

Submission
No 9

**FOLLOW UP OF THE AUDITOR-GENERAL'S
PERFORMANCE AUDITS SEPTEMBER 2010 - FEBRUARY
2011**

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Theme:

Summary

PA6489

Mr Jonathan O'Dea MP
Chair
Public Accounts Committee
Parliament House, Macquarie Street
SYDNEY NSW 2000

Attention Dr Abigail Groves

9 May 2012

Dear Mr O'Dea

**Examination of the Auditor-General's Performance Audit Reports
Your letters of 10 and 17 April, Ref: LAC12/219**

We have reviewed submissions provided by various agencies concerning the recommendations in the performance audit reports as mentioned below:


- NSW Lotteries Sale Transaction
- Coal Mining Royalties
- Protecting the Environment: Pollution Incidents
- Helicopter Emergency Medical Service Contract
- Home Detention
- Mental Health Workforce

We are pleased to say that the agencies have accepted almost all recommendations. The submissions indicate that recommendations have either been implemented, on-going, or progress is being made.

Please find attached our comments on the progress reported by the agencies in relation to the recommendations in our original reports. We have not substantiated the submissions.

I am happy to provide any further assistance the Committee may need in completing its examination.

Yours sincerely



Peter Achterstraat
Auditor-General

Attachments

Performance Audit – NSW Lotteries Sales Transactions – Implementation of recommendations

Recommendation	Accepted or rejected	Actions to be taken	Due date	Status and comment	Responsibility	Our comments
1. where the Government chooses to conduct a process on the basis that “proponents could not rely on any statement by or on behalf of the State during the process” this point is continuously reinforced to proponents	Already adopted	Treasury will continue to be mindful of this recommendation for future transactions.	Ongoing	On track. The recommendation was adopted for the WSN Environmental Solutions transaction. As with the NSW Lotteries transaction, the legal advisers ensured that the non-reliance point was continuously reinforced to proponents.	Treasury Transactions Unit	Response is satisfactory
2. the Process Letter clearly states that the Government’s representatives involved in the transaction process cannot fetter the discretion or decision of a Minister	Accepted	The recommendation will be taken into account for future transactions.	Ongoing	On track. The November 2010 process letter for the WSN Environmental Solutions transaction included a statement to the effect that Government representatives could not fetter Ministerial decision-making.	Treasury Transactions Unit	Response is satisfactory
3. key terms are clearly defined and consistently applied to avoid ambiguity and confusion	Already adopted	This recommendation will continue to be taken into consideration for future transactions.	Ongoing	On track. This recommendation was adopted for the WSN Environmental Solutions transaction. Significant care was exercised to ensure that the terms used in the process letters were well defined to limit any chance of confusion.	Treasury Transactions Unit	Response is satisfactory
4. significant decisions, advice and analysis of issues during the transaction process are formally documented and retained to improve accountability and transparency	Accepted	Treasury will continue to ensure that the highest standards of accountability, transparency and probity are applied to future transactions.	Ongoing	On track. This recommendation was adopted for the WSN Environmental Solutions transaction. Care was taken to ensure that all significant decisions, advice and analysis of issues during the transaction process were formally documented.	Treasury Transactions Unit	Response is satisfactory

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5. significant guidance or advice to potential bidders is provided in writing	Accepted	To be adopted by Treasury for any future transactions.	Ongoing	On track. This recommendation was adopted for the WSN Environmental Solutions transaction.	Treasury Transactions Unit	Response is satisfactory
6. arrangements for dealing with intellectual property that may be contained in bids are clearly defined and communicated at the start of the process.	Already adopted	To continue to be taken into consideration by Treasury for future transactions.	Ongoing	On track. The drafting of the process letters for the WSN Environmental Solutions transaction was consistent with this recommendation.	Treasury Transactions Unit	Response is satisfactory

Performance Audit – Home Detention Corrective Services NSW – Implementation of Recommendations

Recommendation	Accepted or rejected	Action to be taken	Due date	Status and comment	Responsibility	Our comments
1. Corrective Service NSW should improve access to home detention by:						
a) making home detention available across NSW by July 2011	Accepted	<p>In June 2010 the Commissioner met with the Chief Magistrate and gave a commitment that home detention would be expanded to include regional areas of: Bathurst, Grafton, Wagga Wagga and Dubbo</p> <p>A commitment was also given to expand the program to: Goulburn, Tamworth and Broken Hill from November 2010</p>	June 2010 and November 2010	Completed	Director Community Compliance Monitoring Group (CCMG)	<p>In early 2010 HD was only available in the Sydney metropolitan, Newcastle and Wollongong areas. Corrective Services NSW advise it has been expanded to seven other areas.</p> <p>However it is noted that the NSW Department of Attorney General and Justices Annual Report 2010-11 indicates that over the past two years the monthly average number of home detainees has dropped by about 28 per cent.</p> <p>It is surprising that the increased availability of home detention has not lead to greater uptake of this sentencing option, albeit that there may have been an impact with the introduction of Intensive Correction Orders as indicated by CSNSW in their comment.</p>
b) promoting the	Accepted	Senior Compliance and Monitoring	Ongoing	There is ongoing promotion eg	HDC and	Response is noted.

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program and its availability with all NSW courts by December 2010		Officers (SCMO) have been actively promoting the program in all metropolitan and regional areas through attendance at court users meetings and meetings with magistrates.		<ul style="list-style-type: none"> SCMOs assess the need to re-visit courts when a new magistrate commences; Through liaison with courts by Home Detention Coordinator (HDC) or the Court Liaison Officer (CLO) 	SCMOs	
2. Corrective Services NSW should improve the administration of home detention by:						
a) exploring with the Department of Justice and Attorney General ways to streamline referral of offenders for assessment by January 2011	Accepted	<p>In 2010 the position of HDC was created.</p> <p>This has resulted in a central point of contact for the courts for the sending and receiving of all Home Detention Assessments (HDA) requests, completed HDAs, and Home Detention Orders (HDO) and parole orders</p>	June 2010	<p>Completed</p> <p>Ongoing action</p> <p>The HDC communicates with the courts regarding missing documentation including sentencing details, depositions and copies of HDO and parole orders.</p> <p>All assessments are faxed to court by the HDC. Courts contact the HDC regarding missing reports.</p> <p>In addition then CLO attends the State Parole Authority (SPA) to represent the CCNG in HDO and Intensive Correction Order (ICO) matters.</p>	HDC	CSNSW have not advised whether these new arrangements have reduced the length of time HD assessments are taking to complete.
b) reviewing reasons for offenders being assessed as unsuitable to identify and if possible remove common barriers by July 2011	Accepted	Ongoing reviews identify common reasons for assessment of offenders as unsuitable, including ongoing alcohol and other drug issues (AOD); unresolved mental health issues and failure to maintain contact with the CCMG. In some cases offenders who are referred from courts are	July 2011	<p>Completed</p> <p>Regular reviews have identified that since October 2011 on average, 10-12% of referrals from courts are ineligible for HDO.</p> <p>Of the eligible requests, it has been identified that since October</p>	HDC	Response is noted

