a significant 10-year reform of the system, and funding for mental health has doubled from $1.5 billion in 2012-13 to $2.9 billion, noting that since 2020-21 this funding includes teaching, training and research. In 2020, the Mental Health Commission released Living Well in Focus 2020 – 2024, following a mid-year review of this ten-year reform. This review heard from 3,000 people across 80 consultations over an 18-month period, with an extensive focus on regional NSW. It identifies whole-of-government priorities for mental health reform in NSW to 2024 and includes strategies that will have a positive impact on rural and remote communities and as targeted actions specific to those communities. A further example is the Productivity Commission's 2020 report into the role of improving mental health to support economic participation and enhancing productivity and economic growth. In addition to duplicating these recent reviews, the proposed inquiry would risk allocating resources away from the health system in its delivery of existing and agreed reform programs and strategies. This includes those as part of the recent bilateral agreement with the Federal Government, and the budget enhancements in response to

	the negative impacts of recent natural disasters and the COVID-19 pandemic on people's mental health and wellbeing. An assessment of the NSW Government's success in delivering change for regional, rural and remote communities should be considered at the conclusion of the current reform program and any need for a further inquiry considered at that time.

RECOMMENDATION 26

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

Position	Supported in principle
Brief justification for position	Local populations have different needs and local health districts are responsible for developing models of maternity care (including midwifery continuity of care models) for rural and regional populations that meet these needs, in the context of wider planning around rural and regional health services. NSW Health supports improved access to maternity care options for all women in NSW. This approach is reinforced in the draft NSW Health Maternity Care Policy, which recommends actions for high-quality maternity care in NSW, including the promotion of continuity of care models. The revised 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. There are currently a variety of midwifery-led continuity models of care in each LHD. These models vary in structure, depending on geographic distances and availability of clinical staff.

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.

Position	Supported
Brief justification for position	Many local health districts have already undertaken a review of their maternity services and are currently creating action plans and implementing recommendations to support resilient, safe and sustainable maternity services. Maternity services across NSW are planned and provided according to local needs, birth numbers and availability of staff. District Clinical Service Plans and Operational Plans for maternity and newborn services should reflect relevant policy and strategic directions. Maternity services across NSW are 'networked' through Tiered Perinatal Networks to enable obstetric consultation, referral, and transfer of women to higher level facilities if they develop complications during pregnancy that require services not available locally. Where it is not possible to recruit and retain staff with relevant skills, some facilities provide only antenatal and postnatal care, without a

	birthing service. However, maternity services are carefully planned to ensure pregnant women receive safe high-quality health care. The recently published Maternity and Neonatal Service Capability Framework supports Networks to manage changes in service level.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	Non-emergency transport services differ in each regional area of NSW and local health districts (LHD). Rural and regional LHDs manage their own non-emergency patient transport, supported by NSW Ambulance (NSWA) in some areas. Patient Transport Service (PTS) manages non-emergency patient transport (road) in greater metropolitan Sydney, including in the Hunter New England LHD and Illawarra Shoalhaven LHD. PTS has experience and expertise in delivering these services in regional areas and engagement with private providers. There are further opportunities to expand PTS services to operate in regional and remote NSW and/or leverage the private market to provide support in these areas. While expanded operating hours can also be considered, the PTS in Hunter New England LHD shows that with appropriate planning and strong communication, referrals to NSWA can be avoided.

RECOMMENDATION 29

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.*

Position	Supported in principle

Brief justification for position	NSW Ambulance (NSWA) supports in principle undertaking a community profiling program across regional NSW to identify the paramedic needs of communities. NSWA already engages in existing processes to profile the health needs of communities to understand and identify how paramedics can assist in meeting these needs. This ensures that rural communities have equitable access to healthcare and equivalent clinical outcomes as non-rural persons. NSWA supports in principle ensuring the equitable distribution of paramedics at all levels. It undertakes comprehensive analysis of demand, response performance, existing population demographics and population growth projections to inform paramedic staffing numbers and ambulance service locations. A statewide capability assessment based on service planning methodologies has been completed to identify locations where Intensive Care Paramedic specialist services are safely able to be provided. The *NSW Ambulance Vision and Strategic Plan 2021-2026* aims to further develop the delivery of ambulance services, particularly within primary care and non-emergency care pathways. NSWA notes the sub-recommendation to expand the Intensive Care and Extended Care Paramedics program. The 2021-22 State Budget included $34 million over four years to convert 246 paramedics to Intensive Care Paramedics, of which 203 will be in regional areas. This complements the rollout during 2021 of 50 Specialist Intensive Care Ambulances into rural and regional areas. In the 2022-23 Budget, the NSW Government committed a record investment of $1.76 billion over four years which will enable NSW Ambulance to open 30 more stations and recruit 1,858 extra paramedics, 210 ambulance support staff, 52 nurses and eight doctors. Wherever possible currency training is provided locally. However, it remains critical that specialist do not practice in isolation and are regularly connected with other specialists. NSWA supports exploring innovative models of care utilising the skill sets of paramedics in principle. 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*. NSWA notes undertaking a review of the efficacy of the current call triaging system and referral service. NSWA utilises a system of medical triage for Triple Zero (000) callers that is evidence-based and used as the gold standard by other comparable emergency medical services around the world. This system is subject to continuous quality improvement and is constantly evolving to better meet community needs. NSWA has also implemented its Virtual Clinical Care Centre (VCCC) as a secondary triage and referral system where VCCC clinicians focus on identifying cases which may be suitable for ongoing management in the community, or referral to care locations.

