

NSW Health

Progress Report

As one system:
The NSW Health System's Response to COVID-19

November 2024

health.nsw.gov.au



NSW Ministry of Health
1 Reserve Road
ST LEONARDS NSW 2065
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

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Foreword

A message from the Secretary of NSW Health,
Susan Pearce AM

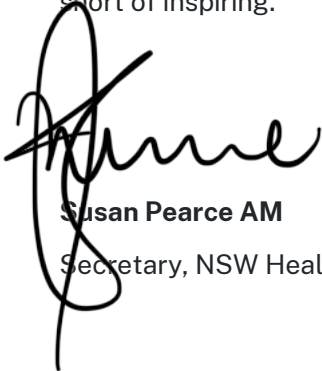
In an era marked by unprecedented challenges, the NSW Health system has demonstrated remarkable resilience and adaptability.

A key takeaway from our recent experiences is that emergency preparedness must be treated as a permanent priority, embedded into the fabric of our operations at every level of NSW Health. By institutionalising preparedness, we can enhance our ability to respond effectively to future crises while ensuring the continuity of care for our communities.

Significant work has been undertaken to implement the recommendations and actions from *As one system: The NSW Health System's Response to COVID-19*. This report showcases the progress achieved by NSW Health in establishing a more resilient framework to effectively address future challenges. By focusing on these advancements, we aim to strengthen our health system and enhance our preparedness for any upcoming emergencies.

It is imperative that we maintain our efforts at all levels to ensure connectivity and collaboration, both locally and regionally, as well as across the state. It's crucial to engage with key partners and stakeholders outside the NSW Health system, with a special emphasis on supporting our vulnerable communities. By strengthening these partnerships, we can enhance our collective response and improve outcomes for those who need it most.

I express my deepest gratitude to the staff of NSW Health. Your dedication and commitment have been nothing short of inspiring.



Susan Pearce AM
Secretary, NSW Health



A message from the State Health Services Functional Area Co-ordinator,
Wayne Jones

Making emergency preparedness a priority for all staff is essential for creating a cohesive and responsive health system.

Since being appointed as a standalone State Health Services Functional Area Co-ordinator, I have had the privilege of leading the implementation of a number of key statewide reviews focused on strengthening the NSW Health system to better manage public health emergencies, including *As one system: The NSW Health System's Response to COVID-19*.

Reviewing our performance in light of the lessons learned from the COVID-19 response was essential. Significant progress has and continues to be made on all of the recommendations outlined in the *As one system: The NSW Health System's Response to COVID-19* report, with many already embedded within our current practices.

The daily preparations for emergency incidents often go unnoticed, yet they play a vital role in ensuring public health and safety. Integrating emergency preparedness into the daily operations of all NSW Health staff can significantly enhance the overall resilience of the system.

In NSW, the health system plays a crucial role in managing various hazards that can threaten public health, such as natural disasters, disease outbreaks, and environmental hazards. NSW Health coordinates these efforts through comprehensive planning and preparedness strategies in consultation with various government channels. This ensures a whole of government approach when responding to and recovering from emergency incidents.

To ensure that emergency management is prioritised in our daily operations, we need to update and simplify training programs. This includes identifying specific training requirements beyond core competencies and determining who in our organisation needs it. All efforts should be innovative and principles-based, allowing for flexible application across a range of hazards.

I am pleased with the progress NSW Health has made with implementing the recommendations from the *As one system: The NSW Health System's Response to COVID-19* report and recognise that this is not possible without the hard work and dedication of the staff within NSW Health.

A handwritten signature in black ink, appearing to read 'Wayne Jones', written in a cursive style.

Wayne Jones

State Health Services Functional Area Co-ordinator, NSW Health



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Background



As one system



NSW Health is committed to learning from the ongoing response to the COVID-19 pandemic to plan for future responses to public health emergencies.

In 2022 the Secretary, NSW Health, Susan Pearce AM, commissioned Robyn Kruk AO to conduct a debrief on the lessons learned from NSW Health's operational response to the COVID-19 pandemic to:

- Examine the suitability of the NSW Human Influenza Pandemic Plan and NSW Health Influenza Pandemic Plan and existing and introduced emergency response structures to the COVID-19 pandemic in New South Wales (NSW) in 2020-2022;
- Define the lessons learned from the pandemic Response stage (including the action stage of the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) and phases A-C of the National Plan to transition Australia's COVID Response (National Plan), inclusive of health system operational and public health response;
- Identify system improvements and any required amendments to the Pandemic Plan and any associated emergency management plans, structures, and arrangements.

The debrief covered the period from February 2020 to March 2022 and it did not explore budgetary decisions, decisions of the Australian Government and NSW Governments, or the nature of Public Health Orders. The debrief process provided a safe, cathartic, and empowering opportunity for staff to share their experiences confidentially, contributing to both a historical reflection of what people did and what happened, but what could have been done better, and what to do better in any future pandemic. Through more than 75 consultation and focus sessions, the debrief spoke to more than 350 stakeholder (over 500 people).

The *As one system* report (the Report) was released in May 2023. The Report describes the strengths of the response, identifies the challenges encountered, and draws a wide range of lessons and improvement opportunities for the system.

As one system outlined six Recommendation's to strengthen NSW Health's emergency preparedness (with 29 sub recommendations) and five Action Areas (with 30 actions in detail) to maintain and reinforce existing strengths within NSW Health to enhance performance and outcomes across the system.

All recommendations and actions were accepted by the Secretary, NSW Health and are located at Appendix One.

In conjunction with commissioning the debrief conducted by Ms Kruk, NSW Health also conducted its own internal public health debrief, which reflects specifically on the public health aspects of NSW Health's COVID-19 response. The *Public Health – NSW COVID-19 Response* was released and outlined 104 recommendations, with some that were technical and highly specific to public health practice. All recommendations were accepted by the Chief Health Officer and are located at Appendix Two.

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Implementing *As one system*



In February 2023, to progress the work required the Secretary, NSW Health, appointed a full-time State Health Services Functional Area Co-ordinator, as a member of the Ministry of Health Executive team, to lead the implementation of a number of key state-wide reviews, including *As one system* and embed emergency preparedness across the NSW Health system in business as usual operations.

As implementation of the recommendations in the component report *Public Health – NSW COVID-19 Response* is led by the Chief Health Officer and Deputy Secretary, Population and Public Health, Dr Kerry Chant AO PSM, a Governance Committee was established for the reports.

Governance Committee



The *As one system* and *Public health – NSW COVID-19 Response* Governance Committee included representatives from the Office of the State Health Services Functional Area Co-ordinator and Office of the Chief Health Officer. The Governance Committee’s purpose was collaborative planning on implementation of reporting for both reports.

The intention was to reduce duplication of work across the system to address relevant aspects of both reports, to ensure each recommendation and action was addressed consistently and to share learnings on the implementation process.

Reporting



Reporting for *As one system* was also structured to align with the Strategic Outcomes outlined in *Future Health* as the roadmap for the NSW Health system over the next decade and the work to implement *As one system* recommendations and actions will contribute to *Future Health* Strategic Outcomes. Common themes emerged in the *As one systems* recommendations and actions and these were grouped into a simplified reporting structure to a total of 35 being reported on.

Reporting also considered the various inquiries that have been conducted with related recommendations that are being reported on. These have been reviewed for reporting alignment and are located at Appendix Three.

Since the last progress report, many changes have been embedded into NSW Health policies and procedures to manage long term implementation, and ensure emergency preparedness is a permanent priority in business as usual. NSW Health will also review and address any relevant recommendations outlined in the Commonwealth Government’s *COVID-19 Response Inquiry Report* which was released on 29 October 2024.

Implementation Leadership and Management



All recommendations and actions have an agreed NSW Health Executive Sponsor to oversee implementation. Implementation Policy Leads were endorsed by the Executive Sponsors to manage and deliver implementation. Implementation Policy Leads also identified specific partners they will engage with to collaboratively deliver on the recommendations and actions. All NSW Health entities are considered partners and will be engaged regarding relevant actions being progressed. NSW Health also works with a variety of partners everyday so the list of partners is not exhaustive, as business as usual engagement will also continue.

As one system reporting blueprint



This is the blueprint for translating the recommendations and actions from the *As one system*. Reporting is divided into six Strategic Outcomes, aligning with *Future Health*.

Strategic Outcome	#	As one system merged recommendations and actions
Patients and carers have positive experiences and outcomes that matter	2.3 4.1 C.3	Ensure the system and public understand how an emergency response may change health service delivery models and priorities. Prioritise people and communities most at risk during an emergency and everyday public health communication practices including but not limited to Aboriginal communities, CALD communities, vulnerable communities and young people with the use of social media and other bespoke engagement, communication and service delivery approaches shaped by lived experience supported by the expertise of DCS.
	4.2 C.2	Ensure public health policy and advice considers and responds to carer-supported models of care for vulnerable people in public hospitals and other care settings, and the need for flexibility and compassion in applying any future restrictions.
Safe care is delivered across all settings	E.7	Continue to support and evaluate local innovation in delivering clinical care in the community to better understand the impacts on patient outcomes and system operations, with a particular focus on multidisciplinary outreach models
	4.3 E.1	Establish agreements with key partners to ensure the broader socio-economic needs of children and families are consistently addressed by the most appropriate service provider, government or otherwise, in an emergency response. Key groups include, but are not limited to, children in out-of-home care, foster care, and those experiencing mental ill health, homelessness, or are at risk of domestic or family violence. Build on strong relationships centrally and locally with local government, aged care providers, GPs, community health providers, community leaders, peak bodies and other partners.
	E.3	Ensure consistent safety and quality governance systems are in place to support the accelerated uptake of virtual care, aligning with national frameworks or processes as appropriate, including services delivered by government and non-government providers.
	E.4	Consider how to sustainably support access to enabling technology and connectivity in disadvantaged communities where virtual care has the potential to enhance access and quality of services.
People are healthy and well	1.1 1.2 1.3 1.7 2.1	Establish a well-defined and communicated central governance structure and communication process for pandemic and high-impact prolonged incidents that require activation of public health (PHEOC) and operational responses (SHEOC) and broader whole-of-government responses (SEOCON) including earlier engagement in the development and review of PHOs. This should highlight key operational roles of LHDs and include formal Aboriginal representation on central and local structures, clearly define command and control and strong linkage between central and local health structures, including key state, local government and community partners. The Pandemic Plan and related emergency management and other policies should be updated to reflect the recommendations of this Debrief and related inquiries into recent natural disasters.
	1.5 A.2 2.5 5.3	Continue current reforms to enhance system preparedness for prolonged and concurrent health and other emergencies. This includes the functions of the State Preparedness and Response Unit and organisation and activation of Health Service Functional Area Coordinators (HSFACs) across NSW Health to provide clarity of responsibilities, including aeromedical, in different types of emergency responses. Leverage operational experiences of LHDS and

Strategic Outcome	#	As one system merged recommendations and actions
		consider how to best use individual strengths of different LHDs in system-wide responses. Ensure support for and consider the specific challenges faced by rural and regional LHDs, including capacity, capability, and access to clinical care, and the impact of these challenges on their ability to effectively plan and respond to emergencies.
	3.4 A.1	Establish stronger, dedicated scenario and forward planning capability across the health system as part of system performance priorities and reflecting emergency preparedness in Service Agreements and capability frameworks.
	E.6	Increase the consistent and widespread familiarity and skill of the workforce in Aboriginal health, including developing policy and programs in partnership with Aboriginal communities and leaders.
	2.4	Develop an integrated approach to communications across the Aboriginal community-controlled sector and NSW Government (led by NSW Health) to better engage Aboriginal people as well as health services through timely sharing of accurate and culturally appropriate information and data, informed and shaped by community needs and preferences
	3.3 B.3	Work with Aboriginal leaders and communities most at risk, impacted and in need to consider how best to collect, use and share data both during a pandemic emergency response to generally to support services for Aboriginal people. This should be done in consultation with communities, peak bodies, partner agencies, service providers and data custodians to inform and enable responsive, locally informed emergency responses, while respecting privacy.
	D.3	Expand the number and scope of practice of the Aboriginal health workforce across NSW to make the most of their trusted relationships and expertise in caring for their communities.
	5.4	Ensure future pandemic responses anticipate the need for, plan for, and maintain capability to rapidly establish at-home testing and vaccination programs in partnership with primary care providers, particularly General Practitioners (GPs) and community pharmacists.
	2.2 5.1 5.2 5.5 C.4 E.2	<p>Work with partners, including, but not be limited to, aged care providers, community pharmacy, disability care providers, primary care providers, other key government agencies, multicultural community representatives, and key peak and professional bodies to support the health of the NSW community during an emergency. Ensure NSW Health's governance and response systems are communicated and understood by partner agencies. Roles and responsibilities of NSW Health and partners should be agreed and outlined in emergency plans, in particular in supporting vulnerable people during an emergency and agreed across government with escalation pathways and coordination mechanisms. There should be joint planning and ongoing dialogue at national, state and local levels and whole-of-system/government/community scenario planning and training.</p> <p>Debrief with border Governments on the operation of border closures and their impact of individuals, families, communities and the health workforce.</p>
	D.6	Review the resourcing model for public health units in regional LHDs to ensure capacity is available to address the needs of priority and vulnerable communities in emergency responses and key BAU activities.
	E.5	Continue to embed social determinants of health into service design and delivery, resource allocation, program evaluation and research.

Strategic Outcome	#	As one system merged recommendations and actions
Our staff are engaged and well supported	D.1	Integrate workforce data, including human resource, rostering, learning and development and capability management, to inform tactical and strategic workforce planning, rostering, capability development of staff and emergency responses.
	B.6	Build the NSW Health workforce's long term capacity and capability to better use, integrate, and respond to data and information to inform decisions. This capacity, capability and community should be widespread across NSW Health and across clinical and non-clinical roles.
	D.5	Consider how best to harness the leadership experience gained by individuals and teams during the Response for individual and corporate benefit, through leadership pipeline strategies, targeted capability development programs or other initiatives.
	C.5	Maintain and build on the successful allied health led, assertive outreach multidisciplinary teams designed through the Response to support vulnerable populations and improve health outcomes.
	6.3	Closely consider the appropriateness of current industrial instruments and training supports in supporting flexibility and agility in emergency responses, including how they may better enable the rapid deployment of staff and enhance existing capacity and support fairness and equity of conditions for health staff in emergency responses.
	6.5	Prioritise consultation and planning to make NSW Health's emergency resourcing and surge workforce model more sustainable, from a 'family and friends' model to one that is more suitable for long-term incidents and responsive to workforce pressures, trends and opportunities. This would be assisted by maintaining capability for rapid onboarding and training.
	D.4	Closely consider how new roles introduced during the Response can support ongoing workforce flexibility and capability, including the benefits of streamlined recruitment practices and working arrangements to maintain the ability to surge the NSW Health workforce at short notice.
	D.7	With professional bodies and educational stakeholders, consolidate the benefits gained from moving professional training programs to virtual or hybrid delivery models, including increased access and equity of experience for people in regional NSW.
	6.2	Prioritise the rapid central determination and distribution of consistent workforce safety guidance and related emergency provisions, without scope for local interpretation or amendment, during an emergency response.
D.2	With the workforce, develop new approaches to understand and managing wellbeing in high pressure situations to support retention and attract new staff and acknowledging the impact it has on staff and their families, the different challenges faced by staff in regional NSW, and the unique needs and constraints of clinical and non-clinical staff. Priority be given to embedding wellbeing considerations in both pandemic responses and BAU.	
Research and innovation, and digital advances inform service delivery	3.1	Review data governance structures and systems to eliminate data and information flow barriers within, into and out of Health to ensure it is timely, useful and available to inform decisions, both during an emergency and routine operations, including access to key Australian Government health and social data. Consider how the system can best measure, access and consider evidence to protect its workforce, during an emergency response to inform ongoing workforce practices. Facilitate sharing of granular data with key government and community partners in planning and delivering services to all priority and vulnerable communities, noting the particular challenges relating to people with disability. Integrate NSW Health data systems and records across workforce, patient safety, patient flow, procurement, warehousing, stock management domains to support tactical and strategic decisions locally and centrally.
	3.2	
	6.1	
	6.4	
	B.1	
	B.7	

Strategic Outcome	#	As one system merged recommendations and actions
	B.2	Work with the Australian Government to establish faster and more practical data sharing agreements to support strategic decision-making, including trigger clauses in legislation if appropriate.
	B.4	In close consultation with communities, consider how to better collect and use key data within and between governments that supports better services for priority groups and vulnerable communities, including but not limited to the elderly, people with disability, new migrants, CALD communities, and other important vulnerable populations, noting the benefits of the PHO in facilitating this sharing in NSW.
	B.5	Continue to enhance the Patient Flow Portal as the central NSW Health system management dashboard to support more integrated care across key service interfaces. This could potentially provide greater insights and awareness of needs for Aboriginal communities, and better coordination of care for priority communities, including CALD communities and people living with disability in the community.
The health system is managed sustainably	1.4 C.1	Embed proven structures like the COVID-19 PMO, CIU, Clinical Council and CoPs and Risk Escalation Panel within pandemic emergency management plans and consider use of CoPs to inform day to day strategic system decisions and planning.
	1.6	Further develop and integrate clear emergency procurement mechanisms, supply chain management, and disruption mitigation plans in Business Continuity and Disaster Recovery planning processes.
	A.3	Investigate the merits of centralising procurement and logistics of the top 100 critical consumables across the system to mitigate supply chain risks in an uncertain global context, including Personal Protective Equipment (PPE).
	A.4	Continue to embed close relationships between HealthShare NSW, eHealth NSW, NSW Health Pathology and Health Infrastructure NSW and their commercial partners to maintain procurement expertise and preferred access to hardware, equipment and other critical consumables.

Reading the report



Similar to the *As one system* report icons have been used throughout the report to highlight key content relating to:



Emergency management plans



Aboriginal communities



Vulnerable people



Rural and regional communities

A note on vulnerable people

Some people and groups of people in the NSW community were more vulnerable to the negative impacts of COVID-19 or were more heavily impacted by the Response than others. This Report uses the term *vulnerable people* to discuss the impact of the Response on those groups of people, including but not limited to

Culturally and Linguistically Diverse communities, new migrants, people who are homeless, people living with chronic health conditions (including many elderly people), and people with a disability.

Progress to date



The November 2023 progress report highlighted that considerable work had been, and continued to be, undertaken to address the recommendations / actions from the Report. The November 2024 progress report demonstrates that NSW Health is actively continuing its efforts to implement the recommendations and actions from previous reports

Emergency management is not something that only turns on in a disaster, and the work every day across all areas of NSW Health and our partners contributes to the success of any emergency response, therefore the recommendations and actions are noted as actioned and on-going, and most importantly, embedded in business as usual processes, rather than marked as complete.

Of the 35 items being reported on as at November 2024:

- 17 recommendations / actions are fully embedded in business as usual processes.
- 18 recommendations / actions are in progress but much of the work is underway with some activities within recommendations / actions embedded (for embedding in business as usual processes). Reporting in 2025 will be requested on items still in progress.



Silver Linings

The COVID-19 pandemic presented numerous challenges, but it also provided a unique opportunity to rethink and enhance our operations as a unified system. As a result, several health system initiatives have become integral to our statewide practices and are direct outcomes of the pandemic experience. The following list highlights initiatives that contribute to implementing the recommendations and actions outlined in *As One System*:

- **Health System Advisory Council** – Following the success of the COVID-19 Clinical Council, the Secretary established the Health System Advisory Council, to involve clinicians across the state to provide independent and impartial strategic clinical advice in system and state-wide priorities.
- **Critical Intelligence Unit** – Recognised as an initiative that equipped health leaders, staff and the broader system with up-to-date information to guide decision-making, this unit is now established permanently within the Ministry of Health, and the scope has broadened beyond a focus on COVID-19 to encompass innovations that have the potential to positively change clinical practice and the delivery or organisation of care.
- **Enterprise Program Management Office** – This has been established as a permanent unit in the Office of the Secretary, with a broader focus to the function during COVID-19. The Enterprise Program Management Office aligns implementation and reporting for key NSW Health and NSW Government priorities and risks, and the work supports executive decision making.
- **Communities of Practice** – New structures that drove partnerships, interdisciplinary cooperation, integration, and provided timely guidance – centrally guided through the system and implemented locally. These structures helped implement new models of care and increased flexibility in practice to adapt to workforce capacity. Importantly, some Communities of Practice included primary care members and a broad range of specialties, such as pharmacy, rehabilitation, aged care, and experts from many other fields, providing a broad platform for service innovation.
 - The learning from the Communities of Practice has also influenced the Agency for Clinical Innovation approach to engagement structures more broadly and have been built into the Agency for Clinical Innovation's models for clinical engagement. Communities of Practice offer a flexible, topic/issue specific approach, that is less formal and approaches have been used to support new forums such as frailty and peer learning for planned surgery improvement initiatives in areas such as enhanced recovery after surgery and rehabilitation.

