The Hon. Brad Hazzard MP
Minister for Health and Medical Research

Ms Helen Minnican
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Office of the Legislative Assembly
Parliament House
Macquarie Street
SYDNEY NSW 2000

Our ref INQ17/3

Dear Ms Minnican

Public Accounts Committee Report 8/56
Inquiry into the Management of Health Care Delivery in NSW

Please accept the NSW Government's response to the Public Accounts Committee Report 8/56 for the inquiry into the Management of Health Care Delivery in NSW.

A copy of the response is enclosed.

Yours sincerely

The Hon. Brad Hazzard MP
Minister for Health and Medical Research

NSW Government Response to the recommendations of the Inquiry into the Management of Health Care Delivery in NSW

Committee Recommendation	NSW Government Response	
Recommendation 1 The Committee recommends that NSW Health ensures that its current performance frameworks incorporate the measurement, monitoring and reporting of the general health of the community.	Supported with Clarification	NSW Health reports on the general health of the community using a range of sources including the NSW Health Population Health Survey (PHS), and this information is openly available to all NSW Health Services and the public. The PHS incorporates measurement, monitoring and reporting of the general health of the community; measures include self-rated health and a range of behavioural risk factors such as smoking and alcohol consumption and are reported for NSW and Local Health Districts. NSW Health and NSW Treasury have also partnered to implement Outcomes Budgeting across NSW. This strives to more closely align measurement and monitoring of health indicators with the funding of health services for the community. Health Stats NSW is an interactive, web-based application which allows users to freely access data and tailor reports about the health of the NSW population. It provides information on: • the health status of the NSW population • health inequalities and the determinants of health • the major causes of disease and injury and current health challenges • trends in health and comparisons between age groups and geographic locations The data in Health Stats NSW cover a range of health risk factors, diseases, locations, and specific populations including Aboriginal communities.
Recommendation 2 The Committee recommends that NSW Health undertakes more rigorous analysis of the effectiveness of its performance frameworks in improving all health outcomes.	Supported / Ongoing	NSW Health is moving towards value-based healthcare, which will strengthen the focus on improving the health outcomes that matter to patients. The Leading Better Value Care (LBVC) and Integrated Care programs both sit within value-based healthcare. Value is measured through health outcomes, the experience of receiving and providing care, and the effectiveness and efficiency of care. The robust processes in place to monitor and evaluate these programs reflect a strong focus on improving health outcomes. The monitoring and evaluation involves analysis of both patient-level and system-level outcomes.

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		Linked data is being used to support the monitoring and evaluation of both programs. The Register of Outcomes, Value and Experience and the Integrated Care Outcomes Database have been established to support the monitoring and evaluation of LBVC and Integrated Care, respectively. Outcomes indicators are used in both programs. NSW Health and NSW Treasury have also partnered to implement Outcomes Budgeting across NSW.
Recommendation 3 The Committee recommends that NSW Health continues to develop policies, strategies and systems to embed a culture of safety for all providers at every level of service delivery.	Supported / Ongoing	The Clinical Excellence Commission (CEC) develops policies and strategies related to the improvement of clinical quality and safety across the NSW public health system. The strategies that CEC leads and co-designs with health services place a high focus on creating the organisational conditions (systems; capability; leadership; behaviours; analytics) for a culture of continual improvement that delivers safer and higher quality experiences and outcomes for staff and patients in the NSW health system. The CEC will continue to work closely with its partners including patients and families, frontline staff, clinicians, local health districts and speciality health networks to support the implementation of these policies and strategies, and to build capability within the system to ensure a culture of safety is embedded across all providers.

