

Service Compact

An agreement between:
Secretary, NSW Health
and
Clinical Excellence Commission

for the period
1 July 2016 – 30 June 2017

Agreement

The Clinical Excellence Commission agrees to meet the service requirements outlined in this Service Compact.

The Secretary NSW Health agrees to provide the funding and other support outlined in this Service Compact to the Clinical Excellence Commission.

Parties to the Agreement

Clinical Excellence Commission


Professor Brian McCaughan AM
Chair
On behalf of the
Clinical Excellence Commission

Date: 27/9/2016

Signed: 

Ms Carrie Marr
Chief Executive
Clinical Excellence Commission

Date: 27/9/16

Signed: 

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date: 28/9/16

Signed: 

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Purpose and Objectives of the Service Compact

Principal Purpose:

- To clearly set out the service delivery and performance expectations for the funding and other support provided to the Clinical Excellence Commission (“the Organisation”).

Objectives:

- To instate accountability with the Organisation for delivering both the NSW Government and NSW Health Priorities in partnership with the Ministry of Health, Support Organisations, Districts and Networks.
- To annually monitor and review the effectiveness of the Organisation in delivering against the *‘Ministerial Determination of Functions’* of the Organisation.
- To establish with the Organisation the expectation of responsiveness and flexibility in partnering with the Ministry of Health, Support Organisations, Districts and Networks to respond to emerging issues and priorities.

Achieving the goals, directions and strategies articulated within the key plans is the responsibility of all entities. Successful delivery of key system priorities requires clear, co-ordinated and collaborative prioritisation of work programs, and supportive leadership that exemplifies the CORE Values of NSW Health:

- **C**ollaboration – we are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.
- **O**penness – a commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.
- **R**espect – we have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.
- **E**mpowerment – in providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment.

Ministerial Determination of Functions

The Service Compact recognises that the Clinical Excellence Commission has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister 13th July 2012, pursuant to Section 53 of the Health Services Act 1997.

- a) To provide system wide clinical governance leadership with local health districts and specialty networks, including support of the implementation and ongoing development of local quality systems;
- b) To develop policy and strategy related to improvements of clinical quality and safety across the NSW public health system and promote and support improvement in clinical quality and safety in public and private health services;
- c) To identify, develop and disseminate information about clinical quality and safety in health care on a state wide basis, including (but not limited to):
 - i. Working with the Health Education and Training Institute to provide advice and inform the Institutes development, provision and promotion of training and education programs;
 - ii. Identifying priorities for and promoting the conduct of research about clinical quality and safety in health care;
- d) To review adverse clinical incidents arising in the NSW public health system and develop responses to those incidents including (but not limited to):
 - i. Coordinating responses to specific incidents with system or statewide implications; and
 - ii. Providing advice to the Secretary, Ministry of Health on urgent request or emergent patient safety issues and staff safety issues in a clinical setting;
- e) To monitor clinical quality and safety processes and performance of public health organisations and to report to the Secretary, Ministry of Health and Minister thereon;
- f) To provide the Bureau of Health Information with relevant data about clinical quality and safety in the public health system, to support the Bureau's public reporting function;
- g) To consult broadly with public health organisations, health professionals and members of the community in performing its functions;
- h) To provide advice to the Secretary, Ministry of Health and Minister for Health on issues arising out of its functions
- i) To develop three year Strategic Plans and an Annual Work Plan, linking these activities and priorities of the Commission to the statewide directions and priorities of NSW Health and work in accordance with these plans and Service Compact agreed with the Secretary, Ministry of Health.

Strategic Priorities

This Schedule outlines the key strategic priorities for NSW Health in 2016/17. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. Delivery of the strategic priorities is the responsibility of all entities.

