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Management & accountability

Governance

Public accountability

Information management

Our people

Equity and diversity



Governance

Corporate governance in NSW Health is the manner by which authority and accountability is distributed through the whole health system.

The Secretary is committed to best practice clinical and corporate governance and has processes in place to ensure the primary governing responsibilities of NSW Health organisations are fulfilled with respect to:

- setting the strategic direction for NSW Health
- ensuring compliance with statutory requirements
- monitoring the performance of health services
- monitoring the quality of health services
- developing the workforce and managing industrial relations
- monitoring clinical, consumer and community participation
- ensuring ethical practice
- ensuring implementation of the health-related areas of the NSW Premier's Priorities (previously *NSW 2021: A plan to make NSW number one*).

Governance framework

The NSW Ministry of Health is a department of the NSW Government. The governance framework for NSW Health establishes the accountability systems and relationships between the NSW Ministry of Health, on behalf of the NSW Government and the public health system. The framework also recognises the specific purpose of each organisation, its legislative policy and ethical obligations, as well as its workforce and employment responsibilities within the system. Under NSW Health's devolved governance model these organisations, each with specific functions, work together to achieve the objectives set out in the *NSW State Health Plan*.

The organisations that make up the public health system include:

- local health districts and specialty health networks
- other statutory health corporations
- affiliated health organisations
- NSW Health Pathology
- HealthShare NSW
- e-Health
- NSW Ambulance
- Health Infrastructure.

These organisations are recognised or established under the *Health Services Act 1997*. Local health districts, statutory health corporations and affiliated health organisations are referred to under the *Health Services Act 1997* as public health organisations.

Each health organisation is governed by an accountable authority, being either a board or a chief executive, with appointment and responsibilities for these set out in legislation.

Through this accountability structure, each health organisation is responsible for managing its internal control environment, and reports annually on a range of governance matters. They also provide various annual attestation statements certifying their level of compliance against key primary governance responsibilities.

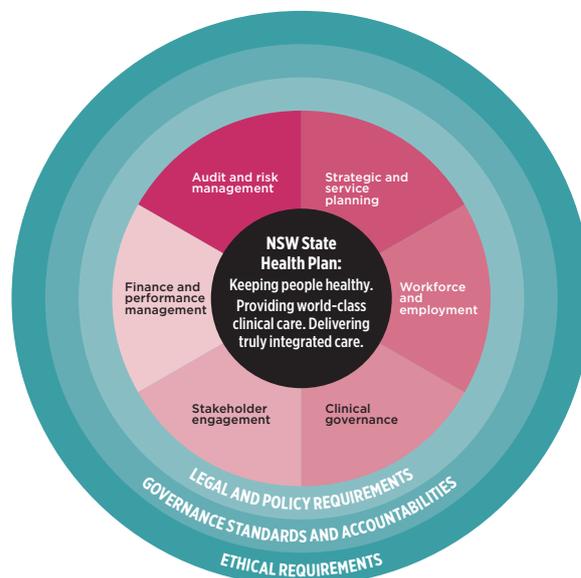
These attestation statements for each health organisation are required to be posted on each organisation's website.

The governance framework is supported by NSW Health's CORE values, as well as those of the NSW Public Service, and is underpinned by NSW Health's seven governance standards.

NSW Health seven governance standards

- 1 Establish robust governance and oversight frameworks
- 2 Ensure clinical responsibilities are clearly allocated and understood
- 3 Set the strategic direction for the organisation and its services
- 4 Monitor financial and service delivery performance
- 5 Maintain high standards of professional and ethical conduct
- 6 Involve stakeholders in decisions that affect them
- 7 Establish sound audit and risk management practices

The governance framework is summarised in the following diagram. The centre depicts the key elements of effective governance which public health organisations are responsible for managing. The outer circles are the key external governance requirements that apply to these organisations across all their activities.



Strategic and service planning

A set of high-level performance indicators measure NSW Health's performance against priorities contained in the NSW State Health Plan. Outcomes against these indicators are reported in the Performance section of this Annual Report.

The indicators inform performance at the State level as well as translating to hospital level for local management. They provide a basis for a tiered set of key performance indicators at the local health district, specialty health network, facility and service levels. The indicators are the basis for an integrated performance measurement system linked to chief executive performance contracts and associated performance agreements. They also form the basis for reporting on the performance of the health system to the public.

Workforce and employment

Staff of the Ministry of Health are employed under *Government Sector Employment Act 2013*.

Under the *Health Services Act 1997*, the Secretary exercises the employer functions of the Government in relation to the staff employed in the NSW Health Service, being staff working in the public health system. The majority of these functions have been delegated by the Secretary to public health organisations.

The Secretary approves:

- all non-standard contracts of employment/engagement
- statewide industrial matters.

NSW Health works collaboratively with the Public Service Commission which has a broader role in the strategic development and management of the public sector workforce.

Clinical governance

The provision of safe and high quality health care in NSW requires effective clinical governance structures and processes. NSW Health has a comprehensive clinical governance process in place which provides a systematic approach to improving patient safety and clinical quality across the whole of the NSW Health system.

The key principles of clinical governance encompassed in the NSW program are:

- openness about errors – these are reported and acknowledged without fear and patients and their families are told what went wrong and why
- emphasis on learning – the system is oriented towards learning from its mistakes
- obligation to act – the obligation to take action to remedy problems is clearly accepted
- accountability – limits of individual accountability are clear
- a just culture – individuals are treated fairly and not blamed for system failures

- appropriate prioritisation of action – according to resources and where the greatest improvements can be made, actions are prioritised
- teamwork – recognised as the best defence against system failures and is explicitly encouraged.

The Clinical Excellence Commission has responsibility for the quality and safety of the NSW public health system and for providing leadership in clinical governance. This encompasses a lead role in system-wide improvement of clinical quality and safety, including clinical incident reviews and responses, system clinical governance, representing NSW Health in appropriate state and national forums and providing advice, briefings and associated support to the Secretary and Ministers.

Local health districts and specialty health networks have primary responsibility for providing safe, high quality care for patients and have established clinical governance units. Responsible to the chief executive, local health district directors of clinical governance provide advice and reports to health service governance structures on:

- serious incidents or complaints including investigation, analysis and implementation of recommendations
- performance against safety and quality indicators and recommendations on actions necessary to improve patient safety
- the effectiveness of performance management, appointment and credentialing policies and procedures for clinicians
- complaints or concerns about individual clinicians, in accordance with NSW Health policies and standards.

System-wide sharing of information and initiatives to reduce risk and improve quality and safety are facilitated through a number of programs, projects and initiatives undertaken by the Clinical Excellence Commission. Close links and collaboration are in place with the NSW Ministry of Health, the Agency for Clinical Innovation, Bureau of Health Information, Health Education and Training Institute, Cancer Institute NSW and local health district/specialty health network clinical governance units.

The Agency for Clinical Innovation is the lead agency in NSW for engaging clinicians and designing and implementing best practice models of care by working with doctors, nurses, allied health, managers and consumers. The Agency plays a key role in supporting clinical governance through its clinical taskforces. Established in 2012-13 the Reducing Unwarranted Clinical Variations Taskforce continues to have a focus on identifying, addressing and reducing variation in care for patients with stroke, heart attack, rare cancer surgery and hip fractures.

Accreditation

Hospitals, dental services and oral health clinics located within hospitals must be assessed against the *National Safety and Quality Health Service (NSQHS) Standards*, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme agreed on by states, territories and the Commonwealth in November 2010.

The benefits of accreditation against the *NSQHS Standards* are that it:

- protects patients from harm
- reduces risk
- improves the quality of health services provided
- tests whether systems are in place to ensure that minimum standards of safety and quality are met
- provides a risk management approach to safety and quality
- provides a quality improvement focus that encourages health services to achieve and maintain best practice.

Stakeholder engagement

NSW Health is committed to improving the overall quality of health care. One of the challenges in this objective is to identify and promote strategies and practices that enhance services provided to the community and engender community trust in those who administer and provide those services. General feedback, complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. The challenge for health care services is to collect better information about consumers' views to ensure the safe delivery of care.

To gather feedback from patients, the Bureau of Health Information manages the NSW Patient Survey Program on behalf of the NSW Ministry of Health and local health districts. This survey gathers information from patients across NSW about their experience with services in public hospitals and other health care facilities, and is published annually on their website.



THE BUREAU OF HEALTH INFORMATION LAUNCHED A NEW RESPONSIVE WEBSITE TO MAKE HEALTH CARE PERFORMANCE INFORMATION ACCESSIBLE FOR THE NSW COMMUNITY

Feedback and customer complaints

Complaint management policies and guidelines provide health workers with a framework for dealing with complaints. Policy aims to ensure that identified risks arising from complaints are managed appropriately, that complainants' issues are addressed satisfactorily, that effective action is taken to improve care for all patients and that health service staff are supported.

As part of providing world class clinical care, in 2016-17 NSW Health is tightening performance standards, including implementation of State level complaint handling commitments.

These commitments relate to:

- respectful treatment
- information and accessibility
- good communication
- taking ownership
- timeliness
- transparency.

As part of implementation of these commitments the NSW Ministry of Health will review key performance indicators on complaint handling for all NSW Health organisations.

Improving customer satisfaction with key government services is a NSW Premier's Priority area. Customers of all service providers expect continuous service improvement, and government is no exception. NSW Health has a responsibility to deliver the services people need, and to make services easier, faster and more convenient to ensure we are delivering services that are responsive to the community and meet customer needs.

NSW Health received 13,545 complaints in the 2014-15 period. Complaints as a proportion of occasions of service have not increased. The most frequently reported complaint issue type from January 2011 to June 2015 related to treatment, followed by communication and access to a provider, service or hospital bed.

The most common forms of resolution for complaints was reported to be through providing an explanation, giving an apology and providing feedback to the clinician who was involved in the complaint.

More information on complaint management and resolution is available on the Clinical Excellence Commission's website www.cec.health.nsw.gov.au/clinical-incident-management

Finance and performance management

NSW Health Performance Framework

The *NSW Health Performance Framework* for public sector health services provides an integrated process for performance review and management, with the over-arching objectives of improving patient safety, service delivery and quality across NSW Health. The Framework includes the performance expected of local health districts and specialty health networks to achieve the required levels of health improvement, service delivery and financial performance. The Framework forms an integral part of the annual business planning cycle that establishes the annual service agreements between the NSW Ministry of Health and individual health services, including standards for financial performance. The Framework and associated key performance indicators and service measures promote and support a high performance culture.

This Framework recognises the interdependence of the elements of the health system and recognises capacity to improve performance may need to occur in collaboration with other elements of the system.

Careful monitoring, intervention and transparency regarding implications of sustained poor performance are also important elements of the Framework, which provides health services with a clear understanding of the response to unsatisfactory performance. It sets out the triggers for intervention in response to performance issues and, where necessary, the process of escalation and de-escalation to restore and maintain effective performance across health service facilities and services. Performance against quality and productivity improvement targets forms part of the overall performance assessment under this Framework.

The Framework operates within a number of important contexts:

- integration of governance and strategic frameworks, business planning, budget setting and performance assessment is undertaken within the context of the *NSW State Health Plan*
- the National Health Reform Agreement requires NSW to establish Service Agreements with each health service and implement a performance management and accountability system, including processes for remediation of poor performance
- service agreements, service compacts and performance reviews are central elements of the Performance Framework in practice. The Performance Framework operates alongside NSW Health Funding Reform, Activity Based Funding Guidelines and the Purchasing and Commissioning Frameworks.

The primary interaction between the NSW Ministry of Health and health services under the Performance Framework is with the chief executive of the health service. A peak forum for NSW Health is the Council of Board Chairs represented by the Board Chairs of local health districts and specialty health networks who meet quarterly with the Minister for Health and the Secretary.



NSW HEALTH REPORTED A \$56 MILLION IMPROVEMENT AGAINST THE APPROVED BUDGET IN 2015-16

Service Agreements

The annual NSW Health Service Agreements were developed in the context of the National Health Reform Agreement, the goals of the NSW public health system and the parameters of the NSW Health Performance Framework, which includes a transparent system of responding to each health service's level of performance throughout the year.

These agreements are an integral component of the NSW Government's commitment to devolve governance and accountability to the local level and continue as a key driver in the devolution of NSW Health's service purchasing approach, with Activity

Based Funding a key component. Each local health district and network service agreement has been made publicly available on their respective websites.

Audit and risk management

NSW Health operates within a range of whole of Government policies issued through NSW Treasury, as adopted by NSW Health policy. In the context of internal audit and risk management, these require public health organisations to maintain effective, independent audit framework and corporate governance practice that is consistent with the 'best practice' attributes for the NSW public sector.

Specifically, the audit framework of public health organisations is established within a suite of legislation, policies, procedures, reporting and review requirements. There are several governance mechanisms that oversee the responsible use of government resources and the efficiency and effectiveness of health services delivery in NSW.

The legislative basis includes:

- *Charitable Fundraising Act 1991*
- *Charitable Trusts Act 1993*
- *Dormant Funds Act 1942*
- *Health Administration Act 1982*
- *Health Services Act 1997*
- *Independent Commission Against Corruption Act 1988*
- *Local Health District By-Laws*
- *Ombudsman Act 1974*
- *Public Authorities (Financial Arrangements) Act 1987*
- *Public Finance & Audit Act 1983*
- *Public Health Act 2010*
- *Trustee Act 1925.*

Audit and risk management committees

Each public health organisation must establish an audit and risk management committee. The audit and risk management committee is a key component in the public health organisation's corporate governance framework involved in the monitoring, review and oversight of:

- internal controls
- enterprise risk management
- business continuity plans
- disaster recovery plans
- corruption and fraud prevention
- external accountability (including financial statements)
- compliance with applicable laws and regulations
- internal audit
- external audit.

Internal audit

The Secretary/Chief executive must establish and maintain an effective internal audit function. This function is directly responsible to the Secretary/Chief Executive. Internal Audit provides an independent review and advisory service to the Secretary/Chief

Executive and each NSW Health organisation's Risk Management and Audit Committee. It provides assurance that the each organisation's financial and operational controls, designed to manage organisational risks and achieve agreed objectives, are operating in an efficient, effective and ethical manner.

Internal Audit assists management in improving business performance, advises on fraud and corruption risks and on internal controls over business functions and processes.

Internal audit units and internal auditors are required to comply with the Standards for the Professional Practice of Internal Auditing issued by the Institute of Internal Auditors. The Manager, Internal Audit or the internal auditor as the case may be, is to have direct access to the Chairperson of the Audit and Risk Management Committee and the Chairperson of the board.

Ethical behaviour

Maintaining ethical behaviour is recognised as the cornerstone of effective corporate governance. NSW Health is committed to ethical leadership across the NSW public health service, requiring all staff to lead by example in contributing to a positive workplace culture which reflects our core values of collaboration, openness, respect and empowerment; and builds upon the public sector core values of integrity, trust, service and accountability. These values are reflected in statewide policies including the Code of Conduct.