- **Approach to whole of health communications** – Strategic Communications and Engagement Branch has restructured and now has an embedded Stakeholder Engagement team. This approach leverages stakeholder engagement activities and relationships developed during COVID-19 into business as usual practice, including those with Department of Customer Service, Public Information Functional Area Coordination and other government agencies. Multiple communications and stakeholder channels are being used to engage priority audiences including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, vulnerable communities and young people.
- Continuation of the following:
 - **Culturally and Linguistically Diverse online media forums**, initiated during the response to COVID-19, to provide relevant public health advice and resources to multicultural media who share the information through their channels and networks. The forums are hosted by NSW Multicultural Health Communication Service and delivered in collaboration with Strategic Communications and Engagement. The Forums are held on a fortnightly basis.
 - **Aboriginal 'Keep our Mob Safe' electronic direct mail (eDMs)**, initiated during the response to COVID-19, to provide relevant public health advice and resources to stakeholders who share the information through their channels and networks. The eDM is coordinated and delivered by Strategic Communications and Engagement Branch. The 'Keep our Mob Safe' eDM is distributed on a monthly basis.
 - **Aboriginal 'Yarn Ups'**, initiated during the response to COVID-19, to provide public health advice for Aboriginal people in a less formal (conversational) way which is aired on NSW Health's Facebook page and shared with Aboriginal stakeholders. The 'Yarn Ups' are coordinated and delivered by Strategic Communications and Engagement Branch in collaboration with Centre for Aboriginal Health. The Aboriginal 'Yarn Ups' are held on a quarterly basis.
 - **Engagement with community leaders** regarding important policy initiatives including Voluntary Assisted Dying, cancer screening and local public health initiatives.
 - **Increased use of social media** to promote essential health messaging in a timely manner.
- **Virtual interviews for Junior Medical Officer recruitment** – Prior to COVID-19 JMO recruitment interviews were undertaken face to face. This changed during COVID-19 and virtual interviews are now part of standard JMO recruitment practices.
- **State-wide visitation guidance** – NSW Health recognised the profound impact COVID-19 had on patients, families, and carers visiting NSW Health facilities and is now developing, in consultation with key stakeholders and consumers, state-wide guidance on visitation to improve patient experience.
- **Immunisation initiatives** – Mpox and Japanese Encephalitis Virus, including clinic bookings and administration of vaccines, drew on lessons learnt through the pandemic. Community pharmacist immunisation using government-funded vaccines is expanding, reflecting the important role played during the COVID-19 vaccine rollout.
- **NSW HEALTHPLAN** - The NSW HEALTHPLAN was endorsed by the Secretary, NSW Health and is published on the NSW government emergency management webpage and as a policy directive on the NSW Health website.
- **NSW Aboriginal Health Plan** - The NSW Aboriginal Health Plan 2024-2034 was officially launched by the Minister for Health on 26 August 2024.
- **NSW Immunisation Strategy** – The NSW Immunisation Strategy 2024-208 was released in March 2024.

3

Progress Update



Strategic Outcome 1: Patients and carers have positive experiences and outcomes that matter


People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them

As outlined in Future Health, NSW Health recognises the importance of co-designing its services, systems and ways of working with patients and the community and ensuring there is equity and inclusion in delivery of care for all patients. The importance is equal when health is managing an emergency response. Highlights being addressed that will inform the next emergency response are:

- A change to approach for communications and engagement, not only during an emergency response, but in business as usual, especially by engaging Aboriginal communities, vulnerable communities and directly affected communities and working together. The lessons learnt that by co-designing these communications and using the local intelligence to work out the best ways to communicate, to provide the right communications to the right audience, and empowering communities to co-design the messaging to their communities cannot be underestimated.
- Co-designing a state-wide visitation guidance document. This document recognises the large impact that families, friends and carers have on a person's admission to a NSW Health facility, and working together with patients and visitors to health facilities to develop this guidance will ensure that there is business as usual guidance for NSW Health and can be considered during an emergency response.

Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>As one system ref: 2.3, 4.1, C.3</p> <p>Summary: Ensure the system and public understand how an emergency response may change health service delivery models and priorities, and public communications. Prioritise people and communities most at risk during an emergency and everyday public health communication practices including but not limited to Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse (CALD) communities, vulnerable communities and young people. Use social media and other bespoke engagement, communication and service delivery approaches shaped by lived experience to reach audiences, leveraging cross-government channels and support including from Department of Customer Service.</p> <p>Executive Sponsor/s: Deputy Secretary, People, Culture & Governance State Health Services Functional Area Co-ordinator</p> <p>Implementation Policy Lead/s: Strategic Communications and Engagement State Preparedness and Response Unit</p>	<p>Restructure of Strategic Communications and Engagement branch Strategic Communications and Engagement has restructured and now has an embedded Stakeholder Engagement team. This approach leverages stakeholder engagement activities and relationships developed during COVID-19 into business-as-usual practice, including those with Department of Customer Service and other government agencies. Multiple communications and stakeholder channels are being used to engage priority audiences including Aboriginal communities, culturally and linguistically diverse communities, vulnerable communities and young people. Health professionals are also being engaged to reach these audiences.</p>	<input checked="" type="checkbox"/>
	<p>Engagement with Aboriginal and culturally and linguistically diverse communities Strategic Communications and Engagement continues to work closely with Multicultural Health Communication Service and Multicultural NSW to develop and distribute timely and tailored communication content to culturally and linguistically diverse communities to ensure they receive the latest public health messaging and advice. This includes conducting research with community organisations, utilising health professionals and community members to deliver messages in a trusted way, undertaking translations (both written and oral forms), engaging with key partners to support message dissemination and regular community and community leader meetings.</p> <ul style="list-style-type: none"> • Continuation of culturally and linguistically diverse communities online media forums to provide relevant public health advice and resources to multicultural media who share the information through their channels and networks. The forums are ongoing and are held on a fortnightly basis. 	<input checked="" type="checkbox"/>





Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>Partner/s: Health and Social Policy Branch Centre for Aboriginal Health Department of Customer Service Multicultural Health Communication Service NSW Police</p> <p>Links to other reports: NSW Parliament inquiry into improving crisis communications to culturally and linguistically diverse communities</p> <ul style="list-style-type: none"> Rec 3 and Rec 4 <p>Public Health Debrief</p> <ul style="list-style-type: none"> 5.4.5, 5.3.4, 5.4.1, 5.4.2, 5.4.4, 6.3, 4.2.7, 4.2.8, 4.2.9, 4.2.10, 5.4.7, 5.4.3, 5.4.6, 5.4.8 	<ul style="list-style-type: none"> Continuation of Electronic Direct Mail (eDMs), with in-language resources, sent to culturally and linguistically diverse communities and stakeholders. eDMs are ongoing and sent out as required, with a quarterly newsletter also distributed by Multicultural Health Communication Service. Members of Strategic Communications and Engagement and Multicultural Health Communication Service sit on the cross-government culturally and linguistically diverse communities working group (led by Department of Customer Service) to share insights, learnings and best practice on communicating and engaging with culturally and linguistically diverse communities. The working group is ongoing and meets on a monthly basis. <p>Strategic Communications and Engagement continues to work closely with the Centre for Aboriginal Health to develop and distribute timely and culturally appropriate communication content to Aboriginal communities to ensure they receive the latest public health messaging and advice. This includes conducting research with Aboriginal people, utilising health professionals and respected Elders or community members to deliver messages in a trusted way and engaging with key partners to support message dissemination.</p> <ul style="list-style-type: none"> Continuation of Aboriginal 'Keep our Mob Safe' eDM to provide relevant public health advice and resources to stakeholders who share the information through their channels and networks. The 'Keep our Mob Safe' eDM is ongoing and distributed on a monthly basis. Continuation of Aboriginal 'Yarn Ups' to provide public health advice for Aboriginal people in a less formal (conversational) way on NSW Health's Facebook page and shared with Aboriginal stakeholders. The Aboriginal 'Yarn Ups' are ongoing and held on a quarterly basis. Members of Strategic Communications and Engagement sit on the cross-government Public Information Functional Area Coordination and Aboriginal working group (led by Aboriginal Affairs) to share insights, learnings and best practice on communicating and engaging with Aboriginal communities. The working group is ongoing and meets monthly. 	
	<p>Accessible communications</p> <p>Strategic Communications and Engagement has established the accessible communications team. The team will provide guidance and support to NSW Health to develop health communications in accessible formats for the state's diverse communication needs. Activity includes:</p> <ul style="list-style-type: none"> The development of the accessible communications framework to be implemented during the first half of 2024. Engaging stakeholders to raise awareness of the importance of accessible communication to build positive engagement and behaviour change. 	<input checked="" type="checkbox"/>





Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
	<ul style="list-style-type: none"> Increase the number of staff who are members of the whole of government Accessibility Ambassadors Network to drive accessibility across government. 	
	<p>Embedded social media Social media is embedded into all emergency response and emerging public health communications plans developed by Strategic Communications and Engagement.</p> <p>This includes translating social media tiles where relevant to share with culturally and linguistically diverse community networks to reach multicultural communities through platforms they use.</p>	<input checked="" type="checkbox"/>
	<p>Whole of Government work and engagement Strategic Communications and Engagement is actively involved in the whole of government work:</p> <ul style="list-style-type: none"> Coordinated by NSW Police, rewriting the Public Information Services Functional Area Supporting Plan and strengthening the role, structure and functions of the Public Information Functional Area Coordinator. Coordinated by Department of Customer Service, the delivery of a whole of government crisis preparedness strategic communication framework which was finalised and distributed in October 2023. A Strategic Communications and Engagement member continues to sit on the NSW Government Crisis Communications Executive Committee to share health information and leverage cross-government channels. The committee is ongoing and meets on a monthly basis. <p>Key learnings from the pandemic and other emergency events will be considered as part of these whole of government pieces of work. This has included key messages for mpox, summer preparedness in 2024 and avian influenza H5N1 preparedness.</p>	<input checked="" type="checkbox"/>
	<p>Media The NSW Ministry of Health media team and Local Health District media teams work closely with other relevant agencies and emergency services during emergency responses, including the provision of information, reviewing of media materials and putting forward health spokespeople for joint media conferences. This is on-going and business as usual.</p>	<input checked="" type="checkbox"/>
	<p>Emergency Management Policy NSW Health is the agency responsible for the Health Services Functional Area under the State Emergency Management Plan (EMPLAN) and works closely with partner agencies and emergency service organisations to prepare, prevent, respond to and recover from emergencies and major incidents. Effective planning and preparation can reduce the impact on people's health from many types of</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 
	<p>emergencies. Everyone is encouraged to be prepared for emergencies that can affect their health.</p> <p>Reflecting New South Wales’ size, the range of hazards it faces, the differing ways those hazards manifest and affect the community, and the range of agencies involved, EMPLAN sets out New South Wales’ comprehensive approach to emergency management. EMPLAN also articulates the roles of agencies and stakeholders as well as the mechanisms by which they are coordinated.</p> <p>Natural disasters include events such as floods, bush fires, storms and extreme heat. Being prepared can help people make decisions, stay safe, and support recovery.</p> <p>There is information available to support disaster planning and recovery and advice on how to prepare for an emergency evacuation is available on the NSW Government website here: https://www.nsw.gov.au/prepare-for-a-disaster/be-ready-for-an-emergency-evacuation .</p> <p>Along with general advice, tailored disaster planning resources are also available. For example, Carers NSW in consultation with industry experts and carers with lived experiences of natural disasters has created tailored disaster planning resources. https://www.carersnsw.org.au/services-and-support/advice-for-carers/planning-ahead/emergency-planning.</p>
<p>As one system ref: 4.2, C.2</p> <p>Summary: Ensure public health policy and advice considers and responds to carer-supported models of care for vulnerable people in public hospitals and other care settings, and the need for flexibility and compassion in applying any future restrictions.</p> <p>Executive Sponsor/s: Deputy Secretary, Health System Strategy and Patient Experience</p> <p>Implementation Policy Lead/s: Patient experience</p> <p>Partner/s: Health and Social Policy Branch</p>	<p>Visitation guidance document </p> <p>Approval was received from the NSW Ministry of Health Executive in February 2023 to progress with the development of visitation guidance. The guidance is foundational for the partnership between the health system and patients in making decisions about their own care and ensuring that patients and carers have positive experiences and outcomes that matter. The Guidance is a being created with patients, their families and carers, and staff; complimented by an extensive review of existing literature.</p> <p>Stakeholder engagement has taken place with over 200 consumers and staff members. Care, comfort, and compassion; choice, communication, and coordination; wayfinding and the built environments; and balancing flexibility with consistency were the four themes that were identified as important to patients, their families and carers, and staff in NSW Health facilities.</p> <p>A review of the work achieved last year took place from May 2024, and project milestones and schedule have been re-aligned. Focus groups were held in June 2024</p>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>State Preparedness and Response Unit</p> <p>Links to other reports: Public Health Debrief</p> <ul style="list-style-type: none"> 4.4.3, 4.4.5, 4.5.1  	<p>with staff and consumers. Outputs from last year’s work and the recent focus groups were leveraged to develop Visitation Principles, which will underpin the Visitation Guidance.</p> <p>The project Advisory Group has been re-connected and a meeting was held in July 2024. In this meeting a decision was made to progress the project in the direction of developing a policy, for the role of partner/s in care, to accompany a broader visitation guideline.</p> <p>A Design Working Group has been established, comprised of a mix of consumers and staff across LHDs and SHNs. The Design Working Group met in August to determine the content to be included in the policy and the guideline.</p> <p>A first draft of the policy and guideline has since been developed and shared for initial review with the Advisory Group, Design Working Group and select SMEs. Feedback will be collected and used to further refine the policy and guideline before it is circulated across the stakeholder network for broader review.</p> <p>The Advisory Group will meet again at the end of September, and the Design Working Group will meet again at the beginning of October. In these meetings we will determine which practical tools to prioritise and develop in supporting implementation of the policy and guideline in the pilot phase.</p>	
	<p>Responding to Needs of People with Disability during Hospitalisation Policy Directive</p> <p>Health and Social Policy Branch has updated the policy directive Responding to Needs of People with Disability during Hospitalisation. This updated policy will aligns with new strategic directions and include a strong focus on the important role carers play in providing person centred, quality care for people with disability. The policy is available at https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2024_030</p>	<input checked="" type="checkbox"/>
	<p>NSW Health Recognition and Support for Carers Key Directions</p> <p>The Health and Social Policy Branch released the NSW Health Recognition and Support for Carers: Key Directions 2024-2028, during National Carers Week 13-19 October 2024. The Key Directions upholds the principles in the NSW Carers Charter and provides a framework for NSW Health’s response to the needs of carers across the NSW public health system, aiming to support and guide local implementation.</p>	<input checked="" type="checkbox"/>
	<p>Carers Program Network</p> <p>Health and Social Policy Branch continues to work with the Carers Program Managers in each local health district to coordinate the Carers Program Network.</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
	<p>This is a forum to share ideas, raise emerging issues or opportunities, and showcase best practice. This Network is business as usual and on-going.</p>	
	<p>Emergency Management NSW Health is committed to treating emergency preparedness as business as usual. As part of this, the State Health Services Functional Area Co-ordinator and State Preparedness and Response Unit is meeting regularly with commonwealth, state and local agency partners. There is a shared responsibility across government to engage with local communities and vulnerable populations. All agencies have a role to play.</p> <p>It is key that all partners and communities understand the different agencies that offer social/wellbeing supports versus specific health supports so work is progressing on contributing to all state emergency planning documents that outline the roles and responsibilities of each agency.</p> <p>Examples of engagements with Health and community include:</p> <ul style="list-style-type: none"> • The State Health Services Functional Area Co-ordinator and Director, State Preparedness and Response Unit are members on the Aboriginal Health and Medical Research Council public health emergency working group as part of preparedness activities. • There is regular engagement with Aboriginal Affairs and Aboriginal Lands Council through the NSW Reconstruction Authority State Recovery Committee structures. • NSW Health is represented on Local Emergency Management Committees that report into the State Emergency Management Committee. 	<input checked="" type="checkbox"/>
	<p>Immunisation Strategy for 2024-2029 The NSW Immunisation Strategy 2024-2028 was released in March 2024. The first baseline report containing immunisation data has been received from the National Centre for Immunisation Research and Surveillance and was discussed, along with key priorities, at the inaugural Immunisation Strategy Steering Committee meeting on 5 November 2024.</p>	<input checked="" type="checkbox"/>



Strategic Outcome 2: Safe care is delivered across all settings


Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.

Future Health recognised that our hospitals will continue to be one of the most appropriate care settings for many health conditions. However, the burden of disease in the community that the NSW Health system faces now and into the future requires a blended approach and greater integration with primary care. The same principles apply in an emergency response, and it is likely that most health support will be delivered outside the hospital setting. The highlights for the next emergency response are:

- NSW Health is continuing to support sustainable and innovative models of care in partnership with other healthcare providers such as primary health networks and general practitioners in business as usual. The adaptable and innovative way of delivering care will be critical in any emergency response, along with relationships that are ongoing with partners.
- Working with our health partners and all levels of government to ensure the broader needs of the communities are met. Strong engagement with the State Emergency Management Committee and with the Functional Area Coordinators during business as usual will be key to success in an emergency.
- Ensuring that advances to accessing care virtually are safe, supported, and user-friendly during business as usual could assist with managing some aspects of care during an emergency, particular during a pandemic scenario.

Summary, Implementation Team and reporting links		Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
As one system ref: E.7 Summary: Continue to support and evaluate local innovation in delivering clinical care in the community to better understand the impacts on patient outcomes and system operations, with a particular focus on multidisciplinary outreach models Executive Sponsor/s: Deputy Secretary, System Sustainability and Performance Implementation Policy Lead/s and Partner/s: Work is ongoing in this space, and this is business as usual with examples of key of work outlined.	Business as usual policy – examples below		<input checked="" type="checkbox"/>
	System Performance Support	Primary health networks Commissioned providers George Institute General practitioners	
	System Performance Support	Agency for Clinical Innovation Primary health networks	Post COVID Planned Care for Better Health <ul style="list-style-type: none"> • Post COVID Planned Care for Better Health implemented 1 April 2023 to guide effective and efficient processes to support the management of Long COVID within the existing Integrated Care Planned Care for Better Health scaled initiative.



Summary, Implementation Team and reporting links			Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>
<p>The Agency for Clinical Innovation has overall responsible for maintaining key clinical guidance and models which are updated in response to changing evidence.</p> <p>Links to other reports: Nil identified</p> 			<ul style="list-style-type: none"> Patients are registered on the Patient Flow Portal and their care coordinated to required community-based rehabilitation and specialist clinics. System Performance Support continues to support delivery via Community of Practice events.
	System Performance Support	Local health districts and specialty health networks	<p>Connected Care and Partnerships Planned Care for Better Health Initiative</p> <ul style="list-style-type: none"> Aims to identify people at risk of hospitalisation early, strengthen the care provided to them and improve their experience of receiving care and to keep them healthier over the longer term. Planned Care for Better Health is a disease agnostic program implemented across all 15 local health districts and 2 specialty health networks. Uses a Risk of Hospitalisation algorithm and analyses the last four years of the patient's history sensitive to multiple complex conditions, social disadvantage, age, gender, rurality, and indigenous status. System Performance Support continues to support delivery via Community of Practice events.
	System Performance Support	Local health districts and specialty health networks	<p>Connected Care and Partnerships Emergency Department to Community Initiative</p> <ul style="list-style-type: none"> An intervention for patients under 70 identified as high emergency department presenters with complex chronic health and social care needs. It aims for individuals to manage their health needs and be linked into primary health and social care support in the community. Patients will be identified using the presentation and admissions data stored within the Patient Flow Portal and the Emergency Department to Community algorithm. Emergency Department to Community has been implemented in 15 Local Health Districts and St Vincent's Health Network. System Performance Support continues to support delivery via Community of Practice events.
	System Performance Support	Local health districts and specialty health networks	<p>NSW Health Standing Offer Agreement for Fellowship of Australasian College of Emergency Medicine doctors</p> <ul style="list-style-type: none"> Establishing a panel of suppliers of Fellowship of Australasian College of Emergency Medicine under a "Standing Offer Agreement" for a medical escalation pathway. The panel enables local health districts or NSW Ambulance to engage a provider at an agreed cost under a user pay model. Procurement process underway.
	System Performance Support	Primary health networks Local health districts	<p>Statewide HealthPathways</p> <ul style="list-style-type: none"> The Ministry of Health Connected Care and Partnerships team is leading the development of a model for consistent Statewide HealthPathways.




