PRIME MINISTER’S AWARDS FOR EXCELLENCE IN PUBLIC SECTOR MANAGEMENT

Gold Award

Australian Government – Australian Taxation Office
‘SuperStream’ project

SuperStream transformed the superannuation system, providing productivity gains for industry and savings to super fund members to maximise retirement benefits.

The 2010 Review of the Governance, Efficiency, Structure and Operation of Australia’s Superannuation System (Cooper Review) of the Australian superannuation system identified that much of the 'back office' of superannuation was manually transacted and reflected a lack of industry data standards, which resulted in inefficient processing of transactions; millions of 'lost' superannuation accounts and difficulties for members in consolidating multiple accounts.

SuperStream is a comprehensive package of Government endorsed reforms designed to provide the superannuation industry with fit for purpose data standards to modernise the processing of superannuation fund member transactions. SuperStream improves efficiency and allows for easier system for employers to use, which results in more timely flow of money to members’ accounts. It also simplifies processes for the consolidation of accounts and facilitates a reduction in the number of multiple accounts held by members.

Key components of SuperStream are increased use of technology in contributions, rollovers and account administration; uniform data standards for superannuation transactions, including electronic payments; use of the tax file number (TFN) as a key identifier; account consolidation and improvement for contributions made without sufficient details; straight-through processing of super transactions; and all employers can make contributions to a superannuation fund, in a single transaction.

Superannuation contributions and rollovers are processed faster, more efficiently and with fewer errors. Fund members are now more reliably linked to their superannuation, reducing the level of lost superannuation accounts and the level of unclaimed superannuation monies.

Judges’ Comments

ATO’s “Superstream” is remarkable for the scale and complexity of the initiative and for the potential and actual benefits to a wide range of stakeholders, both individuals and businesses, as well as the superannuation industry.

The problems and inefficiencies in the existing system were well understood by the ATO, and these provided the blueprint for the development of SuperStream itself. The ATO took what had been identified through extensive consultation and review processes and made this the core of its work program – it started with a shared basis of which all industry participants had ownership.

The initiative demonstrated the highest levels of planning and governance, and the ATO developed and delivered the capacity to take its stakeholders, as well as its own staff, through a significant change in the way it undertook its business. The ATO in conjunction with its stakeholders co-designed data standards and systems to ensure the effective transfer and accounting of superannuation funds. The results of this initiative are already significant with major savings to industry (in the order of $400 – 500 Million annually).

“Superstream” is a staged initiative with further tranches to be finalised in late 2016 which will add further value to an already remarkable implementation.
Silver Award

NSW Government – Sydney Local Health District

Electronic Medication Management at Concord Hospital

*eMeds is improving medication safety, providing smarter integrated patient care and resulting in better outcomes for our patients at CRGH.*

Concord Repatriation General Hospital (CRGH) was the first hospital in the state of New South Wales to trial the Cerner Millennium Electronic Medication Management system (eMeds), which has dramatically improved the way medicines are managed at CRGH. Since its introduction, eMeds has led to a significant reduction in medication errors and has improved the quality of clinical handover and patient care. Medication errors are considered one of the leading causes of preventable adverse events within the healthcare setting. Medication errors have been linked to drug-related morbidity, mortality, and prolonged length of stay. These outcomes negatively affect patients and increase the cost of providing healthcare.

With eMeds, a patient's medication management is computerised and centrally stored, allowing authorised clinicians to access this information from anywhere. This makes prescribing more legible, reduces duplication, minimises medication errors and improves communication between a patient’s care team.

The success of the eMeds system at CRGH is a result of extensive collaboration between clinicians, staff and IT professionals, and is a significant milestone for patient centred care. It begun with a pilot site running for eight years in the Aged Care and Rehabilitation units at CRGH. The pilot program was a success, with a demonstrated reduction of 66% in total prescription errors, as well as a 44% reduction in serious prescribing errors.

Judges’ Report

Concord Repatriation General Hospital, in NSW Department of Health’s Sydney Local Health District has undertaken a complex and innovative initiative in order to improve medical accountability and patient welfare.

As the first hospital in NSW to implement the Cerner Millennium Electronic Medication Management System (eMeds), Concord undertook an 8-year trial involving multiple disciplines with outstanding success - eMeds has been successful in improving medication safety, with the pilot project demonstrating a 66% reduction in total prescribing errors and a 44% reduction in serious prescribing errors.

The success of this initiative was grounded in early and effective stakeholder consultation together with outstanding planning (which included partnering with the Australian Institute of Health Innovation to establish baseline data for the trial). The trial demonstrated effective governance arrangements with involvement from all hospitals in the Sydney Local Health District plus representation from NSW eHealth. Highly effective change management and communications strategies were put in place to ensure that all staff were successfully transitioned through the major change from paper-based to electronic medication management. Progress of the trial was subject to both qualitative and quantitative monitoring against the baselines.

Overall this was a highly innovative and successful initiative, with a number of other NSW hospitals now following the path that Concord has pioneered.
Silver Award

Tasmanian Government – Department of Education
Implementing Child and Family Centres in Tasmania

Transforming early years’ service delivery through innovative stakeholder engagement in the implementation of Child and Family Centres in Tasmania

It had long been recognised that services for children and families in Tasmania were fragmented with poor inter-sector collaboration. This made it difficult for parents/carers to identify and access the support they required, leading to under use of available services. This gap in service delivery standards was further identified with the release of data from the Kids Come First Update (2009) that indicated early-years’ outcomes were falling short in a number of key areas. The Tasmanian results of the Australian Early Development Census (AEDC), showed a need to focus on early-years’ service delivery in Tasmania’s most vulnerable communities.

The development of Child and Family Centres (CFCs) provided a single entry point to universal, targeted and specialist early years services and supports from pregnancy to age five. A whole-of-government and community governance structure was put in place to provide clear direction and leadership. A State-wide Outcomes Framework identified broad outcomes, objectives, strategies and impact and process indicators. Twelve CFCs, two of which have a focus on supporting Aboriginal children and families, have been built across the state in communities experiencing significant disadvantage and poor early childhood outcomes.

A state-wide survey revealed over 85% of CFC community members endorsed the work done and the difference made to their parenting skills. Most tellingly, the recent Telethon Kids Institute (TKI) report (2015) on the impact of CFCs on parents’ use and experiences of early-years services, provides conclusive evidence that centres are "successfully engaging, supporting and working with families to give their children the best start in life".

Judges’ Comments

The Tasmanian Department of Education’s “Child and Family Centres” initiative is a highly successful ongoing program to overcome disadvantage in family and child access to a range of government services.

The results so far include the establishment of twelve Child and Family Centres, including two dedicated to Aboriginal families and the conception and implementation of a Learning and Development Strategy which was instrumental in facilitating a paradigm shift in service delivery – including genuine community engagement in the co-design and co-production of local service models.

The Department responded effectively to a serious deficiency in the way family services were both provided and accessed in Tasmania by developing an access strategy that involved not merely the co-location of services but also a program of cultural change involving both service providers and clients. The Child and Family Centres provide a single entry point to universal, targeted and specialist early years services and supports from pregnancy to age five. A whole-of-government and community governance structure, overseen initially by then Premier and Minister for Education and Skills, David Bartlett, was put in place to provide clear direction and leadership.

The initiative is outstanding for the way it has delivered an impact for individuals through a client-centric approach and the way in which multiple State-level players worked together to achieve a strategic outcome. The overall planning and governance was of a very high standard and the collaborative approach to combining disciplines and services was exceptional.