The NSW Ministry of Health, Support Organisations and Statewide Services are committed to co-ordinating and partnering with Districts and Networks to:

- Deliver NSW: Making it Happen, including the Premier's and State Priorities.
- Achieve the key goals, directions and strategies articulated within the NSW State Health Plan: Towards 2021 and the NSW Rural Health Plan: Towards 2021.
- Harmonise the implementation and delivery of key plans and programs across NSW Health.
- Support Districts and Networks to deliver optimal and efficient frontline services.
- Provide leadership in NSW Health's contribution to the Reform of the Federation process, review of primary health care and any resulting reforms; and identification of strategies to drive efficiency and sustainability in the health system.
- Deliver on NSW Government election commitments.

NSW: Making it Happen

NSW: Making it Happen outlines 30 'State Priorities' including 12 'Premier's Priorities' that together define the NSW Government's vision for a stronger, healthier and safer NSW. The priorities on page 7 are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, it is expected that all entities will work together to ensure successful delivery of the Making it Happen priorities. This includes contributing to the implementation and delivery of Premier's and State Priorities, in both lead and partnering agency capacities.

Election Commitments

NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019. The election commitments comprise a mix of capital, service and research initiatives to build capacity and drive innovation across NSW Health. To be led by the Ministry, the support of Districts, Networks, Support Organisations and other Health agencies will be critical to delivery of the commitments.

Information on the election commitments can be found at

http://www.budget.nsw.gov.au/data/assets/pdf_file/0008/126377/Election_Commitments_2015-19.pdf

Key System Priorities for 2016/17

The key strategic priorities for NSW Health in 2016/17 are articulated within the 'Plan on a Page' on page 8 of this document. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations, Districts and Networks comprising NSW Health. Delivery of the strategic priorities is the mutual responsibility of all entities.

NSW: Making it Happen

OUR CONTRIBUTION TO THE 30 NSW PRIORITIES

NSW Health is contributing directly to 12 of the 30 NSW priorities, including 7 of the 12 Premier's priorities



State Priorities

PROTECTING THE VULNERABLE

01 Successful implementation of the NDIS by 2018

Increase the number of households successfully transitioning out of social housing

BETTER SERVICES

Increase the proportion of Aboriginal and Torres Strait Islander students in the top two NAPLAN bands for reading and numeracy by 30%

02 70% of government transactions to be conducted via digital channels by 2019

03 Increase the on-time admissions for planned surgery, in accordance with medical advice

Increase attendance at cultural venues and events in NSW by 15% by 2019

Maintain or improve reliability of public transport services over the next 4 years

SAFER COMMUNITIES

LGAs to have stable or falling reported violent crime rates by 2019

04 Reduce adult re-offending by 5% by 2019

Reduce road fatalities by at least 30% from 2011 levels by 2021

STRONG BUDGET AND ECONOMY

Make NSW the easiest state to start a business

Be the leading Australian state in business confidence

Increase the proportion of completed apprenticeships

Halve the time taken to assess planning applications

Maintain the AAA credit rating

05 Expenditure growth to be less than revenue growth

BUILDING INFRASTRUCTURE

90% of peak travel on key roads routes in on time

Increase housing supply across NSW to deliver more than 50,000 approvals every year

Premier's Priorities

PROTECTING OUR KIDS

06 Decrease the percentage of children and young people re-reported at risk of significant harm by 15%

REDUCING DOMESTIC VIOLENCE

07 Reduce the proportion of domestic violence perpetrators re-offending within 12 months by 5%

TACKLING CHILDHOOD OBESITY

09 Reduce overweight and obesity rates of children by 5% over 10 years

IMPROVING SERVICE LEVELS IN HOSPITALS

10 81% of patients through emergency departments within four hours

IMPROVING GOVERNMENT SERVICES

11 Improve customer satisfaction with key government services every year, this term of government

DRIVING PUBLIC SECTOR DIVERSITY

12 Double the number of Aboriginal and Torres Strait Islander peoples in senior leadership roles and increase the proportion of women in senior leadership roles to 50% in the government sector in the next 10 years