Summary, Implementation Team and reporting links			Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>
		Agency for Clinical Innovation	<ul style="list-style-type: none"> Statewide HealthPathways ensures equitable access for general practitioners to evidence-based pathways to treat, manage and refer patients to specialist services. This delivers better patient outcomes by reducing variation in clinical practice and enabling new clinical evidence and health policy to flow swiftly into practice. The business case is in development.
	System Performance Support	NSW Ambulance Local health districts and specialty health networks HealthShare NSW	<p>Alternate Referral Pathways</p> <ul style="list-style-type: none"> The Referral Pathways initiative aims to create referral pathways for NSW Ambulance and for Primary Care to established local health districts and specialty health network services. It seeks to reduce avoidable transfers by Ambulance to Emergency Departments, provide linkages to services delivered in the community and improve the experience of care for patients. A collaborative approach with NSW Ambulance is underway to strengthen the data collection, project plan and governance structures. Planning is underway to ensure alignment between the Single Front Door, the Virtual Clinical Care Centre and this program.
	System Purchasing Branch	Local Health Districts Consumers Primary Health Networks General Practice	<p>Urgent Care Services</p> <p>The NSW Government has committed \$124 million in funding over two years to deliver 25 Urgent Care Services in NSW by 30 June 2025.</p> <p>An Expressions of Interest process was conducted in November 2022 to determine appropriate locations and service models for Urgent Care Services in NSW.</p> <p>Of the 25 Urgent Care Services being funded by the NSW Government, several have already been announced in the following Local Health Districts:</p> <ul style="list-style-type: none"> Long Jetty Urgent Care Service - Central Coast Local Health District. Rapid Urgent Care Outreach Service in the Tweed Byron area of Northern NSW Local Health District. Urgent care response teams in Northern Sydney, South Eastern Sydney, South Western Sydney and Western Sydney local health districts. Boost for the continuation of the Mid North Coast Virtual Care program - Mid North Coast Local Health District. <p>Locations of the remaining Urgent Care Services being funded by the NSW Government are currently being determined and established in conjunction with other Local Health Districts and Primary Health Networks.</p>




Summary, Implementation Team and reporting links			Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
	System Performance Support	Local health districts and specialty health networks NSW Ambulance	<p>Single Front Door NSW Health is investing to build a single front door (telephony and digital) that will help patients with non-emergency, unplanned healthcare needs navigate to urgent care in a timely and safe manner.</p> <p>The Single Front Door provides assessment, triage, advice, and referrals to primary care (general practitioner, allied health, and pharmacy), virtual care and hospital-based services, depending on clinical need. Where possible care is delivered virtually and, in some locations, may be via in-reach services, enabling people to access care without leaving their residence.</p> <p>The project, delivered with Healthdirect Australia, is being implemented in phases over three years.</p>	
<p>As one system ref: 4.3, E.1</p> <p>Summary: Establish agreements with key partners to ensure the broader socio-economic needs of children and families are consistently addressed by the most appropriate service provider, government or otherwise, in an emergency response. Key groups include, but are not limited to, children in out-of-home care, foster care, and those experiencing mental ill health, homelessness, or are at risk of domestic or family violence. Build on strong relationships centrally and locally with local government, aged care providers, GPs, community health providers, community leaders, peak bodies and other partners.</p> <p>Executive Sponsor/s: State Health Services Functional Area Co-ordinator</p> <p>Implementation Policy Lead/s: State Health Services Functional Area Co-ordinator</p> <p>Partner/s: Mental Health Branch State Preparedness and Response Unit Health and Social Policy Branch Government Relations Branch State Emergency Management Committee</p>			<p>Emergency Management The NSW Ministry of Health and Local Health District teams work closely with other relevant agencies such as Commonwealth government, Welfare Functional Area, Department of Communities and Justice, primary care providers and emergency services during emergency responses and business as usual to build strong relationships to ensure support and information is accessible if and when required. NSW Health representatives attend the NSW Reconstruction Authority Health and Wellbeing sub-committees in affected regions as an integral component of the State Recovery Plan. This committee includes partner organisations such as NSW Education Department, Advocate for Children and Young People NSW and Mental Health Commission NSW. This is on-going and business as usual.</p>	<input checked="" type="checkbox"/>
			<p>NSW Health/Department of Communities and Justice joint Framework to improve responses to the mental health needs of children and young people at risk of, or who are in out-of-home care</p> <p>The Mental Health Branch has drafted the Out of Home Care and Mental Health Framework titled "Mind My Wellbeing" has been finalised and is progressing through desk top publishing. Consultation was undertaken with the Project Reference Group and young people with a lived experience of Mental Health and Out of Home Care through the Mental Health Branch, Mental Health Youth Advisory Group and the Department of Community and Justice, UC Change Group. Planning has commenced to support three stakeholder workshops that will assist with the development of a Framework Implementation Plan.</p>	<input type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>Links to other reports: NSW Parliament inquiry into the response to major flooding across New South Wales in 2022</p> <ul style="list-style-type: none"> • Rec 24 <p>NSW Parliament inquiry into improving crisis communications to culturally and linguistically diverse communities</p> <ul style="list-style-type: none"> • Rec 2 <p>Public Health debrief</p> <ul style="list-style-type: none"> • 4.2.4, 4.4.1, 5.1.6, 5.3.2 		
<p>As one system ref: E.3</p> <p>Summary: Ensure consistent safety and quality governance systems are in place to support the accelerated uptake of virtual care, aligning with national frameworks or processes as appropriate, including services delivered by government and non-government providers.</p> <p>Executive Sponsor/s: Deputy Secretary, System Sustainability and Performance</p> <p>Implementation Policy Lead/s: System Performance Support</p> <p>Partner/s: eHealth NSW Agency for Clinical Innovation Local health districts and specialty health networks Consumers</p> <p>Links to other reports: Nil identified</p>	<p>System guidance - Virtual Care in Safety and Quality Frameworks The Clinical Excellence Commission has developed Embedding Virtual Care in Safety and Quality Frameworks to ensure patient safety and clinical quality is maintained when delivering health care via a virtual care modality. The Framework is published and available on the Clinical Excellence Commission website.</p> <p>NSW Virtual Care Strategy – 2021-2026 The NSW Virtual Care Strategy supports a coordinated, consistent, and sustainable approach to scale virtual care across NSW. It builds on the important and innovative work of many health partners across NSW.</p> <p>Embedding of virtual care incidents in lms+ and development of system guidance to support staff on how to report virtual care incidents A Virtual Care Clinical and Technical issues update will be provided for each Virtual Care Steering Committee as a permanent agenda item. The purpose behind this report is to ensure both the Ministry, Clinical Excellent Commission and eHealth continue to work together to align clinical and technical reporting of issues through their internal processes and ensure there is a timely mechanism to escalate any risks or issues to the Steering Committee and the Clinical Risk Action Group (CRAG).</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>As one system ref: E.4</p> <p>Summary: Consider how to sustainably support access to enabling technology and connectivity in disadvantaged communities where virtual care has the potential to enhance access and quality of services.</p> <p>Executive Sponsor/s: Chief Executive, eHealth NSW</p> <p>Implementation Policy Lead/s: eHealth NSW</p> <p>Partner/s: System Performance Support Ministry of Health Agency for Clinical Innovation Clinical Excellence Commission</p> <p>Links to other reports: Public Health debrief</p> <ul style="list-style-type: none"> • 6.2 	<p>Remote Patient Monitoring Program The Remote Patient Monitoring Solution has been deployed in Northern Sydney and Central Local Health Districts (LHD), with more than 90 patients being managed since its go live in July 2024.</p> <p>The program has been in a transitional phase to BAU since 30 September 2024, and this period has been extended until 28 February 2025 to provide continued support to the LHDs. The vendor continues to provide defect fixes and enhancements, implemented in 10-week cycles through releases to the RPM non-production environment.</p> <p>Program Closure activities have been scheduled to be completed in February 2025.</p>	<input checked="" type="checkbox"/>



Strategic Outcome 3: People are healthy and well

Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.

A key objective in Future Health is to prevent, prepare for, respond to and recover from pandemic and other threats to population health. Making emergency preparedness a priority in business as usual will ensure that NSW Health is ready to respond in an emergency. To do this the key actions are:




- Updating the emergency management plans and policies with an all hazards approach, as principle-based documents to reduce the incident specific plans required, outlining roles and responsibilities according to the way NSW Health operates, and for the target audience.
- Developing minimum standards for emergency preparedness, ensuring state-wide consistency and making emergency preparedness a priority.
- Work with partners, formally and informally, at every level; local, state and federal in business as usual. Articulating health's roles and capabilities, having formal engagement, and knowing who does what, and when, at all levels will put NSW Health and our partners in a better position to ensure seamless interaction during an emergency.

Also outlined as a key objective in Future Health is for NSW Health to focus on Closing the Gap. This focus is equally as important when health is managing an emergency response. Some of the actions NSW will continue to embed are:





- To work with and learn from Aboriginal leaders and communities in business as usual, and in any emergency response.
- Expand the number and scope of practice of the Aboriginal Health Practitioners

Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>As one system ref: 1.1, 1.2, 1.3, 1.7, 2.1</p> <p>Summary: Establish a well-defined and communicated central governance structure and communication process for pandemic and high-impact prolonged incidents that require activation of public health (PHEOC) and operational responses (SHEOC) and broader whole-of-government responses (SEOCON) including earlier engagement in the development and review of PHOs. This should highlight key operational roles of LHDs and include formal Aboriginal representation on central and local structures, clearly define command and control and strong linkage between central and local health structures, including key state, local government and community partners.</p> <p>The Pandemic Plan and related emergency management and other policies should be updated to reflect the recommendations of this Debrief and related inquiries into recent natural disasters.</p>	<p>NSW HEALTHPLAN The NSW HEALTHPLAN was endorsed by the Secretary, NSW Health on 7 August 2024. The NSW HEALTHPLAN is published on the NSW government emergency management webpage and as a policy directive on the NSW Health PDS.</p>	<input checked="" type="checkbox"/>
	<p>Key Emergency Management documents</p> <ul style="list-style-type: none"> • <u>NSW Human Influenza Pandemic plan</u> The NSW Human Influenza Pandemic Plan review is in progress. Stakeholder consultation will occur October-November 2024. • <u>NSW Health Incident Coordination Framework (PD2019_023)</u> This Policy Directive sets forth a strategic framework of the governance arrangements used by NSW Health internally to coordinate responses to a range of hazards. It also explains how these arrangements and their associated plans align. Incidents may be coordinated locally or at a state level, and the Policy Directive describes the circumstances according to which each may be considered. Section 8 identifies key responsibilities of local health districts, specialty networks and other Health organisations to support incident response. • <u>NSW Health Emergency Management Minimum Standards Policy</u> 	<input type="checkbox"/>






Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>Executive Sponsor/s: State Health Services Functional Area Co-ordinator Chief Health Officer and Deputy Secretary, Population and Public Health</p> <p>Implementation Policy Lead/s: State Preparedness and Response Unit</p> <p>Partner/s: Office of the Chief Health Office State Health Emergency Management Committee Centre for Aboriginal Health Aboriginal Health and Medical Research Council HealthShare NSW</p> <p>Links to other reports: NSW Parliament inquiry into the response to major flooding across New South Wales in 2022</p> <ul style="list-style-type: none"> • Rec 24 <p>NSW Parliament inquiry into improving crisis communication to culturally and linguistically diverse communities</p> <ul style="list-style-type: none"> • Rec 1 <p>Public Health Debrief</p> <ul style="list-style-type: none"> • 5.1.1, 4.3.2, 5.2.11, 5.2.9, 5.2.14, 4.1.9 , 4.1.10, 5.1.10 	<p>The creation of the NSW Health Emergency Management Minimum Standards policy is in progress.</p>	
	<p>List of Emergency Management documents </p> <ul style="list-style-type: none"> • NSW HEALTHPLAN is published on the NSW government emergency management webpage and as a policy directive on the NSW Health PDS. • The review of the NSW Influenza Pandemic Sub Plan, NSW Health Incident Coordination Framework (PD2019_023) and the Education and Training Framework will continue as a priority. • See Appendix Four for full list of documents that will be considered once the key Emergency Management documents are finalised. 	
	<p>Early Response to High Consequence Infectious Diseases Policy Directive <input checked="" type="checkbox"/></p> <p>This new Policy Directive details the NSW Health operational response to the early phase when there is limited or no transmission in the community including the function of the Statewide High Consequence Infectious Disease service, the Physical Containment Level 4 (PC4) High-Security Laboratory at NSW Health Pathology Institute of Clinical Pathology and Medical Research, and a summary of strategic and planning activities that need to occur in the initial phase should case numbers be expected to rise.</p> <p>The Policy Directive was developed to ensure health system preparedness for the initial response to detection of a High Consequence Infectious Disease within a NSW Health facility or on referral from primary care</p>	
<p>As one system ref: 1.5, A.2, 2.5, 5.3</p> <p>Summary: Continue current reforms to enhance system preparedness for prolonged and concurrent health and other emergencies. This includes the functions of the State Preparedness and Response Unit and organisation and activation of Health Service Functional Area Coordinators (HSFACs) across NSW Health to provide clarity of responsibilities, including aeromedical, in different types of</p>	<p>Emergency Management Policy</p> <p>The State Preparedness and Response Unit is responsible for 'Whole of Health' State-level preparedness and response to major incidents and emergencies arising from a range of hazards. This includes the strategic development and evaluation of best practice policies, programs and projects to support the achievement of NSW Health's objectives in relation to emergency management.</p> <p>The State Preparedness and Response Unit has been transitioned into System Management Branch in 2022-23 as part of the System Sustainability and Performance Division that supports, builds and maintains performance across the</p>	<input checked="" type="checkbox"/>





Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 
<p>emergency responses. Leverage operational experiences of LHDS and consider how to best use individual strengths of different LHDs in system-wide responses. Ensure support for and consider the specific challenges faced by rural and regional LHDs, including capacity, capability, and access to clinical care, and the impact of these challenges on their ability to effectively plan and respond to emergencies.</p> <p>Executive Sponsor/s: State Health Services Functional Area Co-ordinator</p> <p>Implementation Policy Lead/s: State Preparedness and Response Unit</p> <p>Partner/s: Regional Health Division</p> <p>Links to other reports: NSW Parliament Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p> <ul style="list-style-type: none"> Rec 1  	<p>NSW Health system. To achieve these functions, the System Management Branch works closely with local health districts, specialty health networks and pillar health organisations to form strong business relationships and develop a deep understanding of performance and factors affecting performance, in the operation of these organisations. Relationships are collaborative and supportive, built on the principles of shared success and support.</p> <p>As the State Health Services Functional Area Co-ordinator position is now a part of the Ministry Executive team supported by the State Preparedness and Response Unit, NSW Health has committed to treating emergency preparedness as business as usual. As part of this arrangement, the State Health Services Functional Area Co-ordinator is a member of the State Emergency Management Committee.</p> <p>In September 2023, NSW Health hosted a desktop exercise, bringing together local health districts, NSW Ambulance including aeromedical retrieval, public health personnel, general practitioners, emergency management personnel, clinicians and laboratory staff to discuss an early Viral Haemorrhagic Fever outbreak consequences. This exercise reinforced steps needed to be taken in the early stages of a pandemic and exercised the new High Consequence Infectious Diseases Policy.</p> <p>Also in September 2023, NSW Health hosted an internal desktop exercise bringing together local health districts, NSW Ambulance and pillar organisations to test coordination arrangements for a statewide bushfire response. The key local health district players for this exercise from rural and regional areas were Murrumbidgee, Southern and Illawarra Local Health District's.</p> <p>In October 2024, NSW Health hosted a state-wide exercise bringing together local health districts, NSW Ambulance and pillar organisations.</p>
<p>As one system ref: 3.4, A.1</p> <p>Summary: Establish stronger, dedicated scenario and forward planning capability across the health system as part of system performance priorities and reflecting emergency preparedness in Service Agreements and capability frameworks</p> <p>Executive Sponsor/s: State Health Services Functional Area Co-ordinator Deputy Secretary, System Sustainability and Performance</p> <p>Implementation Policy Lead/s:</p>	<p>Emergency Management Policy </p> <p>As noted above, the State Preparedness and Response Unit is responsible for 'Whole of Health' State-level preparedness and response to major incidents and emergencies arising from a range of hazards. This includes the strategic development and evaluation of best practice policies, programs and projects to support the achievement of NSW Health's objectives in relation to emergency management.</p> <p>The State Preparedness and Response Unit has been transitioned into System Management Branch in 2022-23 as part of the System Sustainability and Performance Division that supports, builds and maintains performance across the NSW Health system. To achieve these functions, the System Management Branch works closely with local health districts, specialty health networks and pillar health</p>





Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>State Preparedness and Response Unit</p> <p>Partner/s: System Purchasing Branch</p> <p>Links to other reports: Public health debrief</p> <ul style="list-style-type: none"> 5.1.4, 5.2.12, 5.2.1, 5.2.8 	<p>organisations to form strong business relationships and develop a deep understanding of performance and factors affecting performance, in the operation of these organisations. Relationships are collaborative and supportive, built on the principles of shared success and support.</p> <p>As the State Health Services Functional Area Co-ordinator position is now a part of the Ministry Executive team supported by the State Preparedness and Response Unit, NSW Health has committed to treating emergency preparedness as business as usual. As part of this arrangement, the State Health Services Functional Area Co-ordinator is a member of the State Emergency Management Committee.</p> <ul style="list-style-type: none"> Creation of NSW Health emergency management minimum standards policy Development of the NSW Health Emergency Management Minimum Standards policy is in progress. 	
<p>As one system ref: E.6</p> <p>Summary: Increase the consistent and widespread familiarity and skill of the workforce in Aboriginal health, including developing policy and programs in partnership with Aboriginal communities and leaders.</p> <p>Executive Sponsor/s: Executive Director, Centre for Aboriginal Health</p> <p>Implementation Policy Lead/s: Centre for Aboriginal Health</p> <p>Partner/s: Workforce Planning and Talent Development Health Protection NSW</p> <p>Links to other reports: Public Health debrief</p> <ul style="list-style-type: none"> 4.1.7, 4.1.1, 4.1.5 	<p>Public Health Trainee Cohort – Aboriginal health education series Centre for Aboriginal Health has partnered with the Public Health Officer Training program team to deliver a two day education series on Aboriginal health for the Public Health Trainee cohort. This included a one day workshop delivered by an Aboriginal Community Controlled Health Service, and a seminar by Aboriginal health teams within NSW Health to demonstrate and discuss best practice.</p> <p>National Agreement on Closing the Gap and the NSW Closing the Gap Implementation Plan 2022-24 In partnership with the Aboriginal Health and Medical Research Council, NSW Health delivers the health-led response to the National Agreement on Closing the Gap and the NSW Closing the Gap Implementation Plan 2022-24.</p> <p>This includes responsibility for delivery plan initiatives to improve socio-economic outcomes across four Closing the Gap priority areas: life expectancy, birthweight, early childhood development and social and emotional wellbeing.</p> <p>Delivery plan initiatives are diverse including Aboriginal Health Practitioner Model of Care in Emergency Departments; Cancer screening and care pathways; Building on Aboriginal Community Resilience; and Mental Health Model of Care.</p> <p>NSW Aboriginal Health Plan The NSW Aboriginal Health Plan 2024-2034 was officially launched by the Minister for Health on 26 August 2024. Implementation planning will now commence.</p> <p>Respecting the Difference: Aboriginal Cultural Training Respecting the Difference is a mandatory initiative set by Aboriginal Workforce and NSW Health.</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>






Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
	<p>The Aboriginal Cultural Training: Respecting the Difference will assist increasing cultural competencies and promote greater understanding of the processes and protocols for delivering health services to Aboriginal people.</p> <p>Respecting the Difference aims to significantly improve the health status of Aboriginal people and reverse the impact of racism as there is an immediate and ongoing need for organisations to provide more respectful, responsive and culturally sensitive services. It is everyone's responsibility to be involved in changing organisational culture.</p> <p>The purpose of this training is to motivate NSW Health staff to build positive and meaningful relationships with Aboriginal people who may be clients, visitors or Aboriginal staff, and to improve their confidence in establishing appropriate and sustainable connections.</p> <p>The first step toward improving relationships is to identify and acknowledge the different healthcare access issues and inequalities that have been endured by Aboriginal people for many years. So that better relationships with Aboriginal people will result, training has been designed to provide all NSW Health staff with an insight into why many Aboriginal people do not comfortably engage with healthcare providers.</p> <p><u>Training components</u> Respecting the Difference mandatory training is comprised of two parts: the first is eLearning; the second is Face to Face.</p>	
<p>As one system ref: 2.4</p> <p>Summary: Develop an integrated approach to communications across the Aboriginal community-controlled sector and NSW Government (led by NSW Health) to better engage Aboriginal people as well as health services through timely sharing of accurate and culturally appropriate information and data, informed and shaped by community needs and preferences.</p> <p>Executive Sponsor/s: Executive Director, Centre for Aboriginal Health</p> <p>Implementation Policy Lead/s:</p>	<p>Guidance for NSW Health Centre for Aboriginal Health continues to work on this project. The initial scoping and stakeholder review has been completed. The next phases of the project will be developing the partnership with key Aboriginal stakeholders across community and health sectors to continue co-design of the project.</p>	





Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>Centre for Aboriginal Health</p> <p>Partner/s: Strategic Communications and Engagement Health Protection NSW Government Relations Branch Aboriginal Community Controlled Health Services Aboriginal Health and Medical Research Council</p> <p>Links to other reports: NSW Parliament inquiry into improving crisis communications to culturally and linguistically diverse communities</p> <ul style="list-style-type: none"> • Rec 5 <p>NSW Parliament Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p> <ul style="list-style-type: none"> • Rec 32 and Rec 34 <p>Public Health debrief</p> <ul style="list-style-type: none"> • 4.1.4, 4.1.8 		
<p>As one system ref: 3.3, B.3</p> <p>Summary: Work with Aboriginal leaders and communities most at risk, impacted and in need to consider how best to collect, use and share data both during a pandemic emergency response to generally to support services for Aboriginal people. This should be done in consultation with communities, peak bodies, partner agencies, service providers and data custodians to inform and enable responsive, locally informed emergency responses, while respecting privacy.</p> <p>Executive Sponsor/s:</p>	<p>Lumos Aboriginal Community Engagement Working Group - The Lumos Aboriginal Community Engagement Working Group was established in November 2022 to develop an alternative operating model that supports participation in the Lumos program by Aboriginal Community Controlled Health Services. The group is chaired by the Chief Executive Officer of an Aboriginal Community Controlled Health Service, and membership includes representatives from NSW Aboriginal Community Controlled Health Services, Aboriginal Health and Medical Research Council, Centre for Aboriginal Health, local health districts, and the Lumos Implementation Team. The Terms of Reference also includes membership for community representative(s).</p> <p>An Aboriginal Community Controlled Health Service-led pilot program is being developed by the group, and will be submitted to the Aboriginal Health and Medical Research Council ethics committee for approval, to trial operating models that may meet the needs of Aboriginal and Torres Strait Islander communities. The pilot</p>	<input checked="" type="checkbox"/>




Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>Workforce Planning and Talent Development</p> <p>Partner/s: Centre for Aboriginal Health</p> <p>Links to other reports: NSW Parliament inquiry into improving crisis communications to culturally and linguistically diverse communities</p> <ul style="list-style-type: none"> • Rec 1 <p>NSW Parliament Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p> <ul style="list-style-type: none"> • Rec 33 	<ul style="list-style-type: none"> • Establishes Aboriginal Health Practitioner targets for all local health districts and specialty networks • Engages with the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners regarding their national scope of practice project for the profession • Aboriginal health workers award review scoping has commenced to consider opportunities to appropriately remunerate for expanded scope of practice • Identifies specialisation opportunities for Aboriginal people 	
	<p>Service Agreements NSW Health has established targets in NSW Health agency annual service agreements to grow the numerical profile of the Aboriginal Health Practitioner registered clinical workforce in local health districts and specialty health networks.</p>	<input checked="" type="checkbox"/>
	<p>Aboriginal Health Practitioner Workforce Modelling project plan Project planning has commenced to undertake a workforce modelling project for the Aboriginal Health Practitioner workforce to 2040. Project plan conducted between August 2023 and October 2024. However further work is currently on hold due to resource constraints.</p>	
	<p>Guide to the Role Delineation of Clinical Services Inclusions in the NSW Health “Guide to the Role Delineation of Clinical Services” have been published to include the Aboriginal Health Practitioner role state-wide.</p>	<input checked="" type="checkbox"/>
	<p>Other strategies/plans State-wide Workforce Planning processes have been reviewed in an effort to ensure inclusions of Aboriginal Health Practitioner roles are scoped in the local health districts and specialty health networks as standard practice.</p> <p>Workforce Planning and Talent Development is actively engaging with the vocational education and training sector to identify improvement opportunities in the qualification pipeline to address the sustainable workforce needs. Furthermore the branch is also consistently checking for (and requesting if not considered) scoping of Aboriginal Health Practitioner roles upon receipt of workforce plans for review.</p> <p>The Aboriginal Workforce priorities outlined also contribute to the broad NSW Health response to Recommendation 33 of the NSW Rural Health Inquiry and the commitment to building workforce outcomes to meet the needs of rural communities. The NSW Health commitment to rural Aboriginal workforce has exceeded the state target and is set at minimum 4% for rural Local Health Districts.</p>	<input checked="" type="checkbox"/>
<p>As one system ref: 5.4</p>	<p>Immunisation Strategy The NSW Immunisation Strategy 2024-2028 was released in March 2024.</p>	<input checked="" type="checkbox"/>







Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>Summary: Ensure future pandemic responses anticipate the need for, plan for, and maintain capability to rapidly establish at-home testing and vaccination programs in partnership with primary care providers, particularly General Practitioners (GPs) and community pharmacists</p> <p>Executive Sponsor/s: Chief Health Officer and Deputy Secretary, Population and Public Health</p> <p>Implementation Policy Lead/s: Health Protection NSW</p> <p>Partner/s: NSW Health Pathology</p> <p>Links to other reports: Performance Audit</p> <ul style="list-style-type: none"> • COVID-19 vaccine roll-out  	<p>The Strategy, and other measures to expand pharmacist vaccination, including a Commonwealth payment to pharmacists for administration of Commonwealth-funded vaccines, will further strengthen the use of alternative workforce models to form a robust baseline for future pandemic responses.</p> <p>Accessible resources and communication pathways developed during the COVID-19 pandemic will inform future pandemic responses. For example, co-designed resources and pathways for co-design that supported home testing and vaccination uptake during COVID will be used in future responses.</p>	
	<p>Aboriginal Vaccination Workforce Training Development of Aboriginal vaccination workforce training is underway.</p>	
<p>As one system ref: 2.2, 5.1, 5.2, 5.5, C.4, E.2</p> <p>Summary: Work with partners, including, but not be limited to, aged care providers, community pharmacy, disability care providers, primary care providers, other key government agencies, multicultural community representatives, and key peak and professional bodies to support the health of the NSW community during an emergency.</p> <p>Ensure NSW Health's governance and response systems are communicated and understood by partner agencies. Roles and responsibilities of NSW Health and partners should be agreed and outlined in emergency plans, in particular in supporting vulnerable people during an emergency and agreed across government with escalation pathways and coordination mechanisms. There should</p>	<p>Joint Statement with NSW Primary Health Networks – NSW Health NSW Health, NSW Primary Health Networks (PHNs) and the Australian Government Department of Health and Aged Care have partnered together on a set of three priority actions to deliver on the intent of the Joint Statement.</p> <p>In 2023-24, the partners implemented priority action 1, requiring each NSW local health district and PHN partnership to have a joint governance mechanism in place. All LHD/PHN partnerships now either have a joint governance mechanism in place or have plans to establish a joint governance mechanism.</p> <p>This will support joint planning and joint local governance, and enhance collaboration, coordination and integration of care services.</p>	
	<p>Provision of Hospital in the Home in an aged care facility</p> <ul style="list-style-type: none"> • NSW Health has developed a standard agreement between NSW Health and residential aged care providers in the provision of Hospital in the Home in an aged care facility. 	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>be joint planning and ongoing dialogue at national, state and local levels and whole-of-system/government/community scenario planning and training.</p> <p>Debrief with border Governments on the operation of border closures and their impact of individuals, families, communities and the health workforce.</p> <p>Executive Sponsor/s: State Health Services Functional Area Co-ordinator Chief Health Officer and Deputy Secretary, Population and Public Health Deputy Secretary, Health System Strategy and Patient Experience</p> <p>Implementation Policy Lead/s: State Health Services Functional Area Co-ordinator State Preparedness and Response Unit Health Protection NSW Health and Social Policy Branch</p> <p>Partner/s: State Emergency Management Committee Agency for Clinical Innovation Clinical Excellence Commission Premier’s Department Department of Communities and Justice Justice Health and Forensic Mental Health Network Government Relations Branch</p> <p>Links to other reports: Royal Commission into National Natural Disaster Arrangements • Rec 15.2</p> <p>NSW Parliament inquiry into improving crisis communications to culturally and linguistically diverse communities • Rec 1</p> <p>NSW Parliament inquiry into support for drought affected communities in NSW • Rec 1</p>	<p>Guidance for Residential Aged Care facilities and Guidance for Disability Care Facilities on the public health management of Acute Respiratory Infections (including COVID-19, influenza and Respiratory Syncytial Virus)</p> <p>Health Protection NSW has issued guidance to aged care providers on respiratory outbreaks and provides additional advice to residents, visitors and staff on prevention and preparedness of facilities to respiratory infections e.g. vaccination, pre-assessment for antivirals and mask wearing. Similar guidance has also been issued to residential disability facilities. The guidance has endorsement of the Health and Social Policy branch. Advice is updated regularly.</p> <p>This advice takes the broader approach for business-as-usual advice on the public health management of Acute Respiratory Infections. During COVID-19, a protocol and guidance documents were developed to support our partners specific to COVID-19. For example:</p> <ul style="list-style-type: none"> • Protocol to support joint management of a COVID-19 outbreak in one or more residential aged care facility in NSW - jointly developed by NSW Health and the Commonwealth Department of Health and Aged Care to formalise the coordination of government support to a residential aged care provider in their management of a COVID-19 outbreak. • Caring for adults with COVID-19 in the home (guidance for clinicians) - NSW Health developed the Caring for adults with COVID-19 in the home guidelines to support the implementation of clinical models for the management of COVID-19 positive adults in the community. 	<input checked="" type="checkbox"/>
	<p>Formal structures for engagement</p> <p>The Office of the Chief Health Officer is maintaining a program of meetings with primary care peak bodies to progress both emergency and non-emergency public health issues. This includes ongoing engagement around communicable disease issues.</p> <p>Members of peak primary care bodies have participated in a desktop Viral Haemorrhagic Fever exercise in 2023.</p>	<input checked="" type="checkbox"/>
	<p>NSW Service Standards for Health Protection Functions in Local Health Districts and Specialty Health Networks</p> <p>NSW Service Standards for Health Protection Functions was finalised and distributed to districts/networks by the Chief Health Officer on 11 January 2024. An annual reporting process has been embedded into BAU. This will include regular consultation with districts/networks and reporting on key outcome areas to support ongoing health protection responsibilities and to optimise local outcomes.</p>	<input checked="" type="checkbox"/>
	<p>Accessible communications</p> <p>The new NSW Health Accessible Communications Policy was launched in August 2024 to support and guide staff in developing health information that is easier to understand.</p>	<input checked="" type="checkbox"/>







Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>NSW Parliament Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p> <ul style="list-style-type: none"> Rec 5 <p>Public Health Debrief</p> <ul style="list-style-type: none"> 4.4.4, 3.1.3, 4.3.1 	<p>The policy is complemented by Accessibility matters, an online hub that provides the tools, resources and training opportunities to help staff put it into practice. Information sessions are being held across the system to raise awareness and help build staff capability.</p> <p>A new Accessible Communications Community of Practice has been established and will meet in November. It aims to bring together NSW Health staff to share knowledge and experience in developing and delivering best practice accessible communications.</p>	
	<p>Single Front Door</p> <p>NSW Health is investing to build a single front door (telephony and digital) that will help patients with non-emergency, unplanned healthcare needs navigate to urgent care in a timely and safe manner.</p> <p>The single front door provides assessment, triage, advice, and referrals to primary care (general practitioners, allied health, and pharmacy), virtual care and hospital-based services, depending on clinical need. Where possible care is delivered virtually and, in some locations, may be via in-reach services, enabling people to access care without leaving their residence.</p> <p>The project, delivered with Healthdirect Australia, is being implemented in phases over three years.</p> <p>Further investment from NSW Government announced in June 2024 supports expansion of the single front door, including the development of 3 additional urgent care pathways, state-wide enhancement of videoconferencing and localised enhancements of the digital app.</p>	
	<p>Debriefs with Border Governments</p> <p>A debriefing took place with the Cross Border Commissioner in October 2023. Border meetings have also been conducted with three states/territories, helping to strengthen networks.</p>	<input checked="" type="checkbox"/>
	<p>Emergency Management - Shared responsibility of Government</p> <p>Work is progressing with partners agencies to address this recommendation. As the State Health Service Functional Area Co-ordinator is now a standalone position and a part of the Ministry Executive, NSW Health has a commitment to treating emergency preparedness as business as usual. As part of this, the State Health Service Functional Area Co-ordinator and State Preparedness and Response Unit is meeting regularly with agency counterparts and sit on State Emergency Management Committee. There is a shared responsibility across government to</p>	



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
	<p>engage with other agencies, partners, local communities, and vulnerable populations, and this continual engagement during business as usual will assist in preparing NSW Health and other agencies on the roles and responsibilities of NSW Health during an emergency.</p> <p>It is key that all partners and communities understand the different agencies that offer social supports/wellbeing supports versus specific health supports so work is progressing on contributing to all State emergency planning documents that specify the roles of each agency. All agencies have a role to play.</p> <p>Examples of engagements with Health and community include:</p> <ul style="list-style-type: none"> • The State Health Service Functional Area Co-ordinator and State Preparedness and Response Unit are working with Aboriginal Health and Medical Research Council as part of preparedness work. • There is also regular engagement with Aboriginal Affairs via Local Emergency Operations Committees/ State Emergency Management Committee • Regular engagements with Department of Customer Service and Multicultural NSW. • This work is also done with the local emergency management committees and regional emergency management committees to ensure intelligence is available with trusted, local and direct to community sources. <p>Development of emergency preparedness minimum standards by State Preparedness and Response Unit with the State Health Services Functional Area Co-ordinator will also assist in the granular data available at local levels with a range of key stakeholders as regular engagement and consultation will be a part of the standards.</p>	
<p>As one system ref: D.6</p> <p>Summary: Review the resourcing model for public health units in regional LHDs to ensure capacity is available to address the needs of priority and vulnerable communities in emergency responses and key BAU activities.</p> <p>Executive Sponsor/s: Chief Health Officer and Deputy Secretary, Population and Public Health</p> <p>Implementation Policy Lead/s: Office of the Chief Health Officer</p>	<p>Public Health Workforce Strategy</p> <p>Public Health workforce capabilities and capacity have been incorporated in the Public Health Workforce Plan. The Plan has been finalised and is awaiting approval.</p>	



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>Health Protection NSW</p> <p>Partner/s: Finance</p> <p>Links to other reports: NSW Parliament Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p> <ul style="list-style-type: none"> Rec 1 <p>NSW Regional Health Strategic Plan 2022-32</p> <ul style="list-style-type: none"> Priority 1 		
<p>As one system ref: E.5</p> <p>Summary: Continue to embed social determinants of health into service design and delivery, resource allocation, program evaluation and research.</p> <p>Executive Sponsor/s: Deputy Secretary, System Sustainability and Performance</p> <p>Implementation Policy Lead/s: System Information and Analytics</p> <p>Partner/s: System Purchasing Branch</p> <p>Links to other reports: NSW Parliament Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p> <ul style="list-style-type: none"> Rec 43 	<p>Service Agreements Equity Growth is allocated where the per capita consumption of hospital services by the local health district population is lower than the NSW average. This incorporates adjustments to account for the population's age, rurality and sex as well as socio-economic factors that can influence the quantity of services needed by the population.</p>	<input checked="" type="checkbox"/>
<p>Regional Dashboard NSW Health are developing a Regional Health needs analysis dashboard that can be used to profile local health needs, access and outcomes by triangulating a range of internal and external datasets. There are plans to expand this to a state-wide view to support local health district/primary health network with local needs assessments and joint system planning.</p>		



Strategic Outcome 4: Our staff are engaged and well supported

Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.

As outlined in Future Health the way NSW Health staff work has a direct impact on patient experience and outcomes, as well as staff performance and experience. During the Response it was widely recognised the contribution of the entire workforce was exceptional. The NSW Health Workforce Plan 2022-2032 provides the delivery framework to guide the implementation of the workforce-related strategies across the health system. The key areas that will support NSW Health during an emergency response are:

- Improving access to workforce data and capability with a five-year Corporate Analytics Vision and Roadmap.
- Nurturing our future leaders with work progressing the implementation of the NSW Health Talent Strategy 2022-2032
- Creating an industrial framework that serves the strategic aims of Future Health.

Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>
<p>As one system ref: D.1</p> <p>Summary: Integrate workforce data, including human resource, rostering, learning and development and capability management, to inform tactical and strategic workforce planning, rostering, capability development of staff and emergency responses.</p> <p>Executive Sponsor/s: Deputy Secretary, People, Culture & Governance</p> <p>Implementation Policy Lead/s: Workforce Planning and Talent Development</p> <p>Partner/s: State Preparedness and Response Unit</p> <p>Links to other reports: Public Health debrief</p> <ul style="list-style-type: none"> • 5.2.4 <p>NSW Health Workforce Plan 2022-2032</p>	<p>Corporate Analytics Vision and Roadmap</p> <p>Workforce Planning and Talent Development continues to work in partnership with eHealth and Health agencies to design and implement ongoing improvements to workforce data collection, reporting and analytics. Workforce Planning and Talent Development has developed a 5-Year Corporate Analytics Vision and Roadmap which sets out a target end state and identified projects to uplift workforce analytics tools and capabilities.</p> <p>Workforce Planning and Talent Development has developed the comparative dashboard as well as custom dashboards for Nursing and Allied Health to support analysis of workforce composition and utilisation across health agencies. These dashboards support state analysis but are also available to health agencies to support local analysis and planning. Work in ongoing with eHealth NSW to curate rostering data and other data sources including data on VMOs into the data warehouse to support continuous improvement in workforce data capability.</p>




Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>As one system ref: B.6</p> <p>Summary: Build the NSW Health workforce’s long term capacity and capability to better use, integrate, and respond to data and information to inform decisions. This capacity, capability and community should be widespread across NSW Health and across clinical and non-clinical roles.</p> <p>Executive Sponsor/s: Deputy Secretary, People, Culture & Governance</p> <p>Implementation Policy Lead/s: Workforce Planning and Talent Development</p> <p>Partner/s: Health Education and Training Institute / Bureau Of Health Information / eHealth NSW / local health districts and specialty networks</p> <p>Links to other reports: Public Health debrief • 5.6.5 , 3.1.4, 3.2.1. NSW Health Workforce Plan 2022-2032</p>	<p>Workforce Analytics tools NSW Health workforce leaders and advocates have agreed that there are four key opportunities to address that will unlock the potential of the future health workforce and open the doors for substantial progress across all of the priorities in this report.</p> <p>One of these relates to improving access and accuracy of state-wide workforce data to enable evidence-based and service workforce planning.</p> <p>Successes to date have included: A partnership with eHealth NSW, developed new Workforce Analytics tools including:</p> <ul style="list-style-type: none"> - A Comparative Dashboard enabling Health agencies to compare their workforce performance to peer organisations and monitor trends in key metrics. - A new Nursing and Midwifery Dashboard and a separate Allied Health dashboard supporting improved analysis and insights relevant to these workforce. - A Student Pipeline dashboard supporting improved workforce planning from education into NSW Health. <p>A suite of resources have been developed to support workforce analytics capability development on the Workforce Analytics SharePoint site.</p>	<input checked="" type="checkbox"/>
	<p>Health Workforce Plan Local Health Districts are leading improving the use of data analytics to better support workforce planning approaches as part of the Health Workforce Plan.</p> <p>This is due by the end of 2024.</p>	<input type="checkbox"/>
	<p>Health Education and Training Institute upskilling work The Health and Education Training Institute (HETI) have redesigned and rebuilt an eLearning pathway targeting uplift in capacity and capability to better use, integrate, and respond to data and information to inform clinical decisions. The “Digital Health and Data Pathway – Clinicians” pathway (Course Code 535816909). The pathway is comprised of four eLearning modules:</p> <ul style="list-style-type: none"> • Module 1 - Digital healthcare (Course code 535816001) • Module 2 - Digital health professionalism (Course code 535816002) • Module 3 - Introduction to healthcare data (Course code 535816062) • Module 4 - Analyse and apply healthcare data (Course code 535816123) 	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
	<p>HETI have also developed an eLearning module targeting data analytics and application to clinical practice to upskill the allied health workforce segment. The “Analyse and apply allied health data” (Course code 536977170) eLearning module was published in 2024.</p> <p>All five modules have been published in My Health Learning in 2024 and are now available to NSW Health staff. Marketing and communication materials have been developed and circulated.</p> <p>The next phase for development will focus on Digital Health for decision making (aimed at more senior leaders). A initial meeting has been held with key stakeholders.</p>	
	<p>Workforce Analytics Community of Practice There will be ongoing engagement with local Workforce Analytics through the Workforce Analytics Community of Practice.</p>	<input checked="" type="checkbox"/>
<p>As one system ref: D.5</p> <p>Summary: Consider how best to harness the leadership experience gained by individuals and teams during the Response for individual and corporate benefit, through leadership pipeline strategies, targeted capability development programs or other initiatives.</p> <p>Executive Sponsor/s: Deputy Secretary, People, Culture & Governance</p> <p>Implementation Policy Lead/s: Workforce Planning and Talent Development</p> <p>Partner/s: State Preparedness and Response Unit Health Education and Training Institute Nursing and Midwifery Office eHealth NSW</p> <p>Links to other reports: Public Health debrief <ul style="list-style-type: none"> 5.2.3, 3.1.5 NSW Health Workforce Plan 2022-2032</p>	<p>NSW Health Talent Strategy 2022-2032 The key vision of the NSW Health Talent Strategy 2022-2032 is to “identify, nurture and progress talent to develop our people and the next generation of leaders to deliver for the NSW community.” The supporting implementation plan is in the first year with the majority of leadership development focused initiatives on track.</p> <p>1.1 Leader Success Profiles – Dec 2023 Develop and publish Leader Success Profiles for Executive roles.</p> <p>1.2 Talent Review Committees – Dec 2024 Roll out state-wide Talent Review Committees based on standardised talent identification matrix.</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>As one system ref: C.5</p> <p>Summary: Maintain and build on the successful allied health led, assertive outreach multidisciplinary teams designed through the Response to support vulnerable populations and improve health outcomes.</p> <p>Executive Sponsor/s: Deputy Secretary, Health System Strategy and Patient Experience</p> <p>Implementation Policy Lead/s: Chief Allied Health Officer</p> <p>Partner/s: Workforce Planning and Talent Development</p> <p>Agency for Clinical Innovation</p> <p>Links to other reports: Nil identified</p> 	<p>Chief Allied Health Officer The Chief Allied Health Officer has a key role in supporting the development and scalability of allied health-led models of care.</p>	<input checked="" type="checkbox"/>
	<p>State-wide Allied Health Directors Group The State-wide Allied Health Directors Group uses evidence-based approaches to develop new models of care, to utilise allied health skill sets at the top of scope.</p> <p>Two initiatives have been presented to the NSW Health Senior Executive Forum which were piloted as part of the allied health COVID-19 funding enhancement. These were RAID-ED from Western Sydney Local Health District and QuART from Illawarra Shoalhaven Local Health District. While different in nature, with RAID-ED based in the emergency department and QuART based in the community, both these programs were allied health led and were able to reduce admissions and increase early discharge. They also demonstrated a significant return on investment and both programs have been permanently funded within those local health districts.</p> <p>Workforce Planning and Talent Development branch has established RAID-ED and QuART working groups to identify opportunities to scale the models across Local Health District's, particularly improve patient flow, reduce admissions and length of stay for older patients.</p>	<input checked="" type="checkbox"/>
	<p>Allied Health Strategic Plan The Chief Allied Health Officer and Principal Allied Health Advisor are developing an Allied Health Strategic Plan to support the NSW Health key strategies of Future Health and the Regional Health Plan.</p> <p>High level consultation has occurred with allied health directors and the Deputy Secretary Health System Strategy and Patient Experience on plan's objectives. Further consultation will occur in November/December 2024 on the draft plan.</p>	
<p>As one system ref: 6.3</p> <p>Summary: Closely consider the appropriateness of current industrial instruments and training supports in supporting flexibility and agility in emergency responses, including how they may better enable the rapid deployment of staff and enhance existing capacity and support fairness and equity of conditions for health staff in emergency responses.</p>	<p>Program of Award reform Workplace Relations has commenced a program of Award reform. Key principles include:</p> <ul style="list-style-type: none"> • creating an industrial framework that serves the strategic aims of Future Health, • consolidating the number of instruments and determinations and • increase workforce flexibility. <p>Award reform commenced with the Paramedicine Workforce Forum (PWF) in July 2022, the intention was to create flexibility in the salary and conditions for paramedics. The new award for paramedics was made by the Industrial Relations Commission in December 2023.</p>	




Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>Executive Sponsor/s: Deputy Secretary, People, Culture & Governance</p> <p>Implementation Policy Lead/s: Workplace Relations</p> <p>Partner/s: State Preparedness and Response Unit</p> <p>Links to other reports: Public health debrief</p> <ul style="list-style-type: none"> • 5.2.6, 5.1.2, 4.2.11 	<p>The NSW Government’s Fair Pay and Bargaining Policy provides a cooperative industrial relations framework, including a mutual gain bargaining approach across the NSW Government sector. The Government is in negotiations about the remuneration and conditions for other health professionals.</p> <p>In principle agreement has been loosely reached with the Health Services Union (HSU) union to review outdated award conditions and consolidate the volume of HSU awards. The HSU is advocating for a set of core conditions, comprising 13 conditions the HSU says should be universal to all health workers. Ongoing work is needed to assess the workability and Health response to these claims. Workplace relations is holding regular meetings with the HSU and internal stakeholders.</p> <p>The Ministry of Health filed new awards in the Industrial Relations Commission (IRC) containing the Government’s wages offer, without consent of the unions, to preserve the back payment of a wage increase to 1 July 2024. The awards have not yet been made and are moving through the dispute resolution processes in the IRC.</p> <p>The Australian Salaried Medical Officers Federation (ASMOF) and NSW have agreed to review the medical officer awards under the Mutual Gains Bargaining Framework and a series of meetings have been scheduled through to 4 November 2024.</p> <p>The Safe Staffing Levels (SSL) reform is set to boost the number of frontline healthcare workers in NSW public hospitals.</p> <p>The SSL Taskforce commenced in May 2023 and oversees the rollout of our election commitment for hardworking nurses and midwives across NSW Health. Representatives from NSW Health and the NSW Nurses and Midwives’ Association serve on the Taskforce.</p> <p>SSL has commenced rollout in Level 5 and 6 emergency departments and will be progressively rolled out across other hospitals and departments in a staged approach.</p> <p>The rollout is planned to occur until June 2027. The SSL Taskforce will continue to oversee the rollout.</p>	
<p>As one system ref: 6.5</p> <p>Summary: Prioritise consultation and planning to make NSW Health’s emergency resourcing and surge workforce model more sustainable, from a ‘family and friends’ model to one that is more suitable for long-term incidents and responsive to</p>	<p>Whole of hospital program</p> <p>Worked with the Whole of Hospital program to:</p> <ul style="list-style-type: none"> • undertake a review of local health districts and specialty health networks winter surge planning in relation to workforce; • present to local health districts and specialty health networks to showcase workforce strategies to consider during winter planning exercise and; • developed a summary of winter workforce strategies to assist facilities in planning. 	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>workforce pressures, trends and opportunities. This would be assisted by maintaining capability for rapid onboarding and training.</p> <p>Executive Sponsor/s: Deputy Secretary, People, Culture & Governance</p> <p>Implementation Policy Lead/s: Workforce Planning and Talent Development</p> <p>Partner/s: Workplace Relations State Preparedness and Response Unit</p> <p>Links to other reports: Public health debrief <ul style="list-style-type: none"> 5.2.7 , 3.1.1, 5.2.5, 5.2.13, 5.6.6 </p>	<p>Deployment Expression of Interest Register Functionality has been built within StaffLink for all staff to express their interest for deployment in the event of an emergency through the ‘Deployment Expression of Interest Register’. This is a key tool that supports staff being able to put themselves forward for consideration rather than the top down approach of being asked to deploy by senior managers.</p>	<input checked="" type="checkbox"/>
	<p>Care Assistant strategy The Care Assistant strategy was implemented and 160 people were employed to assist nurses with the non clinical care of patients. This Strategy has ceased. All care assistants have now been offboarded across NSW Health.</p>	<input checked="" type="checkbox"/>
	<p>Central Resource Unit Establishment of the Central Resource Unit within Workforce Planning and Talent Development that deploys workforce to areas of need. Staff engaged will be entitled to a range of incentives and will have the opportunity to travel and work for different local health districts in rural NSW.</p>	<input checked="" type="checkbox"/>
<p>As one system ref: D.4</p> <p>Summary: Closely consider how new roles introduced during the Response can support ongoing workforce flexibility and capability, including the benefits of streamlined recruitment practices and working arrangements to maintain the ability to surge the NSW Health workforce at short notice.</p> <p>Executive Sponsor/s: Deputy Secretary, People, Culture & Governance</p> <p>Implementation Policy Lead/s: Workforce Planning and Talent Development</p> <p>Partner/s: Workplace Relations</p> <p>Links to other reports: NSW Health Workforce Plan 2022-2032</p>	<p>Assistants in Medicine evaluation Evaluation at the end of 2020 identified support for ongoing role post pandemic. Work will be progressed from July to December to identify options for ongoing Assistants in Medicine program (identify ongoing model and funding options). The evaluation also identified learnings that could be made to clinical placements to improve medical student work readiness.</p> <p>A final report has been prepared and is in approval /finalisation stage. There are three main recommendations for implementation</p>	<input type="checkbox"/>
	<p>Virtual interviews for Junior Medical Officer recruitment Prior to COVID-19 Junior Medical Officer recruitment interviews were undertaken face to face. This changed during COVID-19 and virtual interviews are now part of normal Junior Medical Officer recruitment practices.</p>	<input checked="" type="checkbox"/>




Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>As one system ref: D.7</p> <p>Summary: With professional bodies and educational stakeholders, consolidate the benefits gained from moving professional training programs to virtual or hybrid delivery models, including increased access and equity of experience for people in regional NSW.</p> <p>Executive Sponsor/s: Chief Executive, Health Education and Training Institute</p> <p>Implementation Policy Lead/s: Health Education and Training Institute</p> <p>Partner/s: eHealth NSW</p> <p>Links to other reports: Nil identified</p> 	<p>Maintain delivery/redesign existing programs across sectors Health Education and Training Institute maintains capability and capacity in delivering virtual training via a commercial quality Zoom platform and continues to develop and deliver high quality 'live online' education courses.</p> <p>Health Education and Training Institute will maintain a digital learning platform that can pivot to deliver training modules and resources to external agencies and groups in an emergency.</p> <p>Health Education and Training Institute has also redesigned many of its leadership and management development products to enable them to be delivered virtually via Zoom. All new leadership and management programs/products are being designed so that they are capable of being delivered in a virtual or hybrid mode.</p>	<input checked="" type="checkbox"/>
<p>As one system ref: 6.2</p> <p>Summary: Prioritise the rapid central determination and distribution of consistent workforce safety guidance and related emergency provisions, without scope for local interpretation or amendment, during an emergency response.</p> <p>Executive Sponsor/s: Chief Executive, Clinical Excellence Commission</p> <p>Implementation Policy Lead/s: Clinical Excellence Commission</p>	<p>Continue to review and align policy, procedural documents Including:</p> <ul style="list-style-type: none"> • Evaluation of Mask wearing • Evaluation of NSW Respiratory Protection Program - Complete • Evaluation and reporting of Clinical Excellence Commission Infection Prevention and Control and Quarantine - Complete • Evaluation of Response and escalation framework Survey complete, reporting in progress • Review and update of education needs and supportive resourcing • Revision of the Infection Prevention and Control in Healthcare Settings Policy Directive – PD 2023_025 complete and published • Revision of the Infection Prevention and Control Manual COVID-19 and other Acute Respiratory Infections - ongoing • Revision of the Response and Escalation Framework – Complete but continues to be reviewed in response to system changes 	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
<p>Partner /s: State Health Services Functional Area Co-ordinator Office of the Chief Health Officer Centre for Population Health Health Protection NSW Agency for Clinical Innovation eHealth NSW Allied Health Nursing and Midwifery Office System Information and Analytics Communities of Practice, NSW Health Pathology Local health districts and specialty networks Other Government agencies Workplace Relations Health Education and Training Institute HealthShare NSW Chief Pharmacist Unit</p> <p>Links to other reports: Nil identified</p>	<ul style="list-style-type: none"> Ongoing support and adjustment/revision of NSW Respiratory Protection Program 	
	<p>Engagement with Population Health Regular meetings are held monthly with Clinical Excellence Commission and Population Health, as well as meetings to address emerging issues, for example the response to Invasive Group A Streptococcus and sepsis in early and throughout 2023.</p>	<input checked="" type="checkbox"/>
	<p>PD2019_019 Coordination of responses to urgent system-level medicine or medical device issues Review current processes for the co-ordination of critical response to medication issue (including managing medication supply, guidance and distribution) to identify the additional requirements that were necessary during the pandemic and needed in an emergency response – initial mapping of processes during the pandemic completed.</p>	<input checked="" type="checkbox"/>
	<p>Inter-agency Medicine Shortage Assessment and Management Team Engage stakeholders to assist with identifying additional requirements and the necessary mechanisms to ensure the timely instigation of the emergency response in relation to medication supply, usage, guidance and equitable distribution.</p>	<input checked="" type="checkbox"/>
	<p>State Personal Protective Equipment Governance Committee The State Personal Protective Equipment Governance Committee has commenced meeting regularly and will set the direction for a resilient program that is configured to ensure supply chain continuity, is responsive to disruptions and surge in demand of critical items, identifies education gaps and delivers maximum value to the Health system.</p>	<input checked="" type="checkbox"/>
<p>As one system ref: D.2</p> <p>Summary: With the workforce, develop new approaches to understand and managing wellbeing in high pressure situations to support retention and attract new staff and acknowledging the impact it has on staff and their families, the different challenges faced by staff in regional NSW, and the unique needs and constraints of clinical and non-clinical staff. Priority be given to embedding wellbeing considerations in both pandemic responses and BAU.</p> <p>Executive Sponsor/s:</p>	<p>Workforce Recovery and Resilience Workforce Planning and Talent Development has supported a number of state-wide and local wellbeing initiatives through the Workforce Recovery and Resilience NPP. This includes the rollout of Schwartz Rounds, supporting the Rural Doctors Network in implementing support strategies for rural doctors and working with the Black dog Institute to develop a credentialed course for healthcare worker wellbeing and is on-going.</p>	<input checked="" type="checkbox"/>
	<p>Staff Experience Leads In addition, the Ministry of Health has temporarily funded Staff Experience Leads in each district to collectively develop a state-wide wellbeing framework, deliver local wellbeing initiatives and support the design and development of additional state-wide wellbeing strategies.</p>	<input checked="" type="checkbox"/>
	<p>Draft Wellbeing Framework</p>	<input type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are
<p>Deputy Secretary, People, Culture & Governance</p> <p>Implementation Policy Lead/s: Workforce Planning and Talent Development</p> <p>Partner/s: Regional Health Division</p> <p>Links to other reports: Public health debrief</p> <ul style="list-style-type: none">• 5.2.10, 3.2.3 <p>NSW Health Workforce Plan 2022-2032</p> 	<p>Ongoing implementation and monitoring of wellbeing strategies and metrics including retention rates, sick leave, People Matters Employee Survey responses etc to provide input.</p>






Strategic Outcome 5: Research and innovation, and digital advances inform service delivery



Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.

Future Health recognised that Health data and analytics has become essential to the system and used extensively to inform health and service planning and delivery and leveraged to achieve better patient experience and outcomes. In an emergency response, data and analytics is crucial to informed decision-making and customising services and communications to different communities impacted. The key focus of the work ahead is:

- Developing a Data Escalation Framework which will identify certain triggers for the sharing of data. This will be pre-agreed and developed in business as usual for use in an emergency response.
- Data sharing process with the Commonwealth, with the establishment of the Australian Centre for Disease Control.
- The Single Digital Patient Record program will transform the digital systems and workflows that NSW public healthcare workers use every day to deliver care with integrated patient administration system, electronic medical record and laboratory information management system.

Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 	
<p>As one system ref: 3.1, 3.2, 6.1, 6.4, B.1, B.7</p> <p>Summary: Review data governance structures and systems to eliminate data and information flow barriers within, into and out of Health to ensure it is timely, useful and available to inform decisions, both during an emergency and routine operations, including access to key Australian Government health and social data. Consider how the system can best measure, access and consider evidence to protect its workforce, during an emergency response to inform ongoing workforce practices. Facilitate sharing of granular data with key government and community partners in planning and delivering services to all priority and vulnerable communities, noting the particular challenges relating to people with disability.</p> <p>Integrate NSW Health data systems and records across workforce, patient safety, patient flow, procurement, warehousing, stock management domains to support tactical and strategic decisions locally and centrally.</p> <p>Executive Sponsor/s: Deputy Secretary, Clinical Innovation and Research</p>	<p>Data Escalation Framework The challenge is this project requires resourcing and funding. To mitigate this risk, the need can be addressed in the NSW Health Data & Analytics Strategy to ensure a whole-of-health approach aligned with related initiatives to minimise duplication and maximise efficiencies. The NSW Health Data & Analytics Strategy is being developed through the Data Governance Reform Program. A Strategy Drafting Group has been established (19 members from across the NSW Health System) with 10 project working groups, including one specifically dedicated to Data Sharing. The Strategy is being developed by over 100 individuals from across NSW Health with 50% representation from district and networks. It is anticipated a draft 'Bronze' strategy will be available for broader NSW Health consultation in March 2025.</p>	
	<p>The Lumos program The Lumos program is being used as a key source of data to support monitoring and evaluation of cross sector health initiatives including Collaborative Commissioning and Urgent Care Services.</p>	<input checked="" type="checkbox"/>
	<p>National Data Linkage Project The National Primary and Acute Care Data Linkage (NPACDLP) on behalf of the national partnership which includes all jurisdictions, The Department of Health and Aged Care (DoHAC) and the Australian Institute of Health and Welfare (AIHW). The project is in its early establishment phase, high-level progress is described below. The National Project Team, including representatives from all jurisdictions, AIHW, DoHAC, The National Aboriginal Community Controlled Health Organisation (NACCHO) and the Primary Health Networks (PHNs) is now fully established. A high-level project delivery plan was submitted to and endorsed by The Health Chief Executives Forum (HCEF) at the end of June 2024. A detailed integrated national project teamwork plan was developed at the end of July and will be revised in</p>	



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>Implementation Policy Lead/s: System Information and Analytics</p> <p>Partner/s: eHealth NSW Future Health Strategic Outcome Five Steering Committee Centre for Epidemiology and Evidence Legal and Regulatory Services Workforce Planning and Talent Development State Emergency Management Committee Strategic Communications and Engagement</p> <p>Links to other reports: NSW Parliament Inquiry into Health outcomes and access to health and hospital services in rural, regional and remote New South Wales</p> <ul style="list-style-type: none"> • Rec 22 <p>Public health debrief</p> <ul style="list-style-type: none"> • 4.1.2., 4.2.2, 3.2.6, 3.2.4, 5.5.5, 3.1.2, 4.4.2, 4.1.3, 4.2.3 <div style="display: flex; gap: 10px; margin-top: 10px;">   </div>	<p>October 2024. Jurisdictions have established local advisory groups comprising GPs, PHNs, The Aboriginal Community Controlled Health Organisations (ACCHOs) and local technical experts have been established. National co-design sessions informed by Jurisdictional/DohAC/AIHW working groups have been established. An interim report will be submitted to the HCEF in November 2024.</p>	
	<p>Critical Intelligence Unit The Critical Intelligence Unit maintains up to date evidence on workforce related aspects of an emergency response and has established processes for keeping relevant evidence summaries up to date in order to inform decision making.</p>	<input checked="" type="checkbox"/>
	<p>Whole of government communications and engagement The work of Strategic Communications and Engagement and whole of government communications and engagement will also assist in gathering of local and community specific intelligence. As outlined in Strategic Outcome One, Strategic Communications and Engagement is actively involved in the whole of government work:</p> <ul style="list-style-type: none"> • Coordinated by NSW Police, rewriting the Public Information Services Functional Area Supporting Plan and strengthening the role, structure and functions of the Public Information Functional Area Coordinator. • Coordinated by Department of Customer Service, the delivery of a whole of government crisis preparedness strategic communication framework which was finalised and distributed in October 2023. • A Strategic Communications and Engagement member continues to sit on the NSW Government Crisis Communications Executive Committee to share health information and leverage cross-government channels. The committee is ongoing and meets on a monthly basis. 	<input checked="" type="checkbox"/>
	<p>Joint Statement with NSW Primary Health Networks – NSW Health NSW Health, NSW Primary Health Networks (PHNs) and the Australian Government Department of Health and Aged Care have partnered together on a set of three priority actions to deliver on the intent of the NSW PHN-NSW Health Joint Statement.</p> <p>Priority Action 3 requires ‘execution of a data sharing and reporting agreement between NSW Health and NSW PHNs’. This work is being progressed by the NSW Ministry of Health and NSW Primary Health Networks across two phases:</p> <ul style="list-style-type: none"> • Developing an umbrella data sharing agreement, and reviewing/validating the shared indicators • Building a data dashboard with agreed shared indicators (to be updated quarterly). 	





Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
	<p>The development of the Australian National Data Integration Infrastructure and National Disability Data Asset will support also support data sharing Work underway in relation to the Australian National Data Integration Infrastructure and the National Disability Data Asset will also support this action, by developing the infrastructure, legal and governance arrangements to facilitate routine sharing and use of large-scale linked data assets between the States and the Commonwealth.</p>	
	<p>Disability Royal Commission Final Report – delivered 29 September 2023 NSW Health is carefully considering the report, its findings and recommendations.</p> <p>NSW Health will continue to work with the Department of Communities and Justice on the whole of NSW government response, sector consultation, and implementation plans responding to relevant disability royal commission recommendations.</p>	
	<p>Single Digital Patient Record program Recognising the size and scale of implementation of the Single Digital Patient Record program, the Secretary, NSW Health, established the Single Digital Patient Record Implementation Authority on 27 May 2024. The Implementation Authority will work in partnership with NSW Health organisations to ensure that governance, financial management, resourcing, and clinician engagement are aligned to support the expansive implementation of the Single Digital Patient Record and transformation of the health system.</p> <p>The Single Digital Patient Record will integrate with MyHealthRecord to ensure continuity of patient information. MyHealthRecord is accessible to primary care and will be in place as part of each implementation of the Single Digital Patient Record across NSW Health with the first go-live scheduled for March 2026 in Hunter New England Local Health District, Justice Health & Forensic Mental Health Network and Laboratory Information Management Systems North (Pathology) in Hunter New England Local Health District.</p> <p>The potential for further access outside of NSW Health is being assessed as part of the configuration process which includes considerations regarding patient privacy, patient consent, and will also consider compliance with the current legislation around access to medical records.</p>	<input checked="" type="checkbox"/>
	<p>NSW Health Cross Border Community of Practice The NSW Health Cross Border Community of Practice will consider the information shared during the meeting to identify opportunities to improve record sharing, and the group will progress the mapping of Cross Border governance arrangements out of session.</p>	






Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>As one system ref: B.2</p> <p>Summary: Work with the Australian Government to establish faster and more practical data sharing agreements to support strategic decision-making, including trigger clauses in legislation if appropriate.</p> <p>Executive Sponsor/s: Chief Health Officer and Deputy Secretary, Population and Public Health</p> <p>Implementation Policy Lead/s: System Information and Analytics / Centre for Epidemiology and Evidence / Clinical Innovation and Research</p> <p>Partner/s: Legal and Regulatory Services, Government Relations Branch</p> <p>Links to other reports: Nil identified</p>	<p>Australian Centre for Disease Control The establishment of the Australian Centre for Disease Control will support this recommendation. The proposed governance structure to support implementation of the Australian Centre for Disease Control is expected to be a Senior Officials Group, comprising a Chief Health Officer supported by a strategic policy or intergovernmental relations officer from each jurisdiction.</p> <p>The Australian Centre for Disease Control has also established an intergovernmental Data Working Group as part of the governance structure reporting to the Senior Officials Group to establish the Centre’s systems, data sharing mechanisms and identify any jurisdictional barriers to identifiable data sharing between states/territories and the Commonwealth.</p> <p>Whilst the scope and structure are still being decided, it is agreed that the first phase will be established around communicable diseases, specifically using the COVID-19 pandemic as a case study and noting that non-communicable diseases and preventive functions are second priority. Establishing effective data sharing mechanisms will be a priority early task.</p>	
<p>As one system ref: B.4</p> <p>Summary: In close consultation with communities, consider how to better collect and use key data within and between governments that supports better services for priority groups and vulnerable communities, including but not limited to the elderly, people with disability, new migrants, CALD communities, and other important vulnerable populations, noting the benefits of the PHO in facilitating this sharing in NSW.</p> <p>Executive Sponsor/s: State Health Services Functional Area Co-ordinator</p> <p>Implementation Policy Lead/s: State Health Services Functional Area Co-ordinator</p>	<p>Key activity on the work to improve data sharing is above and will also address this action, but it is important to note that along with data sharing, the work directly with communities at all levels of government and partners is critical to the success of implementing this action. More details are below on the shared responsibility of Government on this item and the actions NSW Health is taking to make improvements in these areas to have close consultation with the communities.</p> <p>Shared responsibility of Government Work is progressing with partners agencies to address this recommendation. As the State Health Service Functional Area Co-ordinator is now a standalone position and a part of the Ministry Executive, NSW Health has a commitment to treating emergency preparedness as business as usual. As part of this, the State Health Service Functional Area Co-ordinator and State Preparedness and Response Unit is meeting regularly with agency counterparts and sit on State Emergency Management Committee. There is a shared responsibility across government to engage with local communities, and vulnerable populations, and this continual engagement during business as usual will assist in preparing NSW Health and other</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>Partner/s: State Emergency Management Committee Premier's Department Other State Functional Area Co-ordinators Regional Emergency Operations Committees Local Emergency Operations Committees</p> <p>Links to other reports: Nil identified</p> 	<p>agencies on who can assist and what data they can provide to support these communities.</p> <p>It is key that all partners and communities understand the different agencies that offer social supports/wellbeing supports versus specific health supports so work is progressing on contributing to all State emergency planning documents that specify the roles of each agency. All agencies have a role to play.</p> <p>Examples of engagements with Health and community include:</p> <ul style="list-style-type: none"> • The State Health Service Functional Area Co-ordinator and State Preparedness and Response Unit are working with Aboriginal Health and Medical Research Council as part of preparedness work. • There is also regular engagement with Aboriginal Affairs via Local Emergency Operations Committees/ State Emergency Management Committee • Regular engagements with Department of Customer Service and Multicultural NSW. • This work is also done with the local emergency management committees and regional emergency management committees to ensure intelligence is available with trusted, local and direct to community sources. 	
	<p>Emergency Management Policy</p> <ul style="list-style-type: none"> • <u>Creation of NSW Health emergency management minimum standards policy</u> <p>The purpose of implementing a set of minimum standards is to enhance emergency management prevention, preparation, response, and recovery capability across NSW Health. This work will provide a best practice framework (and will draw on Australian and international best practice standards) and accountabilities for local health districts and specialty networks to build confidence in NSW's Health ability to respond effectively to all emergencies.</p> <p>This will outline minimum training and scenario requirements to test preparedness, establish local engagement requirements to ensure the local engagement and intelligence is available in a state-wide emergency and will be supported by the Education, Training and Exercise Framework.</p> <p>Development of emergency preparedness minimum standards will also assist in the granular data available at local levels with a range of key stakeholders as regular engagement and consultation will be a part of the standards.</p>	
<p>As one system ref: B.5</p> <p>Summary:</p>	<p>Operational Data Store and Patient Flow Portal</p> <p>The State Operational Data Store Program is working on the following patient flow initiatives to support more integrated care across the system:</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are 
<p>Continue to enhance the Patient Flow Portal as the central NSW Health system management dashboard to support more integrated care across key service interfaces. This could potentially provide greater insights and awareness of needs for Aboriginal communities, and better coordination of care for priority communities, including CALD communities and people living with disability in the community.</p> <p>Executive Sponsor/s: Deputy Secretary, System Sustainability and Performance</p> <p>Implementation Policy Lead/s: System Performance Support</p> <p>Partner/s: System Management Branch Health Share NSW Local health districts and specialty networks</p> <p>Links to other reports: Public health debrief</p> <ul style="list-style-type: none"> 5.5.7  	<ul style="list-style-type: none"> Dashboards completed since May 2024 include: ICU Discharge Performance, Admissions and Discharges, ED Accessible Discharges by time of day, Hospital access target and New Gen Matrix parallel run Patient Transport System Reservations pilot completed at Hunter New England Local Health District. Development and implementation with HealthShare to rollout to 8 other Local Health Districts and 2 Health entities scheduled for 2024. Patient Transport System Reservations Health Ride Phase 1 to be productionised and rolled out to following 8 Local Health Districts and 2 Health entities from the end October 2024 supporting 13CABS and Ride Share bookings. Incoming Patient Allocations Module to support the management of incoming patients to support hospital capacity meeting the required demand has been rolled out to the Mid North Coast Local Health District. State-wide rollout will be completed in November 2024 with Northern NSW Local Health District. Patient Flow Concierge project which includes the development of algorithm(s) to support new concierge staff to be employed in Facilities to identify patients who will likely have a long length of stay or re-admit within 28 days. Patient risk algorithms including: START has been productionised on 2 September and rolled out to four Local Health District's; Early Warnings Score algorithm currently in development; Risk of Hospitalisation Version 2 to be productionised on 18 October 2024. State-wide surgery demand and capacity dashboard currently in development with 1st release scheduled to be productionised in October 2024 Inter Hospital Transfers/Medically Agreed Timeframes to support the critical care inter hospital transfer policy changes to be productionised in November 2024. NewGen Matrix to align Ambulance arrivals with hospitals or other referral pathways Release A productionised on 25 September 2024 and Release B has commenced which will result in a Local Health District pilot before Release C state-wide rollout. Single Front Door/Urgent Care Services/Virtual Care integration with Healthdirect for patient referrals currently in progress. Paperlite Admission process to digitise the election and billing forms involved in the admission process to support the Patient Billing Reform Program (i.e. non-clinical forms) currently on track to pilot with Northern Sydney and Central Coast Local Health District's in February 2025.




Strategic Outcome 6: The health system is managed sustainably

The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future

As outlined in Future Health, NSW Health has a responsibility to our health system's future financial and environmental sustainability. Ensuring a financial and sustainable health system during business as usual, and planning for the future, will embed sustainable practices during an emergency response. Key areas that work is focussed on is:

- Work continues to manage and prepare for supply chain disruption, including updating Business Continuity Plans and testing these plans.
- Ordering of critical consumables is now centralised and this has been mandated across NSW Health.

Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>
<p>As one system ref: 1.4 C.1</p> <p>Summary: Embed proven structures like the COVID-19 PMO, CIU, Clinical Council and CoPs and Risk Escalation Panel within pandemic emergency management plans and consider use of CoPs to inform day to day strategic system decisions and planning.</p> <p>Executive Sponsor/s: Deputy Secretary, Clinical Innovation and Research</p> <p>Implementation Policy Lead/s: Clinical Innovation and Research Agency for Clinical Innovation</p> <p>Partner/s: Population and Public Health Division Office of the Secretary State Preparedness and Response Unit</p> <p>Links to other reports: Public health debrief • 5.3.1, 5.6.1</p> 	<p>Structures embedded in business as usual and will be utilised during an emergency response as required <input checked="" type="checkbox"/></p> <p>The Enterprise Program Management Office has been established as a permanent unit in the Office of the Secretary, with a broader focus to the function during COVID-19. The Enterprise Program Management Office aligns implementation and reporting for key NSW Health and NSW Government priorities and risks, and the works supports executive decision making.</p> <p>The Critical Intelligence Unit has been established as a permanent unit within the Ministry of Health. Its work has expanded from a focus on COVID-19 to encompass innovations that have the potential to change clinical practice and the delivery or organisation of care.</p> <p>The Risk Escalation Committee remains in place, albeit at a lower level of activity. Ongoing data monitoring processes are used to trigger Committee meetings only when required, and the Committee then provides recommendations to the Secretary regarding system risk levels from acute respiratory illnesses, including COVID-19.</p> <p>The COVID-19 Communities of Practice have also been transitioned into business-as-usual structures. Within the Agency for Clinical Innovation this means that most are now a subgroup of the relevant clinical network and are supported under the broader network governance.</p> <p>The Agency for Clinical Innovation networks have also assumed responsibility for maintaining any Communities of Practice guidance that is still required to support the system, even where the Communities of Practice is not actively meeting. Those who joined the Communities of Practice through COVID-19 therefore still have a mechanism by which to raise specific issues in a peer</p>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
	<p>environment which can be prioritised through either the network structure or via a specialist group if required, e.g., long COVID model of care.</p> <p>The learning from the Communities of Practice has also influenced the Agency for Clinical Innovation approach to engagement structures more broadly and have been built into the Agency for Clinical Innovation’s models for clinical engagement. Communities of Practice offer a flexible, topic/issue specific approach, that is less formal. Communities of Practice approaches have been used to support new forums such as frailty and peer learning for planned surgery improvement initiatives in areas such as enhanced recovery after surgery and rehabilitation.</p> <p>In addition to the network and issues-based structures the Agency for Clinical Innovation has also established a Clinical Executive Advisory Group comprised of senior clinical leaders with a state-wide role. This will complement other engagement structures underway such as the Health System Advisory Council. This will ensure there are various touchpoints to gather system experience and expertise, whilst also ensuring alignment of priorities and issues across these engagement structures.</p> <p>This will be an ongoing area of support for the Agency for Clinical Innovation and other partner agencies, as there are a range of clinical engagement structures already in place across the system. There is an opportunity to ensure there is alignment across these mechanisms, as required, to reduce duplication and ensure the voice of clinicians are embedded in the work of the system. The Agency for Clinical Innovation also retains the ability and expertise to scale up the Communities of Practice (or for a new purpose) if required.</p>	
	<p>NSW Health System Advisory Council Following the success of the COVID-19 Clinical Council, the Secretary established the Health System Advisory Council, to involve clinicians across the state to provide independent and impartial strategic clinical advice in system and state-wide priorities with the first meeting on 3 July 2023. The <i>As one system</i> report was tabled for highlighting the context in which NSW Health is working post-pandemic.</p> <p>The Council will have met five times over the course of 2023.</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>As one system ref: 1.6</p> <p>Summary: Further develop and integrate clear emergency procurement mechanisms, supply chain management, and disruption mitigation plans in Business Continuity and Disaster Recovery planning processes.</p> <p>Executive Sponsor/s: Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer</p> <p>Implementation Policy Lead/s: Strategic Procurement</p> <p>Partner/s: HealthShare NSW, eHealth NSW, NSW Health Pathology and Health Infrastructure NSW</p> <p>Links to other reports: Nil identified</p>	<p>Health Infrastructure Business Continuity Plan Health Infrastructure are conducting an update to the Business Continuity Plan to incorporate a database of specific infrastructure-related assets that have opportunity to enable or support emergency procurement response. Assets may include buildings, transport, equipment, service providers or skills.</p>	<input checked="" type="checkbox"/>
	<p>eHealth NSW Business Continuity Plans eHealth NSW Procurement Team have reviewed their Business Continuity Plan (BCP) with the eHealth Business Resilience team. A desktop exercise is to be rescheduled after identifying that the Procurement BCP team should be streamlined to improve communication efficiency. ICT Procurement have released a set of BCP requirements for tendering as part of their standard tendering process.</p>	<input checked="" type="checkbox"/>
	<p>NSW Health Pathology Business Continuity Plans NSW Health Pathology continue to implement a predetermined Business Continuity Management Program, which includes critical supply chain disruptions and management. 5% of NSW Health Pathology Labs Business Continuity Plans are near completion, this is now an agreed business as usual process for all labs and will be ongoing.</p>	<input checked="" type="checkbox"/>
	<p>HealthShare NSW –Business Continuity Plan+ DeliverEASE and SmartChain HealthShare NSW is working with the Ministry to review current emergency procurement provisions and ensure they are fit for future pandemic response efforts.</p> <p>HealthShare NSW are actively participating in the NSW HEALTHPLAN Review Working Group, and is a member of the State Health Emergency Management Committee that meets every bi-monthly.</p> <p>The implementation of DeliverEASE and SmartChain as part of the NSW Health Procurement Reform program aims to harness relevant system data to provide information to allow the identification of trends and patterns that can improve real time response capabilities for system needs and demands. DeliverEASE is live and completed in 90 hospitals across NSW Health with a further 17 either works in progress or being considered for rollout.</p> <p>SmartChain’s Traceability solution is in production and live in Nepean Blue Mountains Local Health District, Murrumbidgee Local Health District, Southern NSW Local Health District, with implementation growing across Hunter New England Local Health District. Implementations will be commencing shortly at Western NSW Local Health District, Illawarra Local Health District and Mid North Coast Local Health District. The SmartChain team is working with other local health districts to schedule rollouts across</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are <input type="checkbox"/>	
	<p>the next 12-18 months. SmartChain's Dataflow MVP 1.1 solution is live in NSW Health Pathology, Northern Sydney Local Health District, South Eastern Sydney Local Health District, Nepean Blue Mountains Local Health District and HealthShare NSW. SmartChain's Sourcing & Contracts solution is currently being tested ready for deployment in HealthShare NSW, with statewide implementation scheduled for 2025.</p>	
	<p>HealthShare NSW's Emergency Management Unit is also implementing HealthShare NSW's Business Line Resilience Plan that refocuses HealthShare NSW's services on emergency preparedness and has many COVID-19 learnings built into the Plan.</p>	
	<p>HealthShare NSW is in the final stage of Business Continuity Planning for pilot sites and this will be rolled out across HealthShare NSW following review of the pilot in the financial year 2023-24. This process will incorporate all business lines undertaking a Business Impact Analysis and redesigning their Business Continuity Plans. HealthShare NSW are to evaluate the Business Continuity Plan pilot site and finalise project plan for implementing Business Line Resilience Plan.</p>	
<p>As one system ref: A.3</p>	<p>Centralised ordering of critical consumables is mandated NSW Health has moved to mandate centralised ordering of critical consumables through HealthShare NSW, who now coordinates procurement, quality assessment, warehousing and distribution of products to all public health entities. This has been communicated across NSW Health.</p>	<input checked="" type="checkbox"/>
<p>Summary: Investigate the merits of centralising procurement and logistics of the top 100 critical consumables across the system to mitigate supply chain risks in an uncertain global context, including Personal Protective Equipment (PPE).</p> <p>Executive Sponsor/s: Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer</p> <p>Implementation Policy Lead/s: Strategic Procurement</p> <p>Partner/s: HealthShare NSW State Health Services Functional Area Co-ordinator</p> <p>Links to other reports: Nil identified</p>	<p>State Personal Protective Equipment Governance Committee The State Personal Protective Equipment Governance Committee has commenced meeting regularly and will set the direction for a resilient program that is configured to ensure supply chain continuity, is responsive to disruptions and surge in demand of critical items, identifies education gaps and delivers maximum value to the Health system.</p>	<input checked="" type="checkbox"/>



Summary, Implementation Team and reporting links	Update - Embedded into BAU are <input checked="" type="checkbox"/> and In progress are	
<p>As one system ref: A.4</p> <p>Summary: Continue to embed close relationships between HealthShare NSW, eHealth NSW, NSW Health Pathology and Health Infrastructure NSW and their commercial partners to maintain procurement expertise and preferred access to hardware, equipment and other critical consumables.</p> <p>Executive Sponsor/s: Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer</p> <p>Implementation Policy Lead/s: Strategic Procurement</p> <p>Partner/s: HealthShare NSW eHealth NSW NSW Health Pathology Health Infrastructure</p> <p>Links to other reports: Nil identified</p>	<p>Better Practice Procurement Program Health Infrastructure has established an ongoing program of monthly strategic catchups with pillar organisations, to ensure alignment of processes and programs. Several workshops relating to procurement of goods and services held, identifying actions for collaboration and improvement and this is now established as an ongoing program of work.</p> <p>eHealth NSW Procurement is embedding contract management and supplier relationship management into the procurement lifecycle as part of our Better Practice Procurement Program.</p> <p>HealthShare NSW have developed close relationships with Health Pillar organisations (Clinical Excellence Commission & Agency for Clinical Innovation) to both identify and manage systemwide risks plus address clinical product quality and safety matters, supported by the Clinical Communities of Practices.</p> <p>eHealth NSW has close relationships within Health Infrastructure, HealthShare NSW and NSW Health Pathology to influence decision making on sourcing information and communications technology good and services and contract management of the related contracts.</p>	<input checked="" type="checkbox"/>



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Appendices



Appendix One: As one system Recommendations and Actions

Recommendations (in detail)

1. Make governance and decision-making structures clearer, inclusive, and more widely understood

- 1.1 **Establish a well-defined and communicated central governance structure** for pandemic and high-impact prolonged incidents that require activation of public health (PHEOC) and operational responses (SHEOC) and broader whole-of-government responses (SEOCON), that supports collaborative decision-making and the timely leveraging of whole-of-government community supports. This should highlight key operational roles of LHDs.
- 1.2 **Formalise Aboriginal representation on central and local pandemic emergency governance structures** to embed a true partnership approach with Aboriginal stakeholders in planning, decision-making processes, and emergency responses. (Link Rec 5;1 embedding early engagement with key community partners)
- 1.3 **Clearly define what command and control means in the devolved system** during emergency responses; who does what, when, why, and how. Ensure strong linkage between central and local health structures, including key state, local government and community partners.
- 1.4 **Embed proven structures like the COVID-19 PMO, CIU, Clinical Council and CoPs and Risk Escalation Panel within pandemic emergency management plans** to enhance strategic issue tracking, risk assessment, clinical and workforce input and prioritisation and escalation across existing NSW Health governance structures.
- 1.5 **Continue current reforms to enhance system preparedness for prolonged and concurrent health and other emergencies.** This includes the functions of the State Preparedness and Response Unit and organisation and activation of Health Service Functional Area Coordinators (HSFACs) across NSW Health to provide clarity of responsibilities, including aeromedical, in different types of emergency responses.
- 1.6 **Further develop and integrate clear emergency procurement mechanisms,** supply chain management, and disruption mitigation plans in Business Continuity and Disaster Recovery planning processes.
- 1.7 **Update the Pandemic Plan and related emergency management and other policies to reflect the recommendations of this Debrief and related inquiries,** including bushfire and flood inquiries. A summary of recommended changes is included at Attachment A.