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Committee Recommendation		NSW Government Response
Recommendation 4 The Committee recommends that NSW Health measures the engagement and satisfaction of staff within performance frameworks and accountability and reporting mechanisms.	Completed	The Public Service Commission's People Matter Employee Survey (PMES) is conducted annually. The PMES measures employee engagement, workplace culture, and a range of other workplace measures including satisfaction with job, communication and senior and direct management. NSW Health collects and monitors data to robustly measure the engagement and satisfaction of staff and is undertaking strategies to drive improvements.
Recommendation 5 The Committee recommends that NSW Health ensures that performance frameworks and service agreements incorporate the measurement and reporting of any gaps in service delivery.	Supported with clarification	NSW Health understands the importance of ensuring mechanisms are in place to identify service gaps. This is facilitated through local and state-wide service planning, policy development, and state-wide programs. Service Agreements are a lever that can be utilised to address already identified gaps in service delivery. The delivery of services to people with complex health care needs and intellectual disability across NSW is being enhanced. In response to the evaluation of piloted three specialised intellectual disability health teams, additional funding has been allocated to establish three new teams and nine specialised positions to deliver a targeted state wide service. A framework will be developed to monitor performance of the teams and positions in LHDs. A process evaluation will identify barriers, enablers, gaps and areas for improvement in the service model. The Cancer Institute NSW provides detailed cancer outcomes reporting to Local Health Districts (LHDs) and Specialty Health Networks (SHNs) through the statewide Reporting for Better Cancer Outcomes program. Now in its eighth year, this program aims to reduce unwarranted variations in cancer care and identify any gaps in service provision. This program provides regular reporting that is:

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		• led by clinician advisory groups where quality indicators and benchmarks are developed and agreed; • supported by high quality analytics; • Provides succinct, tailored information to cancer services on their patterns of care and clinical outcomes including variations in survival and mortality; and • Used to support quality improvement activities across LHDs, SHNs and Primary Health Networks (PHNs). Various strategies and resources also have been developed to strengthen the performance of NSW Health services for Aboriginal people. These strategies and resources include: • raising the profile of Aboriginal specific performance measures such as Discharge Against Medical Advice (considered to be a measure of the cultural responsiveness of health services) • monitoring Local Health District and Speciality Health Network performance through the annual Aboriginal Health Dashboard • Supporting LHDs and SHNs in service redesign and clinical audits to improve performance against Dashboard indicators via a Dashboard Toolkit and regular engagement The recent mid-term evaluation of the *NSW Aboriginal Health Plan 2013-23* provides a comprehensive series of recommendations to improve health care delivery. Many of these recommendations are currently being developed and implemented including Cultural Safety Audit Tool, supporting stronger partnerships with Aboriginal organisations and strengthening the focus of Aboriginal health in Service Agreements.
Recommendation 6 The Committee recommends that NSW Health examines any unusual or unexpected growth in demand for a particular service as a	Supported / Ongoing	The goal of understanding why some services have demand outstripping population growth, and its implications for community health is supported. This is a core component of Local Health District (LHD)/Speciality Health Network (SHN) local planning. Districts and Networks can raise issues in relation to unusual or

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basis for updating performance frameworks and service agreements, as required.		unexpected growth in demand during the annual Service Agreement negotiation process and in regular performance meetings throughout the year. As performance frameworks and service agreements are updated this demand for activity is considered.
Recommendation 7 The Committee recommends that NSW Health incorporates performance indicators from the NSW Health Performance and Purchasing Frameworks into the funding agreements and terms and conditions documents between NSW Health and non-government service providers.	Supported with Clarification	Performance indicators in NSW Health service agreements with local health districts and specialty health networks are designed specifically for the public health system setting and based on information that can be collected, reported and monitored centrally. These performance indicators are not automatically transferable to funding agreements with non-government service (NGO) providers. However, NSW Health will continue to collaborate with NGO's to ensure performance information aligns with agreed NSW Health priorities in a tailored and proportionate way. Currently, funding agreements between NSW Health and NGO providers require the NGO provider to report on the outcomes of the activities they deliver in the community, and how these outcomes contribute to NSW Government policies and commitments or agreed health priorities. Performance indicators in these agreements are designed to ensure NSW Health and the NGO are able to monitor progress and achievements against expected outcomes. Providers deliver a diverse range of activities in the community, and reporting arrangements need to be proportional to the scale of funding invested, and the size, capabilities and resources of the NGO. In March 2019, NSW Health published the revised policy directive *Administration of NSW Health Grant Funding for Non-Government Organisations (PD2019_013)*, which replaced the Non-Government Organisation Grant Program – Operation Guidelines. The revised policy directive reinforces the expectation that a proportional approach be adopted for the development of performance indicators in grant funding agreements between NSW Health and NGOs. It is also expected that activities funded and performance indicators align with and support NSW Government priorities.