Risk management

Effective enterprise risk management is a key component of strategic planning and monitoring of organisational systems that are fundamental to evidence based decision making, responsible management and good governance. Enterprise-wide risks are best managed through a structured enterprise-wide risk management process involving continuous monitoring and risk control (policy, procedures and guidelines) in an integrated and systematic manner.

This best practice is reflected in the risk management-enterprise-wide policy which requires each public health organisation to establish and implement an enterprise-wide risk management framework. The *NSW Health Enterprise Risk Management* policy was revised and reissued in October 2015 to align with changes to the external and policy environment and NSW Health operational requirements. This supports NSW Health's commitment to continual improvement and innovation in performance risk management.

Each public health organisation is required to ensure that it complies with various State laws relating to its operations, especially those that directly impose legal responsibilities for managing risk:

- *Public Finance & Audit Act 1983*
- *Annual Reports (Departments) Regulation 2010*
- *Annual Reports (Statutory Bodies) Regulation 2010*
- *Government Information (Public Access) Act 2009*

- *Workplace Health & Safety Act 2011*
- *Protection of the Environment Operations Act 1997.*

Effective risk management is built into governance and organisational structures, planning and operational processes in order to minimise the likelihood and impact of potential risks. This systematic and integrated approach enables public health organisations to deliver on its performance objectives and meet its responsibilities and accountabilities to its stakeholders.

Corporate governance and risk management responsibilities have been integrated resulting in efficiencies and a better approach to risk management and assessment, and implementation of recommendations and findings.

External agency oversight

There are several Government agencies that are involved in the oversight of audit and governance issues relevant to public health organisations within NSW. Some of the key NSW oversight agencies include the NSW Ombudsman, Information and Privacy Commissioner, Independent Commission Against Corruption, NSW Treasury, Department of Premier and Cabinet, the Auditor-General, Audit Office of NSW and the Public Accounts Committee of the NSW Parliament.

The Audit Office of NSW fulfils the external audit function for NSW public health organisations, and undertakes a range of audits across finance, performance and compliance topics.

The Public Accounts Committee reviews performance audit reports tabled in Parliament as part of a 12 month follow-up review process to assess progress made by agencies in implementing recommendations.

The NSW Audit Office undertook three health-related performance audits during the 2015-16 financial year on the following topics:

- Identifying Productivity in the Public Sector - an interagency Audit including NSW Health regarding Acute Care in Public Hospitals
- Activity Based Funding Data Quality - regarding adequacy of data quality governance in implementation of Activity Based Funding
- Follow-up Care for Mental Health Consumers After Transfer from Hospital to the Community - regarding follow-up care for mental health consumers after discharge from public mental health units.

NSW Health welcomed the recommendations made by the Audit Office, which are intended to identify opportunities to further improve the efficiency, effectiveness and economy of the health system. Those recommendations are being implemented and the status of implementation reported to the Public Accounts Committee.

During the last financial year, the Public Accounts Committee did not review any of the Auditor-General's reports relating to NSW Health.

Internal Audit and Risk Management Attestation for the 2015-2016 Financial Year for the Ministry of Health, NSW

I, Ms Elizabeth Koff, Secretary, NSW Health, am of the opinion that the Ministry of Health has internal audit and risk management processes in operation that are, excluding the transitional arrangements described below, compliant with the eight (8) core requirements set out in the *Internal Audit and Risk Management Policy for the NSW Public Sector*, specifically:

CORE REQUIREMENTS	COMPLIANT / NON-COMPLIANT / IN TRANSITION
Risk Management Framework	
1.1 The agency head is ultimately responsible and accountable for risk management in the agency	<i>Compliant</i>
1.2 A risk management framework that is appropriate to the agency has been established and maintained and the framework is consistent with AS/NZS ISO 31000:2009	<i>Compliant</i>
Internal Audit Function	
2.1 An internal audit function has been established and maintained	<i>Compliant</i>
2.2 The operation of the internal audit function is consistent with the International Standards for the Professional Practice of Internal Auditing	<i>Compliant</i>
2.3 The agency has an Internal Audit Charter that is consistent with the content of the 'model charter'	<i>Compliant</i>
Audit and Risk Committee	
3.1 An independent Audit and Risk Committee with appropriate expertise has been established	<i>In Transition</i>
3.2 The Audit and Risk Committee is an advisory committee providing assistance to the agency head on the agency's governance processes, risk management and control frameworks, and its external accountability obligations	<i>Compliant</i>
3.3 The Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'	<i>In Transition</i>

Membership

The chair and members of the Risk Management and Audit Committee are:

- Mr Ian Gillespie, Independent Chair (July 2015 to 30 June 2018)
- Ms Julie Newman, Independent member (1 July 2015 to 30 June 2018)
- Ms Karen Crawshaw, Non-independent member (1 July 2016 to 30 June 2017)

Departures from Core Requirements

I, Ms Elizabeth Koff, Secretary, NSW Health, advise that the internal audit and risk management processes for the Ministry of Health depart from the following core requirements set out in the *Internal Audit and Risk Management Policy for the NSW Public Sector*:

1. The departure from the core requirements is due to the agency implementing measures to achieve compliance with new policy requirements consistent with the permitted transitional arrangements.

DEPARTURE	REASON FOR DEPARTURE AND DESCRIPTION OF PRACTICABLE ALTERNATIVE MEASURES IMPLEMENTED / BEING IMPLEMENTED
In transition	
3.1 An independent Audit and Risk Committee with appropriate expertise has been established	The Ministry of Health is working towards achieving this requirement by 30 June 2017.
3.3 The Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'	The Ministry of Health has drafted a new A&RC Charter compliant with TPP15-03; however this has not been formally endorsed as at the date of this attestation.

These processes, including the practicable alternative measures implemented, demonstrate that the Ministry of Health has established and maintained frameworks, including systems, processes and procedures for appropriately managing audit and risk within the Ministry of Health.

I, Ms Elizabeth Koff, Secretary, NSW Health, declare that this Internal Audit and Risk Management Attestation is made in respect of the consolidated accounts, verified through an annual attestation statement submitted to the Ministry of Health by the Chief Executive, of the following controlled entities:

- Central Coast Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Justice Health & Forensic Mental Health Network
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- South Western Sydney Local Health District
- Southern NSW Local Health District
- Sydney Local Health District
- The Sydney Children's Hospitals Network
- Western NSW Local Health District
- Western Sydney Local Health District
- Agency for Clinical Innovation
- NSW Ambulance
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- eHealth NSW
- HealthShare NSW
- Health Education and Training Institute
- Health Infrastructure
- NSW Health Pathology



Ms Elizabeth Koff,
Secretary, NSW Health

Date: 31 October 2016

Public accountability

Public interest disclosures

This information has been provided in compliance with statutory reporting requirements for NSW Health organisations pursuant to s31 of the *Public Interest Disclosures Act 1994*. NSW Health has a Public Interest Disclosures Policy PD2016_027 Public Interest Disclosures. This policy covers management of Public Interest Disclosures (PIDs) across all NSW Health organisations.

During the 2015-16 reporting period, 49 public officials made PIDs to NSW Health organisations (30 in the course of their day to day functions, 2 made pursuant to a statutory obligation and 16 falling into the category of all other PIDs). In total, NSW Health organisations have received 53 PIDs over the reporting period (33 made by officers in the course of their day to day responsibilities, 4 made in accordance with a statutory obligation, and the remaining 16 falling into the category 'all other PIDs'). 56 PIDs were finalised during the 2015-16 period. Almost all PIDs related to reports of corruption (36), with 3 PIDs relating to maladministration.

PID co-ordinators from across NSW Health met with representatives from the NSW Ombudsman PID Unit at the NSW Ministry of Health in September 2015 for the annual NSW Health PID Forum to discuss issues in PID management across NSW Health.

During 2015-16, PID co-ordinators for NSW Health organisations have continued to implement tailored staff awareness strategies to suit their organisational needs. Awareness strategies utilised by NSW Health organisations include training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning and training provided to new employees as part of the induction procedure. Information about PIDs is provided on organisation intranet sites, and some organisations have provided information via newsletters, posters and surveys to increase awareness about PIDs in their organisations.

Government Information (Public Access) Act 2009

Review of proactive release program – Clause 7(a)

The NSW Ministry of Health reviews its information on a regular basis and routinely uploads information to the website that may be of interest to the general public.

This includes reviewing and updating a wide range of publications and resources for the public including reports, factsheets, brochures and pamphlets. Fact sheets are also available in other languages from the NSW Multicultural Health Communication website. The most accessible way for the public to access this information is via the NSW Health website.

Publicly available resources include up-to-date information on infectious diseases, emergency department waiting times, location of services and public health campaigns. In 2015-16 Health Statistics NSW was enhanced and allows the public to self-generate reports on a wide range of health indicators. The Bureau of Health Information also expanded public reporting, including international comparisons on key performance indicators for the health system.

Number of access applications received – Clause 7(b)*

During 2015-16, the NSW Ministry of Health received 45 formal access applications under the *Government Information (Public Access) Act 2009* (GIPA Act) and 13 applications were transferred to other agencies. A total of 42 applications made to the NSW Ministry of Health were completed during the reporting year. There were three applications received which were undecided as at 30 June 2016 and these have been carried forward to the next reporting period.

During the reporting period, 25 applications were invalid as they did not comply with the formal requirements of Section 41 of the GIPA Act. One application subsequently became a valid application. There was one internal review conducted in 2015-16.

Number of refused applications for Schedule 1 information – Clause 7(c)*

Of the 42 formal access applications decided during the reporting period, the NSW Ministry of Health made 5 decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure). Eight applications resulted in full refusal. Sixteen applications involved a decision to refuse access to a small amount of information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A-H pages 70-71.

*Note: Detailed advice on GIPA Act applications and determinations for other NSW Health organisations can be found on individual websites.

TABLE A. Number of applications by type of applicant and outcome*, NSW Ministry of Health 2015-16

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Media	9	4	2	10	0	0	0	0
Members of Parliament	4	4	0	0	0	2	0	0
Private sector business	1	0	1	1	0	0	0	0
Not for profit organisations or community groups	2	3	3	0	1	1	0	0
Members of the public (application by legal representative)	2	0	2	13	1	0	0	0
Members of the public (other)	0	5	0	3	2	4	0	0

*Note: More than one decision can be made in respect of a particular access application. If so a recording must be made in relation to each such decision. This also applies to Table B.

TABLE B. Number of applications by type of applicant and outcome, NSW Ministry of Health 2015-16

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN
Personal information applications*	0	0	0	1	1	1	0	0
Access applications (other than personal information applications)	18	16	8	26	3	6	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

*Note: A personal information application is an access application for personal information (as defined in Clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).

TABLE C. Invalid Applications, NSW Ministry of Health 2015-16

REASON FOR INVALIDITY	NO OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	25
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	25
Invalid applications that subsequently became valid applications	1

TABLE D. Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule A to Act, NSW Ministry of Health 2015-16

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	1
Executive Council Information	0
Contempt	1
Legal professional privilege	1
Excluded information	2
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

*Note: More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

TABLE E. Other public interest considerations against disclosure: Matters listed in table to Section 14 of Act, NSW Ministry of Health

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	2
Law enforcement and security	2
Individual rights, judicial processes and natural justice	7
Business interests of agencies and other persons	4
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

TABLE F. Timelines, NSW Ministry of Health

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	25
Decided after 35 days (by agreement with applicant)	0
Not decided within time (deemed refusal) (Note: all applications continued to be processed with the applicant receiving Notice of Decision)	20
Total	45

TABLE G. Number of applications reviewed under Part 5 of the Act (By type of review and outcome), NSW Ministry of Health

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	1	1
Review by Information Commissioner*	0	4	4
Internal review following recommendation under section 93 of Act	0	0	0
Review by ADT	0	0	0
Total	0	5	5

*Note: The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

TABLE H. Applications for review under Part 5 of the Act (By type of applicant), NSW Ministry of Health

	NUMBER OF APPLICATIONS FOR REVIEW
Applications by access applicants	0
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Acts administered

- *Anatomy Act 1977* No 126
- *Assisted Reproductive Technology Act 2007* No 69
- *Cancer Institute (NSW) Act 2003* No 14
- *Centenary Institute of Cancer Medicine and Cell Biology Act 1985* No 192
- *Drug and Alcohol Treatment Act 2007* No 7
- *Drug Misuse and Trafficking Act 1985* No 226, Part 2A, jointly with the Minister for Justice and Police (remainder, the Attorney General)
- *Fluoridation of Public Water Supplies Act 1957* No 58
- *Garvan Institute of Medical Research Act 1984* No 106
- *Health Administration Act 1982* No 135
- *Health Care Complaints Act 1993* No 105
- *Health Care Liability Act 2001* No 42
- *Health Practitioner Regulation (Adoption of National Law) Act 2009* No 86 and the Health Practitioner Regulation National Law (NSW) (except section 165B of that Law and section 4 of that Act in so far as it applies section 165B as a law of New South Wales, the Attorney General)
- *Health Professionals (Special Events Exemption) Act 1997* No 90
- *Health Records and Information Privacy Act 2002* No 71
- *Health Services Act 1997* No 154
- *Human Cloning for Reproduction and Other Prohibited Practices Act 2003* No 20
- *Human Tissue Act 1983* No 164
- *Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937* No 37
- *Lunacy (Norfolk Island) Agreement Ratification Act 1943* No 32
- *Mental Health Act 2007* No 8
- *Mental Health Commission Act 2012* No 13
- *Mental Health (Forensic Provisions) Act 1990* No 10, Part 5 (remainder, the Attorney General)
- *New South Wales Institute of Psychiatry Act 1964* No 44
- *Poisons and Therapeutic Goods Act 1966* No 31
- *Private Health Facilities Act 2007* No 9
- *Public Health Act 2010* No 127
- *Public Health (Tobacco) Act 2008* No 94
- *Research Involving Human Embryos (New South Wales) Act 2003* No 21
- *Smoke-free Environment Act 2000* No 69

Legislative Changes

New Acts

Nil

Amending Acts

- *Assisted Reproductive Technology Amendment Act 2016*
- *Health Legislation Amendment Act 2015*
- *Health Practitioner Regulation National Law (NSW) Amendment (Review) Act 2016*
- *Health Services Amendment (Ambulance Services) Act 2015*
- *Health Services Amendment (Paramedics) Act 2015*

Repealed Acts

Nil

Orders

- *Health Services Amendment (NSW Kids and Families) Order 2015*
- *Public Health Amendment (Scheduled Medical Conditions) Order 2015*
- *Public Health Amendment (Blood Lead Notification Level) Order 2016*
- *Public Health Amendment (Blood Lead Notification Level) Order (No 2) 2016*

Subordinate Legislation

Principal Regulations made

Nil

Significant Amending Regulations made

- *Health Records and Information Privacy Amendment (Exemption) Regulation 2016*
- *Health Practitioner Regulation (New South Wales) Amendment (Partner Treatment – Chlamydia) Regulation 2016*
- *Health Services Amendment (Paramedic Qualifications) Regulation 2015*
- *Poisons and Therapeutic Goods Amendment (Electronic Record of Information) Regulation 2015*
- *Poisons and Therapeutic Goods Amendment (Partner Treatment-Chlamydia) Regulation 2016*
- *Private Health Facilities Amendment (Cosmetic Surgery) Regulation 2016*
- *Public Health Amendment (Contact Tracing) Regulation 2015*
- *Public Health Amendment (Miscellaneous) Regulation 2016*
- *Public Health (Tobacco) Amendment (E-cigarettes) Regulation 2015*
- *Smoke-free Environment Amendment (Smoke-free Areas) Regulation 2015*

Repealed Regulations

Nil

Information management

Along with our people and finances, we value information as a core strategic asset. eHealth is our primary information management custodian, they manage our information assets to make better decisions, and in doing so achieve improved health outcomes for NSW. The Ministry is committed to creating an information management culture and this is reflected in the digital information security annual attestation statement for the 2015-16 financial year (refer to page 71).