BUILDING INFRASTRUCTURE

08 key infrastructure projects to be delivered on time and on budget

IMPROVING EDUCATION RESULTS

Increase the proportion of NSW students in the top two NAPLAN bands by 8%

REDUCING YOUTH HOMELESSNESS

Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 10%

FASTER HOUSING APPROVALS

90% of housing development applications determined within 40 days

CREATING JOBS

150,000 new jobs by 2019

KEEPING OUR ENVIRONMENT CLEAN

Reduce the volume of litter by 40% by 2020

Key System Priorities for 2016/17

NSW HEALTH STRATEGIC PRIORITIES: Plan on a Page FY 2016/17

<p>Direction 1: Keeping People Healthy</p>	<p>1.1 Drive preventative and population health programs with a focus on tackling childhood obesity</p> <p>1.2 Improve Aboriginal and Torres Strait Islander health outcomes</p> <p>1.3 Collaborate to support vulnerable youth to protect children at risk and reduce homelessness</p> <p>1.4 Develop whole of government drug and alcohol response</p> <p>1.5 Drive whole of government initiatives to reduce domestic violence and perpetrator re-offences</p>	<p>Strategy 1: Support and Develop our Workforce</p>	<p>4.1 Develop the capabilities of our workforce to be agile, nimble and value focused</p> <p>4.2 Recruit, support and performance manage our workforce</p> <p>4.3 Build and empower clinician leadership to deliver better value care</p> <p>4.4 Build engagement of our people and strengthen alignment to our culture</p> <p>4.5 Drive public sector diversity by increasing women and Aboriginal and Torres Strait Islander peoples in senior leadership roles</p>
<p>Direction 2: Providing World-Class Clinical Care</p>	<p>2.1 Deliver better value care through safe, quality, efficient and evidence-based care</p> <p>2.2 Improve service levels in hospitals by cutting waiting times for emergency and planned surgery</p> <p>2.3 Improve patient and carer satisfaction with key health services and build strong engagement</p> <p>2.4 Implement new business investment models to deliver evidence-based social impact</p> <p>2.5 Implement strategic commissioning for relevant clinical services</p>	<p>Strategy 2: Support & Harness Research and Innovation</p>	<p>5.1 Build globally relevant research capability through research hubs & medical technology precincts</p> <p>5.2 Develop a bio-banking strategy to support research into genomics and personalised medicine</p> <p>5.3 Progress medicinal cannabis trials</p>
<p>Direction 3: Delivering Truly Integrated Care</p>	<p>3.1 Embed emerging models of integrated care and care in the community, working with the Commonwealth</p> <p>3.2 Implement the 'Living Well' plan to deliver mental health reform across the system</p> <p>3.3 Promote choice through the introduction of End of Life care programs</p> <p>3.4 Protect the vulnerable through transition to the National Disability Insurance Scheme</p>	<p>Strategy 3: Enable eHealth & health information</p>	<p>6.1 Build digital services in health through implementation of the eHealth strategy</p> <p>6.2 Embed the analytics framework to improve decision-making in health care</p> <p>6.3 Deliver business ICT services to the organisation</p>
		<p>Strategy 4: Design and Build Future-Focused Infrastructure</p>	<p>7.1 Deliver the committed infrastructure projects to meet the growing population needs</p> <p>7.2 Implement strategic commissioning for infrastructure</p> <p>7.3 Proactively drive contestable commercial opportunities and efficient asset utilisation</p>
		<p>Strategy 5: Financial Sustainability</p>	<p>8.1 Refine our purchasing models including Activity Based Funding to drive better value care</p> <p>8.2 Deliver strong budgets</p> <p>8.3 Deliver effective regulatory, governance and business support</p> <p>8.4 Drive reforms to deliver better value care and efficiencies</p>