RECOMMENDATION 30

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.*

Position	Supported in principle
Brief justification for position	Health care services in all communities rely not only on doctors, but also nurses, paramedics and allied health professionals. In rural and regional hospitals, GP/VMOs are on call and provide medical support as required. Where a GP/VMO is not available, the local health district may engage a locum. NSW Health agrees that virtual care should not be used as a strategy to replace face-to-face care that otherwise would be available. Rather than replacing face-to-face care, virtual care is designed to complement existing services by connecting patients with clinical expertise. When a doctor is not physically present, nursing staff have access to clinicians via telephone and virtual care technologies. These clinicians provide support to the bedside team treating the patient. Staff members and the community have access to training resources, which helps them to use virtual care confidently and effectively. 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. Work is also underway to develop, implement and evaluate a virtual care communications plan and materials for patients, carers, families and the community. There has been strong consumer and community engagement in rural, regional, and remote areas in the development and implementation of the NSW Health Virtual Care Strategy 2021-26. Ongoing dialogue and engagement will occur through the communications plan, strengthened consumer involvement and membership on the Virtual Care Taskforce.

	The Cancer Institute of NSW is working to support cancer services, including clinical trials, to closely integrate with existing statewide virtual care initiatives.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	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. Virtual care is designed to complement existing services and not to replace face to face consultations for First Nations communities. Local health districts and pillars use the Aboriginal Health Impact Statement in the development and review of clinical models of care. This may include digital health strategies to ensure that they consider the health needs and interests of Aboriginal people. The Agency for Clinical Innovation has consulted Aboriginal people in the development of culturally appropriate principles and practices when providing care virtually.

RECOMMENDATION 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:

- *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.*

Position	Supported
Brief justification for position	NSW Health has a strong record on cultural safety and will build on this foundation as part of shared NSW Government commitment to Closing the Gap, with particular focus on Priority Reform 3, Transforming Government Organisations. This is particularly critical for survivors of the Stolen Generations when receiving care in hospitals and emergency departments. NSW Health brings renewed focus to the lived experience of Stolen Generation survivors, recognising the need to ensure that all staff understand past child removal practices and how the resultant intergenerational trauma informs how Health must approach service development and design for the Aboriginal community in NSW. The NSW Health Secretary, Susan Pearce, on behalf of NSW Health, made formal apology to Stolen Generations survivors on 26 May 2022 and a

plaque is displayed in the foyer of NSW Health's head office. This commemoration embraced Truth Telling and the ongoing process of Healing for the Aboriginal community. NSW Health has also made a commitment to work with Stolen Generation support organisations.

NSW Health is working hard to improve cultural safety across the health system and will continue to strengthen governance and accountability mechanisms for improved health outcomes. An example of this is the Aboriginal Cultural Engagement Self-Assessment Audit Tool, which is used by local health districts (LHD) to monitor progress and facilitate discussions about continuous quality improvement for cultural engagement and safety in the delivery of health services for Aboriginal patients and clients.

Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health is a mandatory awareness training program for all NSW Health staff and is implemented by each LHD. 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. These resources will be released in 2022.

NSW Health recognises the importance of a strong Community-Controlled Sector to enable the cultural safety required as part of Closing the Gap. It provides direct funding to 41 Aboriginal Community-Controlled health and health related organisations to deliver culturally safe and tailored health services. This includes the support of healthy lifestyles, prevention and management of chronic disease, oral health services and support for drug and alcohol prevention and treatment

NSW Health and LHDs regularly engage and seek advice from Aboriginal organisations, the Aboriginal community, and staff to determine the type of activity that is most appropriate for Health services and events.

The Bureau of Health Information collects and analyses feedback from the Aboriginal community on their experiences of care which provides important information on the performance of health services. It allows us to identify and report on where the network is performing well and where services could improve to meet the needs of Aboriginal people.

In addition to a written Acknowledgement of Country, local leadership from the executive and management is needed to ensure all events and meetings associated with the local health services start with a formal verbal Acknowledgement of Country.