Privacy management plan

The Regulation and Compliance Unit provides ongoing privacy information and support within the Ministry of Health and to the NSW public health system.

Privacy advice provided across NSW Health during 2015-16 includes:

- consultation on the Aboriginal immunisation scheme
- assistance with the Integrated Care patient consent policy
- assistance with the Telehealth Framework and Implementation Strategy
- advice regarding implementation of NSW Health Policy Directive: *Creutzfeldt-Jakob Disease Related Information Sharing*
- assistance in consultations with the Royal Australasian College of Surgeons (RACS) regarding the information sharing protocols between RACS and public health services within the RACS Action Plan on Discrimination, Bullying and Sexual Harassment
- assistance in consultations with Family & Community Services on the development of ChildStory, an interagency child protection information technology system
- consultation with Family And Community Services on the implementation of Patchwork, a client-focused smart application to assist with interagency collaboration
- consultation on the Data Governance, Legislation, Privacy and Ethics Online Training Module
- consultation on the eMR eLearning Access & Security Online Training Module
- update of Privacy Online training modules to reflect changes to child protection, mental health and freedom of information legislation.

The Regulation and Compliance Unit liaises with the Office of the NSW Privacy Commissioner with regards to various matters, including applications for privacy internal review received by NSW Health agencies, matters pertaining to the application of privacy legislation within NSW Health, the drafting of privacy legislation, regulation, public interest directions,

guidelines, education materials, and other materials as they arise.

Privacy advice has been provided to the Office of the NSW Privacy Commissioner in the following matters during 2015-16:

- consultation on the Health Records and Information Privacy Regulation 2012 Clause 6B Exemption for My Health Record opt-out system trial
- consultation on the draft Statutory Guidelines on Research in accordance with the *Privacy and Personal Information Protection Act 1998*
- consultation on the Privacy Commissioner's guidelines: *'Use/ disclosure of genetic information to a patient's genetic relatives'*
- consultation on, and review of, privacy protections for deceased persons in NSW
- consultation on the draft *Identifiability* Guidelines, providing guidance on de-identification of personal information
- consultation on the draft Fact Sheet *'Transborder disclosures' in accordance with the new section 19(2), Privacy and Personal Information Protection Act 1998.*

The NSW Health Privacy Contact Officers network group meetings in November 2015 and May 2016 provided further opportunity for discussion about local and statewide privacy issues. The network also provides professional development opportunities for Privacy Contact Officers based in local health districts and public health organisations within NSW Health, particularly in relation to:

- implementation of HealthNet, the statewide clinical portal providing summary patient information to NSW public health services via their electronic Medical Record (eMR) systems
- trial of the national 'My Health Record' system in the Nepean Blue Mountains Local Health District
- draft *'Guidance for Handling a Serious Data Breach'* developed by Regulation and Compliance Unit, NSW Ministry of Health
- draft Fact Sheet *'Transborder disclosures'* in accordance with the new section 19(2) of the *Privacy and Personal Information Protection Act 1998*
- guidance on the management of misuse of mobile devices by patients and visitors attending NSW public health services.

Internal review

The *Privacy and Personal Information Protection Act 1988* provides a formalised structure for managing privacy complaints relating to this Act and the *Health Records and Information Privacy Act 2002*. This process is known as 'Internal Review'.

During 2015-16, the Ministry of Health received one application for Internal Review under the *Privacy and Personal Information Protection Act 1988*:

1. An internal review application was received in April 2016 alleging that the NSW Ministry of Health had breached the terms of Information Protection Principle 11 Limits on disclosure relating to the applicant's personal information. The review considered the circumstances regarding the use and disclosure of the applicant's personal information by the NSW Ministry of Health and no breach was identified.

CASE STUDY: NSW HEALTH PATHOLOGY

TruNarc: a partnership between police & pathology

Overview

In 2004-05 the social burden of illicit drugs in Australia was \$8.2 billion per year. This figure increases every year. NSW Police and NSW Health Pathology aimed to reduce this burden by introducing a device to effectively analyse drugs at a crime scene. This reduces the need to send smaller quantities (less than trafficable) to NSW Health Pathology forensic laboratories for analysis and frees up staff to focus on analysing larger quantities in the lab setting.

The TruNarc device was trialled in 2013. A partial rollout to police in Newcastle and Lidcombe followed in 2014. As a result, a backlog of 2500 unstarted cases in 2013 was reduced to less than 300 by the end of 2014. Backlog case performance improvements have continued to improve since then.

Key activity

The Forensic & Analytical Science Service (FASS), NSW Police and the Department of Justice (NSW) collaborated from the outset to negotiate the best deal from the device vendor. FASS tested the device and shared results with their counterparts. They trained and enabled crime scene officers to carry out the testing. FASS and NSW Police have worked together on this initiative on a daily basis with results from the field validated by FASS staff.

Outcome

The resulting partnership to establish presumptive testing for less than trafficable amounts is a national first. The ability of the devices to immediately identify illegal drugs has revolutionized how illicit drug cases are investigated and prosecuted. It has proved so successful that under the NSW Government's Policing for Tomorrow Fund, frontline officers will receive further TruNarc devices in an effort to prioritise new innovations in crime-fighting equipment based on operational needs.

The elimination of the backlog of cases has also cleared risk of convictions being delayed because of a six-month statute of limitations on drug possession charges. The result is a national first in interagency drug analysis regimes.

This project was a finalist at the 2015 NSW Health Awards.

Digital information security annual attestation statement for 2015-16 Financial Year

I, Ms Elizabeth Koff, am of the opinion that the NSW Ministry of Health had information security management arrangements in place during the financial year being reported on consistent with the core elements set out in the Digital Information Security Policy for the NSW Public Sector.

I, Ms Elizabeth Koff, am of the opinion that the security arrangements in place to manage identified risks to the digital information and digital information systems of the NSW Ministry of Health including the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy, are adequate. Processes are in place to continually improve the information security arrangements.

I, Ms Elizabeth Koff, am further of the opinion that the public sector agencies, or part thereof, under the control of the Secretary (and listed below) also have security arrangements in place to manage identified risks to their digital information and digital information systems. These agencies are covered by the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy. Processes are in place to continually improve the information security arrangements.

I, Ms Elizabeth Koff, am of the opinion that in accordance with the Digital Information Security Policy for the NSW Public Sector, eHealth NSW, as the information and communication technology and ehealth shared service provider for NSW Health, had certified compliance with AS/NZS ISO/IEC 27001 Information technology - Security techniques - Information security management systems - Requirements.

The public sector agencies controlled by the Secretary for the purposes of this Digital Information Security Attestation are:

- NSW Ministry of Health
- Central Coast Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- Southern NSW Local Health District
- South Western Sydney Local Health District
- Sydney Local Health District
- Western NSW Local Health District
- Western Sydney Local Health District
- Agency for Clinical Innovation
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education and Training Institute
- Health Infrastructure
- eHealth NSW
- Justice Health & Forensic Mental Health Network
- NSW Ambulance
- NSW Health Pathology
- The Sydney Children's Hospitals Network
- St Vincent's Health Network



Ms Elizabeth Koff,
Secretary, NSW Health

Date: 31 October 2016

Our people

The NSW public health system is the largest health care employer in Australia with 111,177 full-time equivalent staff reported as at June 2016.

A record 45,796 full-time equivalent nurses and midwives are working in NSW Health hospitals and health services as at June 2016. In June 2016, there were over 11,100 full-time doctors employed within the NSW health system, representing 10 per cent of the total health workforce, and 9898 allied health professionals.

A record 983 medical intern training positions in NSW were recruited for 2016, an increase of 133 since 2012. NSW also funded a further six intern positions in the Australian Capital Territory intern training network for NSW university medical graduates. This represents an annual investment in the order of \$107 million to train the next generation of doctors.

Further details on workforce statistics are provided in Appendix two.

Health Professionals Workforce Plan 2012-22

The *Health Professionals Workforce Plan 2012-22* was released in August 2012, following extensive consultation with a broad range of health professionals, organisations, associations and providers in settings from rural and city locations. In 2015-16, funding of \$12.4 million was provided to support strategies within the Plan.

The Plan provides a high level overview of the strategies that need to be implemented to ensure that NSW can train, recruit and retain health professionals to continue to provide a quality health service to the people of NSW. The Plan identifies who is responsible for the development and delivery of initiatives, recognising that there are many organisations that contribute to the successful provision of health services across NSW Health.

The Plan is being implemented against a complex background of factors such as the shift in health care needs from acute to chronic care settings, a greater emphasis on the need for effective primary and preventative health care, the geographic distribution of the population of NSW, the affordability of health care and the inequities of health outcomes, such as those that occur in Aboriginal and rural and remote communities.

The initiatives were designed to meet the strategic goals of the Plan and based on reporting periods of 1-2 year, 2-5 year and 5-10 year periods. In late 2014, the NSW Ministry of Health undertook a review of the Plan, in consultation with agencies, to ensure that the future targets remain appropriate. The review showed that 65 statewide and local strategies within the Plan had been implemented within the initial 2012-13

period. All content within the Plan was reviewed to reflect the changing NSW Health Workforce. Amongst the changes, there are 27 new or amended 2-5 year targets to account for further developments in strategy and substantial increases in frontline health staff to reflect Government election commitments including additional training and specialist positions across all health professions.

Revised NSW Health Aboriginal Workforce Strategic Framework 2016-2020

The rate of Aboriginal employment in NSW Health has risen to 2.5 per cent from 1.8 per cent in 2011. Local health districts and other public health organisations have developed Aboriginal workforce plans and initiatives and have halved the gap in employment outcomes between Aboriginal and non-Aboriginal peoples.

The Framework is intended to support local health districts, specialty networks and other NSW Health organisations to grow and develop their Aboriginal workforce. Building on the previous Framework (2011-2015) it sets out the Aboriginal workforce development priorities and desired outcomes for NSW Health for the period 2016-2020 and the key actions that need to be taken to achieve these priorities and outcomes.

The Framework also encourages organisations to take specific action to improve the representation of Aboriginal people across all roles (clinical and non-clinical) and at all levels (including management and executive level). This is in line with the *NSW Public Sector Aboriginal Employment Strategy (2013-2023)* which sets an aspirational target of 1.8 per cent Aboriginal representation across all public service classifications. Data published by the NSW Public Service Commission (PSC) suggests that, across NSW Health as a whole, there has been encouraging growth in the Aboriginal workforce. In the past four years the representation of Aboriginal people grew from 1.8 per cent in June 2011 to 2.4 per cent in June 2015. NSW Health continued to maintain this rate of growth (0.15 per cent per year) and reached 2.5 per cent by June 2016.



**NEW HEALTH SERVICE
ABORIGINAL HEALTH
WORKERS' (STATE)
AWARD ISSUED
SEPTEMBER 2016**

Staffing and recruitment

Improving the supply of an optimally trained workforce across all areas is important. In 2015-16, NSW Health continued to implement existing as well as new programs and initiatives to deliver a healthy workforce with the right people, with the right skills in the right place. The following information highlights specifically a number of key workforce initiatives.

Medical workforce

During 2015-16, key strategies undertaken to support and grow the medical workforce, with a focus on rural and regional, included:

- funding of over \$13 million in 2015-16 for medical postgraduate training, with support for prevocational (first two years training) networks, specialty training networks and non-specialist doctor training. These training networks link rural, regional and metropolitan hospitals
- the Rural Preferential Recruitment Scheme, which supports doctors to spend the majority of their internship in a rural location. In 2016, 115 interns commenced their intern training under this Scheme, an increase of 40 doctors (53 per cent) since 2012
- funding of over \$1.5 million to the NSW Rural Doctors Network to support training and general practitioners in rural NSW
- the NSW Rural Generalist Training Program, a statewide program aimed at producing doctors who are general practitioners with advanced skills able to deliver services to rural communities. In 2015-16 the number of Rural Generalist training positions increased from 30 to 35 positions
- fifteen new specialist medical training positions across a range of specialities, including general medicine, palliative care and psychiatry, according to workforce priorities
- the Aboriginal Medical Recruitment Pathway, which supports Aboriginal medical graduates' transition into the NSW Health medical workforce. In 2016, 19 Aboriginal medical graduates were recruited to an intern position via this pathway
- seed funding of over \$1.5 million to support the development of the Senior Hospitalist role and help local health districts establish 10 Senior Hospitalist positions
- the annual NSW Health Junior Medical Officer recruitment campaign in 2015 was successful in recruiting over 3277 junior medical officers, who started in the 2016 clinical year. The campaign involved 41,444 applications mainly for specialty training positions across the range of recognised medical specialities in Australia, including endocrinology, haematology, medical oncology, general medicine and paediatrics.



15 NEW MEDICAL SPECIALIST TRAINING POSITIONS ESTABLISHED IN 2016 IN KEY NSW METRO AND REGIONAL CENTERS

Nursing and midwifery workforce

NSW Health implemented a range of initiatives throughout 2015-16 to support and develop nursing and midwifery in NSW, including:

- in the 2016 calendar year, NSW Health employed more than 2100 nurse and midwife graduates, an increase of 116 since 2015. Approximately one third of whom were employed in rural and regional NSW
- NSW Health supported Enrolled Nursing through the provision of 170 Enrolled Nurses scholarships which were awarded in 2016
- Since the inception of the Aboriginal Nursing and Midwifery program in 2004, 121 cadets have graduated as registered nurses, enrolled nurses or midwives. There are currently 46 undergraduate cadets enrolled in the program, with 39 Aboriginal people undertaking a Bachelor of Nursing degree and seven Aboriginal people undertaking a Bachelor of Midwifery degree. The Strategy also offers scholarships to Aboriginal people to undertake studies in nursing and midwifery at a postgraduate level with 12 scholarships having been awarded in 2016
- In the support of small rural maternity services, 10 rural postgraduate midwifery student scholarships (12 months) have been allocated annually by the Nursing and Midwifery Office, NSW Ministry of Health.