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		ineligible for an HDO		2011 the number of offenders assess as suitable has been steadily increasing to between 50-78% per month		
c) establishing minimum standards in line with offender risk rating by December 2010 for: <ul style="list-style-type: none"> field visits drug and/or alcohol testing 	Accepted	A review of minimum standards identified areas for consideration in regard to contact visits for low/medium/high risk offenders. Home visits now reflect identified case plan strategies. In addition, offenders are randomly urine tested every four to six weeks depending on risk rating and case plan objectives.	December 2010	Completed Minimum standards have been reviewed in line with offender risk rating. The amended policy reflects offender needs as per Level Service Inventory-Revised (LSIR) rating and identified case management strategies.	CCMG Director in consultation with CSNSW's Policy Unit	Response is noted
d) monitoring and ensuring compliance with minimum standards by December 2010	Accepted	Monthly statistical data for face-to-face home and field visit contacts for each location by team is collated by the SCMO and forwarded to the Director and all SCMOs statewide	December 2010	Completed Data collation is ongoing and provided on a monthly basis.	HDC and SCMOs	Response is noted, however CSNSW have not advised of actions regarding compliance with minimum standards.
e) reviewing learnings from assessments, breaches, and revocations to improve consistency in the delivery of home detention by July 2011	Accepted	Since June 2010 all HDAs and breach reports have been reviewed by the HDC prior to sending to court. Officers are complying with case management principles to ensure that if a breach report is necessary, it is supported by evidence regarding non-compliance. This has resulted in: <ul style="list-style-type: none"> more consistent assessment submissions regarding suitability for home detention; and 	July 2011	Completed Records are maintained for each month outlining assessments and results, new HDOs and notification of breaches submitted to the SPA, and subsequent results. This database reveals ongoing trends and statistics regarding increases/decreases in numbers of assessments and breaches. The review process has revealed an ongoing decrease in	HDC	Response noted.

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		<ul style="list-style-type: none"> more consistent adjournment requests. <p>As all breaches are documented and breach reports have been standardised to a large extent, breach issues are now being more clearly identified for the SPA.</p> <p>Ongoing review indicates that assessing officers are increasingly giving consideration to the ability of offenders to become abstinent (as per policy) rather than being found abstinent prior to assessment for home detention.</p>		<p>assessment requests from courts, particularly since the introduction of ICOs, although the suitable HDAs have increased approximately 70% since October 2011.</p> <p>The restrictive nature of the HD legislation and policy is an ongoing impediment to HD eligibility and suitability numbers. It is hoped that these issues can be reviewed in the near future. It is considered that a review of the HD policy in particular may result in increased HD numbers and the subsequent reduction of full-time custodial sentences for low-risk offenders.</p>		
f) undertaking regular quality assurance reviews of offender management by December 2010	Accepted	<p>Statistical data is maintained regarding completion of case plans and LSIRs at time of commencement on HDO and for the duration of an offender's order.</p> <p>Monthly SCMO meetings are held and an update of the current HD trends is provided.</p> <p>A 'Frequently Asked Q&A' document has been created with updates of relevant issues.</p> <p>Records which identify unsuitability and/or ineligibility, as well as reasons for breaches are maintained</p>	December 2010	<p>Completed</p> <p>The HDC role provides a central point for SCMOs and CMOs to make inquiries about the case management of detainees, and the appropriateness of breach action in instances where AOD and/or mental health issues exist.</p>	HDC and SCMOs	<p>Response noted.</p> <p>However CSNSW have not advised whether regular quality assurance reviews are being conducted</p>

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g) reviewing learnings from home detention sentence completions to improve participation and completion rates by December 2010	Accepted	Ongoing reviews are undertaken to monitor completion and breach statistics of home detainees. These statistics assist SCMOs to focus case management strategies on offenders most in need of support/intervention/ assistance in accordance with the offender's case plan.	December 2010	Completed The completion rate for home detainees remains high at above 90% and is indicative of successful case management appropriate for low to medium risk offenders.	SCMOs and HDC	Improvement in completion rate is noted. In the five years up to June 2009 there had been an average completion rate of 82%. However, as CSNSW note in their final comment participation rates have continued to fall.
h) including in all offender case plans by December 2010, rehabilitation, program and activity objectives and assist offenders to meet them	Accepted	Offenders subject to HDOs are case managed in accordance with their case plans and LSIR risk rating. Appropriate action is taken to address issues linked to their offending behaviour. If assessed as a low risk of reoffending they are not required to complete programs. Case plans are regularly updated as per policy and any new issues are identified in the case plan and followed up through referral to appropriate programs/counselling. In addition, all new CMOs are required to complete a case management course at Brush Farm Corrective Services Academy and all CCMG field staff must attend annual refresher training in case management as per Community Offender Services policy	December 2010	Completed Mental health and AOD issues are particularly scrutinised by CCMG. CCMG psychologists regularly assist in the appropriate case management of detainees to ensure offenders' rehabilitation and wellbeing.	SCMOs, CMOs and HDC	Response noted. This recommendation suggested the inclusion of rehabilitation, program and activity objectives in all offender case plans. By excluding offenders assessed as at low risk of reoffending, an opportunity to address problems that underlie offending behaviour may be being missed.

Recommendation	Accepted or rejected	Action to be taken	Due date	Status and comment	Responsibility	Our comments
i) reviewing compliance with case plan objectives in monthly CCG office meetings by December 2010	Accepted	<p>Monthly team meetings are held and strategies formulated to address any issues of concern.</p> <p>These issues are also discussed with the HDC and consensus regarding appropriate action is obtained through joint consultation.</p>	December 2010	<p>Completed</p> <p>While case management remains predominantly the role of the CMO and SCMO, following the creation of the position of HDC, CMOs and SCMOs are now able to utilise this position to gain overall consensus on appropriate action to take including breach action if case management strategies fail.</p>		Response noted.

Performance Audit – Protecting the Environment – Pollution incidents – Implementation of recommendations

Recommendation	Accepted or rejected	Action to be taken	Due date	Status and comment	Responsibility	Our comments
1. the department should implement centralised recording and analysis of key information to improve the quality of data used for decision making and measuring performance, including:						
a. for each pollution incident report, accurately record in a central database:	Accepted in part – not all pollution incidents relate to licensees.	DECCW will make enhancements to its software systems to include the additional functionality required and enhance overall management and reporting capacity.	March 2011	Delayed - enhancements to software systems. As a short term measure, enhancements were proposed to the existing Environment Line database. Testing of these enhancements were conducted in December 2010, however this resulted in instability to the system. Accordingly a decision was made to not progress this short term measure.	Environment Protection Authority (EPA) / Office of Environment and Heritage (OEH)	Response is noted
i. the EPL number of the licensee implicated (page 14)	This field already exists			Enhancements to software systems to include overall management and reporting capacity is in progress and due for completion by July 2012.		Response is noted
ii. whether the report is made by the licensee (page 14)	Accepted in part – records will include all relevant caller types.			While enhancements to software systems have been delayed, the EPA has implemented a number of improvements to the collection, collation and analysis of data.		Response is noted