Funding Allocation

Clinical Excellence Commission - Budget 2016/17					
		2016/17 BUDGET	Comparative Data		
		Initial Budget 2016/17 (\$'000)	2015/16 Annualised Budget (\$'000)	Variance Initial and Annualised (\$'000)	Variance (%)
a	Expenditure Budget by Account Group (General Fund)				
	Employee Related	\$12,577	\$12,291	\$287	
	Goods & Services	\$3,896	\$3,843	\$53	
	Repairs, Maintenance & Renewals	\$76	\$68	\$8	
	Depreciation	\$330	\$330	\$	
	Grants	\$337	\$337	\$	
	Total	\$17,216	\$16,869	\$348	2.06%
b	Breaddown of Expenditure Budget Movement - Comprise				
	Award / CPI Composite Escalation			\$342	
	ICT Escalation additional cost of Maintenance of New Systems			\$8	
	TMF Benchmark Adjustment			-\$3	
	Total			\$348	
c	SP&T Expenses	\$	\$		
d	Total Expenses (d=a+c)	\$17,216	\$16,869	\$348	2.06%
e	Other - Gain/Loss on disposal of assets etc	\$	\$		
f	Revenue	\$	\$		
	In-Scope Activity				
	In-Scope Services - Block Funded	-\$15,975	-\$15,681	-\$294	
	Out of Scope Services - Block Funded	\$	\$	\$	
	Capital Grants (incl. RMR>\$10k)	-\$85	\$	-\$85	
	Crown Acceptance (Super, LSL)	-\$841	-\$841	\$	
	General Fund Own Sourced Revenue	-\$41	-\$17	-\$25	
	Total Revenue	-\$16,942	-\$16,539	-\$404	
g	Net Result (g=d+e+f)	\$274	\$330	\$	
h	Net Result represented by:				
	Asset movements (Depreciation)	-\$330	-\$330		
	Asset movements (Cash at Bank Adjustment) #	\$	\$		
	Asset movements (Capital Works)	\$85	\$		
	Liability movements	-\$29	\$		
	Entity transfers	\$	\$		
	Total	-\$274	-\$330	\$	
Note:					
<p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for 2016/17 to \$0.1m and remains at approximately 4 days' cash expenses after removing Depreciation, Crown Acceptance and MOH Holdbacks. Based on final June 2016 cash balances, adjustments will be made in July 2016 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC 15_01 <i>Cash Management – Expanding the Scope of the Treasury Banking System</i>.</p>					
<p>The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.</p>					
<p>Prior to July 2016 reporting, Pillars will be required to split their expenditure budgets into 4 expense categories: A - Corporate Services budget; B - Project Coordination & Management budget; C - Payments to Third Parties; and D - Budgets to be distributed to LHDs and other health entities. Further details will be issued by separate letter.</p>					

Pillar Initial Budgets - 2016/17

Capital Program

CLINICAL EXCELLENCE COMMISSION									
<u>ASSET AUTHORISATION LIMITS</u>	SMRT	BP2 ETC 2016/17	Estimated Expenditure to 30 June 2016	Cost to Complete at 30 June 2016	BP2 Allocation 2016/17	BP2 Est. 2017/18	BP2 Est. 2018/19	BP2 Est. 2019/20	Balance to Complete
<u>2016/17 Capital Projects</u>		\$	\$	\$	\$	\$	\$	\$	\$
MINOR WORKS									
Minor Works & Equipment >\$10,000 Program	P51069				85,000	85,000			
TOTAL WORKS IN PROGRESS					85,000	85,000			
TOTAL ASSET ACQUISITION PROGRAM					85,000	85,000			

Notes:

Expenditure needs to remain within the Asset Authorisation Limits indicated above

Minor Works and Equipment > \$10,000 includes a confund contribution of \$85,000

Performance Measures

The performance of each Support Organisation will be monitored in line with the NSW Health Performance Framework. The Framework provides a clear and transparent outline of how performance is assessed, and a single, integrated process for performance management.

The performance of each Support Organisation will be evaluated against:

- Effectiveness of the Organisation on delivery of Ministerial determined roles and functions
- Delivery of NSW Government and NSW Health Key Priorities
- Development and delivery of annual work plan based on Ministerial determined roles and functions and delivery of NSW Government and NSW Health Key Priorities

Performance against a suite of operational Key Performance Indicators (KPIs) and Service Measures will be reviewed during bi-annual performance meetings between the Ministry of Health and the Support Organisation.