Allied Health workforce

The *NSW Health Professionals Workforce Plan 2012-2022* identified five 'small but critical' workforces which require attention in order to meet the needs of a changing health care service in NSW (Strategy 2.2).

Small but critical workforces are defined as 'workforces which contribute critical and essential elements of a comprehensive health service, and are currently experiencing threats to meet system needs now and into the future'.

The allied health workforce is a major contributor to the health system. All five small but critical workforces fall under the allied health workforce, and include: radiopharmaceutical scientists, diagnostic imaging medical physicists, orthotics and prosthetists, sonography, and audiology. Work has commenced to understand the nature of the genetics counselling workforce in NSW.

Initiatives to support and grow the allied health workforce in 2015-16 included:

- the creation of the Masters in Radiopharmaceutical Sciences qualification for four years, to help promote this profession. The Program has reported an increase in enrolments for 2016
- NSW Health has committed to continued funding to expand the number of pre-registration radiography and nuclear medicine positions, with six positions funded in rural local health districts
- there was a 13.7 per cent full-time equivalent increase in the allied health workforce in rural NSW between 2012 and 2016
- the Health Education and Training Institute administer the NSW Rural Allied Health Undergraduate Scholarships. These scholarships are offered to students from a rural background undertaking entry level studies in allied health leading to a degree that qualifies the student to practice
- up to 50 NSW Rural Allied Health Scholarships, valued up to \$10,000, are offered each year
- funding was secured to develop the orthotics and prosthetics workforce in NSW Health through professional development and shared learning opportunities
- following significant stakeholder consultation, funding was secured for four years to support the development of the Diagnostic Imaging Medical Physics workforce under the 'small but critical' workforce initiative.

Aboriginal workforce

The Stepping Up Aboriginal Recruitment and Retention Resource is an online Aboriginal recruitment resource providing culturally sensitive and effective recruitment practices for Aboriginal people. The Resource aims to address the recruitment challenges experienced by NSW Health Managers, Aboriginal staff and job applicants.

Since Stepping Up was launched in 2015 it has received 22,128 website visits and its Facebook posts have reached 321,444 people, with women generating 82 per cent of the Facebook clicks at a click through rate of 2.01 per cent.

Medical modelling and career advice

The Ministry of Health continues to update medical workforce [factsheets](#), which were developed for 48 individual Medical Specialty workforce models. The factsheets include information characteristics, trainees & new fellows, retirement intentions, supply

and distribution and priority and risk rating.

Information from the factsheets is also available through the website, [Map My Health Career](#), which provides information to medical students and junior doctors to assist them in their choice of medical specialty and to showcase rural career opportunities. Since its launch on 5 March 2015, the Map My Health Career site has had approximately 30,000 visits by over 20,000 users.

Workforce diversity

NSW Health has a strong commitment to workforce diversity and recruits and employs staff on the basis of merit. NSW Health provides a diverse workforce and workplace culture where people are treated with respect. The Ministry has a number of key plans to promote and support workforce diversity including the *Disability Inclusion Action Plan (DIAP)*, the *NSW Aboriginal Health Plan 2013-2023* and the *Revised NSW Health Good Health - Great Jobs Aboriginal Workforce Strategic Framework 2016 - 2020*.

Workforce diversity activities for 2015-16 included:

- 2016 NAIDOC week was commemorated in the week commencing 3 July with the theme 'Songlines - The Living Narrative of our Nation'. NAIDOC celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islander people, and highlights the continued progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW
- National Sorry Day was marked at the Ministry on 26 May 2016 with many staff attending a commemoration. The event provided an opportunity for staff to gather and share in a remembrance of the stolen generation, to reflect on the importance of healing, justice and reconciliation and to acknowledge the impact of current policy on Aboriginal health and wellbeing. Ministry guests who attended were treated to a Welcome to Country by Uncle Allan Madden of the Metropolitan Local Aboriginal Land Council, an address by Barrister Tony McAvoy and a commemoration speech by Deputy Secretary, Susan Pearce
- the NSW Government commitment to improving the health and wellbeing of Aboriginal people is reflected in:
 - *NSW 2021: A plan to make NSW number one*;
 - *NSW State Health Plan - Towards 2021*;
 - *NSW Statement of Intent & NSW Aboriginal Health Partnership*; and
 - *NSW Aboriginal Health Plan 2013 - 2023*.

A. NSW Health - Trends in the representation of workforce diversity groups

DIVERSITY GROUP	BENCHMARK OR TARGET	% OF TOTAL STAFF		
		2014	2015	2016
Women	50%	74.4%	74.7%	74.4%
Aboriginal people and Torres Strait Islanders	2.6%	2.1%	2.4%	2.5%
People whose first language was not English	19%	20.7%	22.4%	24.5%
People with a disability	NA ¹	2.2%	2.0%	1.9%

B. NSW Health - Trends in the distribution of workforce diversity groups

DIVERSITY GROUP	BENCHMARK OR TARGET	DISTRIBUTION INDEX		
		2014	2015	2016
Women	100	91%	91%	92%
Aboriginal people and Torres Strait Islanders	100	76%	74%	75%
People whose first language was not English	100	99%	98%	98%
People with a disability	100	98%	98%	96%

NOTE: Staff numbers are as at 30 June 2016 and exclude casual staff. A distribution index of 100 indicates that the centre of the distribution of the diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the diversity group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the Diversity group is less concentrated at lower salary levels. ¹ Erratum - target included in error.

*Note: The Distribution Index is not calculated where Workforce Diversity group or non-Workforce Diversity group members are less than 20.

Disability

The *NSW Disability Inclusion Act (2014)* outlines the requirement for a State Disability Inclusion Plan, and the Act requires NSW public authorities to have a Disability Inclusion Action Plan outlining tailored commitment to ensuring people with disability can access services and fully participate in the community.

The *NSW Health Disability Inclusion Action Plan 2016-2019* (DIAP) is a system-wide plan that sets out the high level vision and objectives of disability inclusion for NSW Health.

The primary objective of the DIAP is to ensure the NSW public health system provides equitable and dignified access to services and employment for people regardless of disability.

The four focus areas that guide the commitments in the DIAP are:

- promoting positive attitudes and behaviours
 - building disability confidence within the NSW Health system
- creating liveable communities - providing equitable and dignified access for people with disability, carers and families
- providing equitable systems and processes - ensuring people with disability are able to access information and person-centred processes
- supporting access to meaningful opportunities
 - improving the proportion of staff with disability and supporting career progression within NSW Health.

Key achievements

In line with legislative requirements, the final NSW Health DIAP was provided to the NSW Disability Council in December 2015. Since then NSW Health has made good progress toward implementation of a number of actions including:

- establishment of a steering committee with representatives from the Disability Council NSW, Carers NSW, the Ministry of Health, local health districts, Health Education and Training Institute, Bureau of Health Information, NSW Health Infrastructure and the Justice Health & Forensic Mental Health Network
- presentation of disability inclusion and the DIAP at the leadership forums including the Senior Executives' Forum
- engaging chief executives in strategic discussion related to disability inclusion as part of local health district performance meetings
- dissemination of a survey to all NSW Health organisations to capture baseline data on disability inclusion activities for 2016-2019
- promotion of disability inclusion principles by NSW Health Infrastructure as part of its participation in the revision of the *Australasian Health Facilities Guidelines*
- promotion of disability inclusion principles by NSW Health Infrastructure as part of its NSW Health capital works program.

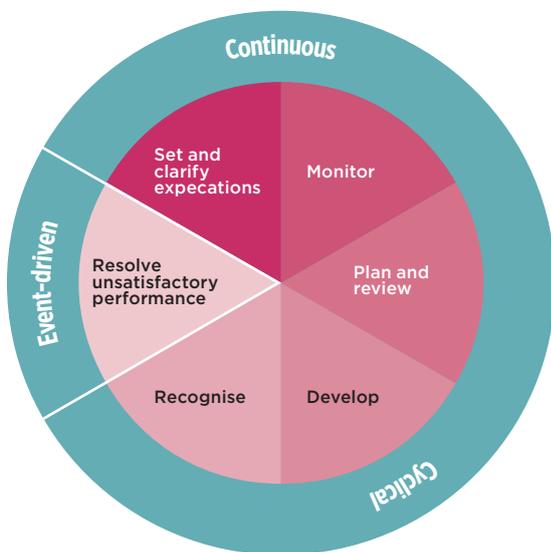
Performance management

NSW Health is committed to continuing to create a skilled workforce with the competency and capability to achieve individual objectives and the ability to adapt to change.

Developing leadership and management abilities is fundamental to drive the planning and implementation of organisational objectives.

Our programs link with the NSW Public Sector Performance Development Framework conversations, where participants are encouraged to develop skills matching their role and enhance their performance and career development.

The NSW Public Sector Performance Development Framework mandates that all performance management systems in the NSW public sector must contain the following six core components:



Learning and development

Learning and development plays a key role in facilitating new knowledge, understanding and innovative thinking. The Health Education and Training Institute supports education and training for excellent health care across NSW Health. The Institute provides world-class education and training resources to support the full range of roles across the public health system including patient care, administration and support services.

Skills development

HETI Online is NSW Health's statewide web-based Learning Management System that delivers and tracks training for all NSW Health employees. A total of 2.3 million mandatory training courses have been completed online through the platform. The Health Education and Training Institute continued to support promotion of mandatory training across NSW Health through the mandatory training reform program. In 2015-16, there were 52 new clinical and non-clinical training modules developed in response to the identified needs of NSW Health organisations.

Leadership development

NSW Health provides extensive professional development opportunities for leaders in medicine, health administration, medical research, policy and practice and allied health across NSW.

Key achievements in 2015-16 to support the professional development of leaders within NSW Health included:

- the NSW Health Leadership Program continuing to be implemented in sites across the State. The sixth site for 2015-16 was rolled out in Southern NSW Local Health District
- the People Management Skills Program has had continued success in 2015-16. On time completion rates have doubled since last year as a result of increased participant support, alternative completion options and process improvements. The People Management Skills Program experienced the largest single cohort of participants commence in 2016 and many NSW Health staff have completed their training this year
- leadership Quarter events that bring executives, senior clinicians and managers from across NSW Health together to learn about leadership were hosted during 2015-16. At these events, internationally recognised thought leaders in leadership development and related topics present to the forum followed by a group discussion opportunity. The events are designed to support the implementation of the concepts underpinning the NSW Health Leadership Framework, and the NSW Health Leadership Program.



**33 PER CENT INCREASE
IN COMMENCEMENTS IN
THE PEOPLE
MANAGEMENT SKILLS
PROGRAM OFFERED
THROUGH THE HEALTH
EDUCATION TRAINING
INSTITUTE**

Employee satisfaction

Workplace culture

The development and implementation of initiatives designed to assist all staff in contributing to a positive workplace culture across NSW Health remained a continued focus, and in 2015-16 including:

- the results of the 2015 NSW Health YourSay Survey were released, showing increases from the 2013 survey in both the Engagement Index (from 67 to 68 per cent) and the Culture Index (from 52 to 54 per cent) across NSW Health overall. All health organisations continued to develop local action plans to respond to their survey results

- the 2015 *YourSay Survey* was the last in the series of three NSW Health culture surveys. In the future, NSW Health will measure staff culture and engagement through the Public Service Commission (PSC) *People Matter Employee Survey* which NSW Health has, in consultation with the PSC, tailored to our workforce requirements. The *People Matter Survey* was conducted in May 2016 and the results will be released later in 2016
- CORE Chat workshops help staff understand the NSW Health CORE values and support a workplace that embodies the values. As a workplace tool, CORE Chat aims to develop and encourage increased responsibility for all health workers to bring about positive change in workplace culture, find mutually acceptable resolution to issues that are solution-focused and minimise blame and prejudice
- over 104,000 staff completed the Respecting the Difference: Aboriginal Cultural training eLearning module, and 41,949 staff completed the face-to-face training component across all NSW Health organisations. This training motivates staff to build positive and meaningful relationships with Aboriginal patients, clients, visitors and supports staff by providing an insight into why many Aboriginal people do not comfortably engage with health care providers.

Supporting employees

Across NSW Health, activities to support employees are localised for each NSW Health organisation and implemented by local workplace development teams.

For example, the Justice Health & Forensic Mental Health Network has facilitated over 110 Culture Workshops around the State over the last 12 months, resulting in the development and implementation of 104 individual team local action plans.

The District also established its first Culture and Wellbeing Fund to support initiatives identified by staff to improve the morale and engagement of staff. Forty two projects were funded across all sites in the District over the reporting period.

Employee support initiatives continued their popularity and patronage during 2015-16, for example:

- the Employee Assistance Program provides free, professional and confidential counselling services for NSW Ministry of Health staff and their immediate families. The Program offers counselling for work and personal issues including work relationships, career counselling, conflict resolution, bullying/harassment, personal relationships, stress, depression, anxiety, substance abuse, addictions, gambling, grief, loss and bereavement.
- staff wellbeing programs were offered across NSW Health, including provision of free flu vaccinations to staff

- the Young Professionals Network brings together young professionals from the NSW Ministry of Health and other NSW Health organisations. Aimed at people aged 35 years and younger, the Network fosters communication and relationships across NSW Health.



MID NORTH COAST LOCAL HEALTH DISTRICT HELD IT'S INAUGURAL WOMEN'S LEADERSHIP PROGRAM AND THE EMERGING HEALTH LEADERS FORUMS

Bullying and Complaints

NSW Health organisations continued to implement local strategies to reduce the incidents of bullying and unacceptable behaviour and enhance workplace culture. Anti-bullying management advisors developed strategies to improve communication, increase information sharing and provide support and coaching to managers on effective complaints management processes.

The confidential Anti-Bullying Advice Line provides guidance and information to employees on the process for resolving complaints.

NSW Health organisations are required to report de-identified data to the NSW Ministry of Health on individual complaints known to human resources departments. These are initially assessed as a potential bullying complaint. The total number of bullying complaints received in 2015-16 was 94. This represents 0.08 per cent of the total full-time equivalent (FTE) staff in the health system (based on June 2016 FTE). This is a reduction from the 2014-15 period in which 102 complaints were reported.

Workplace health and safety

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, the NSW Ministry of Health maintains its commitment to the health, safety and welfare of workers and visitors to its workplace.

Strategies to improve work health and safety include the implementation of *Work Health Safety: Better Practice Procedures* and *Injury Management & Return to Work* policy frameworks; ongoing commitment to the NSW Ministry of Health Work Health Safety Mission Statement; and to the promotion of healthy lifestyle campaigns to staff on general health and wellbeing strategies.