Recommendation	Accepted or rejected	Action to be taken	Due date	Status and comment	Responsibility	Our comments
				This data is regularly reviewed by senior management to monitor performance and direct/target EPA activities.		
iii. the assessed risk of the pollution incident (pages 14 and 16)	Accepted					Response is noted
b. centrally check that compliance audit action plans are completed within required timeframes (page 15)	Accepted – as advised in DECCW’s formal response to the audit, regional officers ensure that audit action plans are completed.	DECCW will amend its procedures to also ensure that where audits have been conducted by the central Environmental Audit Unit, regional officers report the status of action plans centrally. The proposed software upgrades will improve performance management.	December 2010	Completed. Revised procedures have been implemented.	EPA	Response is satisfactory
c. regularly analyse the risk profile of pollution incident reports (page 16)	Accepted in part – DECCW already uses a risk based approach to determine the significance of each reported pollution incident. This informs the type of response to address the report.	In conjunction with making the above enhancements to software systems to record the assessed risk of pollution incidents reported, DECCW will investigate feasible options for centrally analysing and reporting risk profiles, subject to limitations	March 2011	Delayed. (See comments in 1 a. above.)	EPA/OE H	Response is noted
d. report on how many separate pollution	Accepted in principle – however it is not	As part of planned software system	March 2011	Delayed.	EPA/OE	Response is noted

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incidents have occurred (page 17)	possible with current data base functionality to report on separate incidents. It should be noted that DECCW already reports the number of pollution incidents in its Annual Report.	enhancements, DECCW will examine the feasibility of including functionality that would enable reporting on how many separate pollution incidents have occurred.		(See comments in 1 a. and 1 c. above).	H	
e. develop and regularly analyse results-based performance measures, including compliance rates. (page 20)	Accepted in part. As advised in DECCW's formal response to the audit, the Department already has a suite of performance indicators in place to monitor environmental performance and improvements These are reported in DECCW's Annual Reports.	DECCW is currently reviewing its key performance indicators. The review includes considering whether additional indicators are required including those related to measuring	December 2010	Completed. A number of additional indicators have been developed and are regularly analysed by the EPA Executive. Further improvements to key performance indicators will be considered by the new EPA Chairperson and Board as part of preparing the EPA's first Regulatory Assurance Statement, which is required to be tabled in Parliament.	EPA	Response is noted. The PAC may want to get examples of the additional indicators and results from the EPA. In particular, whether these indicators enable the EPA/OEH to analyse and report on: <ul style="list-style-type: none"> the extent of environmental harm caused by pollution incidents reported to it whether its response has minimised harm to the environment whether its regulatory approach has improved compliance, particularly by Environment Protection Licence (EPL) holders.
2. To be implemented by December 2010, the department should regularly analyse the reasons that Environment Protection Licences are varied. (page 22)	Not necessary – the reasons for varying licences are already clearly specified	Each variation notice will continue to contain the reasons why a licence is being varied. Notices will continue to be publicly available via DECCW's	Each time licence variation notices are issued.	Ongoing	EPA	Response is noted In our report we note that licence conditions are used to control environmental impacts and that licence conditions are frequently

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		internet based public register.				<p>varied.</p> <p>The EPA/OEH response indicates that it does not intend to aggregate or centrally analyse the use of licence variations.</p> <p>In the absence of this analysis, the PAC may wish to ask the EPA how it assesses the extent to which variations to licence conditions impact environmental outcomes (locally, regionally, and statewide).</p>
3. To be implemented by December 2010, the department should better distinguish the Environment Line number for reporting pollution incidents on its brochures, publications and website to make it easy for the public to report pollution incidents. (page 10)	Accepted	The website will be updated. The wording used on publications and brochures for promoting the Environment Line for reporting pollution incidents is being reviewed for use on all relevant new publications.	December 2010	Completed. The website has been updated so that information on reporting pollution incidents is more prominent. All relevant publications now clearly promote the Environment Line number for reporting pollution incidents.	OEH	Response is noted.
4. To be implemented by June 2011, the department should make recommendations to the government on how to resolve the inconsistencies between the Protection of the Environment Administration Act 1991 and the Protection of the Environment Operations Act 1997 regarding environment protection regulatory	Accepted	A report will be provided to the Minister for Climate Change and the Environment.	June 2011	Completed. A review conducted by OEH found that there were no inconsistencies between the two Acts. Therefore a recommendation was made to the Minister for the Environment that no action was needed in relation to this Audit recommendation. This Minister has confirmed	EPA	<p>Response is noted.</p> <p>The PAC may wish to ask the EPA/OEH how it fulfils its oversight responsibilities under the <i>Protection of the Environment Administration Act 1991</i>, in particular how it oversees other authorities that respond to pollution incidents to:</p> <ul style="list-style-type: none"> ensure that pollution incidents are addressed and that it

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responsibilities in NSW. (page 23)				that no action is required.		coordinates the activities of all public authorities <ul style="list-style-type: none"> • inquire into and report on the effectiveness of the response to pollution incidents.

Performance Audit – Helicopter Emergency Medical Service Contract – Implementation of recommendations

Recommendation	Accepted or rejected	Action to be taken	Due date	Status and comment	Responsibility	Our comments
<p>1. Ambulance should ensure, in consultation with the helicopter operators that the improvements recommended by the safety audit of the Orange helicopter landing site are followed (page 19)</p>	<p>Accepted</p>	<ol style="list-style-type: none"> 1. Previous helicopter landing site – implement safety audit recommendations in consultation with helicopter operators and Orange Base Hospital management. 2. Aviation consultant review of plans for new helicopter landing site. 3. Undertake safety audit of new helicopter landing site prior to commissioning. 	<p>Immediate</p>	<p>Completed</p> <ol style="list-style-type: none"> 1. All recommendations pertaining to the previous helicopter landing site have been actioned. This site is now decommissioned. 2. The new hospital and helipad became operational in March 2011. The previous operational constraints are not present with the new helipad. 3. An audit of the new helicopter landing site has been completed and minor recommendations have been completed by the Western Local Health District Management. 	<p>Aeromedical & Medical Retrieval Services</p>	<p>Response is satisfactory.</p> <p>PAC may wish to enquire whether there were any safety issue recommendations in the recent audit of the new site, and if so, what the status of those issues and recommendations are.</p>
<p>2. Ambulance should provide more comprehensive information on its helicopter emergency medical services performance to the public (page 15).</p>	<p>Accepted</p>	<p>Publish information regarding helicopter activity, emergency response times and helicopter availability on the ASNSW website under “Our Performance”</p>	<p>March 2011</p>	<p>Completed</p> <p>Information similar to road ambulance activity regarding helicopter activity, emergency response times and helicopter availability is available on the ASNSW website under “Our Performance”</p>	<p>Corporate Services NSW Ambulance Service</p>	<p>Response is noted.</p> <p>PAC may wish to discuss whether more frequent reporting is appropriate.</p>
<p>3. Ambulance should explore whether any financial compensation should be sought for lost capability resulting from the installation of the inlet barrier filters (page 19).</p>	<p>Accepted</p>	<ol style="list-style-type: none"> 1. Explore feasibility of identifying missions unable to be undertaken by the EC145 due to the effect of the inlet barrier filters amongst other operational factors. 2. Explore cost of investigation versus potential financial compensation 	<p>March 2011</p>	<p>Completed</p> <p>The Orange EC145 became operational in December 2009 and the Barrier Filters were removed on 1 June 2010. While records are available to determine which aircraft did a mission, there is no way to retrospectively determine whether the reason for the EC145 to be unable to do a mission was due to the barrier filters or a combination of aviation factors. This would require an aviation consultant to recreate the mission and flight details to determine whether theoretically the EC145 without the filters could have done the mission. Such an analysis would be time consuming and may not be a cost effective analysis.</p> <p>To explore the potential magnitude of such an analysis, the Ambulance Service examined records to identify those missions where the Orange EC145 was</p>	<p>Aeromedical & Medical Retrieval Services</p>	<p>Response is noted</p>