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Recommendation 8 The Committee recommends that NSW Health ensures that performance frameworks continue to incorporate information regarding the delivery of health services for people with a disability, following the transition to the National Disability Insurance Scheme.	Supported / Ongoing	NSW Health has in place a National Disability Insurance Scheme (NDIS) Monitoring and Evaluation Operational Framework (NMEOF) to support a rigorous analysis of the impact of the NDIS on NSW Health services and the usage by people with a disability. Data collection mechanisms to track self-identified NDIS status and NDIS-related discharge delays along with a data linkage project linking NDIS data with NSW Health data to monitor health service usage of NDIS participants have been implemented. NSW Health contributes to broader state and national level monitoring and evaluation via the NSW Data and Information Working Group. In addition, NSW Health continues to work closely with health agencies in other jurisdictions and the National Disability Insurance Agency to explore opportunities for improved data linkage and identified data sharing between health and disability sectors. This is done through groups such as the Data Subgroup of the NDIS and Public Health in Australia Working Group – an inter-jurisdictional technical data group chaired by NSW Health. NSW Health has also contributed to work to develop a cross-jurisdictional data asset that will support enhanced analysis of the needs, services access and outcomes for people with disability. A pilot between the Australian, NSW and South Australian Governments was agreed at the Australian Digital Council meeting on 7 December 2018.'
Recommendation 9 The Committee recommends that NSW Health further consults with representatives of the LGBTI community to develop standardised guidelines for incorporating gender and sexual identity into data collection mechanisms and formats.	Supported	The Ministry of Health will be developing a Lesbian, Gay, Bisexual, Transgender and intersex people(LGBTI) Health and Wellbeing Framework in consultation with the LGBTI community, key stakeholders and the health system. The consultation process can be used as a mechanism to explore issues related to incorporating gender and sexual identity as part of health data collections. The Australian Institute of Health & Welfare (AIHW) develops and maintains standards for all national health data collections in consultation with all states and territories. NSW Health staff contribute to these developments, which have been amended in recent

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		years to standardise policies and guidelines to incorporate gender and sexual identity across all national health data collections.
Recommendation 10 The Committee recommends that NSW Health ensures that there is appropriate training and resources for all medical professionals dealing with data relating to people with a disability to ensure a person's illness or death is not mischaracterised as a result of their disability.	Supported with clarification	NSW Health understands the importance of ensuring a person's death is not mischaracterised as a result of their disability. NSW Health is currently addressing these issues through NSW Medical School curriculums including training in the recognition and management of people with disability. The Royal Australian College of General Practitioners, the national body responsible for setting the standards which apply to general practitioners, has resources online in how to complete a death certificate. Death certificates in NSW are completed by two categories of doctors – if the patient dies in hospital a resident medical officer (usually an intern), if the patient dies in the community or in a residential aged care facility a General Practitioner. Orientation for new interns includes training in how to complete a death certificate. NSW Health recognises training as an ongoing activity and provides a range of training modules to build workforce capability including medical staff. Specifically there is an online module "Managing Death and Death Certification" published 2018 available to all NSW Health staff including medical staff. This includes GPs who provide patient services to NSW Health. The College of General Practitioners provides online training for GPs working in the community in the completion of death certificates. HETI has an online module "Let's talk disability" available to all NSW Health staff including nursing, allied health and medical staff. This training is used to identify people with disability, implement a person centred approach, promote dignity and respect for people with a disability, use a variety of strategies to communicate effectively and assist staff to provide access to fair and equitable services.
Recommendation 11 The Committee recommends that NSW Health, along with the NSW Ombudsman, ensure that mortality data and data relating to reportable incidents will continue to be collected and monitored following the rollout of the National Disability Insurance Scheme.	Supported	NSW Health will continue to strengthen processes to ensure reliable and accurate mortality data and reportable incident data outlined by the NDIS is collected. If providing NDIS services as a registered NDIS provider, providers must report to the NDIS Commission serious incidents (including allegations) arising in the context of NDIS supports or services, including: • the death of an NDIS participant