12 Point Plan on Hospital Security

In response to concerns about the increasing incidence of drug fuelled violence in emergency departments, a Roundtable meeting was convened by NSW Health involving senior executives, clinical experts and officials from health industrial associations on 8 February 2016. The Roundtable supported a 12 point action plan for improving security in NSW Health hospitals, which was endorsed by the Minister for Health. This comprehensive 12 point plan is aimed at building on the skills of staff, driving a safety culture, identifying best practice in the management of aggressive patients and those under the influence of psycho-stimulants, and ensuring robust handover and incident response arrangements are in place with NSW Police.

Work commenced in 2015-16 to progress actions within the plan including commissioning an audit of security arrangements in 20 emergency departments across NSW, as well as a self-assessment of all other 24/7 emergency departments, to assess compliance with security and safety policies and to identify any areas that need to be strengthened; recruiting 30 additional security staff at hospitals across NSW with 25 commenced by October 2016; and rolling out a TAFE training program for NSW Health security staff to equip them with the skills to de-escalate potentially violent situations. As at October 2016, 240 security staff had attended, with 90 more staff booked to attend in the remainder of 2016.

Workers compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Ministry of Health provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2015-16, seven new workers compensation claims were accepted (the same number as in the 2014-15 reporting period) from a total of 41 work-related injury/illness incidents. Of these claims, two were psychological injury, one trip slip and fall, one motor vehicle accident and three other injuries.

Strategies to improve workers compensation and return to work performance included:

- a focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries
- frequent claims reviews with the Fund Claims Manager to monitor claim activity, return to work strategies, industry performance and compensation costs
- ongoing commitment to promoting risk management and injury prevention strategies including conducting workplace assessments, ergonomic information available on the intranet, investigating and resolving identified hazards in a timely manner.

Environmental management

Environmental sustainability

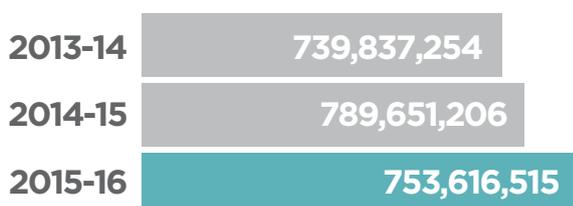
NSW Health has continued its strong commitment to environmental sustainability. In 2015-16, NSW Health developed the new *Health Resource Efficiency Strategy* in alignment with the whole of Government *Resource Efficiency Policy*. The Strategy sets out the planned actions and targets to further reduce operating costs and increase NSW Health's resource use efficiency.

Energy management

The table below shows the rolling three year energy cost and consumption for NSW Health (State 777 contracts) and reflects the result of placing downward pressure on utility bills at a strategic level and at our facilities.

ROLLING 3 YEAR STATE LARGE SITE ELECTRICITY CONTRACT COST AND CONSUMPTION				
YEAR	CONTRACT ACCOUNT ID #	ELECTRICITY CONSUMPTION KWH	ELECTRICITY COST \$	TOTAL ELECTRICITY BILL \$
2013-2014	429	739,837,254	\$39,758,680	\$125,744,994
2014-2015	540	753,616,515	\$38,356,339	\$106,121,551
2015-2016	540	789,651,206	\$37,640,176	\$92,709,792

Electricity consumption



Total electricity \$



Key achievements 2015-16

- Four Energy Performance Contract (EPC) applications were approved for a combined value of \$26.4 million. Projects included:
 - \$7 million Northern NSW Local Health District project across six sites including chiller and lighting upgrade, building management system controls, power factor correction and water conservation
 - \$5.5 million Western NSW Local Health District project across six sites including lighting, HVAC and controls
 - \$6.9 million Sydney Local Health District project to install LEDs at Royal Prince Alfred hospital
 - \$7 million Hunter New England Local Health District project including lighting, heating, ventilation, air conditioning and controls at John Hunter Hospital.
- a further five EPC projects to an estimated value of \$25 million are in the immediate pipeline.
- a sustainability management module has been integrated into the Asset and Facilities Management (AFM) online system.

Research and development

Medical Research Support Program and associated programs

The NSW Government established the *Medical Research Support Program (MRSP)* to provide infrastructure funding to health and medical research organisations. The 2012-16 round of funding had 14 institutes funded and the 2016-20 round will see 15 institutes being funded.

Medical Research Support Program Assistance Funding

Assistance funding was provided to institutes to assist with possible mergers or governance restructures.

GRANT RECIPIENT	AMOUNT \$
MEDICAL RESEARCH SUPPORT PROGRAM	
Garvan Institute	\$14,638,476
The George Institute for Global Health	\$6,835,752
Westmead Millennium Institute for Medical Research	\$4,583,969
Hunter Medical Research Institute (HMRI)	\$12,592,545
ANZAC Research Institute	\$991,090
Centenary Institute	\$1,961,164
Children's Medical Research Institute (CMRI)	\$952,312
Ingham Institute	\$1,582,514
Neuroscience Research Australia	\$2,389,928
Victor Chang Cardiac Research Institute	\$2,008,555
Black Dog Institute	\$961,849
Children's Cancer Institute Australia (CCIA)	\$908,374
Illawarra Health and Medical Research Institute (IHMRI)	\$849,191
Woolcock	\$960,037
MEDICAL RESEARCH SUPPORT PROGRAM ASSISTANCE FUNDING	
Neuroscience Research Australia (Schizophrenia Research Institute)	\$1,300,000
Kolling	\$800,000
TOTAL	\$54,315,756

Schizophrenia Research

The Schizophrenia Research Chair provides scientific leadership at the Schizophrenia Research Laboratory in conducting research into schizophrenia and mentorship for schizophrenia researchers more broadly throughout the State.

GRANTS PAID IN 2015-16	AMOUNT (\$)
Neuroscience Research Australia (Schizophrenia Research Institute)	\$1,000,000
TOTAL	\$1,000,000

Networks and Clinical Trials

GRANTS PAID IN 2015-16	AMOUNT (\$)
National Heart Foundation (Cardio Vascular Research Network)	\$250,000
Multiple Sclerosis Research Australia	\$105,000
Australian and New Zealand Spinal Cord Injury Network	\$100,000
Diabetes Australia (Stem Cell Network)	\$20,000
Sydney Children's Hospital Network (Better Treatment for Kids)	\$125,000
Childhood Cancer Cytoskeleton Network (Kids Cancer project)	\$37,500
University of New South Wales (Scientia)	\$125,000
TOTAL	\$762,500

Hubs

The Research hubs will receive collectively \$900,000 annually to provide administrative support and assist in coordination of hub activities to enhance collaboration. The funds will facilitate the efficient sharing of expensive equipment, accommodation and support services, and in the development of statewide research translation capacity.

GRANTS PAID IN 2015-16	AMOUNT (\$)
Hunter	\$100,000
South Western Sydney Research Hub	\$100,000
Sydney Research	\$100,000
Southern Research Health Alliance (Illawarra)	\$100,000
South Eastern Sydney Research Hub	\$100,000
St Vincent's Research Campus	\$100,000
Westmead Hub	\$100,000
Northern Sydney Academic Health Science Alliance	\$100,000
Rural and Remote	\$100,000
TOTAL	\$900,000

Genomics

Over four years, \$24 million has been committed and allocated for the Sydney Genomics Collaborative to provide NSW researchers with access to state-of-the-art genomic technologies. The Collaborative consists of three sub-programs that are being developed over four years in partnership with the Garvan Institute for Medical Research and other key organisations:

- Program A: Medical Genome Reference Bank is a data library comprising the whole genome sequences of at least 4000 Australians
- Program B: NSW Genomics Collaborative Grants Program supports research projects to better understand the genetic basis for disease
- Program C: Cancer Genomics Medicine Program provides for clinical screening for 'actionable' mutations in advanced cancer and a clinical trial based on molecular eligibility and identification of cancer risk genes in young cancer patients.

GRANTS PAID IN 2015-16	AMOUNT (\$)
Garvan Institute (Program A)	\$3,500,000
Garvan Institute (Program B)	\$1,420,000
University of Sydney (Program B)	\$82,500
Garvan Institute (Program C)	\$1,500,000
TOTAL	\$6,540,000

Medical Devices and Commercialisation

Medical Devices Seeding Fund

The Medical Devices Fund is a \$8.2 million per annum, competitive technology development and commercialisation program funded by the NSW Government, through the NSW Ministry of Health.

GRANTS PAID IN 2015-16	AMOUNT (\$)
PAFtec Australia Pty Ltd	\$2,196,000
Nano-X Pty Ltd	\$199,000
All Vascular Holdings Pty Ltd	\$1,750,000
Atomo Diagnostics Pty Ltd	\$1,800,000
Repartech Pty Ltd	\$1,314,000
Thru-Fuze Orthopaedics	\$1,590,000
Maverick Biomaterials Pty Ltd	\$337,500
Cmee4 Productions Pty Ltd	\$713,500
TOTAL	\$9,900,000

Medical Device Commercialisation Training

The Medical Device Commercialisation Training program delivered by ATP Innovations Pty Ltd provides training in medical device commercialisation. Participants gain skills in entrepreneurship, medical device design, development, and commercialisation. The three month training program is the precursor to either select up to two candidates to attend the NSW-QB3 Rosenman Institute Scholar Program in the United States or provides startup awards and travel scholarships.

GRANTS PAID IN 2015-16	AMOUNT (\$)
Stephanie Watson	\$50,000
David Yeo	\$25,000
Dharmica Mistry	\$10,000
Robert Gorkin	\$10,000
TOTAL	\$95,000

NSW QB3 Rosenman Institute Scholar Program

NSW in partnership with the Rosenman Institute in San Francisco has established a postdoctoral fellowship program in medical device commercialisation.

GRANTS PAID IN 2015-16	AMOUNT (\$)
University of California San Francisco	\$232,057
TOTAL	\$232,057

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund was established in 2007 as an investment collaboration that supports early stage development and commercialisation opportunities from medical research institutes and allied research hospitals in Australia. The Fund has been working with the NSW institutes over the past five years to increase capacity to commercialise research discoveries. Through its funding support, NSW Health gains access to expertise, training and mentoring provided by the fund.

GRANTS PAID IN 2015-16	AMOUNT (\$)
Medical Research Commercialisation Fund (MRCF)	\$300,000
TOTAL	\$300,000

Other Grants

GRANTS PAID IN 2015-16	AMOUNT (\$)	PURPOSE
The Sax Institute	1,800,000	The Sax Institute core infrastructure funding

Population Health and Health Services Research Support

The Population Health and Health Services Research Support Program is a competitive funding program administered by the NSW Ministry of Health. Its purpose is to build capacity and strengthen population health and health services research that is important to NSW Health and leads to changes in the health of the population and health services in NSW.

The first three rounds of funding under the Program ran from July 2003 to June 2006; July 2006 to December 2009; and January 2010 to June 2013. Round four of the program runs from July 2013 to June 2017.

GRANTS PAID IN 2015-16	AMOUNT (\$)	PURPOSE
Hunter Medical Research Institute	499,750	Public Health Program Capacity Building Group
Macquarie University	250,000	Australian Institute of Health Innovation
University of New South Wales	500,000	Centre for Primary Health Care and Equity
University of Sydney	500,000	Australian Rural Health Research Collaboration
University of Sydney	498,966	Clinical and Population Perinatal Health Research
University of Sydney	437,500	Prevention Research Collaboration
Western Sydney Local Health District	275,000	Centre for Infectious Diseases and Microbiology - Public Health
TOTAL	\$2,961,216*	

*It should be noted that the amount of \$2,686,216 was expended against the Grants to Research Organisations Line Items A280300-280330 while the amount of \$275,000 for payment to Western Sydney Local Health District was expended to the Intra Health Grant Account Line Item A280340.

Research in action

Investment in health and medical research boosts the State's economy, stimulating the biotechnology industry, building commercialisation capacity and helping to reduce the costs of health care delivery.

The integration of health and medical research within the health system supports innovation, builds a strong culture of continuous improvement to ensure we deliver the best evidence-based health care for Australians, and is crucial for ensuring the health system's efficiency and sustainability.

For example, the Medical Devices Fund was established to provide seed funding for the commercialisation of medical devices. Over \$35 million in funding has supported 20 new technologies since the Medical Device Fund was established including:

- **Atomo Diagnostics** received a grant in the third round for their rapid 'self-test' HIV screening device. In 2016, the Bill and Melinda Gates Foundation invested \$6 million and became shareholder of Atomo Diagnostics. While it is relatively common for the Gates foundation to lend money to start ups it is nearly unheard of for the foundation to take a direct stake. This move indicates to the global market that Atomo Diagnostics are developing game changing technology that is already contributing to the eradication of HIV
- **Elastagen Pty Ltd** received two grants for the development of their recombinant human tropoelastin which is a building block of elastin. The Company has developed scalable cGMP (clinical grade) processes for the production of this novel biomaterial and established a range of medical device products for the treatment of both medical and aesthetic skin conditions. Following Medical Device Fund funding in 2013, Elastagen secured a further \$1 million in funding from the Wellcome Trust to pursue preclinical evaluation of elastin mesh as a tissue regeneration promoter
- **Saluda Medical Pty Ltd** received a grant in the first round of funding for their Closed Loop Spinal Cord Stimulation for Chronic Pain device. This makes it possible to measure the minute electrical responses from nerves immediately after they have been stimulated. This is of great importance as chronic pain affects one in five Australians and costs \$34.5 billion per year. Saluda's spinal implant for pain relief has been described by the Sydney Morning Herald as a 'breakthrough', after the device was implanted into a patient at Royal North Shore Hospital to treat chronic back pain.

Equity and diversity

Women

Following transfer of the Women NSW office to the NSW Ministry of Health, there have been significant achievements in coordination of effort across Government in domestic and family violence and the women's equality agenda.

In 2015-16, Women NSW led the development of a Blueprint for domestic and family violence reform in NSW; a whole of Government domestic and family violence policy framework; and coordinated a process for increasing the NSW Government's investment in the domestic and family violence response.

The Blueprint identified a need to enhance domestic and family violence system information, governance, planning and accountability through a stronger role for Women NSW.

Ms Natasha de Silva was appointed Director, Women NSW commencing on 1 June 2016. Previously, Ms de Silva was Director, International Programs and Development with the Australian Human Rights Commission.

The budget for 2016-17 Women NSW activities is \$30.5 million.

Women in NSW Report

The Women in NSW 2015 report (published in November 2015) and the Education and Learning: Women in NSW Report Series 2016 (published in October 2016) provides an authoritative statement of how NSW women are faring and identifies where there is still work to be done to address inequality.

Reporting is broken down into five key areas:

- health and wellbeing
- education and learning
- work and financial security
- leadership
- safety and justice.