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				<p>on line, not otherwise tasked but the mission was undertaken by another aircraft. Only five cases were identified. For three cases it was clinically and operationally more appropriate to use another aircraft. Of the remaining two cases, one was cheaper and faster by the alternate aircraft and one was approximately \$100 more expensive.</p> <p>The Sydney EC145 commenced operations on 15 March 2010 and the filters were removed on 1 June 2010. The tasking arrangements with the two Sydney aircraft are such that it is not possible to retrospectively determine any impact the barrier filters may have had on the choice of aircraft on any particular day. An average mission is 1.6 hours. The cost difference between the AW 139 and the EC 145 for an average mission is \$400. Extrapolating from the analysis with respect to the Orange EC145 any financial impact is likely to be minimal over 2.5 months and not cost effective to explore.</p>		
<p>4. Ambulance should ensure that AmbFlight is implemented and fully functional (page 15).</p>	<p>Accepted</p>	<ol style="list-style-type: none"> 1. Introduce AmbFlight phase 1 2. Complete Business Case, scope, fund and implement phase 2 		<p>AmbFlight phase 1 is complete.</p> <p>AmbFlight phase 2 is under development and on track for implementation in October 2012</p> <p>To effect the connectivity with AmbCAD the Ambulance Service was required to engage with an IT company that has exclusive rights to AmbCAD. This company does not have the technical expertise to connect AmbFlight and SkyConnect. The Ambulance Service has identified an IT provider with the demonstrated expertise, however, this requires a separate project to be scoped and funded as a subsequent phase at the completion of phase 2.</p>	<p>Corporate Services</p>	<p>Response is noted.</p> <p>PAC may wish to enquire if there is a reason that aircraft and medical crew response times are not entered electronically; and an indicative date for the connection of the two systems.</p>
<p>5. Ambulance should advise the public on the permanent location for its Sydney helicopter emergency medical services base and its impact on operations once this decision is made (page 19).</p>	<p>Accepted</p>	<ol style="list-style-type: none"> 1. Complete the Sydney Helicopter Base – review of options project 2. Discuss options with the Land and Property Management Authority 3. Develop business case for preferred option 4. Identify funding and seek approval 	<p>Sept 2011</p>	<p>Delayed</p> <ol style="list-style-type: none"> 1. The options paper was completed in 2011. 2. With the assistance of the Land and Property Management Authority, the Ambulance Service has identified a preferred option. 3. The business case for the preferred option is complete and a Gateway Review has been 	<p>Aeromedical & Medical Retrieval Services</p>	<p>Response is noted.</p> <p>PAC may wish to enquire if Ambulance has any indicative dates for a permanent location of the Sydney base; what is</p>

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		5. Commence planning and approval requirements for acquisition and development of land.		arranged. This being a pre-requisite to submission of the project for Government consideration. 4. NSW Health has incorporated the cost of the Base into its forward capital funding projections. 5. The Ambulance Service is also reviewing aeromedical retrieval services as part of the current Ambulance Service Health Check. The terms of reference include the development of the future rotary services operational model. This may mean the current contract extension options are used and hence more time is available to meet the requirement to have the new base in place before the replacement contract is put in place.		the cause of the hold-up in establishing a permanent base; and the anticipated impact on response times and helicopter activity when the new base starts operating.
6. Because of the apparent change in demand across NSW, Ambulance should review the effectiveness of all its helicopter emergency medical arrangements before extending the CHC contract or executing any new regional contracts (page 18).	Accepted	<ol style="list-style-type: none"> 1. Seek the approval of the Minister of Health for a review of aeromedical retrieval services in advance of new regional helicopter contracts. 2. Develop terms of reference for approval by the Minister's Office. 3. Undertake review and develop recommendations 4. Determine final recommendations for approval by Minister for Health 	Sept 2012	<p>On track</p> <ol style="list-style-type: none"> 1. The Minister for Health announced a broad review of the Ambulance Service including aeromedical services on 8 September 2011. 2. Terms of reference have been approved 3. The Aeromedical sub-committee is established and preparing to invite a request for proposal for consultants to undertake the review 	Ministry of Health	<p>Response is noted.</p> <p>PAC may wish to discuss that, given that the number of missions flown continues to fall, is there any short-term way to reduce capacity (and costs) safely, to reflect this.</p>
7. Ambulance should ensure through its contract management that helicopter operators gain appropriate authorisation for any changes that may influence the service delivery capacity of the helicopters (page 19).	Accepted	<ol style="list-style-type: none"> 1. Ambulance to continue to conduct regular contract meetings with all helicopter providers and remind helicopter providers of the need to notify Ambulance of all modifications to the aircraft except those required by law. 2. Aircraft modifications placed as standard agenda item at contract performance meetings. 3. All modification requests to be considered by an independent aviation advisor. 	Ongoing	<p>Completed and ongoing.</p> <p>Three helicopter operators have requested and received approval from the Ambulance Service to undertake significant aircraft changes. These are:</p> <ol style="list-style-type: none"> 1. Child Flight – acquisition of new aircraft 2. Northern Region Helicopter Rescue Service – introduction of night vision goggle operations 3. Hunter region helicopter rescue service – acquisition of new aircraft. <p>All requested changes are complete and have been audited by an independent aviation advisor.</p>	Aeromedical & Medical Retrieval Services	<p>Response is noted.</p> <p>PAC may wish to enquire if the Hunter Region's acquisition of a new aircraft is in conflict with recommendation 6.</p> <p>Our audit did not look at Child Flight operations.</p>

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<p>8. Ambulance should continue to ensure that CHC apprise them of any possible changes in corporate direction that could affect their role in Australia (page 13).</p>	<p>Accepted</p>	<ol style="list-style-type: none"> 1. Ambulance will continue to monitor the corporate direction and organisational restructure of CHC 2. Rights and obligations under the contract cannot be assigned without Ambulance written consent. 	<p>Ongoing</p>	<p>Completed and ongoing.</p> <p>In November 2010, CHC advised that it intended to restructure its Australian operation in order to better service its clients. The Ambulance Service was consulted and kept informed of the progress of the restructure through regular contract meetings.</p> <p>The restructure is now complete and has resulted in a separation of EMS/SAR operations and Oil and Gas operations into different business units. From the perspective of the Ambulance Service this has resulted in a dedicated EMS/SAR General Manager and a dedicated manager for the Greater Sydney helicopter contract. The dedicated base manager started in January 2011 and the EMS/SAR General Manager in April 2011. This is an improved position further facilitating contractual and day to day operational management.</p>	<p>Aeromedical & Medical Retrieval Services</p>	<p>Response is satisfactory.</p>