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		- serious injury of an NDIS participant - abuse or neglect of an NDIS participant - unlawful sexual or physical contact with, or assault of, an NDIS participant - sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity - The unauthorised use of a restrictive practice in relation to an NDIS participant. Providers are responsible for preventing, responding to, and managing incidents. Registered providers must have in place internal management and reporting arrangements to ensure that all incidents (not just reportable incidents) are recorded, and that actions are taken to respond to them and prevent such incidents from happening again. The NDIS Commission will provide guidance to build the capacity of NDIS providers to prevent and respond to incidents. Where NSW Health provides mainstream health services to people with disability, including NDIS participants, NSW Health's own requirements for mortality and reportable incident data apply in accordance with PD2014_004 Incident Management Policy In line with the Premier's announcement in October 2018, the reportable conduct oversight function which relates specifically to children, will be transferring from the Ombudsman to the Office of the Children's Guardian in 2019. NSW Health will continue to strengthen reporting systems for all reportable incidents to the NDIA, NSW Ombudsman and/or Ageing and Disability Commissioner.
Recommendation 12 The Committee recommends that NSW Health ensures that any data governance policy has an equal focus on how the data will be used to promote accountability and transparency.	Supported / Ongoing	The Government Information (Public Access) Act 2009 (NSW), which mandates transparency and accountability of NSW public sector agencies, is specifically identified as legislation with which NSW Health's data governance must be compliant. The 'NSW Health Data Governance Framework' has been published in March 2019. It applies to the full lifespan and usages of relevant data and recognises that "*Effective*

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		governance is essential in making available authoritative information about the NSW Health system and ensuring compliance with legal and regulatory obligations". *The Framework*, as NSW Health's precedent data governance instrument, includes the publishing of information "to ensure the highest standards of public accountability and transparency in the health system" as a 'Principle of Data Management for NSW Health'. NSW Health also makes it policies, data related or otherwise, publicly available thus providing information on its data assets and how they are managed. It should be noted that many NSW Health data assets are comprised of personal information or personal health information and are, therefore, managed in compliance with privacy legislation including the Health Records and Information Privacy Act 2002 (NSW).
Recommendation 13 The Committee recommends that NSW Health develops clear guidelines on how the data that is collected will be used to review service delivery and support system-wide improvements.	Completed	NSW Health has a robust set of Key Performance Indicators (KPIs) and Improvement Measures (IMs) in place to drive local improvement and aid in identifying areas where performance can be improved. In consultation with policy leads, KPIs and IMs are reviewed and updated annually to ensure alignment to strategic direction and best practice. KPIs and IMs are embedded within LHD and SHN Service Agreements and LHD and SHN's have clearly defined levels of performance and outcomes of service. At a state level, the Ministry of Health continuously monitors health system performance and provides reports and analysis back to the system to aid system-wide improvement. This is a core component of continuous quality improvement cycles, and supports greater accountability across the system. Reporting extends well beyond the provision of data back to local services and incorporates a multifaceted approach of analytics, triangulation of data, and investigative processes that support the identification of risk or variation in service delivery, as well as highlighting areas of best practice and high-quality services.

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		Reporting and monitoring of system performance across all domains is a role shared by the Ministry, Pillars, shared service providers and LHD and SHN's. The NSW Health Performance Framework outlines the performance improvement approaches, responses to performance concerns, and management processes that support the achievement of high-quality, safe and efficient healthcare delivery. This Framework, along with the System Purchasing and Performance Safety & Quality Framework, support structured and unstructured processes of review as well as identifying areas for improvement.
Recommendation 14 The Committee recommends that NSW Health commits to the ongoing development of strategies that will increase the integration and consistency between different data systems across the NSW Health system.	Supported/In progress	Ongoing development of strategies to improve integration and consistency between different data systems across the NSW Health system is a key priority for NSW Health. A number of initiatives have commenced to support increased integration, including: • Development of a strategy for electronic Medical Records (eMR) integration across NSW Health, • Development of a State-wide Integration and Interoperability Strategy • Development of a State-wide integration Platform eHealth NSW has successfully trialled a Health Information Exchange and is looking to use this technology more broadly to improve real time sharing of clinical records between NSW Health Hospitals and other organisations responsible for delivering public healthcare services. eHealth NSW is also progressing development of a business case for a Single Digital Patient Record including governance, scope and potential solution and the implementation strategy. NSW Health is also working to deliver the NSW Health Analytics Framework which will facilitate easier access to a wide range of data to better support evidence-based decision making and analysis across the NSW Health System.