A number of findings in the report are worrying. Young women continue to be far more likely than young men to be hospitalised for intentional self-harm. In education, while women outnumber men in school completion and in postgraduate and undergraduate study, girls and women remain underrepresented in science, technology, engineering and mathematics (STEM) areas of study. This limits their opportunities to develop skills we know are essential for success in the future economy.

Women's economic independence continues to be a major issue, with the gender pay gap increasing over the last 18 months and women's unemployment rate growing much faster than men's. Women's safety issues continue to justify the intense focus of the NSW Government, with women being victimised at unacceptable rates.

Health and wellbeing

While women experience some favourable health impacts, such as longer life expectancy, less obesity, and lower smoking and drinking rates than men, there are a range of areas where health and wellbeing impact disproportionately on the lives of women in NSW, or where women experience the use of health services differently to men. For example:

- young women are 2.8 times more likely than young men to be hospitalised for self-harm
- around 1 in 8 women and 1 in 5 men smoke cigarettes
- women are half as likely as men to engage in risky drinking
- around half of all women exercise enough



11.1 PER CENT OF WOMEN REPORT HIGH LEVELS OF PSYCHOLOGICAL DISTRESS COMPARED TO 8.5 PER CENT OF MEN

- the proportion of teenage mothers is declining.

What is being done to improve women's health and wellbeing in NSW?

The NSW Health Framework for Women's Health (2013) identifies health needs particular to women, promotes delivery of appropriate healthcare and health-promoting services, and supports monitoring the impact of interventions on groups of women at most risk of poor health.

The NSW Government is implementing significant mental health reforms through Living Well: Strategic Plan for Mental Health NSW 2014-2024, which aims to shift the focus from crisis-driven responses to prevention and early intervention.

The NSW Education Program on Female Genital Mutilation (FGM) aims to prevent the practice of FGM in NSW and to minimise the health and psychological impact of the practice for women, girls and their families affected by, or at risk of, FGM.

Education and learning

Women and girls outnumber men and boys in school completion and in undergraduate and postgraduate study, and the graduate gender salary gap has narrowed over the last year. However, women's share of apprenticeship and traineeship completions has fallen, as has the proportion of women with qualifications at Certificate III level or above.

There are also remaining challenges in promoting women's participation and achievement in science, technology, engineering and mathematics (STEM) fields of study. In summary:

- STEM subjects make up one third of girls HSC subjects, compared to half of boys subjects
- women made up 34.9 per cent of all apprenticeship and traineeship commencements and 41.2 per cent of all completions
- 55 per cent of students completing undergraduate Information Technology and Engineering studies were women
- Aboriginal women are well represented in vocational education and training completions, but remain less likely than other women to attend university
- women complete more undergraduate and postgraduate degrees
- the graduate starting salary for women is \$3000 per annum less than for men.



WOMEN ARE 6 TIMES LESS LIKELY THAN MEN TO UNDERTAKE TECHNICAL AND TRADE TRAINING

What is being done to address the gender gap in educational and learning in NSW?

The National STEM School Education Strategy 2016-2026 outlines five areas for action to increase the uptake of STEM subjects, and includes a focus on girls.

The NSW Government's Smart and Skilled program has introduced 5000 fee-free scholarships each year, which in 2016 are available to women who have experienced domestic violence

The NSW Training Awards for a woman in a non-traditional trade or vocation annually recognises a female apprentice, trainee or vocational student who has undertaken training in a non-traditional trade or vocation.

Under the Investing in Women program, Women NSW provide funding for NSW organisations to develop and implement projects that support the economic empowerment and leadership of women across the strategic directions of education and learning, work and financial security and leadership.

The NSW Premier's Priority aims to drive public sector diversity by increasing the proportion of women in senior leadership roles by 50 per cent in the government sector in the next 10 years.

Work and financial security

Women's economic independence continues to be a major issue, with the gender pay gap increasing over the last 18 months and women's position in the workforce deteriorating over the last year on a number of indicators. While female labour force participation is at its highest point since 1978, unemployment rates for women have overtaken those for men and are rising. On a positive note, gender gaps in unpaid household work and use of flexible working arrangements for caring purposes have reduced in recent years.

Key metrics indicate:



WOMEN SPEND 12.5 HOURS PER WEEK MORE THAN MEN ON UNPAID HOUSEHOLD WORK

- women's participation in the paid workforce is at its highest point since 1978 but remains 12 percentage points lower than men's
- 1 in 2 women work part time compared to 1 in 6 men
- on average, women working full-time earn \$320 less than men per week
- the proportion of women in the workforce who want more hours of work is growing
- unemployment for NSW women is 1.1 percentage points higher than for men
- the gap between what women and men earn is increasing in NSW and is now 19.3 per cent.

What is being done to address the gender gap in NSW?

The NSW Council for Women's Economic Opportunity provides specialist advice to the NSW Government on opportunities to enhance women's economic development, economic independence and financial security.

The Investing in Women Funding Program supports projects that lead to the economic empowerment of women through training and employment in non-traditional trades.

The Workplace Gender Equality Agency (WGEA) assists the NSW Government and other Australian organisations to identify and analyse the various types of organisational gender pay gaps. WGEA has developed a number of toolkits, including a three-step guide for small business to address pay equity.

Leadership

Women's share of Legislative Assembly (lower house) seats won at the 2015 NSW election rose to its highest level ever at 30.1 per cent. In contrast, women's share of Legislative Council (upper house) seats won at each election has been steadily dropping since 2003.

Women are significantly under-represented at senior executive levels in the public and private sectors in NSW, but appear to be doing better in the community sector. Women's representation on NSW Government boards and committees has increased. Currently:

- women's share of NSW government board positions is 39 per cent
- around one-third of NSW government sector senior leadership roles are held by women
- women hold 1 in 5 directorships in NSW-based ASX 200 companies
- business owners in NSW are more than twice as likely to be men as women.



1 IN 4 SEATS IN THE NSW PARLIAMENT IS HELD BY A WOMAN

What is being done to address the gender gap in NSW?

Driving public sector diversity is one of the 12 key NSW Premier's State priorities under Making it Happen. This priority aims to double the number of Aboriginal and Torres Strait Islander people in senior leadership roles, and increase the proportion of women in senior leadership roles to 50 per cent in the government sector in the next 10 years.

Advancing Women: Public Sector Response provides the NSW Government response to increasing the participation of women in senior roles in the NSW government sector.

The NSW Women of the Year Awards are annual awards recognising the outstanding contribution women across NSW make to industry, community and society.

The NSW Government provides funding to the Heads Over Heels program, which works to increase the representation of women entrepreneurs leading high-growth businesses.

The Australian Institute of Company Directors' 30 per cent diversity target encourages company boards to have 30 per cent of their directors be women by the end of 2018.

The ASX Corporate Governance Council's Gender Diversity Principles recommend that companies establish measurable objectives for achieving gender diversity and disclose the proportion of women senior executives and board members.

Safety and justice

Women need to feel safe in their homes. Women continue to have heightened safety risks in their homes, communities and workplaces. Women are more likely than men to experience domestic and family violence, sexual assault, be victims of domestic homicide, and face discrimination and sexual harassment in workplaces. In some areas women are

tracking better than men, with to have lower rates of offending and imprisonment, however:



4 IN 5 VICTIMS OF SEXUAL ASSAULT ARE WOMEN

- females are twice as likely as males to be victims of domestic-violence related assault
- female homicide victims are more likely than males to be killed by someone with whom they are in a domestic relationship
- sex discrimination in employment is 5.5 times more likely for women than men.

What is being done to address the gender gap in NSW?

Reducing domestic violence is one of the 12 key NSW Premier's State priorities under Making It Happen. This priority aims to reduce the proportion of domestic violence perpetrators re-offending within 12 months by 5 per cent.

On 14 October 2015, the NSW Government announced a \$60 million package to target perpetrators and support women, men and children who have experienced domestic and family violence (DFV). The package includes new Police Domestic Violence High-Risk Offender Teams to target perpetrators and reduce the rate of re-offending, as well as DFV Suspect Target Management Plans that will put offenders on notice. The package will increase Crisis Accommodation Support and also includes behaviour change interventions to make higher risk perpetrators address their behaviour.

It Stops Here is the NSW Government's framework for reform to improve the response to domestic and family violence in NSW through strengthening domestic and family violence prevention, improving the way service providers deliver services to victims, and delivering programs and services that hold perpetrators accountable and reduce re-offending.

A number of NSW Government programs under It Stops Here, such as Safer Pathway, Staying Safe (see www.domesticviolence.nsw.gov.au), Start Safely (see www.housing.nsw.gov.au) and Staying Home Leaving Violence (see www.community.nsw.gov.au) to support families affected by domestic and family violence.

Women of the Year Awards

The 2016 Women of the Year Awards were presented on 9 March 2016 at NSW Parliament House by the NSW Premier, the Hon. Mike Baird and Minister for Women, the Hon. Pru Goward.

The NSW Women of the Year Awards recognise the outstanding contribution women across NSW make to industry, community and society, and celebrates their significant achievements.

The recipients of the 2016 Women of the Year Awards are on page 86.

**WINNER: REX AIRLINES REGIONAL
WOMAN OF THE YEAR**

Ms Jodie McRae

Jodie was a single mother who owned five successful small businesses in the Lismore and surrounding area. Jodie was diagnosed with a rare, aggressive form of triple negative breast cancer in May 2013. After being told she was cancer free in December 2013, Jodie was subsequently diagnosed with secondary breast cancer in September 2014. Jodie continued to fight the disease. Despite a poor prognosis she founded Jodie's Inspiration, a not-for-profit organisation. She raised over \$100,000 from her first fundraiser and purchased two cold cap therapy machines for a local oncology unit so that patients were given the opportunity to prevent chemotherapy hair loss.

Jodie's relentless public education has assisted local women in finding cancerous breast lumps early. Jodie provided support through fundraisers, technological resources and emotional guidance for cancer sufferers. Her well-respected community profile and impressive business acumen stemmed from her kind nature to selflessly give back to the community time and time again.

Vale Jodie McRae

Sadly, Jodie lost her long-running battle with breast cancer in October 2016.

WINNER: A.H. BEARD COMMUNITY HERO AWARD

Professor Fadia Ghossayn

Fadia founded the Australian Lebanese Foundation in 2001 at The University of Sydney. The Foundation provides scholarships that require multi faith membership. Additionally, Fadia heads another Foundation that runs an Academy that annually calls for 15 young people from Australia to go to Lebanon to train on how to be a responsible Australian citizen. Fadia has made achievements in inspiring and mentoring young Lebanese in Australia to reach their full potential and strive for their goals while embracing Australian values.

Through raising funds for scholarships and providing opportunities for all across the board, her tenacity has resulted in better cultural understanding and cooperation between Lebanese and Australian people, providing positive role models for new migrants and refugees. Not only has Fadia worked tirelessly to advocate for cultural cohesion and harmony through her work for the Australian Lebanese Foundation, she has also made an outstanding contribution by advocating for special projects and acting as a liaison between various agencies, while supporting numerous charities.

**WINNER: PREMIER'S AWARD FOR
WOMAN OF THE YEAR**

Miss Jennifer Armstrong

Jennifer is the founder of the Beauty Bank, a charity collecting unwanted toiletries and other beauty products for women in need, particularly those experiencing domestic and family violence. The Beauty Bank has helped over 3,000 women and men since 2013 and is now the signature charity partner of the Cronulla Sharks. A survivor of domestic violence, Jennifer is also a popular leadership speaker for both corporate organisations and schools, motivating and educating others on the effects of domestic violence and the power of resilience. Jennifer is a third year student at Western Sydney University studying a Bachelor of Business and Commerce degree with majors in Sport Management and Advanced Business Leadership. Jennifer has two small children and provides foster care for a third child.

WINNER: ABORIGINAL WOMAN OF THE YEAR

Ms Dana Clarke

Dana is a proud Worrimi Aboriginal woman who has worked in Aboriginal health, domestic violence prevention, child protection, sexual assault and mental health for over 25 years. Dana was appointed the Chief Executive Officer for Burrun Dalai Aboriginal Corporation in 2005. Burrun Dalai provides services to children and their families and carers to achieve the best possible life outcomes by raising Aboriginal children in a safe and nurturing environment which keeps them connected to their community and culture, while maintaining their family identity and family relationships. Dana has successfully grown Burrun Dalai to become the largest rural service provider of Accredited Aboriginal out-of-home care and family support services in NSW, only one in five in NSW, to achieve re-accreditation with the Office of Children's Guardian. Dana is recognised within the industry and her community for her passionate advocacy for the needs of Aboriginal children and young people in out of home care.

**WINNER: HARVEY NORMAN YOUNG
WOMAN OF THE YEAR AWARD**

Dr Dharmica Mistry

Recipient of the 2015 Young Scientist Award, Dharmica is an inspiration to young women considering a future in medical research and microbiology. Dharmica is an exceptional researcher who is involved in implementing life changing medical research around early breast cancer detection that will impact upon women around the world. The core focus for Dharmica's work is to commercialise a universal ground-breaking breast cancer screening test in collaboration with the University of Kentucky. Without her persistence, unfailing optimism and drive over the past eight years, a transformational global test may have never been developed.

Disability Action Inclusion Plan 2016-19

The *NSW Disability Inclusion Act (2014)* outlines the requirement for a State Disability Inclusion Plan, and the Act requires NSW public authorities to have a Disability Inclusion Action Plan (DIAP) outlining tailored commitment to ensuring people with disability can access services and fully participate in the community.

The NSW Health Disability Inclusion Action Plan 2016-2019 (DIAP) is a system-wide plan that sets out the high level vision and objectives of disability inclusion for the NSW Health system.

The primary objective of the DIAP is to ensure the NSW Health system provides equitable and dignified access to services and employment for people regardless of disability.

The four focus areas that guide the commitments in the DIAP are:

- promoting positive attitudes and behaviours — building disability confidence within the NSW Health system
- creating liveable communities — providing equitable and dignified access for people with disability, carers and families
- providing equitable systems and processes — ensuring people with disability are able to access information and person-centred processes
- supporting access to meaningful opportunities — improving the proportion of staff with disability and supporting career progression within NSW Health.