Performance Audit – Coal Mining Royalties - NSW Trade & Investment – Implementation of recommendations

Recommendation	Accepted or rejected	Action to be taken	Due date	Status	Responsibility	Our comments
1. To ensure information that supports the collection of coal mining royalties is accurate and current, DII should :					Mineral Resources	
<ul style="list-style-type: none"> develop data quality assurance standards and procedures (page 10) 	Accepted	Reports to maintain the integrity of data are in place to ensure the data within the Royalty Information System is accurate and current.	June 2005	Complete		The response does not indicate whether any procedures have been developed.
<ul style="list-style-type: none"> maintain records of annual data validation reviews (page 10) 	Accepted	The current data validation reports will be reviewed annually, prior to the issuance of the annual royalty returns. The reports will be filed for confirmation.	June 2011	Completed		Response is satisfactory (see also above comment)
<ul style="list-style-type: none"> implement the electronic data integration project by June 2013 (page 10). 	Accepted	Electronic data integration will be developed. Manual processes have been introduced to ensure data is accurate and current.	June 2013	On track		PAC could request details on current status.
2. To help mining lease holders comply with the rules, DII should develop comprehensive compliance guidance for coal royalties (page 11).	Accepted	<ul style="list-style-type: none"> Minister’s Determination and examples issued. 	February 2009	Completed		Response is satisfactory
		<ul style="list-style-type: none"> An annual royalty return template issued. 	June 2010	Completed		Response is satisfactory. However, the link to the monthly and annual return templates in the ‘NSW Coal Mining Guidelines for Royalty Compliance’ on the Department’s website is not

Recommendation	Accepted or rejected	Action to be taken	Due date	Status	Responsibility	Our comments
						active.
		<ul style="list-style-type: none"> Coal Guidelines, outlining processing issues and defining key points from the Minister's Determination and legislation developed. 	September 2010	Completed		Response is satisfactory
		<ul style="list-style-type: none"> All information to be made available on the Department's website. 	February 2011	Completed		Response is satisfactory
3. To improve the accuracy of returns and the efficiency of the royalty return system, DII should:					Mineral Resources	
<ul style="list-style-type: none"> require coal mining lease holders to provide supporting evidence with their annual returns (page 13) 	Accepted	Annual returns will require confirmation of reconciliations of sales to colliery ledgers	July 2011	Complete		PAC could request details on the type of supporting evidence lease holders provide and when.
<ul style="list-style-type: none"> require coal mining lease holders to undertake an independent limited assurance audit of annual returns (page 13) 	Accepted	The Department will audit 100% of the annual coal returns instead of having independent assurance.	July 2011	Completed		Given the small number of royalty audit staff, PAC could request clarification on whether all annual returns will be audited annually and how this how this practice fits with a risk based approach.
<ul style="list-style-type: none"> implement an online royalty return system by June 2013 (page 13). 	Accepted	An online system will be developed	June 2013	On track		PAC could request details on current status..
4. To ensure a more structured approach and effective audits, DII					Mineral	

Recommendation	Accepted or rejected	Action to be taken	Due date	Status	Responsibility	Our comments
should:					Resources	
<ul style="list-style-type: none"> develop a risk-based audit program to better target audit resources (page 16) 	Accepted	Document risk based audit practices into a policy.	September 2010	Completed		PAC could request information on the risk based audit program and its current implementation.
<ul style="list-style-type: none"> Response is satisfactory for each audit undertaken, extend the scope from the current one year's royalties to all years since the previous audit (page 16) 	Accepted	All annual coal returns will be audited.	July 2011	Completed		Response is satisfactory. However, it would be helpful to know whether lease holders have been informed of the change in policy/practice.
<ul style="list-style-type: none"> develop audit procedures and train staff (page 16) 	Accepted	Audit procedures, checklists and standard templates and documents developed.	December 2011	Completed		Response is satisfactory
<ul style="list-style-type: none"> monitor and report on audit progress and findings, and the effectiveness of its compliance activities (page 16) 	Accepted	Monitoring of audit progress and findings. Quarterly performance reporting to the Executive Director Mineral Resources.	September 2010 March 2011	Completed Completed		Response is satisfactory
<ul style="list-style-type: none"> develop a staff rotation policy to better manage the perception of independence (page 16). 	Accepted	Development of a staff rotation policy.	September 2010	Completed		Response is satisfactory
5. To improve compliance, DII should:					Mineral Resources	
<ul style="list-style-type: none"> penalise underpayments of royalties identified in audits and annual returns exceeding a certain percentage (e.g. two 	Accepted	Interest charges will be introduced for annual returns and audits where the variation is greater than 2% of	March 2011	Completed		Response is satisfactory. However, it would be helpful to understand why the 'NSW Coal Mining Guidelines for Royalty

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per cent) of royalties owed for the year (page 18)		total royalty.				Compliance' on the Department's website do not specify this 2% variation.
<ul style="list-style-type: none"> ▪ escalate penalties for consistent late payments of royalties (page 18). 	Accepted	This will be introduced within the branch's compliance and enforcement policy.	June 2012	On track		Implementation is delayed It would be helpful to know the reason for the delay (originally the Department committed to implementing this recommendation by June 2011). PAC could request information on current status.
6. NSW Treasury, in consultation with DII and the Department of Premier and Cabinet, should undertake a detailed review of the merits of transferring the administration of royalties to the Office of State Revenue by June 2011 (page 16).		Committee, chaired by NSW Treasury to undertake review and provide recommendations to Cabinet.	June 2011		NSW Treasury	It would be helpful to know if a committee has been convened and a review undertaken, and whether the Department has had any involvement.

Performance Audit – Mental Health Workforce - Implementation of Recommendations

Recommendation	Accepted or rejected	Action to be taken	Due date	Status and comment	Responsibility	Our comments
Improve planning:						
1. By January 2012, NSW Health should ensure all local health services:						
1.1. improve data quality to provide reliable information on the size and profile of the current workforce for internal planning and external reporting [p18]	Supported	a) The implementation of the State-wide Management Reporting Tool (SMRT) project, as referenced in the Performance Audit Report, will considerably improve data quality in relation to human resource and financial management across the NSW Health system. The financial side of the project is advanced. Training has been provided across the state to key finance staff in Area Health Services. Net Cost of Service (NCOS) reporting is currently being piloted and we are targeting January 2011 (reporting in February 2011) as the 'go live' for NCOS and capital reporting. Functionality for the recurrent and capital budget management will be tested in the first quarter of calendar 2011. The timeline for the Human Resource side of the project is still being developed. It is likely that human resource reporting tools will not be fully implemented across all health networks until 2013.	01/2012	On track and on-going. The State-wide Management Reporting Tools (SMRT) project has been rolled out to all Local Health Districts (LHDs), Health Networks and Health entities. Training has been provided to all key finance staff in LHDs. SMRT is now operational for the recurrent budget. Capital budget management module is being finalised with anticipated roll out across the state on 1/7/2012. Development of the Human Resources side of the project is on-going.	Finance and Business Management, Ministry of Health	The response is noted. The PAC may wish to know whether improvements to data quality now enable NSW Health to state the size and profile of its mental health workforce with reasonable certainty.
		b) In the interim period, the Department will continue to use the Mental Health Establishments National Minimum Data Set reported annually, supported by Mental Health KPI reporting processes monthly, and reconciled 6-monthly ('Attachment C' Reports). Following from the IAB Services SPF Review, the Mental Health and Drug and Alcohol Office has done considerable work to improve the integration and integrity of the data sources, and has worked closely with Area Health Services in improving data quality. This work will continue and be enhanced by the current processes to map cost centres for the transition to the new Local Health Networks, and the current project of the Mental Health and Drug and Alcohol Office to develop a state-wide mental health project code structure.	01/2012	On track. MHDAO continues to use the Mental Health Establishments National Minimum Data Set and other systems to monitor workforce while SMRT is rolled out.	Mental Health and Drug and Alcohol Office (MHDAO)	
1.2. determine what mental health services and workforce are being and	Supported	a) Local Health Networks (LHNs) are currently being established in response to national health reform agenda. As part of the due diligence processes for	01/2012	On track. The LHDs Mental Health program cost	MHDAO And	The response is noted.