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Committee Recommendation	NSW Government Response	
Recommendation 15 The Committee recommends that NSW Health continues to work with the Commonwealth Government on integrating systems across the broad range of health care delivery.	Supported / In progress	The Commonwealth Government and NSW Health are continuing to work on integrating systems across health care delivery. In December 2017, the Commonwealth and NSW Health signed a bilateral agreement to enhance coordinated care through eight Priority Areas: • Data Collection and Analysis, • System Integration • Care Coordination • Palliative and End of Life Care • Multidisciplinary Team Care • Aged Care • Rural and Remote Services • and, Mental Health In consultation with the Commonwealth, NSW Health has developed project plans for each of these priority areas with work underway across the system to deliver against the milestones stipulated in the agreement. The priority areas align with NSW Health integrated care strategies which have a focus on the continual strengthening of partnerships between Local Health Districts and Primary Health Networks. NSW Health is also currently negotiating a new 2020-25 National Health Agreement with the Commonwealth and other States and Territories on public hospital funding and reforms. The agreement will include six long-term reforms for the health system: Paying for Value and Outcomes, Joint Planning and Funding at a Local Level, Nationally Cohesive Health Technology Assessment, Empowering People through Health Literacy, Prevention and Wellbeing and Enhanced Health Data. The following reforms will build on NSW's work on integrated and integrating care:

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		The Joint Planning and Funding at a Local Level reform aims to drive collaboration, integration and better planning and investment decisions across care settings building on the work under the Coordinated Care Bilateral Agreements. **The Paying for Value and Outcomes reform** which aims to enact program and system-level financing reforms at the national level to shift health funding from a focus on volume, to a focus on quality, patient outcomes, and population needs. **The Enhanced Health Data reform** will establish a national approach to collect, link and share health data, embed new governance and build capacity and capability to work with the data. Once the agreement is finalised implementation plans will be developed in collaboration with key stakeholders to specify the activities required to drive the reforms nationally. NSW collaborates with the Commonwealth Government in shared priority areas for Closing the Health Gap, including support for the Aboriginal Community Controlled Health Sector. NSW Health is signatory with the Commonwealth Government and AH&MRC to the Agreement on NSW Aboriginal Health and Wellbeing 2015-2020. The Agreement's aim is that all partners work collaboratively and transparently in partnership with local communities, to improve health and wellbeing outcomes and reduce the gap. Partners commit to several activities taken as measures of success. This includes support for clinically and culturally appropriate services across the health network, including primary health care and specialist and hospital care to improve the patient journey and health outcomes for Aboriginal people and their families.
Recommendation 16 The Committee recommends that NSW Health expands the 'Your Experience of Service' Survey to other areas of service	Supported with clarification	The Your Experience of Service (YES) survey is specifically designed for mental health consumers. Other survey tools are currently used across NSW Health with a focus on further patient cohorts and the results are published by the Bureau of Health Information (BHI).

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delivery in order to build on the consumer feedback mechanisms currently available.		Improving patient's experience of care is a priority of NSW Health. Patient surveys are an important feedback mechanism, which play a crucial role in supporting the continual improvement of healthcare delivery. NSW Health's Patient Survey Program commenced in 2007 and is administered and reported through the Bureau of Health Information. Since the commencement of the survey program, over 2 million surveys have been sent, with nearly 1 million patient results having been published. This comprehensive survey program asks thousands of patients each month about their experience with the NSW public healthcare system. The current survey program covers: • Adult admitted patients • Admitted children & young patients • Outpatient cancer clinics • Maternity care • BreastScreen NSW • Emergency department patients • Outpatients • Small and rural hospitals • Small hospital emergency care The BHI analyse and report on the results of every survey, providing statistically valid comparative and trend information for consumer, healthcare and policy audiences. Survey results are published and play an important role in holding the public healthcare system to account. NSW is the only jurisdiction in Australia to publicly report the information and results from patient surveys. It is also noted that the Information Commissioner has developed the Charter for Public Participation to assist agencies to seek effective public input into the development and delivery of policies and services.