KPIs have been designated into two tiers:

- **Tier 1** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for the applicable reporting period.
- **Tier 2** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for more than one reporting period.

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
Effectiveness					
Tier 1	Satisfaction with engagement over the past 12 months (rating – 1 highest, 5 lowest)				
Tier 1	Effectiveness in CEC's delivery on its purpose - To support clinical quality and safety in public and private health services: <ul style="list-style-type: none"> • Provide system wide clinical governance leadership • Develop policy and strategy related to improvements of clinical quality and safety • Identify, develop and disseminate information about clinical quality and safety in health care • Review adverse clinical incidents arising in the NSW public health system and develop responses to those incidents • Monitor clinical quality and safety processes and performance of public health organisations 				<i>These indicators will be discussed at the regular Performance Review Meetings between the Ministry of Health and the Organisation, in line with the NSW Health Performance Framework.</i>

NSW: Making it Happen – Performance Measures

Premier's Priorities

Improving Service Levels at Hospitals – '81 per cent of patients through emergency departments within four hours.'

Key Performance Indicator		Target
SERVICE ACCESS AND PATIENT FLOW		
Tier 1	Emergency Treatment Performance - Patients with total time in ED \leq 4 hrs (%)	\geq 81

Tackling Childhood Obesity – 'Reduce overweight and obesity rates of children by 5 per cent over 10 years'

Key Performance Indicator		Target
POPULATION HEALTH		
Tier 2	Healthy Children Initiative (centre based early childhood service sites) – Adopted (% cumulative)	\geq 70% of sites adopting KPI target , with \geq 80% of practices adopted
Tier 2	Healthy Children Initiative – (primary school sites) - Adopted (% cumulative)	\geq 70% of sites adopting KPI target , with \geq 80% of practices adopted

State Priority

Cutting wait times for planned surgeries – 'Increase on-time admissions for planned surgery, in accordance with medical advice.'

Key Performance Indicator		Target
SERVICE ACCESS AND PATIENT FLOW		
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%):		
Tier 1	• Category 1	100
Tier 1	• Category 2	\geq 97
Tier 1	• Category 3	\geq 97
Overdue Elective Surgery Patients (number)		
Tier 1	• Category 1	0
Tier 1	• Category 2	0
Tier 1	• Category 3	0

Key Performance Indicators

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
Finance and Activity					
Expenditure matched to budget (General Fund):					
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Own Source Revenue Matched to budget (General Fund):					
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Liquidity					
Tier 1	Recurrent Trade Creditors > 45 days correct and ready for payment (\$)	0	> 0	N/A	0
Tier 1	Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%)	100	< 100	N/A	100
People and Culture					
Tier 2	Staff who have had a performance review (%)	100	> 20 improvement	N/A	≤ 20 improvement
Service Measures					
Workplace Injuries: <ul style="list-style-type: none"> Claims (rate per 100 FTEs) Return to work experience -Continuous Average Duration (days) 					
Reduction in the number of employees with accrued annual leave balances of more than 30 days(Number)					
Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline/defer recruitment (days)					
Aboriginal Workforce as a proportion of total workforce (%)					
Public Service Commission (PSC) People Matter Survey (%) <ul style="list-style-type: none"> Estimated Response Rate Engagement Index 					

Governance Requirements

The Boards of Support Organisations are responsible for having governance structures and processes in place to fulfill statutory obligations and to ensure good corporate governance, as outlined in relevant legislation, NSW Health policy directives, and policy and procedure manuals. Support Organisations are also part of the NSW Public Sector and its governance and accountability framework, and must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework.

Corporate Governance

Informing NSW Health's good corporate governance, each Health entity is to meet compliance requirements as outlined in the NSW Health Corporate Governance and Accountability Compendium (the Compendium), including the seven corporate governance standards.