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will continue to be funded by local health services [p18]		the LHN transition, Area Health Services have been mapping all existing services, including Mental Health, and their corresponding cost centre structures. The Mental Health program will be clearly identifiable in the General Ledger structure of the new Health financial system.		centres are available in SMRT. LHDs Mental Health program budget and expenditure are available upon request to the Ministry of Health via SMRT.	Finance and Business Management	
1.3. have consistently developed mental health workforce plans, which cover existing (including pre-2006) and planned services and are integrated into a state wide plan [p25]	Supported	<p>a) In 2006, the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006 – 2011 was agreed, to help drive ongoing reforms within the National Mental Health Strategy and bolster the diverse specialist mental health service sector. This included an 'Action Area' to increase workforce capacity with workforce also a priority area for the new Fourth National Mental Health Plan that was agreed in September 2009.</p> <p>A new National Mental Health Workforce Strategy is currently being developed under the Fourth Plan with participation by all jurisdictions. It is focussed on five outcomes areas:</p> <ul style="list-style-type: none"> ▪ developing, supporting and securing the current workforce; ▪ building capacity for workforce innovation and reform; ▪ building supply of the mental health workforce; ▪ building the capacity of all health and community service providers; ▪ collecting accurate, timely and quality data on Australia's mental health workforce with well designed and integrated data collection systems. <p>The draft Strategy is currently being considered by relevant advisory committees to the Australian Health Ministers' Conference. Once finalised, NSW Health will incorporate its principles into a state wide plan.</p>	01/2012	<p>On track and on-going.</p> <p>The Mental Health Workforce Strategy and Plan was endorsed by the Australian Health Ministers' Conference in September 2011. An implementation committee is being established and includes a NSW Health representative.</p>	Mental Health and Drug and Alcohol Office (MHDAO)	The response is noted. The PAC may wish to request the 10 year Health Professional Workforce Plan for NSW Health which is due to be released in mid 2012. What is the number and profile of staff that each LHD will require in 2017?
		<p>b) NSW Health has already developed a Planning Toolkit to facilitate development of Workforce Plans. The toolkit provides a systematic and consistent</p>	01/2012	<p>On track.</p> <p>The toolkit has been developed and is</p>	Workforce Planning and	

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		<p>approach to workforce planning linked with service planning, across all workforce categories. In their responses to the Performance Audit Report, all Area Health Services have indicated they already have Area-based workforce plans.</p>		<p>available to NSW Health organisations, including LHD's, however is not published and is not publicly available.</p> <p>A 10 year Health Professionals Workforce Plan for NSW Health is being finalised for release by the Minister mid-2012. Better integration of service and workforce planning has been identified as a strategy with actions to undertaken.</p>	<p>Development, NSW Ministry of Health</p>	
<p>Use mental health funds as intended:</p>						
<p>2. By July 2011 NSW Health should ensure:</p>						
<p>2.1. Mental Health Directors have direct reporting lines to their Chief Executives including authority over the budgets and delegation to recruit mental health workers (subject to CEO approval) [p25]</p>	<p>Supported with qualification</p>	<p>a) On 21 April 2005 the former Director-General gave direction to Area Health Service Chief Executives to this effect. In responses to this Performance Audit Report, most Area Health Services have indicated that Mental Health Directors are closely involved in the various transition processes as Areas move toward LHN structures. Mental health requirements in regard to budget authority and recruitment delegation in relation to mental health service networks will be clearly articulated as part of the transition to the new structure. Guidance will be provided by the Department.</p>	<p>07/2011</p>	<p>On-going.</p> <p>Following the establishment of the Local Health Networks on 1 January 2011, the former Area Mental Health and Drug & Alcohol Directors were placed in the Health Reform Transitional Organisations (HRTOs).</p> <p>On 28 February 2011 the then Deputy Premier and Minister for Health issued a Ministerial Direction to all Local Health Networks [Districts] stating:</p> <p>"In administering the delivery of mental health services, the Chief Executive is to ensure the following:</p> <ul style="list-style-type: none"> i. all budget and other resources allocated to the LHN for the purposes of the delivery and management of mental health services are not to be used for any other purpose; ii. compliance with the Mental Health Services components of the Service and Performance Agreement between the Director-General and the LHN; 	<p>Local Health Districts</p>	<p>The response is noted. The PAC may wish to know which Mental Health Director positions are currently unfilled and when will they be filled.</p>
				<ul style="list-style-type: none"> iii. a position of Director of Mental Health Services is established for the LHN with responsibility for the mental health program covering the full range of 		

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				<p>specialist community based through to acute mental health services;</p> <p>iv. where appropriate, one Director may be appointed to manage both mental health and drug and alcohol functions; and</p> <p>v. the Director of Mental Health Services has direct access and reporting lines to senior management (the Chief Executive or a tier 2 position) on mental health policy matters.”</p> <p>MHDAO has worked with Workplace Planning and Development Branch and is seeking input from the former Area Directors, HRTO Chief Operating Officers and Local Health District Chief Executives in relation to:</p> <ul style="list-style-type: none"> Finalising position descriptions in relation to mental health and drug and alcohol leadership roles; 		
				<ul style="list-style-type: none"> Identifying where combined or separate positions are suited to a LHD's requirements to support grading of those positions; and To support the recruitment process for Mental Health Directors as a priority. <p>Subsequent progress toward recruitment and appointment of Mental Health Directors was dependent upon the outcome of the health system Governance Review undertaken by the newly appointed Director-General. The Director-General's future vision is outlined in <i>Future Arrangements for Governance of NSW Health</i>. Available at http://www.health.nsw.gov.au/resources/govreview/pdf/governance_report.pdf</p> <p>Subsequent recruitment to the Mental Health Director positions has been a priority. The majority of Mental Health Directors are now in place and the remainder are in the process of being finalised.</p>		