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Recommendation 17 The Committee recommends that NSW Health includes privacy standards in its performance frameworks and service agreements with Local Health Districts and Specialty Health Networks.	Completed	Privacy standards are part of the regulatory framework governing Local Health Districts and Specialty Health Networks and are supported by NSW Health policies. The service agreements with LHD and SHN's already include a general requirement to comply with the regulatory framework and policy requirements. In particular, the service agreements state that each *Health Service and Support Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies.*
Recommendation 18 The Committee recommends that NSW Health works with the Privacy Commissioner to develop appropriate privacy performance indicators and benchmarks that will support improvements throughout the health care system.	Supported	NSW Health recognises the importance of privacy in relation to health information. Health information can only be used and disclosed in accordance with the Health Records and Information Privacy Act. The Health Records and Information Privacy Act is currently under review. NSW Health is working with the Privacy Commissioner during the review.
Recommendation 19 The Committee recommends that NSW Health commits to reviewing its eHealth security to determine if the current levels of protection are sufficient for any potential cyber threats.	Supported / in progress	NSW Health regularly reviews its Cybersecurity posture and has invested heavily in systems, processes and resources which ensure that its electronic systems are closely monitored and protected. NSW Health actively participates in the all-of-Government cybersecurity framework, which is coordinated by the Government Chief Information Security Officer. NSW Health has established a Digital Information Security Working Group, reporting to the Chief Information Officer (CIO) Executive Leadership Group. With representation at the CIO level across multiple Local Health Districts and Agencies, this group is responsible for developing improvements to state-wide Information and Communication Technology (ICT) security systems including incident reports and the Privacy & Security Architecture Framework (PSAF) process.
Recommendation 20 The Committee recommends that NSW Health finalises the Incident Information	Supported/in progress	NSW Health's incumbent Incident Management System will be replaced by a new, contemporary software package. The project to replace the Incident Management System is underway and is a high priority project for NSW Health.

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Management System upgrade as a matter of urgency and in full consultation with current and future users.		While the new system is being built and progressively implemented, the existing system continues to be used, and is stable and operational. The Clinical Excellence Commission is working in partnership with eHealth to ensure the new system meets user requirements
Recommendation 21 The Committee recommends that the Privacy Commissioner conducts a detailed investigation into the authorised access to patient health records by guardians, carers and family members under appropriate circumstances.	Noted	NSW Government agencies will assist in any such investigation initiated by the privacy Commissioner.
Recommendation 22 The Committee recommends that NSW Health expedites its work in devising strategies and policies to ensure the recruitment of adequate numbers of nursing staff in mental health care facilities to meet current and future demand.	Supported & completed	NSW Health released the NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022 at the end of September 2018. The Workforce Plan includes various actions for NSW Health agencies which relate to the mental health nursing workforce. Specifically, these relate to attracting the right people into mental health services, retaining an engaged workforce, strengthening competence through training and continuing professional development, and to promote leadership development. An Implementation Plan was published in December 2018 to support lead agencies to operationalise these actions. Planning at both state and local levels takes account of workforce needs and service demand. At times, NSW Health services face recruitment challenges in some locations, such as rural or isolated areas, and for some types of challenging roles.
Recommendation 23 The Committee recommends that NSW Health actively consults the NSW Nurses and	Supported & Completed	NSW Health consulted with the NSW Nurses and Midwives' Association (NSWNMA) in developing the NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022. NSW Health will continue to consult with the NSWNMA as implementation of the NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022 progresses.