The Corporate Governance and Accountability Compendium can be found at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Corporate Governance Compliance

In accordance with the Compendium, compliance must be demonstrated by all Health organisations as a minimum through:

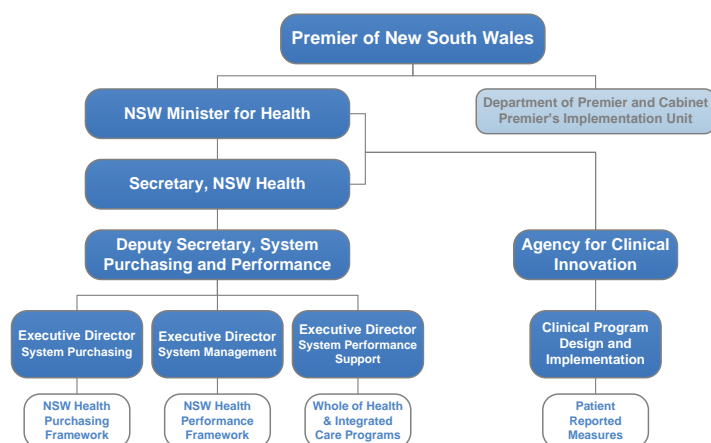
- Due 31 August each year a completed Corporate Governance Attestation Statement for the financial year (PD2010_039).
- Due 31 July each year a completed Internal Audit and Risk Management Attestation Statement for the financial year (PD2010_039).
- Due Quarterly (financial year) the entity Risk Management Register for the top 10 risks identified by the Local Health District or Specialty Network:
 - 3rd Friday of the month of April (January to March quarter)
 - 3rd Friday of the month of July (April to June quarter)
 - 3rd Friday of the month of October (July to September quarter)
 - 3rd Friday of the month January (October to December quarter)
- Ongoing review and update to ensure currency of the entity Delegations Manual.
- Ensure recommendations made by the Auditor-General arising from Financial Audits and Performance Audits are actioned in a timely manner and no repeat issues arise in the next audit.
- Due 31 August each year from Local Health District and Specialty Health Network Boards must submitted the completed Corporate Governance Risk Management template advising on Board Members Training and Assessment for the financial year.

These reports are to be available as required to assess compliance with the Performance Framework.

PART A: NSW Health Priorities – Leaders and Partners in Delivery

NSW PREMIER’S PRIORITY – IMPROVING SERVICE LEVELS IN HOSPITALS

Governance Structure



Improving service levels in hospitals

81 per cent of patients through emergency departments within four hours by June 2019

- Timely access to care in emergency departments can lead to better health outcomes for patients and reduce or avoid hospital stays. Every year, the number of people accessing emergency departments increases, with more than one in five adults and one in four children presenting at least once a year.
- We are expanding our Whole of Hospital and Integrated Care Programs to ensure that more people receive appropriate treatment within four hours of presenting to hospital in NSW, while maintaining the safety of patients and staff.

Key Objectives:

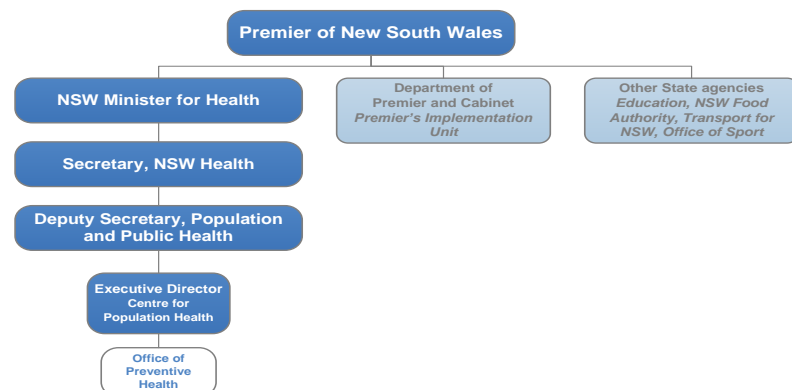
- To improve access to high quality, safe, person centred healthcare for users of the NSW public hospital system through a whole of health system approach;
- To improve the connectivity of the NSW public health system to support locally accountable improvements in access to care and patient flow
- To embed significant improvements in service provision
- To use effective communication to provide access to state-wide benchmarking data and local examples of best practice to drive change