2. Strengthen coordination, communication, engagement, and collaboration

- 2.1 **Formalise and strengthen coordination and communication structures** and processes between SHEOC, PHEOC and SEOCON to enhance the operationalisation of PHOs across the health system and broader community. This would be greatly assisted by earlier engagement in the development and ongoing review of PHOs and greater transparency on the nature of the public health advice to maximise impact and compliance.
- 2.2 **Ensure Health's governance and response systems and structures are clearly communicated and understood** by partner agencies to support responsiveness and collaborative problem-solving. This would be assisted by embedding whole-of-system/government/community scenario planning and training. Planning needs to consider emergency responses across the broader health ecosystem and include clarity about roles/expectations on non-government providers.
- 2.3 **Ensure the system and public understand how an emergency response may change health service delivery** models and priorities, access needs and public communications. Specific strategies will be required to reach and involve priority and vulnerable populations in shaping responses and ongoing review.



Recommendations (in detail)

- 2.4 **Develop an integrated approach to communications across the Aboriginal community-controlled sector and NSW Government (led by NSW Health)** to better engage Aboriginal people as well as health services through timely sharing of accurate and culturally appropriate information and data , informed and shaped by community needs and preferences
- 2.5 **Ensure that rural and regional LHDs are resourced and supported in emergency responses.** This ensures the specific challenges faced by regional LHDs and facilities in planning and responding to emergencies are recognised and considered in decision-making, including capacity, capability, and access to clinical care. Supports may include formalised partnerships with metropolitan LHDs as occurred in recent bushfires; specific escalation pathways, customised engagement forums to share system intelligence; opportunities to share and bundle community care supports to maximise access and resources; and identifying lead LHDs with the capability/capacity to shape operational responses and minimise duplication.

3. Enhance the speed, transparency, accuracy and practicality of data and information sharing

- 3.1 **Review data governance structures and systems to eliminate data and information flow barriers** within, into and out of Health in an emergency response to ensure it is timely, available and usable. Overall preparedness would be enhanced by ongoing data sharing with partner agencies, including access to key Australian Government health and social data. Pre-agreed data sharing in emergency management responses needs to be prioritised in the interim.
- 3.2 **Facilitate sharing of granular data with key government and community partners** in planning and delivering services to all priority and vulnerable communities, given the potential health benefits. Prioritise hard-to-reach communities, noting the particular challenges relating to people with disability.
- 3.3 **Work with the Aboriginal community and communities most at risk, impacted and in need to consider how best to collect and use data during a pandemic emergency response, including ensuring all data systems used in a pandemic are designed to be equitable and meet population needs. This should be done in consultation with communities, peak bodies, partner agencies, service providers and data custodians to inform and enable responsive, locally informed emergency responses, while respecting privacy.**
- 3.4 **Establish stronger, dedicated scenario and forward planning capability** across the health system as part of system performance priorities.

4. Prioritise the needs of people and communities most at risk, impacted and in need from day one

- 4.1 **Prioritise people and communities most at risk, impacted and in need with bespoke engagement, communication and service delivery approaches shaped by lived experience** from the beginning of any emergency response (for example, in language radio broadcasts, leveraging trusted community leaders, religious leaders, and other trusted community voices) supported by the expertise of DCS.
- 4.2 **Ensure public health policy and advice considers and responds to carer-supported models of care for vulnerable people in public hospitals and other care settings,** including the parent/carer/family-supported models of care for children in public hospitals, carers/family supports for aged care and high need individuals in acute settings, acknowledging the impact on health outcomes and the workforce if these models are disrupted.
- 4.3 **Establish agreements with key partners to ensure the broader socio-economic needs of children and families are consistently addressed by the most appropriate service provider, government or otherwise,** in an emergency response. Key groups include, but are not limited to, children in out-of-



Recommendations (in detail)

home care, foster care, and those experiencing mental ill health, homelessness, or are at risk of domestic or family violence.

5. Put communities at the centre of emergency governance, planning, preparedness and response

- 5.1 **Include key primary care and local government and community partners, on central and local emergency management governance structures**, including but not limited to General Practice, community pharmacy, Primary Health Networks (PHNs), aged care and disability care representatives, and multicultural community representatives.
- 5.2 **Consider NSW Health's role in supporting other parts of the health ecosystem to prepare and respond to public health emergencies** with appropriate joint planning, formal partnerships and ongoing dialogue and relationships on a national, state and local level. This should include, but not be limited to, aged care providers, disability care providers, primary care providers and key peak and professional bodies.
- 5.3 **Ensure redeployments and other operational decisions consider the specific challenges faced by rural and regional LHDs**, including capacity, capability, and access to clinical care, and the impact of these challenges on their ability to effectively plan and respond to emergencies.
- 5.4 **Ensure future pandemic responses anticipate the need for, plan for, and maintain capability to rapidly establish at-home testing and vaccination programs** in partnership with primary care providers, particularly General Practitioners (GPs) and community pharmacists.
- 5.5 **Ensure the roles and responsibilities of partner agencies and NGOs in supporting vulnerable people during an emergency response are clear and agreed** across government, including clear escalation pathways and coordination mechanisms. This is especially important for accommodation and social supports for homeless individuals, transitions from the justice system, transport and broader welfare supports.

6. Recognise, develop, and sustain workforce health, wellbeing, capability, and agility

- 6.1 **Identify and integrate key workforce data with other NSW Health data systems** and records across patient safety, patient flow, system performance, procurement, warehousing, stock management and other relevant domains to support tactical and strategic decisions locally and centrally.
- 6.2 **Prioritise the rapid central determination and distribution of consistent workforce safety guidance** and related emergency provisions, without scope for local interpretation or amendment, during an emergency response.
- 6.3 **Closely consider the appropriateness of current industrial instruments and training supports in supporting flexibility and agility in emergency responses**, including how they may better enable the rapid deployment of staff and enhance existing capacity and support fairness and equity of conditions for health staff in emergency responses.
- 6.4 **Consider how the system can best measure, access and consider evidence to protect its workforce**, including the risks and benefits of measures like furloughing and surveillance testing during an emergency response to inform ongoing workforce practices.
- 6.5 **Prioritise consultation and planning to make NSW Health's emergency resourcing and surge workforce model more sustainable**, from a 'family and friends' model to one that is more suitable for long-term incidents and responsive to workforce pressures, trends and opportunities. This would be assisted by maintaining capability for rapid onboarding and training.



Five Action Areas (in detail)

A. Build on the strengths of the NSW Health operating model

- 1 **Continue to invest in system emergency response capability and capacity** by regularly training current and emerging leaders and reflecting emergency preparedness in Service Agreements and capability frameworks.
- 2 **Continue to leverage the deep operational expertise of LHDs in developing and implementing emergency responses**, and closely consider how to best use the individual strengths of different LHDs in system-wide responses to minimise duplication, enhance speed, increase access and ensure consistency of responses.
- 3 **Investigate the merits of centralising procurement and logistics of the top 100 critical consumables across the system** to mitigate supply chain risks in an uncertain global context, including Personal Protective Equipment (PPE).
- 4 **Continue to embed close relationships between HealthShare NSW, eHealth NSW, NSW Health Pathology and Health Infrastructure NSW and their commercial partners** to maintain procurement expertise and preferred access to hardware, equipment and other critical consumables.

B. Continue investing in integrated data and analytics infrastructure and capability to support decisions

- 1 **Review data governance structures and systems to eliminate data and information flow barriers across NSW Health** to ensure it is timely, useful and available to inform decisions.
- 2 **Work with the Australian Government to establish faster and more practical data sharing agreements** to support strategic decision-making, including trigger clauses in legislation if appropriate.
- 3 **In close consultation with Aboriginal leaders and communities, consider how the system should improve the way it collects and uses data to support services for Aboriginal people.** This could include sharing data more openly and easily with healthcare providers to better inform, plan and coordinate delivery of services.
- 4 **In close consultation with communities, consider how to better collect and use key data within and between governments that supports better services for priority groups and vulnerable communities**, including but not limited to the elderly, people with disability, new migrants, CALD communities, and other important vulnerable populations, noting the benefits of the PHO in facilitating this sharing in NSW.
- 5 **Continue to enhance the Patient Flow Portal as the central NSW Health system management dashboard** to support more integrated care across key service interfaces. This could potentially provide greater insights and awareness of needs for Aboriginal communities, and better coordination of care for priority communities, including CALD communities and people living with disability in the community.
- 6 **Build the NSW Health workforce's long term capacity and capability to better use, integrate, and respond to data and information** to inform decisions. This capacity, capability and community should be widespread across NSW Health and across clinical and non-clinical roles.
- 7 **Integrate NSW Health data systems and records across workforce, patient safety, patient flow, procurement, warehousing, stock management domains** to support tactical and strategic decisions locally and centrally.

C. Harness the passion of clinicians and communities to inform further system transformation

- 1 **Consider how to best use the collective and individual expertise and reach of the CoPs to inform strategic system decisions, planning and responses** to public health or other challenges. The success of CoPs was strongly linked to a shared purpose, with many members highlighting the



Five Action Areas (in detail)

- potentially shared and mobilising issues relating to workforce challenges and the need for significant innovation.
- Better recognise the important role of carers and visitors in the safety and quality of care for vulnerable people in public hospitals**, including children, elderly and people with disability, and the need for flexibility and compassion in applying any future restrictions.
- Embed the use of social media and other bespoke communication models into everyday public health communication practices** to better connect with Aboriginal communities, CALD communities, vulnerable communities and young people. Ensure that these models embed collaborative development processes to identify relevant priorities.
- Strengthen relationships with key government and non-government partners at a central and local level**, including but not limited to the DCS, NSW Department of Education, Multicultural NSW, and Aboriginal Affairs NSW. Roles of these agencies be incorporated into future emergency plans to provide data and inform messaging.
- Maintain and build on the successful allied health led, assertive outreach multidisciplinary teams designed through the Response** to support vulnerable populations and improve health outcomes.

D. Support the health and wellbeing of the workforce and expand its impact for communities

- Integrate workforce data, including human resource, rostering, learning and development and capability management, to inform tactical and strategic workforce planning**, rostering, capability development of staff and emergency responses.
- With the workforce, develop new approaches to understand and managing wellbeing** in high pressure situations to support retention and attract new staff and acknowledging the impact it has on staff and their families, the different challenges faced by staff in regional NSW, and the unique needs and constraints of clinical and non-clinical staff. Priority be given to embedding wellbeing considerations in both pandemic responses and BAU.
- Expand the number and scope of practice of the Aboriginal Health workforce across NSW** to make the most of their trusted relationships and expertise in caring for their communities.
- Closely consider how new roles introduced during the Response can support ongoing workforce flexibility and capability**, including the benefits of streamlined recruitment practices and working arrangements to maintain the ability to surge the NSW Health workforce at short notice.
- Consider how best to harness the leadership experience gained by individuals and teams during the Response** for individual and corporate benefit, through leadership pipeline strategies, targeted capability development programs or other initiatives.
- Review the resourcing model for public health units in regional LHDs** to ensure capacity is available to address the needs of priority and vulnerable communities in emergency responses and key BAU activities.
- With professional bodies and educational stakeholders, consolidate the benefits gained from moving professional training programs to virtual or hybrid delivery models**, including increased access and equity of experience for people in regional NSW.

E. Continue to empower new models of care that reflect and meet community needs and expectations

- Build on the strong relationships built centrally and locally** with local government, aged care providers, GPs, community health providers, community leaders, peak bodies and other partners to further embed LHDs and clinical facilities into the life of their communities.



Five Action Areas (in detail)

- 2 **Debrief with border Governments, including Queensland, South Australia, Victoria, and the Australian Capital Territory on the operation of border closures** and their impact of individuals, families, communities and the health workforce.
- 3 **Ensure consistent safety and quality governance systems are in place to support the accelerated uptake of virtual care**, aligning with national frameworks or processes as appropriate, including services delivered by government and non-government providers.
- 4 **Consider how to sustainably support access to enabling technology and connectivity in disadvantaged communities** where virtual care has the potential to enhance access and quality of services.
- 5 **Continue to embed social determinants of health into service design and delivery**, resource allocation, program evaluation and research.
- 6 **Increase the consistent and widespread familiarity and skill of the workforce in Aboriginal health**, including developing policy and programs in partnership with Aboriginal communities and leaders.
- 7 **Continue to support and evaluate local innovation in delivering clinical care in the community** to better understand the impacts on patient outcomes and system operations, with a particular focus on multidisciplinary outreach models.



Attachment A Considerations for changes to the Pandemic Plan

Domain	Considerations for changes to the <i>Pandemic Plan</i>
Governance and Decision-making	<ul style="list-style-type: none"> • Establish a well-defined and communicated central governance structure for public health and operational responses (PHEOC/SHEOC) as well as the role of SEOCON and regional and local emergency structures to that enables collaborative decision-making • Establish structures and systems for strategic issue tracking, prioritisation and escalation where required, as well as enhance clinical and workforce input across existing NSW Health governance structures, such as the COVID-19 PMO, CIU, CoPs and Risk Escalation Panel • Formalise Aboriginal representation to embed a true partnership approach with Aboriginal stakeholders in decision-making processes, policy development and responses • Embed and grow the partnership with DCS as PIFAC, and reflect the importance of partnerships with other key partner agencies, such as DoE and DCJ • Better integrate NSW Health emergency plans with broader NSW Government plans, highlighting escalation points and pathways to enable earlier whole-of-government coordination in future responses • Clearly define what command and control means in the devolved system during emergency responses; who does what, when, why, and how. Ensure strong linkage between central and local structures; at a local level, consider specific challenges met by LHDs and government agencies on the ground. These include clarification of accountabilities and decision-making processes to support the effective and rapid operationalisation of local responses • Include clear roles and responsibilities for each Health agency (LHDs, Pillar organisations, Shared Services agencies) in an emergency environment. Clearly distinguish decision-makers and advisors • Describe risk and response escalation triggers to allow more strategic and tactical planning, including transitioning services from BAU to Response, and back again, as well as the level of response required (local, state or whole-of-government) and the impact of those on system governance and operations. Escalation triggers will need to be informed by Health’s analysis of the extended impacts that consider the longevity of command and control structures in prolonged incidents, including potential triggers and escalations/de-escalation for transition back to BAU, or to evolved BAU settings • Provide a governance model for local partnerships with primary care and other community providers and community leaders to adopt and grow • Establish stronger, dedicated scenario and forward planning capability in BAU and during future public health emergencies • Enhance central and local preparedness activities that engage government and community partners, and maintain system preparedness • Enhance system preparedness for current health and other emergencies, including embedding the functions of System Preparedness Unit and organisation and activation of HSFACs across NSW Health



Attachment A Considerations for changes to the Pandemic Plan

Domain	Considerations for changes to the <i>Pandemic Plan</i>
	<ul style="list-style-type: none"> • Improve communication and coordination between the Secretary, Incident Controller, SHEOC/PHEOC and SEOCON to enhance the operationalisation of PHOs across the health system and broader community, improve linkage between central and local emergency management structures, and facilitate the provision of timely whole-of-government supports to communities • Consider a sustainable rhythm for PHOs during emergency responses to enable operational considerations and systematic planning and actioning of PHOs • Ensure the appropriate authorisation of cross-agency representation in SHEOC, PHEOC and SEOCON, given the range of skill sets required and the speed of decision-making • Highlight the importance of community-based care and responses and the benefits of multidisciplinary approaches • Include key primary care and community partners on emergency management governance structures, particularly local ones • More detailed guidance in prolonged, high-scale emergency incidents for different parts of the health system, including how structures such as Incident Control Systems could support the response and workforce-related considerations (capacity, surge strategies, health, safety and wellbeing), noting the many unique challenges experienced by rural and regional areas • Enhance the sustainability of key system leaders and staff. Prolonged emergencies require NSW Health to contemplate handover arrangements or delegations that are fit for the circumstances, as is the case with other first response agencies, and recognise that the unrelenting demands associated with a prolonged emergency pose significant personal and system-wide risks. These also need to be regularly reviewed throughout an emergency response • Enhance and maintain system-wide capacity and capability in emergency management responses to ensure that all senior leaders in Health in Executive Bands 2, 3, and 4, or equivalent have completed relevant emergency management training and refresher training every 18 to 24 months, including Board Chairs and senior clinicians
System Impact	<ul style="list-style-type: none"> • Strengthen data collection on workforce, building in proactive and over-the-horizon planning, including scenario stress testing for workforce and operations and public health advice • Develop and integrate clear emergency procurement mechanisms, supply chain management, and disruption mitigation plans in Business Continuity and Disaster Recovery planning processes • Provide clear central direction on critical service priorities, and guidance on preparation, would assist with scaling of local responses • Provide clear guidance for each level of response would better support LHD decision-making on service models and priorities, access needs and public communications • Provide clear processes to guide decision-making around closure or deferral of services associated with PHOs or redeployment of staff



Attachment A Considerations for changes to the Pandemic Plan

Domain	Considerations for changes to the <i>Pandemic Plan</i>
	<ul style="list-style-type: none"> • Provide LHDs with practical resources to guide local partnerships with diverse community groups to enhance BAU and support emergency responses • Include joint planning and clear definition of roles for all key stakeholders to improve emergency management coordination and governance, agility to effectively address emerging issues, and consistent application of new public health advice across the aged care sector
Communication and Engagement	<ul style="list-style-type: none"> • Outline the role of agencies, such as DCS, to provide data (for example, live and ongoing sentiment data) to inform messaging as incidents progress • Consider upfront and primary engagement with priority groups and vulnerable communities.
Community Impact	<ul style="list-style-type: none"> • Embed community-based responses within emergency planning structures to enhance equitable access to care and support across all LHDs and the communities through a whole-of-community approach • Outline the role and responsibilities of NGOs and contracted service providers within existing emergency structures and plans, and within service contracts
Workforce Impact	<ul style="list-style-type: none"> • Maintain and protect the ability to surge the public health and broader workforce - both centrally and locally - through relevant industrial instruments, partnerships and investment • Maintain and enhance long-term relationships with academic partners and NGOs to effectively leverage for surge workforces • Maintain the level and distribution of health protection, epidemiological, policy and strategy capability in the system • Consider how to ensure patient and staff health and safety concurrently
Data and Information	<ul style="list-style-type: none"> • Address governance and cultural blockages to the flow of information and data across NSW Health • Proactively identify and address key data gaps and challenges to data sharing, especially those relating to vulnerable populations, into and out of Health and between partner agencies



Appendix two: Public Health debrief recommendations

Public Health debrief recommendations

3.1 Test-Trace-Isolate-Quarantine strategy for managing COVID-19 outbreaks in NSW

Now

- 3.1.1 Maintain and regularly review plans for standing up and surging case and contact teams within the NSW public health network and Health Protection NSW (HPNSW) for use in future public health emergencies. This should delineate early phase essential priorities, next steps, and recommended structures and relevant functions, and include a central repository of case and contact management onboarding and training resources, and standardised tools developed during this response for adaptation to future conditions.
- 3.1.2 Utilise collaborative platforms in the post-COVID environment in line with proven use cases aligned with data governance and cyber security.
- 3.1.3 Sustain strong relationships between public health and pathology providers in BAU and strengthen these relationships during a public health response to enable ongoing adaptation of the COVID-19 testing strategy, or relevant future testing strategies.

Near future

- 3.1.4 Enhance staff training and development both centrally and locally across LHDs for public health emergency responses with a focus on building high-level capability in operational management, strategic planning, policy making and epidemiology.
- 3.1.5 Expand management and leadership training opportunities available to public health response staff to enhance succession planning and career opportunities.

3.2 Epidemiology, surveillance and reporting

Now

- 3.2.1 Significantly enhance data management, epidemiological and biostatistical capability in HPNSW and include a mechanism to flex this capacity using contingent workforce and academic partners in response to future pandemic surges.
- 3.2.2 Establish closer links between the epidemiological and surveillance team in HPNSW and other Ministry of Health data and analytics teams, including linking with the NSW Health Data Analytics Advisory Committee.
- 3.2.3 Implement targeted strategies to attract and retain data management, epidemiological and surveillance staff in HPNSW and LHDs, including offering greater tenure, professional development opportunities, involvement in communities of practice such as the Epidemiology Special Interest Group (EpiSig), and research.
- 3.2.4 Align processes for release and management of COVID-19 data with BAU data governance processes.
- 3.2.5 Review COVID-19 data fields collected through NCIMS to determine their ongoing relevance to pandemic response surveillance and reporting.
- 3.2.6 Maintain mathematical modelling capability for COVID-19 and other relevant infectious diseases as an important horizon scanning and pandemic planning tool.
- 3.2.7 Transition administration of NCIMS to eHealth NSW to reduce key person risk associated with the system's administration and to access additional capacity and capability available across the cluster.

Near future



Public Health debrief recommendations

- 3.2.8 Invest in enduring analytical infrastructure to ensure sustainable arrangements that meet the needs of HPNSW under non-pandemic conditions and to proactively respond to future outbreaks and pandemics.
- 3.2.9 Enhance the Centre for Health Record Linkage's computing, algorithm matching and clerical review capacity to support timely and high-quality record linkage services for COVID-19 research and surveillance projects.
- 3.2.10 Maintain the capability of the NCIMS platform and invest in the transition to the enhanced infectious diseases surveillance platform (SIGNAL).