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Midwives Association in the development of its mental health workforce strategy.		
Recommendation 24 The Committee recommends that NSW Health provides funding for clinical pharmacologists in each Local Health District to provide education about recent advances in drug therapy and adverse drug reactions, to better target pharmaceutical treatments for mental illness.	Supported with clarification	NSW Health workforce modelling has identified Clinical Pharmacology as a workforce priority. NSW Ministry of Health has funded two new clinical pharmacologist specialist training positions one at Westmead Hospital (in 2016) and one at John Hunter Hospital (commenced in 2018) to support growing the clinical pharmacologist workforce. Local Health Districts and Speciality Networks will determine staffing requirements and recruitment to clinical pharmacologist positions as necessary going forward. Clinicians have the ability to advocate at a local level for their services. Services can then be submitted via the Local Health District or Speciality Health Network to be raised through the purchasing negotiation process.
Recommendation 25 The Committee recommends that NSW Health actively pursues and funds the increased use of pharmacogenomic testing as a means of improving treatment for patients with a mental illness.	Supported with clarification	The annual purchasing negotiation process accommodates service growth and priorities. In addition, the *NSW Health Genomics Strategy June 2017* aims to strengthen the foundations of clinical genomics in NSW. The purpose of the strategy is to support the development of precision medicine, across a range of clinical services. Pharmacogenomic testing is one specific example of how genomic technologies can be applied to realise the benefits of precision medicine for patients. NSW Health in consultation with expert clinicians will review the clinical evidence for the routine use of pharmacogenomics in clinical care as it evolves and make recommendations as appropriate. For example the Clinical Genomics Unit at St Vincent's Hospital has been awarded a research grant to develop a model of care in pharmacogenomics-guided mental health treatment and to evaluate its cost-effectiveness.
Recommendation 26 The Committee recommends that NSW Health, in consultation with special needs groups and service providers, expands the scope of its performance framework to	Supported / in progress	NSW Health will continue to consult with a range of representatives from priority population groups to design and implement policies and plans. This includes for aged care, palliative care, disability, carers, multicultural and refugee health, women's health, men's health, and LGBTI.

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incorporate a more comprehensive range of information to improve health care delivery.		NSW Health will continue to fulfil its ongoing obligations under existing relevant legislative arrangements such as the Disability Inclusion Act 2014 and drive operational improvements to ensure we are providing equitable and dignified access to services for people. An example of a performance focus improving health care delivery comes via key changes which are planned for 2019/20 that aim to improve health care for Aboriginal people. Various strategies and resources have been developed to strengthen the performance management of cultural safety within the NSW Health system. These strategies and resources include: • raising the profile of Aboriginal specific performance measures such as Discharge Against Medical Advice (considered to be a measure of the cultural responsiveness of health services); • monitoring Local Health District and Speciality Health Network performance through the annual Aboriginal Health Dashboard; • inclusion of Aboriginal health-focused strategies in Clinical Safety and Quality Accounts; and • support for organisations to embed the Aboriginal specific standards of the National Safety and Quality Health Service Standards. The recent mid-term evaluation of the *NSW Aboriginal Health Plan 2013-23* will also provide a more comprehensive range of information to improve health care delivery.
Recommendation 27 The Committee recommends that refinements to the NSW performance framework be referred to the Australian Health Ministers' Advisory Council for ratification as part of the Australian Health Performance Framework.	Supported with clarification	To ensure NSW Health aligns strategically with the Australian Health Performance Framework, NSW is co-chair of the implementation working group for the Framework. The Australian Institute of Health and Welfare (AIHW) advises the Australian Health Ministers' Advisory Council of any updates to the NSW performance framework.

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Recommendation 28 The Committee recommends that NSW Health extends its integrated care project to cover more Local Health Districts, where piloted models already funded have been found to be successful.	Supported / in progress	NSW Health has assessed the success of innovative initiatives which have been implemented across the state over the past six years of the Integrated Care Strategy. Following this process five successful initiatives have been selected as viable for scaling across the state. These initiatives show an improvement in patient outcomes and accelerate value in NSW Health. The initiatives are flexible and can be altered to suit local needs, but are required to report centrally to the Ministry at a patient-level. These initiatives are: ED to Community; Residential Aged Care; Vulnerable Families; Specialist Outreach to Primary Care; and, Paediatrics Network.
Recommendation 29 The Committee recommends that the NSW Minister for Health refers consideration of the reinstatement of Medicare Benefits Schedule item 105 to the Medicare Benefits Schedule Review Taskforce, with a view to enhancing integrated health care delivery.	Completed	The Ministry of Health understands that the Medicare Benefits Schedule Item 105 was reinstated from 1 July 2018.