PARTNER ORGANISATIONS

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD	SPP Division	HSPiR	LHD / SHNs	ACI	BHI	CEC	HETI	eHealth NSW	Cancer Inst.
Implementation of strategies to improve and maintain access & flow	MOH	✓		✓	✓		✓	✓		
Establish and monitor Emergency Treatment Performance trajectories	MOH	✓		✓						
State Wide benchmarking data	MOH	✓	✓	✓	✓	✓	✓			
Health system performance monitoring and management	MOH	✓	✓	✓		✓				
Part funding for Whole of Health Program (WOHP) Program Leads	MOH	✓								
On-site support via WOHP subject matter experts	MOH	✓		✓	✓		✓			
Sharing lessons learned	MOH	✓		✓						
Identify local Clinical Champions	MOH	✓								
Integrated Care Demonstrators	MOH	✓		✓	✓		✓		✓	
Integrated Care Innovators	MOH	✓	✓	✓	✓				✓	
Patient Reported Measures	ACI	✓	✓	✓	✓	✓	✓		✓	✓
eHealth	eHealth			✓	✓				✓	
Monitoring and evaluation of Integrated Care	MOH		✓		✓	✓				

NSW PREMIER'S PRIORITY – TACKLING CHILDHOOD OBESITY

Governance Structure



Key Objectives:

- Reduce intake of energy-dense nutrient-poor food and drinks
- Increase consumption of fruit and vegetables
- Increase intake of water in preference to sugar-sweetened drinks

Tackling childhood obesity

Reduce overweight and obesity rates of children by five per cent over 10 years

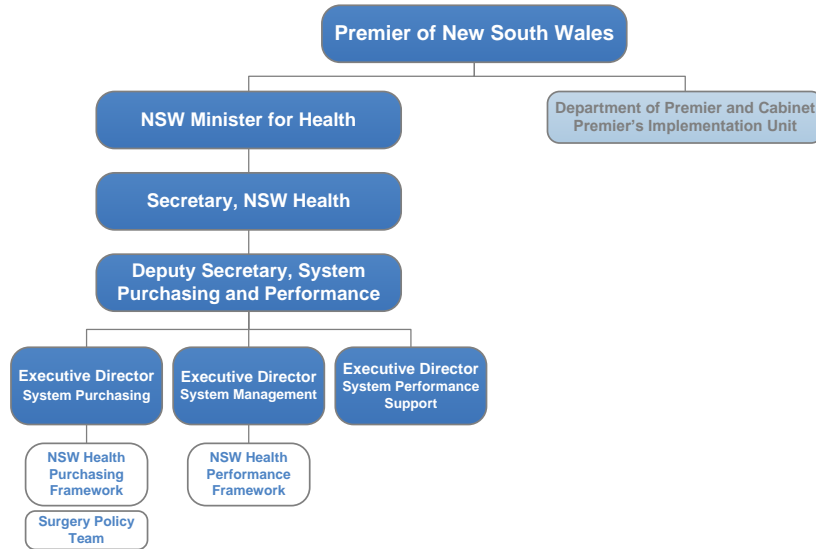
- Children who are overweight or obese are more likely to have poor health and wellbeing outcomes, compared with healthy children. They are also more likely to carry their excess weight into adulthood, placing them at increased risk of developing chronic diseases later in life.
- In 2014, more than one in five children were estimated to be overweight or obese. Reducing the rate of overweight or obese children by five per cent over the next 10 years will result in at least 62,000 fewer children being overweight or obese.
- Childhood obesity is a complex issue, which is why we are taking a whole-of-government, systematic approach to supporting children and families to be healthy and active.
 - Increase incidental, moderate and vigorous physical activity
 - Reduce time spent in sedentary behaviour
 - Increase community awareness of healthy eating and physical activity as protective factors against chronic disease