**HEALTHSHARE NSW
INCREASED THE
NUMBER OF PEOPLE
WITH A DISABILITY IN
ITS WORKFORCE FROM
125 TO 168 EMPLOYEES
(0.5 PER CENT INCREASE)**

Key achievements

In line with legislative requirements, the final DIAP was provided to the NSW Disability Council in December 2015. Since, NSW Health has made good progress toward implementation of a number of actions including:

- establishment of a steering committee with representatives from the Disability Council NSW, Carers NSW, the Ministry of Health, local health districts, Health Education and Training Institute, Bureau of Health Information, NSW Health Infrastructure and the Justice Health & Forensic Medicine Health Network
- presentation of disability Inclusion and the DIAP at the leadership forums including the Senior Executives' Forum

- engaging chief executives in strategic discussion related to disability inclusion as part of local health districts performance meetings
- dissemination of a survey to all NSW Health organisations to capture baseline data on disability inclusion activities for 2016-2019
- promotion of the inclusion of disability inclusion principles by NSW Health
- infrastructure as part of its participation in the revision of the Australasian Health Facilities Guidelines
- promotion of disability inclusion principles by NSW Health Infrastructure as part of its NSW Health capital works program.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is a transformational policy which aims to bring about healthier lives for people with disability through choice and control. To fully implement the NDIS, NSW Health has to bring about an operational change to over 220 hospitals and health centres in diverse locations across NSW. This requires a balanced strategy that incorporates the diverse needs of, not only our clients with disability, but of the specific health locations and districts as the NDIS rolls out across the State.

While the NDIS has a nationwide approach, the majority of work undertaken by the NSW Ministry of Health relates to the NSW Health/NDIS interface and supporting local health districts and specialty health networks in getting ready for the NDIS.

NSW Health is actively working with the Department of Family and Community Services during the transition to ensure that people with disability continue to receive the appropriate mix of disability and health supports to meet their need. NSW Health is actively working with the National Disability Insurance Agency to maximise the benefits of the scheme for people with a disability.



**UNDER THE NDIS,
INVESTMENT IN NSW
FOR DISABILITY SUPPORTS
WILL MORE THAN
DOUBLE IN FIVE YEARS
TO PROVIDE SUPPORTS
FOR AROUND 140,000
PEOPLE**

Refugees

NSW Health is providing an additional \$11 million in 2016-17 (\$32 million over four years) for targeted health care services to support the resettlement of refugees who are fleeing the humanitarian crisis in Syria and Iraq.

The focus of NSW Health's response is to support newly arrived refugees to navigate the health system, linking them to on-arrival health services such as the NSW Refugee Health Service, and ensuring they have a general practitioner as their primary health care provider. NSW Health's response will increase the likelihood that new refugees experience good health outcomes and successfully resettle in NSW.

NSW Health will extend and expand specialised health services for refugees, including:

- therapeutic interventions for psychological and emotional concerns due to refugees' experiences of torture and trauma provided by the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
- maximising attendance at health assessments (including at schools)
- catch-up vaccinations and treatment for latent tuberculosis, where clinically indicated
- expanding specialist refugee paediatric clinics with multidisciplinary teams at the Sydney Children's Hospital Network, John Hunter Children's Hospital and Liverpool Hospital
- new mobile early childhood nurse clinics for children under five
- building capacity of general practitioners and other health staff to respond to refugee's health issues
- building capacity of mental health services to support refugees' emotional wellbeing
- improved education and capacity building for refugees and communities to manage and support their health care
- new preventive domestic and family violence education program for refugees in their own language and with community members' support
- interpreting for all health care appointments, as well as a new statewide telephone number for all Health Care Interpreter Services.

Of the additional funding, over \$2 million will assist refugees in rural and regional NSW in 2016-17.

NSW Health will also review the *NSW Refugee Health Plan in 2016-17*, with the guidance of the NSW Health Refugee Health Plan Implementation Group.

NSW Carers (Recognition) Act 2010

About one in ten (857,200) people in NSW are carers. A carer is anyone who provides ongoing unpaid support to family or friends who need help because of disability chronic illness or mental illness or who are frail aged. In 2015, it was estimated it would cost \$60.3 billion to replace the care provided by carers in Australia with formal services.

The *NSW Carers (Recognition) Act 2010* (the Act) has been in place since 2010 and enacts a Carers Charter (the Charter) to recognise and increase awareness of the vital role and contribution of carers to the people they care for and the broader community.

CASE STUDY: SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

Southcare Outreach Service

In January 2014, funding was received from an Innovation in Integrated Care grant for the purpose of pursuing integrated approaches across sectors and services to provide better care in the Southern Sydney community. As a result, the Southcare Outreach Service (SOS) was launched on 10 February 2014, providing a new integrated rapid response health care outreach model of service.

Over the 16 months since implementation of the SOS, waiting times for existing community services have decreased. Integration with local general practitioners, community, ambulance, allied health and hospital services has also improved.

Client management outcomes for the SOS indicate that the program has been able to make a significant positive impact on patient care management, particularly in relation to reducing emergency department presentations through multidisciplinary rapid response team alternative care options.

Key Activity

In excess of 500 clients have been assessed through the SOS since its inauguration. Over three quarters of these clients have had their care managed safely at home via referral and integration with appropriate services. 93 per cent of clients have remained out of hospital at the 28 day follow-up, and emergency department presentations have decreased by over 90 per cent in the pre and post 28 day discharge periods.

Outcome

Almost all clients and their carers have indicated a high level of satisfaction with the SOS, with 86 per cent reporting that they would have probably gone into hospital were it not for the SOS.

This feedback suggests that the SOS initiative has achieved its aim of empowering clients and families to be part of their own health care planning, improved their health literacy and supported their decisions to receive care in the environment of their choice.

Through preventing unplanned emergency department presentations and hospitalisations, the SOS program has also increased the Sutherland Hospital's capacity to provide care to others who require it. This increases the productivity and efficiency of the Sutherland Emergency Department and hospital as a whole.

This project was a finalist at the 2015 NSW Health Awards.

NSW Health, along with other government human service agencies, is responsible for acting on the principles of the Charter to improve the wellbeing of carers across the State.

In 2015-16, the Department of Families and Community Services led a process of consultation with key stakeholders to review the Act. NSW Health contributed to this process and also continues to do so through the Carers Advisory Council in NSW.

NSW Health contributed to a progress report on the NSW Carers Strategy 2014-19, reporting on action against Strategy: 2.1 Easier access to health care.

NSW Health has delivered against key measures to make it easier for carers to use health care by:

- disseminating over 10,000 health promotion resources for the Get Healthy Information and Coaching Service during Carers Week 2015
- having approximately 800 NSW Health staff have completed the Health Education and Training Institute's online education module Partnering with Carers
- adapting 'Stepping On', a falls prevention program, to meet the needs of carers and actively promoting to carers and carer organisations.

Other initiatives for carers across NSW Health include:

- as part of the Blacktown Hospital Stage one Expansion Project, 40 unique carer zones were commissioned in single rooms across the new facility. These carer zones were created in direct response to consumer feedback about the importance of having space for a carer or relative to stay overnight
- The Sydney Children's Hospitals Network launched a new Patient and Carer Experience video created by its Families and Consumer Council, to be used to educate staff in corporate orientation and in-services
- six new 'Carer Corners' were funded and set up in Coffs Harbour Health Campus, Macksville Hospital and Bellingen Hospital. These are dedicated areas for carers to have a break and find information
- a number of districts have rolled out the highly successful Admission to Discharge Together project that aims to achieve a seamless and safe journey into and out of the health system for people with an intellectual disability and their carers
- in Nepean Blue Mountains, 43 carers awareness face to face in-services were conducted involving 401 staff and 73 students
- the Agency for Clinical Innovation continues to have representation of carers on a broad range of committees, boards, working groups, panels and time limited projects, including the Rehabilitation Network Co-Design project and the Nutrition Network Hip Fracture project.

Multicultural policies and services programs

The Multicultural Policies and Services Program is a whole of Government responsibility overseen by Multicultural NSW. It focuses on ensuring Government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public.

Continued areas of focus under the *Multicultural Health Plan* include:

- improving data collection and related systems for culturally and linguistically diverse clients/patients
- improving training and education for health staff to support cultural competency
- delivering communication campaigns and strategies to support key messages statewide.

Multicultural NSW's 2015-16 reporting requirements centred on the same themes as in 2014-15: key performance indicators, and the results of evaluations and services for humanitarian entrants.

All health services and relevant Ministry branches were invited to contribute to NSW Health's Multicultural Policies and Services Program reporting for 2015-16 and the following report emphasises achievements in 2015-16 and planned initiatives for 2016-17 under these two themes.

NSW Health key Multicultural Policies and Services Program achievements 2015-16:

Background and highlights

In 2015-16, the Multicultural Health Plan Implementation Group met every three months to lead planning and progress under the NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-16 (the Multicultural Health Plan). The Implementation Group includes a representative from each local health district and two statewide multicultural health services. The Implementation Group gathered all multicultural health managers from across the State in November 2015 for a NSW statewide multicultural health planning day. Participants discussed and provided feedback on the implementation of the current Multicultural Health Plan, in preparation for its review in 2016-17. Agreement centred on a commitment to higher level strategic outcomes for the remainder of the current Plan and a focus on evidence-based efforts to position Multicultural Health Services to deliver safe, quality care that continues to ensure the health system is accessible, easy to navigate, and accommodating of culturally and linguistically diverse communities in NSW.

The planning built on previous initiatives of statewide Multicultural Health, including continued focus on key priorities under the Multicultural Health Plan, including:

- improve access to and use of interpreters
- improve data collection and related systems for culturally and linguistically diverse clients/patients
- improve training and education for health staff to support cultural competency
- deliver communication campaigns and strategies to support key messages statewide.

Working groups in 2015-16 focused on each of these priority areas and met quarterly to progress and monitor improvements.

Interpreters

Many local health districts and health services are working on improving interpreter use through auditing and process improvements, as well as significant internal training to staff, especially for emerging language communities. The NSW Health Interpreters Policy is currently under review, with a focus on improving the communication of the steps health care practitioners should take to satisfy themselves that a patient understands health advice when using an interpreter (e.g. through a flow-chart). A new policy will also set clear rules on using new technology including electronic medical records and video-interpreting.

Data

The data working group has worked with the Performance Analysis Unit within the Ministry of Health to improve data collection and to re-establish regular statewide data reporting for multicultural health. The new data reports will be used as a baseline for multicultural health managers and the Ministry to identify and analyse trends. The project will assist services and NSW Health to respond strategically to emerging health issues in multicultural communities.

Training

The cultural competency working group reported on a literature review surveying effectiveness of cultural competency training and education for health care professionals, completed in August 2015 in partnership with the University of Wollongong. Members also worked with the Health Education and Training Institute to develop a new eLearning module *The Refugee Experience*. This superb resource allows health workers to gain an understanding of who refugees are, what challenges they face when resettling or seeking protection, how their experiences impact their health needs and what staff can do to make a difference. Multicultural health services have also worked with local health district staff to prepare for the new Syrian refugee arrivals.

Communications and health promotion

There have been numerous successful health promotion campaigns across the State, highlighted by:

- the Pink Sari project, which raised breast cancer screening rates by eight per cent in Sri Lankan and Indian communities within a year. It was led by the NSW Multicultural Health Communication Service in partnership with the NSW Refugee Health Service, University of Technology Sydney and BreastScreen NSW, with funding from the Cancer Institute NSW. At the International Association for Measurement and Evaluation of Communication this project won The Gold Award for Best Campaign in the Public and Not-for-profit sectors and the Grand Prix Platinum Award for evaluation research
- a unique evidence-based mindfulness program in Arabic also stood out via its increased engagement by participants with mental health services. It was a collaborative partnership between the South Eastern Sydney Local Health District Multicultural and Mental Health Services, Al Zahra Muslim Women's Association and the University of NSW. Results indicated that the Arabic Mindfulness intervention represents a low cost, effective intervention for a community with limited engagement with mental health services and high levels of psychological distress. The intervention is suitable for individual self-management, community groups and as an adjunct to primary and specialist mental health care.

The communications working group also assisted the Multicultural Health Communication Service with the successful launch of Multicultural Health Week in 2015. Minister Skinner launched the week with the theme 'Rights and Responsibilities - Get Involved in Your Health Care'. The [Health Care Interpreter Services](#) produced a very well received video *Working with Interpreters in the Healthcare Setting* to educate health workers and consumers about using interpreters.

Key achievements 2015-16

PROJECT/INITIATIVE	ACHIEVEMENT 2015-16
LOCAL HEALTH DISTRICTS	
Central Coast Local Health District	
Improve access to and use of health care interpreter services	<p>The District has continued the implementation of its <i>Multicultural Health Plan 2014-2017</i> with a focus on increasing access and usage of interpreter services. The District provided staff, community education, increased promotional reach of multicultural health resources, and is continuing collaborative work with the Health Care Interpreter Service in Hunter New England Local Health District to build the capacity of the interpreter service on the Central Coast. Key achievements include:</p> <ul style="list-style-type: none"> • recruitment drive for local interpreters • work with TAFE NSW to implement a National Accreditation Authority for Translators and Interpreters preparatory course on the Central Coast • training and development of the local pool of interpreters • Real Education Delivered trolley training on key multicultural health messages for District staff during peak events such as Harmony Day and Multicultural Health Week • health education sessions to Gosford and Wyong TAFE Adult Migrant English Program students • rollout of the State resource 'Interpreter required' cards • development of translated banners about using the Health Care Interpreter Service • continued promotion of the Multicultural Health Resource Folder.
Hunter New England Local Health District	
Telehealth to improve access to interpreters	<p>The District Health Care Interpreter Service developed and trialed a protocol to reduce travel times and improve access for face to face interpreting for clinicians and clients in the Upper Hunter and Tamworth. Hospitals and community health sites participated in the trials and the Service provided ongoing support to all participants. Feedback from both remote sites, as well as clients was very positive. Moreover the project was implemented within existing resources.</p>
Illawarra Shoalhaven Local Health District	
Improving Bowel Cancer Screening in culturally and linguistically diverse communities and the use of Faecal Occult Blood Tests (FOBT) kits	<p>People from culturally and linguistically diverse backgrounds face numerous barriers to participation in cancer screening programs. To understand the specific barriers to participation in the National Bowel Cancer Screening Program, the District ran five focus groups with Macedonian and Serbian community members [aged 50+ years (n=33)] in the Illawarra.</p> <p>Each focus group was asked to 'unpack the kit', examine the information and contents and work collectively to understand and map the steps to completing the tests. Each group was provided education on cancer screening and prevention by the District's Cancer Care Centre. Issues at five key phases of the Test Kit experience were identified - Preparation Phase, Understanding Instructions phase, Kit Components phase, Patient Information phase, Feedback and Follow up phase. The focus group members experienced significant barriers at each phase. The results have led to consultations with the National Bowel Cancer Screening Program in Canberra and a meeting with the Australian Chief Medical Officer to discuss the findings and demonstrate alternative strategies that meet District standards on plain language principles and health literacy.</p>
Refugee Health Program intake, triage and disability project - innovative approaches to practice	<p>In response to a significant increase in new arrivals into the region, particularly fleeing the conflict in Syria and Iraq, the District's Refugee Program has reviewed its intake and home visit practices. It is also improving timely access to mobility support for new arrivals with war trauma or other related ailments. With the District Assessment and Referral Centre, the Refugee Health Program has established an intake and triage system to centralise intake procedures and determine priorities when planning home visits and coordinating care. The Assessment and Referral Centre also generates referrals for new arrival clients and families to Child and Family Services. The triage system identifies and prioritises new arrivals for home visits based on three series of referral and resource information to fine-tune home visits and subsequent interventions where and when they are most needed.</p> <p>The Refugee Health Program has also established pathways through disability services such as the Disability Trust and private therapists to conduct Occupational Therapy assessments for access to mobility aide equipment and services. The District Health Care Interpreter Service is also supporting this by providing interpreting at no-cost, including to non-government and private providers.</p>
Mid North Coast Local Health District	
Harmony in Health Expo	<p>The District held an inaugural Multicultural Health Expo in Harmony Week to bring the multicultural community together with local services and community supports to improve health and social inclusion. Due to its success and extremely positive feedback, the committee has already begun planning for next year. On the day more than 50 exhibitors, performances and activities were showcased to over 500 attendees, speaking more than 29 different languages. 96 per cent of the attendees surveyed, with the assistance of interpreters, reported that attending the expo would help improve their general health and wellbeing and 95 per cent accessed new information about services and supports for themselves or someone they cared for. The Expo was planned after multicultural community representatives informed the District's Board about the challenges of accessing specific information about services.</p>
Murrumbidgee Local Health District	
Breast Screen Strategies to increase participation of culturally and linguistically diverse population	<p>The BreastScreen service in Queanbeyan, an area with a high culturally and linguistically diverse (CALD) population, is focusing on increasing participation of women by developing links with religious groups and community organisations. BreastScreen nurse counsellors also work with the Breast Care nurses and Women Health nurses to encourage CALD women to attend mobile sites and encourage block bookings for the District's fixed sites. The <i>2015 BreastScreen NSW Marketing and Recruitment Plan</i> promotes participation of CALD women in Murrumbidgee and Southern NSW and the <i>Cancer Institute NSW Business Plan 2015-2018</i> also focuses on enhancing engagement with CALD backgrounds in rural regions.</p>
Nepean Blue Mountains Local Health District	
Training for staff about Female Genital Mutilation and responding to affected women	<p>A partnership project with the NSW Education Program on Female Genital Mutilation (FGM) has ensured that over 200 staff in the District received training on the new clinical guidelines for the management of FGM affected women.</p> <p>Key learning outcomes of the training included:</p> <ul style="list-style-type: none"> • identify the complex socio-cultural issues surrounding FGM • identify the effect of beliefs surrounding the practice of FGM • increase knowledge of the health effects of FGM • identify different cultural issues workers need to consider when working with families affected by these practices • provide appropriate clinical management for child bearing women.