Cultural safety also informs NSW Health commitment to Closing the Gap in the key area of enabling economic prosperity and access to opportunity. NSW Health will 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.

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.

Position	Supported
Brief justification for position	NSW Health has made significant increases in Aboriginal staffing in recent years from 2.49 per cent in 2014-15 to 2.91 per cent in 2020-21. The target for Aboriginal employment in NSW Health is 3% and many entities and local health districts are aiming to exceed that target. 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. The $883 million investment in the 2022-23 State Budget, includes funding for an increased numbers of Aboriginal nurse cadetships, a program which provides support and assistance to Aboriginal people studying an undergraduate nursing or midwifery degree at university The specific priority of NSW Health and its agencies is to build career and development pathways and cultural support to continue to grow an Aboriginal workforce across all salary bands of the system. The focus will be enhanced from the existing Aboriginal Care Navigators and Aboriginal Peer Workers to an increased number of Aboriginal Health Practitioners. The Aboriginal Health Practitioners provide clinical assessment, treatment planning and implementation as part of a local multi-disciplinary clinical team of services which are areas of need for the health of the local Aboriginal community. Local health districts have a range of strategies to build the Aboriginal workforce such as Aboriginal recruitment and retention strategies and plans.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	Many local health districts (LHD) and Aboriginal Community Controlled Health Services (ACCHS) already have formalised partnership arrangements in place. NSW Health supports formalising partnerships in those regions that are outstanding. NSW Health has a long and proud history of formal partnership with the Aboriginal Health and Medical Research Council of NSW, which is the peak body for ACCHS. This is reflected in the NSW Aboriginal Health Partnership Agreement 2015-2025. The NSW Health Services Aboriginal Cultural Engagement Self-Assessment Audit Tool requests evidence from LHDs and speciality health networks (SHN) on current formal documented partnerships with ACCHS. Comparative analysis is conducted, and action plans are

	developed so LHDs/SHNs can monitor their own progress in engaging with their local Aboriginal organisations.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	NSW Health supports each local health district (LHD) board in having an Aboriginal community representative, as this will support community engagement, demonstrate active commitment to the Aboriginal voice, and increase accountability in policy decision making. Gender parity should also be considered as Aboriginal male and female perspectives are important to be captured. The *Health Services Act* currently requires at least one board member to have "expertise, knowledge or experience in relation to Aboriginal health", but does not expressly require appointment of a member of the Aboriginal community. In practice, however, all LHDs currently have at least one member who identifies as Aboriginal on their governing boards.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	A Minister for Regional Health was appointed in 2021, with responsibility for hospitals and health services in regional NSW. A Regional Health Division was also established within NSW Health and is led by a Coordinator-General.

RECOMMENDATION 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.

Position	Supported
Brief justification for position	In April 2022, NSW Health published the *NSW Rural Health Plan: Towards 2021 Final Progress Review* report on its website. This report summarises progress across NSW Health against the NSW Rural Health Plan: Towards 2021 and notes the key achievements and future directions for rural health policy. The next Regional Health Plan will be released by the end of 2022.

RECOMMENDATION 38

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.*

Position	Supported
Brief justification for position	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.

RECOMMENDATION 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.*

Position	Supported
Brief justification for position	The NSW Government acknowledges that under the National Health Reform Agreement, NSW has already committed to work in partnership with the Commonwealth to ensure the public hospital and primary care health systems effectively and efficiently connect to provide the best outcomes for people. The NSW Government supports 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.

	The NSW Primary Health Network-NSW Health Statewide Committee is also fundamental in the relationship between NSW Health and NSW Primary Health Networks (PHN) and plays a key role in influencing primary care in NSW. At a system level, there is the Rural and Regional Clinical Data Sharing project which will enable real-time data sharing between hospital and primary care in Far West and Western NSW LHDs. There is also the NSW Virtual Care Strategy which aims to upgrade and enhance collaborative work with the PHNs. The LHDs and speciality health networks have strong relationships with PHNs, and there are local approaches to enhancing collaborative work with PHNs.

RECOMMENDATION 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.*

Position	Supported in principle
Brief justification for position	In 2016, NSW Health partnered with the NSW Ombudsman on a whole-of-government initiative to improve complaints handling processes. Actions that have been implemented to support the Complaints Handling Improvement Program include workforce culture and engagement activities, further staff training in complaints management and implementing new complaints management systems to strengthen interface with consumers and reporting to Local Health District Boards. Parliament recently passed the *Public Interest Disclosure Act 2022*, which will enhance whistle blower protections including an obligation on agencies to adopt policies specifying their procedures for dealing with voluntary public interest disclosures. The Act commences within 18 months (Oct 2023) which will enable the Ministry of Health time to develop appropriate resources. NSW Health is currently developing a new culture framework in consultation with all health organisations, which further embeds its CORE values of Collaboration, Openness, Respect and Empowerment.