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2.2. overhead charges made against mental health programs by other health services are appropriate and transparent [p25]	Supported	a) This was a key recommendation and action from the IAB Services SPF Review. The Department is developing guidelines on cost allocations which will describe overhead charges and other administrative and corporate charges and how they should be attributed to programs. Once full functionality is established, SMRT will provide capability to closely monitor charges attributed to Mental Health Programs .In addition, as part of the transition to Local Health Networks, NSW Health is reconfiguring its accounting systems to enable discrete reporting for Mental Health services.	07/2011	On track and on-going SMRT is being rolled out and further efforts are underway to associate the mental health program budgets at a LHD level through SMRT including tracking overhead charges. Advice for allocating overhead costs to programs is issued each year as part of the preparation of annual financial statements. Further reconfiguration of the NSW Health accounting systems to enable the discrete reporting of Mental Health services will be considered once the NSW Mental Health Commission is established and the financial reporting needs of the Commission are identified.	Finance and Business Management And MHDAO	The response is noted. The PAC may wish to know what proportion of mental health funding is spent on overheads charged by the Local Health Districts. Does NSW Health recommend a cap on overhead charges?
2.3. local health networks report against agreed benchmarks for the distribution of their workforce between community and hospital based services [p23]	Supported with qualification	a) 'Benchmarks' are not the most appropriate tools to promote a flexible workforce geared to meet the operational needs of the local health setting. The Department already has an internationally recognised population-based service planning tool, the Mental Health Clinical Care and Prevention (MH-CCP) Model, which covers the full spectrum of mental health care services in NSW. The Department will continue to use the MH-CCP Model as a guide for service planning and to assist on decisions of future investment; however, workforce distribution should be determined based on the particular circumstances of the particular LHN. It is the expectation that, once workforce targets are agreed, the LHNs will report against those targets through the established performance reporting processes.	07/2011	On track and on-going. During 2008-10 MHDAO managed the process of revising MH-CCP to version 2010. MH-CCP 2010 is a population based tool that uses the evidence on rates of illness combined with care packages defined by clinical experts to estimate the numbers of clinical staff and other treatment resources for an average population of 100,000 people in NSW in the most recent census year, 2006. In April 2011 the model was endorsed by the Mental Health Program Council. Tables summarising the predicted need for bed, clinical Full Time Equivalent (FTE) and program place resources have been forwarded to LHDs. MHDAO is currently contracted by the Commonwealth to develop the national equivalent of the MH-CCP Planning Tool. This additional work will be complete in June 2013. All LHDs report Mental Health-related FTE through the annual Mental Health Establishments National Minimum Data Set (MHE NMDS) report. The 2010/11 report is	MHDAO And LHDs	The response is noted. The audit found that mental health workforce shortages were greatest in community and residential settings. The PAC may wish to know the extent to which this gap has closed

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				currently being compiled. Through its 'Milestones' Reporting process, MHDAO requests reports from each LHD on Community FTE establishments, current vacancies and actions to address those vacancies. Reports are submitted on a quarterly basis and addressed with LHD Chief Executives at their performance meetings with the Ministry established under the Health system's Performance Management Framework.		
2.4. the average recruitment time to fill a position is reduced to nine weeks [p25].	Supported with qualification	a) Whilst the nine weeks recommendation is desirable, it is not necessarily achievable, particularly when recruitment time is considered to be the time from the decision to advertise the position to the letter of offer being provided to the successful candidate. Time to recruit is also greatly reliant on the availability of an appropriately skilled workforce (particularly vexing for rural locations) and the additional recruitment and credentialing processes required for certain positions such as staff specialists. The e-recruitment system currently being implemented throughout NSW Health will assist with monitoring timelines for recruitment.	07/2011	On track and on-going. The new governance arrangements announced by the Director-General (in <i>Future Arrangements for Governance of NSW Health</i>) highlight the importance of the reintroduction of localism and role clarity in the area of recruitment services. The proposed devolution of General Recruitment Services currently undertaken by HSS back to LHDs and Networks recognises that scale benefits have not been proven to outweigh the flexibility and responsiveness that comes from locally managed services. The Director-General has established a Program Management Office to undertake implementation planning required to support the system through the structural transformation. The Ministry of Health has established a statewide recruitment committee to provide governance to the recruitment system and streamlining of the operations and recruitment policy.	LHDs And Workforce Planning and Development	The response is noted. The PAC may wish to know whether NSW Health has reduced the average recruitment time taken to fill mental health vacancies. Does NSW Health set a target for the time taken to recruit mental health staff?
Improve continuity of care:						
3. By January 2012 NSW Health should ensure all local health services:						
3.1. expedite action to integrate mental health	Supported	a) There has been a considerable body of work done with partner services across the State and at	01/2012	On track and on-going.	MHDAO	The response is

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<p>services and build partnerships with non-government organisations, private clinicians, other service providers, consumers and carers [p19]</p>		<p>Area Health Service level. This includes but is not limited to Departments of Housing, Education, Community Services, Aging Disability and Home Care, Residential Aged Care Facilities, Divisions of General Practice, Police, Ambulance, local Councils and Aboriginal Community Controlled Health Services. Specific examples follow:</p>		<p>Programs continue to be implemented and developed to support the integration of Mental Health Services, partnerships with NGO's and the private sector.</p>		<p>noted.</p>
		<p>b) The Housing and Accommodation Support Initiative is a model example of what can be achieved when Agencies such as Health and Housing and the NGO sector can work together</p>		<p>HASI is a joint initiative between the NSW Ministry of Health and Housing NSW with NGOs playing a central role in the HASI partnership model. The HASI Program currently delivers 1,135 accommodation support packages across NSW. HASI demonstrates the benefits of a partnership approach in facilitating improved outcomes and community participation for people with a mental illness.</p> <p>The NSW Ministry of Health is currently negotiating with the Commonwealth Government regarding expansion of the HASI program.</p>		
		<p>c) Three Ts Project (Training, Treatment, Transferring knowledge) brought together the Department of Health and Ageing, NSW Health and General Practice NSW to work in partnership to improve the clinical management and treatment of people with mental illness and drug and alcohol disorders.</p>		<p>The Three Ts Project funded and supported clinical placement for GP's, mental health workers and drug & alcohol workers in each other's organisational setting. A total of 52 GPs undertook placements in both a mental health and drug and alcohol setting. This Project has now been completed. It is anticipated that further action associated with this Project will be driven by Medicare Locals as they are established.</p>		
		<p>d) NSW Health has also undertaken a number of initiatives to enhance GP's knowledge and skills in mental health and to promote improved communication between Area mental health workers and GPs for the benefit of mental health consumers in the community. In addition to local Area mental health / GP activities, NSW Health funds the Institute of Psychiatry for the only post graduate Mental Health qualification for GPs in Australia. The training program offers day workshops, scholarships and education courses to</p>		<p>In 2011 a total of 192 GPs enrolled in a variety of mental health education programs offered by the NSW Institute of Psychiatry. 16 GPs completed a Post graduate qualification at the end of 2011. 11 completed the Graduate Certificate in Mental Health, 1 completed a Graduate Diploma of Mental Health and 4 completed a Masters of Mental Health.</p>		