4.1 Aboriginal people

Now

- 4.1.1 Enhance training of the public health response workforce in Aboriginal health and culturally appropriate policy and program development.
- 4.1.2 Explore processes to improve demographic data collection, including Aboriginality, in case management systems and other relevant data collections.
- 4.1.3 Investigate the utility of the Australian Immunisation Register linked to the Multi-Agency Data Integration Project (AIR-MADIP) as a tool to provide timely data on immunisation uptake by Aboriginality.

Near future

- 4.1.4 Continue consultation with Aboriginal communities to ensure communications are focused on priority messaging, are salient, and engage appropriate community champions who are recognised and accepted within the community.
- 4.1.5 Work in partnership with the Commonwealth, medical colleges and professional organisations to implement strategies to improve the cultural competence of staff working in primary care settings.
- 4.1.6 Ensure pandemic preparedness exercises include consideration of action in different settings (metro and rural) and with diverse populations, including Aboriginal and CALD populations.
- 4.1.7 Build on investment in the Aboriginal workforce made during the COVID-19 pandemic, and further strengthen Aboriginal public health workforce participation such that Aboriginal public health personnel are engaged to co-design relevant aspects of the public health response across the health system and are broadly embedded across organisational structures.

Future pandemics

- 4.1.8 NSW Health to lead a community of practice across NSW Government, Health and the community-controlled sector to engage Aboriginal people, develop communication materials, and share accurate and culturally appropriate information in a timely fashion.
- 4.1.9 Ensure Aboriginal people continue to be represented within pandemic governance structures both centrally and locally, so the needs of Aboriginal people are included in decision-making processes and policy development.
- 4.1.10 Consider how emergency management structures could further facilitate input from Aboriginal people in a pandemic response.

4.2 Culturally and linguistically diverse communities

Now



Public Health debrief recommendations

- 4.2.1 Draw on research and approaches used to develop communication strategies for CALD communities during the COVID-19 pandemic to address other existing and emerging health problems.
- 4.2.2 Explore processes to improve demographic data collection, including country of birth and language spoken at home, in case management systems.
- 4.2.3 Investigate the utility of the Australian Immunisation Register linked to the Multi-Agency Data Integration Project (AIR-MADIP) as a tool to provide timely data on immunisation uptake by socioeconomic and CALD status.

Near future

- 4.2.4 Maintain and strengthen relationships developed with CALD communities and partner agencies during the COVID-19 pandemic so these relationships can be drawn upon during current and future public health responses.
- 4.2.5 Invest in training and development of a multilingual public health workforce.
- 4.2.6 Invest in further strategies to improve health literacy among CALD communities, including health literacy training for CALD health and community workers.

Future pandemics

- 4.2.7 Build on the successful engagement with Multicultural NSW and the Multicultural Health Communication Service in future pandemics and seek their support in effective targeting, message development and engagement with CALD communities.
- 4.2.8 Engage with key CALD communities to understand information needs, barriers to accessing healthcare, changing communication preferences, and how to promote resilience during public health crises.
- 4.2.9 Ensure that CALD communities have accurate and timely access to public health information concurrently with the whole population.
- 4.2.10 Provide training for staff working in future responses so they understand the local context impacting CALD communities and provide tailored and culturally appropriate information and referral to necessary services.
- 4.2.11 Anticipate additional public health response workload and different workforce skill mix requirements in districts with large CALD populations (e.g. bilingual workers, social workers).

4.3 Education settings

Now

- 4.3.1 Strengthen and expand the relationship between the Population and Public Health Division and the NSW Department of Education to enable ongoing collaboration between sectors for pandemic response and to link with broader public health issues.

Future pandemics

- 4.3.2 Initiate a process to define policy and operational roles and responsibilities between the NSW Department of Education, LHDs and central public health response teams.
- 4.3.3 Invest in partnerships with research groups to enable rapid engagement and implementation of research in schools and early childhood settings to understand drivers of transmission and disease severity to inform policy, risk assessment and public communications.



Public Health debrief recommendations

- 4.3.4 Retain education settings as a priority setting in future pandemics and continue to develop and adapt risk guidelines and public communications over the course of future responses in line with evidence.

4.4 Residential aged care and disability care settings

Now

- 4.4.1 Continue to invest in ongoing relationships between public health, clinical groups, other government agencies, and NGOs in aged and disability care settings to support effective clinical care, vaccination and outbreak management.
- 4.4.2 Investigate mechanisms in collaboration with the Commonwealth for enhanced data sharing between residential aged care and disability sectors and NSW Health to support the public health and health system response.

Future pandemics

- 4.4.3 Include consumer perspectives in emergency response policy for residential aged and disability care settings to ensure a nuanced balance of safety, risk and personal choice in the context of a communal setting.
- 4.4.4 Ensure residential aged care and disability continue to be priority settings with effective engagement between the Commonwealth, public health, health system and NGO service providers.
- 4.4.5 Recognise and plan for the heterogeneity of risk in disability settings in future responses. This requires tailored risk assessment and differs from the assessment and public health action in aged care settings.

4.5 Correctional settings

Now

- 4.5.1 Support finding the right balance between risk from COVID-19 and prisoner welfare and wellbeing, given that correctional settings continue to be a priority for a pandemic response and that isolation/quarantine approaches will need to be adapted in response to cases and variant characteristics.
- 4.5.2 Ensure systematic documentation of key learnings from the scale-up of COVID-19 public health operations in correctional settings by the Justice Health and Forensic Mental Health Network in collaboration with key stakeholders.
- 4.5.3 Maintain prevention and control of COVID-19 in correctional settings as a critical component of effective public health response, given that prisons are high-risk environments for COVID-19 transmission.

Future pandemics

- 4.5.4 Consider the broad suite of policies and processes for the prevention and control of respiratory diseases in future pandemic responses in correctional settings, including clinical isolation/quarantine, assessment of ventilation, surveillance testing, vaccination, infection control training, personal protective equipment for staff and prisoners, cleaning and disinfection processes, and case reporting systems to monitor respiratory pathogens.

5.1 Governance: structures and processes to oversee and enable the NSW public health response

Now



Public Health debrief recommendations

- 5.1.1 Review and update the NSW Public Health Incident Control System, minimum standards for public health preparedness and associated training to incorporate key learnings from the COVID-19 pandemic.
- 5.1.2 Review the organisational structure of HPNSW to effectively integrate emergency response functions into BAU and include consideration of reporting lines, operational metrics, surge capacity and governance, with the flexibility to respond to future public health emergencies.
- 5.1.3 Undertake ongoing development of Health Protection performance and standards that takes account of organisational requirements, leverages existing formal and informal metrics for identifying risk and optimising system performance, and complements concurrent efforts aimed at enhancing corporate governance and relationships with key partners, such as LHDs. This process should inform operations under both BAU and emergency conditions.
- 5.1.4 Build enhanced Executive-level strategic planning capability within HPNSW for response planning and coordination, and related organisational change.
- 5.1.5 Review the terms of reference of HPLT, given key lessons learned from the pandemic, and delineate roles and responsibilities, noting HPLT may serve different functions depending on the nature of issues being considered.
- 5.1.6 Maintain and build on relationships that have been built during the pandemic both centrally and locally, including with central agencies, clinical networks, primary health networks, the education sector, Multicultural NSW and NGOs.
- 5.1.7 Embed use of intra/after-action reviews as part of routine public health practice across the network as a mechanism for practice improvement, future pandemic and emergency processes planning, and/or as a vehicle for personnel debriefing on challenging events.
- 5.1.8 Develop an implementation plan arising from this debrief report in consultation with relevant implementation stakeholders.

Future pandemics

- 5.1.9 Consider mechanisms for timely and appropriate briefing of the broader public health network on major changes in the response strategy, including online town hall events throughout the pandemic.
- 5.1.10 Embed advisers or senior public health managers in SHEOC to assist decision making and translation of public health orders into operational planning and coordination, and to link back to public health.

5.2 Workforce capability and surge capacity

Now

- 5.2.1 Continue to invest in a robust multidisciplinary and culturally diverse public health workforce both centrally and locally, including population health training programs, as this is critical for long-term sustainability of public health preparedness and response.
- 5.2.2 Maintain a strong medical adviser workforce in the Population and Public Health Division as an important enabler of effective public health response.
- 5.2.3 Develop a strategy to identify, retain and develop high value public health talent developed across the public health network during the pandemic.

Near future



Public Health debrief recommendations

- 5.2.4 Improve human resources data systems so they can produce accurate and timely reports of staff deployed in the public health and health system responses, including in LHDs.
- 5.2.5 Develop and/or collate a suite of training resources that cover key functions of the public health response that can be used to train new staff in any subsequent response surge.
- 5.2.6 Review existing industrial instruments used to employ public health response staff and determine the most efficient employment mechanisms that accommodate shift work for future pandemics, both centrally and within LHDs.

Future pandemics

- 5.2.7 Use mass onboarding agreements with key government, non-government and academic partners as an effective public health workforce surge tool in future pandemics.
- 5.2.8 Make greater use of non-clinical staff with operational management expertise in the central and local public health response.
- 5.2.9 Formally integrate a dedicated capability that includes human resources, finance, procurement, and strategic planning functions as a relationship manager into the organisational structure of the NSW public health response.
- 5.2.10 Proactively manage and monitor staff wellbeing using periodic surveys from the start of future pandemics to provide tailored and timely support services and training for frontline public health workers.
- 5.2.11 Implement public health response structures and support sustainable work practices both centrally and within LHDs, including for highly specialised and leadership positions.
- 5.2.12 Train and develop capabilities at a senior leadership level under BAU conditions. During a response, boost capability using a flexible approach to draw in and rotate suitably qualified senior staff. This will enhance strategic and other key capabilities, reduce fatigue, and minimise key person risk.
- 5.2.13 Ensure that future surge planning for case and contact teams includes consideration of skill mix (such as public health expertise, customer service skills, multilingual skills, management and communications), and consider potential sources for accessing personnel, triggers for surging, and methods for scaled escalation.
- 5.2.14 Maintain separate teams, where possible, early in a response for contact tracing/positive case interviews versus a call centre for public enquiries, to support better customer experience.

5.3 Integrating the public health response with clinical partnerships

Now

- 5.3.1 Continue to engage with and communicate information to clinical networks and peak bodies about COVID-19 as new variants emerge and when there are major shifts in strategic approaches and the evidence base.
- 5.3.2 Maintain strong working relationships with primary care, continue the RACGP webinar program for critical public health issues, and investigate expanding the webinar program to the pharmacy sector.

Future pandemics

- 5.3.3 Include enhanced surveillance of adverse events following immunisation in future public health responses, as this was an important tool to build clinician and public confidence in vaccination.



Public Health debrief recommendations

- 5.3.4 Continually disseminate trusted advice about infectious diseases, public health measures and associated implications for clinical practice to key clinical stakeholder groups as a vital part of the public health response.
- 5.3.5 Establish scalable systems and processes early to integrate public health and clinical responses to individual cases and, where relevant, for BAU conditions.

5.4 Media and communications

Now

- 5.4.1 Continue to include media and communications teams in key COVID Influenza Branch/HPNSW public health policy and operational team meetings to improve situational awareness.
- 5.4.2 Continue joint planning between media and communications teams and public health teams to understand the policy and operational context and to support the development of proactive media and communications that meet strategic need.
- 5.4.3 Continue to use available communication and stakeholder engagement channels for promotion of public health messaging and proactively countering misinformation.
- 5.4.4 Public health response teams should continue to draw on and work closely with media and communications teams to ensure clarity of key resources and policy guidelines prior to public release.

Near future

- 5.4.5 Maintain a pool of diverse, multilingual media-trained NSW Health public health staff and physicians who can be public health response spokespeople and can also feature in proactive communication activities both centrally and locally.

Future pandemics

- 5.4.6 Expand BAU communications capabilities and, under pandemic conditions, augment with additional CALD and Aboriginal communications capability in a dedicated team.
- 5.4.7 Ensure communications campaigns are effective by using a combination of mass media, web based, social media and local community engagement, and including tailored strategies to reach CALD and Aboriginal populations.
- 5.4.8 Ensure communications campaigns are accompanied by community engagement strategies implemented in collaboration with LHDs and community organisations on the ground to achieve better reach to vulnerable communities.

5.5 Information systems and capacity

Now

- 5.5.1 Review information technologies used during the pandemic and determine their utility for ongoing pandemic response and broader outbreak management in conjunction with eHealth NSW and as part of the new NCIMS Platform Continuous Improvement Design Working Group.
- 5.5.2 Strengthen surveillance and outbreak management platforms in NSW and continue investment in the development and implementation of the new SIGNAL system as a replacement for NCIMS.
- 5.5.3 Maintain and strengthen relationships with key technical and subject matter experts outside the Population and Public Health Division, including eHealth NSW and academic partners, in the refinement and development of new information technology systems.



Public Health debrief recommendations

5.5.4 Provide ongoing training and competency attainment in existing information systems as this is critical to ongoing pandemic and outbreak management across the public health network.

Near future

5.5.5 Strengthen clear governance structures for development and refinement of health protection data and information systems and ensure strong policy engagement with the program of work.

5.5.6 Review ongoing call centre requirements in light of existing statewide and Commonwealth Government call centre capabilities and identify an approach to surge and manage high volume inbound calls from the community while ensuring technical skills and key personnel to stand up the system.

5.5.7 Pilot Public Health Rapid, Emergency, Disease and Syndromic Surveillance (PHREDSS) sourcing rapid emergency department data from the Patient Flow Portal Operational Data Store to synthesise public health surveillance and clinical service utilisation data.

5.5.8 Continue to monitor the market for innovative approaches and tools to support core functions of HPNSW and take a user-centred design approach (e.g. alternative tools and mechanisms to communicate with people at-scale in a coordinated way).

Future pandemics

5.5.9 When developing information systems in future public health emergencies, note the importance of implementing co-design processes that consider operational requirements and capacity across the Ministry, pillar agencies and LHDs.

5.6 Research

Now

5.6.1 Continue to use clinical advisory groups as tools to engage policy makers and the research sector in identification of research priorities.

5.6.2 Identify key lessons learned about research translation from the pandemic and incorporate into BAU.

Near future

5.6.3 Develop a collection of COVID-19 public health research conducted across the public health network during the pandemic, including local research and projects funded through NSW Health funding schemes, and consider key implications of the research for practice.

5.6.4 Conduct an impact assessment and evaluation of the research competitively funded through the \$28m COVID-19 response and recovery investment at the completion of the funding period in June 2023.

Future pandemics

5.6.5 Leverage existing research infrastructure and partnerships and fund direct engagement of leading researchers to rapidly generate policy-relevant evidence and assess proposals through a rapid emergency response assessment panel.

5.6.6 Embed research staff into response epidemiology and surveillance functions to facilitate research translation and improve workforce capacity and surge

6 How population health services adapted to COVID-19

Now



Public Health debrief recommendations

- 6.1 Implement a process for sharing adaptations to population program/service delivery made during COVID-19 across the Ministry, LHDs and NGOs to inform future program and service design.
- 6.2 Population health policy areas should assess which adaptations to service delivery made in response to COVID-19 were effective and should form part of standard program and service delivery.

Future pandemics

- 6.3 Develop risk assessment and mitigation approaches to minimise impacts on population health programs and services during large scale pandemic responses.



Appendix three: Inquiries, Reports, Frameworks and Plans

Inquiries and Reports

Reporting considered the various inquiries that have been conducted with related recommendations. These have been reviewed for reporting alignment.

- Audit Office Report: New South Wales COVID-19 vaccine rollout
- Audit Office Report: Coordination of the response to COVID-19 (June to November 2021)
- NSW Parliament inquiry into support for drought affected communities in NSW
- NSW Parliament inquiry into the response to major flooding across New South Wales in 2022
- NSW Parliament inquiry into improving crisis communications to culturally and linguistically diverse communities
- NSW Parliament inquiry into the health outcomes and access to health services in rural, regional and remote NSW
- NSW Parliament inquiry into the impact that ambulance ramping and access block is having on the operation of hospital emergency departments in New South Wales
- NSW Independent Flood Inquiry
- NSW Independent Bushfire Inquiry
- Commonwealth inquiry into the Lessons to be learned in relation to the Australian bushfire season 2019–20
- Commonwealth inquiry into the Australian Government’s response to the COVID-19 pandemic
- Royal Commission into National Natural Disaster Arrangements
- Royal Commission into Aged Care Quality and Safety
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability – Interim Report. The final report was handed down at the end of September 2023 and relevant recommendations will be considered in *As one system* progress reporting in 2024.

Frameworks and Plans

Along with the reporting on inquiries, these are key NSW Health plans that have their own actions that will contribute to the success of *As one system*.

- Future Health: Guiding the next decade of health care in NSW 2022-2032
- NSW Regional Health Strategic Plan 2022-2032
- NSW LGBTIQ+ Health Strategy 2022-2027
- NSW Health Workforce Plan 2022-2032
- NSW Virtual Care Strategy 2021-2026
- NSW Refugee Health Plan – 2022-2027
- Elevating the Human Experience – Our guide to action for patient, family, carer and caregiver experiences.



Appendix four: Emergency management policies, guidelines, plans and frameworks

List of plans to be considered, alongside of As one system in 2024.

Title	Current policy owner
New South Wales Health Services Functional Area Supporting Plan (NSW HEALTHPLAN) – supporting plan to the NSW State Emergency Plan	State Preparedness and Response Unit
NSW Human Influenza Pandemic Plan – sub plan to the NSW State Emergency Plan	State Preparedness and Response Unit and Chief Health Officer
NSW Health Incident Coordination Framework PD2019_023	State Preparedness and Response Unit
NSW Health emergency management minimum standards policy – <i>NEW under development</i>	State Preparedness and Response Unit
NSW Health Emergency Management Education, Training and Exercise Framework: <ul style="list-style-type: none"> • NSW Health Emergency Management Education Training Framework • NSW Health Exercise Management toolkit 	State Preparedness and Response Unit
Supporting Plans to NSW HEALTHPLAN: <ul style="list-style-type: none"> • Major Incident Medical Services Supporting Plan GL2018_017 • Mental Health Services Supporting Plan GL2012_006 • Public Health Services Supporting Plan PD2015_002 • Health Communications Supporting Plan • HealthShare NSW Supporting Plan • NSW Health Pathology Supporting Plan • 18 Local health district and specialty network HEALTHPLANS 	Entity specific
Emergency Management Arrangements for NSW Health PD2012_067	State Preparedness and Response Unit
Health Liaison Officer IB2019_001	State Preparedness and Response Unit
Public Health Response <ul style="list-style-type: none"> • Public Health Field Response Guidelines GL2014_001 • Public Health Workforce Surge Guidelines GL2014_003 • Public health job action cards • Public health overview of ICS • Public Health Emergency response preparedness minimum standards PD2019_007 	State Preparedness and Response Unit
NSW Health Early Response to High Consequence Infectious Diseases PD2023_008 <ul style="list-style-type: none"> • Smallpox plan • NSW contingency plan for Viral Haemorrhagic Fevers GL2016_002 	Office of the Chief Health Officer and Health Protection NSW
Influenza Pandemic - Providing Critical Care PD2010_028	Agency for Clinical Innovation
CBRN/HAZMAT guidelines: <ul style="list-style-type: none"> • HEMU decontamination guidelines 	State Preparedness and Response Unit



Title	Current policy owner
<ul style="list-style-type: none"> Public Health Services SOP for an Explosive Event GL2016_013 Public Health Services SOP for HAZMAT/CBRN Emergencies GL2016_014 Public Health Suspicious Substance Response SOP 	
NSW Health Dignitary Arrangements	State Preparedness and Response Unit
Medical Stockpile arrangements <ul style="list-style-type: none"> Stockpile Deployment Plan Atropine and oseltamivir suspension rotation agreements Radiation MCMs/DuoDote governance documents Ribavirin/HBAT SOP 	State Preparedness and Response Unit
Natural hazards <ul style="list-style-type: none"> Natural Hazards Handbook: Public Health Considerations Multi-agency clean air shelter guidelines 	State Preparedness and Response Unit
EM Debrief Guidelines / lessons management <ul style="list-style-type: none"> Public Health Debrief Guidelines 	State Preparedness and Response Unit
Major Evacuation Centres: Public Health Considerations GL2018_002	State Preparedness and Response Unit
Evacuation Decision Guidelines for Private Health and Residential Care Facilities (2016)	State Preparedness and Response Unit
Coordination of responses to urgent system-level medicine or medical device issues PD2019_019	Clinical Excellence Commission

**1 Reserve Road
St Leonards NSW 2065**

**Locked Mail Bag 2030
St Leonards NSW 1590**

**T: (02) 9391 9000
W: health.nsw.gov.au**