	It is not uncommon for NSW Health to commission external, independent reviews that focus on culture, safety or training. NSW Health supports complaints management training for staff. Complaints management is already a mandatory training requirement for all staff working for NSW Health. Every year, NSW Health administers the whole of Government People Matter Employment Survey (PMES), which survey measures staff engagement and culture. Prior to the PMES, NSW Health administered the YourSay Survey, which began in 2011. Since that time, NSW Health has measured a "culture index". Since 2011, the culture index has improved from 46 per cent to 58 per cent, and the engagement index has improved from 63 per cent to 64 per cent. The consultation process for the new framework will incorporate the principles of workplace culture that have contributed to positive change since 2011. The Ministry provides over $4 million per annum to LHDs and specialty health networks (SHN) to fund culture change. Each LHD and SHN must submit a plan to show how the funds will be used to achieve change. Elements of those plans have included improving complaints handling and dealing with bullying and harassment. The environment of each LHD and SHN is different, and NSW Health supports local plans that address specific issues raised in each LHD or SHN individual survey results.

RECOMMENDATION 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.

Position	Noted
Brief justification for position	The NSW Ombudsman has written to the NSW Government indicating these matters already fall within their jurisdiction. The NSW Government supports independent review of complaints raised by NSW Health staff. The NSW Ombudsman and the Health Care Complaints Commission (HCCC) are existing bodies with accountability, authority and responsibility to investigate decision making by NSW Health, including clinical and administrative decisions. These bodies are independent of government and overseen by NSW Parliamentary Committees. Both

	bodies can receive and review concerns from staff, doctors, patients, carers and the public. The NSW Government notes that the report did not describe an analysis or conclusion that the NSW Ombudsman and the HCC were not adequate, nor did it justify the costs likely to be incurred in duplicating their functions in a third agency. The role of the HCCC relative to other agencies in the health system is set out in section 3A of the *Health Care Complaints Act 1993*. Legislative change would be required to amend both the Health Care Complaints Act and the Ombudsman Act if the Government decided that matters relating to health administration were to be within the jurisdiction of the Commission. Action is required to ensure better access for NSW Health staff to these existing oversight bodies. As an immediate first step, 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.

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.*

Position	Supported
Brief justification for position	The Regional Health Division will commence a review of 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 by September 2022, including membership structure. NSW Health is supportive of LHACs and the role they play in providing an active community voice in local health services. NSW Health notes that LHACs are one form of community engagement and need to be considered alongside consumer groups and their feedback. The Ministry of Health provides local health districts (LHDs) with policy and guidance to guide community engagement, such as: Elevating the Human Experience; the Agency for Clinical Innovation guidelines on building co-design capability; and NSW Health Consumers' Consumer and Community Engagement Model. LHDs have community engagement mechanisms built into their planning processes. Many LHDs have already or are in the process of

	reviewing, reinvigorating, and promoting the role of LHACs as well as developing innovative ways to engage with the community. NSW Health will continue to work with LHDs to ensure that contemporary best practices are implemented to consult widely and extensively with the community. 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. Through agencies such as Bureau of Health Information, there is a plethora of service activity reports available for public consumption. Live wait times in emergency departments are publicly available on the NSW Health website. Systems such as the Patient Flow Portal and the State Operational Data Store can be leveraged further to provide regional LHDs and communities with better visibility of the demand for services.

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.

Position	Supported in principle
Brief justification for position	NSW Health is committed to supporting and strengthening the diverse collaborative work already being progressed by LHDs and in partnership with other government agencies, local government, cross-border agencies, community services, First Nations organisations and local health providers Place-Based Health Needs Assessments and Local Health Plans require collection and integration of quantitative and qualitative data to ascertain local community needs and variations. The Ministry of Health can work with LHDs to provide relevant data to inform needs assessment and implementation of Local Health Plans. The Ministry of Health currently delivers 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. These programs are currently being reviewed and LHDs will be involved in program co-design and implementation to ensure programs are meeting the needs of the local community.

RECOMMENDATION 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.

Position	Noted
Brief justification for position	The NSW Government plans to 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. There are many examples where NSW Government agencies are currently collaborating to ensure whole-of- or cross-government ownership of health outcomes for people living in New South Wales. These include: • Inclusion of health as part of Future Transport's overall vision. Transport for NSW has elevated active transport to be on equal footing with other modes of transport, have a pipeline of active transport projects and a liveability and place focus for their Transport precincts • The Student Wellbeing Memorandum of Understanding with the Department of Education, which promotes health programs within schools to support improvement wellbeing and education outcomes for students • Living Well in Focus 2020 – 2024 which identifies whole-of-government strategic priorities for community recovery, wellbeing and mental health in NSW led by the Mental Health Commission, a statutory body established under the *NSW Mental Health Commission Act 2012.*