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		<p>Certificate, Diploma and Masters level.</p> <p>e) A review of Shared Care was commissioned by MHDAO to provide recommendations for improving collaboration, communication and coordination among services for people with mental health problems.</p> <p>The <i>'Linking physical and mental health...it makes sense'</i> initiative was launched in 2009 to improve the physical health of mental health consumers. One of its key goals is to encourage greater collaboration between health care providers, in particular between GPs and mental health services. The Policy and Guidelines associated with this initiative are currently being implemented by LHDs and include the requirement for services to develop a strategy to better engage with local GPs to ensure that mental health consumers receive regular physical health care assessments and ongoing care for physical health issues. As part of this initiative, local workshops are planned for the first half of 2011 to bring together GPs and mental health staff to look at existing processes and how they could be improved, or what others have already implemented that is working.</p>		<p>Shared 'physical health' care is being considered as part of the Linking Physical and Mental Health initiative. See response under status of 3.2 for further information about this.</p>		
		<p>f) The development of special care units and supported discharge programs in residential aged care facilities for older people with severe behavioural and psychological symptoms of dementia and/or mental illness, delivered by residential aged care providers in partnership with NSW Health mental health services, and</p>		<p>Behavioural Assessment and Intervention Services (BASIS) provide specialist mental health input to assessment and management of older people with severe, complex behavioural disturbance in partnership with aged care services in NSW. BASIS have been developed across former Area Health Services under Phase 1 of the <i>Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-2015</i>. Community based assessment and intervention services also occur under the Dementia Behaviour Management Advisory Services (DBMAS) Program, an Australian Government initiative. The DBMAS Program in NSW operates through a central service (hub) and clinicians in LHDs (spoke services) and is funded under a Funding Agreement between NSW Health and the Australian</p>		

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				Government Department of Health and Ageing until June 2013.		
		g) The development of specialist community-based assessment and intervention services that work in partnership with residential and community aged care providers, GPs and carers to support better mental health care for older people.		The Mental Health Aged Care Partnership Initiative (MHACPI) between mental health services and residential aged care providers was developed to address the need for more appropriate, community-based, long-term care options for older people with severe behavioural and psychological symptoms associated with dementia and/or mental illness. NSW Health developed two pilot services within residential aged care facilities (RACF) operated by Catholic Health Care and Hammond Care. A tender request has been issued (currently open) for further economic analysis of the MHACPI, which will assist in informing the potential for expansion of the MHACPI model to other sites.		
		h) The Mental Health NGO Learning and Development Unit is a key initiative aimed at creating a skilled and progressive workforce to help people in their recovery from mental illness. The Unit has already achieved a number of outcomes across the areas of Workforce Development, Quality and Outcomes and Promoting Partnerships.		NGO Learning. The Learning and Development Unit (LDU) located at the Mental Health Coordinating Council conducted 356 training days in 2010/11 in 18 locations across NSW. Both course satisfaction and completion rates are well above national averages for a Registered Training Organisation.		
		J) MHDAO meets on a quarterly basis with GP NSW and Department of Health and Ageing to take a tripartite approach to policy development, issues and problem solving in relation to the interface between general practice and mental health services.		Meetings on-going.		
3.2. inform a patient's private doctor of the ongoing care plan when the patient is discharged from a NSW Health facility subject to privacy legislation [p19].	Supported	a) As a requirement under the current policy for Discharge Planning from Adult Mental Health Units and under the revised policy now in development, it is a standard practice to provide the patient's GP and /or other health professionals involved in ongoing care with the Transfer/Discharge documentation, care plan and other relevant information. It is also a requirement that during the discharge planning process, Area mental health clinicians	01/2012	Standard clinical practise as restated in the Discharge Policy and the new draft policy is an ongoing requirement for NSW mental health services. The new policy is expected to be released mid 2012.	MHDAO	The response is noted. The PAC may wish to ask NSW Health about its progress in ensuring that Mental Health Discharge summaries are provided to the patient's private doctor

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		<p>involve General Practitioners (GPs), private health professionals and others who will be supporting the patient in the community.</p> <p>At the time of discharge, all NSW Health inpatient and community mental health services complete and send standardised transfer/discharge documentation to the GP or other community based clinicians involved in the consumer's ongoing care. The transfer/discharge summary includes advice about the care provided, medication and dosage information, current risks and safety issues, suggested follow-up treatment/action and provides contact details of relevant persons including LHD mental health clinicians.</p> <p>Under policy, LHD mental health services are expected to conduct regular audits of clinical documentation and discharge planning practices to ensure standards are maintained.</p>				
		<p>b) The Policy and Guidelines released as part of the <i>'Linking physical and mental health...it makes sense'</i> initiative require LHDs to work more collaboratively with the consumer's GP, if they have one, or to link the consumer with a local GP, to ensure they receive care for their physical as well as mental health issues. Additionally, the Policy specifically documents the responsibility of services to ensure the consumer's GP is consulted, with the consumer's consent, when developing the care plan and receives a copy of the care plan on discharge to ensure they are aware of any physical health concerns or medications.</p> <p>These documents are currently being implemented within LHDs and the requirements for services are being promoted through a recently launched dedicated website (www.cadre.com.au/nsw_health/index.html) and through workshops rolled out for GPs and mental health staff in 2011, with more planned for 2012.</p>		<p><i>'Physical health care of mental health consumers Guidelines'</i> and <i>Physical health care in mental health service policy directive'</i> are currently being implemented within LHDs.</p> <p>Workshops were rolled out in 2011 to over 300 participants and on-line training has been undertaken by over 500 service staff. Evaluation of workshops indicates they were very successful in raising awareness of requirements for services and many were organised in tandem with GP Divisions.</p> <p>Further workshops have been requested by services. Additional funding has been provided for this in 2012, which will involve GPs.</p> <p>Network of LHD Linking Physical and Mental Health Initiative 'champions' has been established in 2012 to continue to look at ways to address key issues, such as better engagement with GPs.</p>		
		<p>c) NSW Health is currently promoting service self-audit and quality improvement in this area in older people's mental health services across NSW</p>		<p>The SMHSOP benchmarking project continues to promote quality improvement in older people's mental health services, with</p>		

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		<p>through the SMHSOP benchmarking project. Standards in the Self-Audit Tool that are relevant to this recommendation include:</p> <ul style="list-style-type: none"> • A system is in place to ensure that contact with the GP and any other follow-up providers has occurred, and has been documented, prior to discharge. • A NSW Mental Health Discharge Summary is completed for all consumers on the day of discharge. • A system is in place to ensure that the above discharge summary is despatched to the consumer's GP on the day of discharge. • A system is in place to ensure that verbal communication occurs with, and the above discharge summary is despatched to, the primary follow-up provider on the day of discharge. • The Self-Audit Tool is currently being implemented annually in SMHSOP units and teams across NSW to promote service self-review and quality improvement, as part of the NSW Health-led SMHSOP benchmarking project. . 		<p>two benchmarking forums held annually. The Self-Audit Tool is currently being implemented in SMHSOP units and community teams and will be reported on during the June 2012 SMHSOP benchmarking forum.</p> <p>Actions identified at the December 2011 SMHSOP benchmarking forum are also being progressed during 2012.</p>		