PARTNER ORGANISATIONS

KEY FOCUS AREAS / KEY DELIVERABLES	LEAD	PPH Division	LHD / SHNs	ACI	BHI	CEC	HETI	Other agencies
Population health performance monitoring and management	MOH	✓	✓					✓
Implementation of strategies to improve healthy eating and physical activity in childhood	MOH	✓						
• Healthy Children Initiative		✓	✓					
○ Community treatment program (Go4Fun)								
○ Primary school programs (Live Life Well @ School)								
○ Early childhood program (Munch and Move)								
• Make Healthy Normal campaign	MOH	✓	✓	✓	✓	✓	✓	✓
• Routine recording height and weight, provision of advice and referral as part of routine clinical care	MOH		✓	✓			✓	✓
• Implement healthy food and drink policy for staff and visitors	MOH	✓	✓	✓	✓	✓	✓	✓
• Participate in Get Healthy at Work	SafeWork NSW	✓	✓		✓	✓	✓	✓

NSW STATE PRIORITY – CUTTING WAIT TIMES FOR PLANNED SURGERIES

Governance Structure



Cutting wait times for planned surgeries

Increase on-time admissions for planned surgery, in accordance with medical advice

- Cutting waiting times is an essential part of reducing the burden of disease and injury on patients and their carers.
- With more than 215,000 planned surgeries undertaken each year, waiting times are an important indicator of the overall performance of our public hospital system.
- We are continuing to improve the management of all aspects of the patient journey to further increase our on-time admissions, and reduce waiting times for planned surgery.

Key Objectives:

- To improve access to high quality, safe, person centred healthcare for users of the NSW public hospital system through a whole of health system approach;
- To improve the connectivity of the NSW public health system to support locally accountable improvements in access to care and patient flow

KEY FOCUS AREAS / KEY DELIVERABLES	PARTNER ORGANISATIONS									
	LEAD	SPP Division	HSPIR	LHD / SHNs	ACI	BHI	CEC	HETI	eHealth NSW	Cancer Inst.
Implementation of strategies to improve and maintain on-time elective surgery performance	MOH	✓		✓	✓		✓	✓		
Elective surgery performance monitoring and management	MOH	✓	✓	✓	✓	✓	✓			
Overdue patient numbers tracking and monitoring	MOH	✓	✓	✓						
On-site support from surgical services subject matter experts	MOH	✓		✓	✓		✓			
Models of care and policy to improve theatre efficiency and timely surgery	MOH / ACI	✓			✓					
Surgical Services Taskforce	ACI	✓		✓	✓					
Surgery Redesign program	ACI	✓		✓	✓					

PART B: Clinical Excellence Commission Work Plan

Development and Delivery of an Annual Workplan

The Clinical Excellence Commission will collaborate with the Ministry of Health, other Support Organisations and Districts and Networks, to develop an annual work plan. The work plan will:

- Link the activities and priorities of each Support Organisation to the Premier's, State and Key System Priorities of NSW Health.
- Provide capacity to identify and respond to emerging issues facing Districts and Networks or the NSW Health system.
- Afford Districts and Networks the opportunity to engage the Clinical Excellence Commission to undertake key pieces of work to assist them in improving local service delivery.

As at 21 September 2016 the CEC is finalising a Workplan for 2016/17 in line with the strategic themes described in its Strategic Plan 2015-18:

1. Building system excellence together
2. Quality improvement capability and capacity
3. Knowledge-based system improvement
4. Organisational excellence

CEC Reports to be completed in 2017/18

Publication	Intended release date	Release details
Clinician's Guide to Quality and Safety	September 2016	Public (website)
Year In Review 2015/16	October 2016	Public (website)
SCIDUA and CHASM Annual Reports	March 2017	Public (website)
Clinical Incident Management Portal	December 2016 June 2017	Public (website)
Clinical Focus Reports	As required	Public (website)