PROJECT/INITIATIVE	ACHIEVEMENT 2015-16
A spotlight on the South Sudanese community	<p>The South Sudanese community has been steadily increasing in numbers in the District. A Refugee Forum was organised during Refugee Week for health staff and other government and non-government staff to highlight the specific health needs of this community. The Forum provided information and insight into:</p> <ul style="list-style-type: none"> • the demographic and health profile of the South Sudanese community in the District • south Sudanese history, cultural beliefs and values and how these influence health and wellbeing • key health issues that affect people from this community • referral pathways and support services.
Northern NSW Local Health District	
Raising awareness of Domestic Violence	The District's Domestic Violence Committee has provided information to the North Coast Settlement Service about working with women from culturally and linguistically diverse backgrounds.
Northern Sydney Local Health District	
CALD Seniors Physical Activity Project	<p>People from culturally and linguistically diverse backgrounds are often reported to be at greater risk of physical inactivity than people from English speaking backgrounds. The CALD Seniors Physical Activity Project was a partnership project between the Northern Sydney Multicultural Health Service and the Health Promotion Service. The project built the capacity of bilingual community workers and volunteers to coordinate social groups and centre based day care groups for older people from culturally and linguistically diverse backgrounds to implement 'Staying Active Staying Safe' Program – a community based falls prevention program, at their group meetings.</p> <p>Program resources provided to the participants included a DVD, booklet (available in English and 11 community languages) and information on physical activity and falls prevention. 1250 copies of the Program were delivered to bilingual workers in 2014-15 to enable them to implement the Program with members of 35 seniors groups in the Northern Sydney region. In 2015-16 a follow-up was conducted. The results indicated that five bilingual workers were continuing to implement the Program with members of 12 seniors groups with a program reach of 292 older people. Barriers and enablers identified to the sustainability of the Program in the seniors groups are currently being considered to inform future programs.</p>
Northern Sydney Refugee Mentoring Program	The District Multicultural Health Service worked with the Northern Sydney Institute of TAFE (Brookvale Campus) to implement and evaluate a Refugee Mentoring Program for refugees and humanitarian entrants from Tibet. The purpose of the program was to increase access to, and an understanding of, health information and health services by Tibetan humanitarian entrants; enhance social support and social connectedness and facilitate cultural exchange between the refugees and humanitarian entrants and local community members. During the program, 32 community volunteers (the mentors) attended a comprehensive training program before being linked with a mentee. The volunteer mentors met with their mentees once a week for a minimum of six months and provided friendship, support and practical assistance accessing health services. Ongoing support was also provided to the volunteer mentors through regular debriefing sessions and a bilingual worker was available to support the mentees. Several changes were made to the content of the program based on feedback received by participants in previous programs. Both content and process evaluation of the program indicated a high level of satisfaction with the training program.
Southern NSW Local Health District	
Data Collection and cultural competence	The District has identified data collection for culturally and linguistically diverse clients as a priority and is monitoring transition to electronic medical records. The District has also promoted cultural training and interpreting services to engage staff and build cultural competence.
South Eastern Sydney Local Health District	
Evaluation of the acceptability and clinical utility of the Arabic language Mindfulness CD	<p>The project was the first of its type to be conducted in the world. It translated an evidence-based mindfulness intervention from English into Arabic; tested its clinical utility and cultural acceptability in the Arabic-speaking community in St George; and incorporated the intervention into clinical practice. It was a collaborative partnership between the District Multicultural and Mental Health Services, Al Zahra Muslim Women's Association and the University of NSW.</p> <p>Results indicated clinical utility and cultural acceptability. Statistically significant improvements in mental health of the 70 participants were identified using Arabic translations of the Kessler Psychological Distress Scale (K10) and Depression Anxiety and Stress Scale (DASS21) at five weeks post intervention and 12 week follow up. At follow up, all participants agreed or strongly agreed that mindfulness was compatible with their existing cultural and religious practices and that it fitted with their way of life. 94 per cent of participants continued to practice Mindfulness after the intervention period.</p> <p>The Arabic Mindfulness intervention represents a low cost, effective intervention for a community with poor engagement with mental health services and high levels of psychological distress. The intervention is suitable for use across multiple settings including individual self-management, community groups and as an adjunct to primary and specialist mental health care.</p>
New and Emerging Communities Needs and Assets Assessment	<p>To continue to meet the needs of its local culturally diverse community, DiverseWerks were commissioned to conduct a needs and assets assessment of new and emerging communities in the South Eastern Sydney catchment area to understand and examine:</p> <ul style="list-style-type: none"> • which new and emerging communities are most vulnerable in terms of accessing culturally responsive health services • health needs among new and emerging communities in the area • cultural, social and health literacy issues that may intersect with accessing health • lived experiences of individuals across the health care continuum • success factors of previous projects led by and for new and emerging communities. <p>The project Steering Committee identified three key new and emerging communities: Bangladeshi, Nepalese and Chinese grandparents caring for children under the age of five years. Consultations were undertaken with these communities and key community informants. A report, outlining short and long term recommendations for improving health and health literacy of these communities, will be launched in September 2016 during Multicultural Health Week.</p>
South Western Sydney Local Health District	
Video interpreting	The District successfully trialled video interpreting with the NSW Refugee Health Service, ensuring that the technology was appropriate before rollout. Positive feedback was received from health care providers and interpreters. Discussions commenced to rollout video interpreting more broadly.
Cultural competency for cancer nurses	A cross-sectional survey with open-ended responses was undertaken in 2015 to assess cancer nurses' cultural competency. The only predictor of cultural competence was the highest level of education. Nurses with post graduate qualifications were twice as likely as nurses without post-graduate qualifications to obtain high scores for the knowledge and awareness domains of the cultural competence scale. Although not statistically significant, there was a trend towards lower scores for the skills domain of the scale in nurses who spoke a language other than English.

PROJECT/INITIATIVE	ACHIEVEMENT 2015-16
Identifying the health, social and service needs of refugee children with developmental disability at the Liverpool Paediatric Refugee Clinic	Clinical data was collated on children and youth attending the Liverpool Paediatric Refugee Clinic between 2010 and 2014, with a focus on those with a developmental disability. Significantly more presentations with severe disability and co-morbid conditions were seen in 2014. The proportion of children with developmental disability went from 12 per cent in 2010-2013, to 37 per cent in 2014. Developmental disability and co-morbid chronic health conditions are emerging issues in newly arriving refugee families in Australia. The case study demonstrated the challenges for health, education and welfare services in coordinating care. Qualitative research involving refugee families and services in the District will help inform the planning of coordinated and culturally competent health and welfare services.
Sydney Local Health District	
Multicultural Leaders Health Forum	The District hosted a Multicultural Leaders Health Forum in March 2016 to discuss the health needs of the District's cultural and ethnically diverse community. A prime focus was to explore ways to establish strong relationships with multicultural communities and leaders, discuss issues and further develop the District's Multicultural Health Strategic Plan.
Introduction of a Bilingual Community Education for Refugee arrivals	With the emergence of multiple small and newly arrived refugee communities, the District in partnership with Central and Eastern Sydney Public Health Network has commenced planning on the introduction of a bilingual education program. Consultants were engaged and a report prepared on the best model approach that could be implemented across the District, given current and expected arrivals of refugee communities over the next five years.
Increase cultural competency through education and training	In May 2016, the District's Multicultural Health Services in collaboration with Central and Eastern Sydney Public Health Network and the Can Get Health in Canterbury project team, hosted a 'readiness for Syrian and other Refugees' forum for general practitioners as part of their Continual Professional Development training program.
Western Sydney Local Health District	
Cultural competency and cross cultural communication education program	Cultural competency/cross cultural communication education strategies were reviewed and new approaches developed to increase staff access and participation in on-line and face-to-face training. Culturally and linguistically diverse health literacy and use of professional interpreters were built into a Patient and Carer Experience Team Education Program. The Program was delivered to over 1800 new and existing staff members across disciplines through the mandatory District Orientation, Clinical Governance Quality Improvement Patient Centred Care, and Carer programs. Multicultural Health in partnership with the Health Care Interpreter Service developed a flexible, service-specific in-service program which was delivered to 30 teams across different disciplines with over 400 staff participating.
Pathways for the Western Sydney Refugee Services/ Health Assessment and Interpreter Services	The Western Sydney HealthPathways Program, a partnership between the District, the local Primary Health Network and Sydney Children's Hospital Network, completed the Refugee Services/Health Assessment Pathway and the Interpreter Services Pathway to better support general practitioners and primary care providers in the management and assessment of refugee and migrant populations. This improved the quality and safety of assessment and consultations, and managed risks which can occur in the absence of correct procedures.
PILLARS	
Agency for Clinical Innovation	
Pain management in multicultural communities project	The Pain Management Network commenced a project to better understand multicultural communities' perspectives of pain to create resources and programs to help them manage chronic pain in 2014. Ten focus groups were conducted with four different community groups in three local health districts. In 2015-16, the project commenced implementing the recommendations from these focus groups; to modify a pain self-management program, and develop associated communication tools to suit the specific needs of Arabic, Chinese, Greek and Vietnamese-speaking communities.
Cancer Institute NSW	
Effective Cultural Communication in Oncology	The Institute partnered with the University of NSW and the Multicultural Health Service South Eastern Sydney Local Health District in an ARC Linkage Project to develop an online communication skills training course for oncology health professionals treating patients from non-English speaking backgrounds. The training covers a range of culturally sensitive areas including working with interpreters, breaking bad news and discussing treatment options. The module supports the research study <i>Communication Skills Training for Oncology Health Care Professionals Working with Culturally and Linguistically Diverse Patients</i> and is available on the Institute's eViQ Education platform.
BreastScreen NSW Written Communication Review Project	BreastScreen NSW has expanded its suite of translated resources to include a number of refugee community languages. Information about breast screening is now available in Tamil, Farsi, Dari, Nepali, Karen, Dinka, Assyrian, Khmer and Tibetan. The languages were selected following feedback from the NSW Women's Refugee Health Network and local BreastScreen services. As part of the Written Communication Review Project seven resources were translated into as many as 28 languages. A total of 101 translated resources were produced.
Clinical Excellence Commission	
TOP 5 Phase two	TOP 5 Phase two (funding provided by the HCF Health and Medical Research Foundation) evaluates the implementation of the TOP 5 program in transitions of care between selected hospitals, Residential Aged Care Facilities and community services in NSW, and NSW Ambulance. The second TOP 5 report shows significant benefits for staff, patients and carers when using TOP 5 during transfer of care between health care settings. Benefits include improved staff knowledge and confidence when caring for people with dementia, improved communication, seamless personalised care and reduced patient anxiety. This has been used with success for people from culturally and linguistically diverse backgrounds.
Health Education and Training Institute	
Mandatory training translations	The Institute has commenced translating the NSW Health mandatory training online resources so that staff with English as a second language and/or low literacy can undertake their required training. Languages include: Chinese (Mandarin and Cantonese), Vietnamese, Arabic, Korean and Thai.
International Medical Graduates Rural Familiarisation Program	The Program provides international medical graduates who have recently been employed in, or are considering working in, rural NSW with an orientation and clinical skills refresher to support transition into the Australian health care system. Six facilitated online/teleconference education sessions followed by face-to-face and clinical simulation in Coffs Harbour Health Campus were conducted in March-April 2016. Eleven graduates participated in the program with countries of origin including Russia, Barbados, India, Iraq, China, Nigeria, Sri Lanka, Pakistan, Macedonia, Zimbabwe and Dubai.
NSW Kids and Families	
Newborn bloodspot screening	The Office updated and republished the <i>Newborn Bloodspot Screening Policy Directive</i> (PD2016_015) in May 2016. The Newborn Bloodspot Screening test is to identify newborn babies at risk of a variety of serious disorders. The Policy requires that every parent or carer in NSW is provided with information about the newborn bloodspot screening test, prior to giving written consent to the procedure. A consumer brochure has been developed in conjunction with the Policy to meet this requirement. The brochure has been translated into 14 languages in addition to English, and is available to order or download from the Office of Kids and Families website.

PROJECT/INITIATIVE	ACHIEVEMENT 2015-16
HEALTH NETWORKS	
St Vincent's Health Network	
Interpreter alert in Web de Lacy clinical information system, St Vincent's Hospital	Local clinical information system Web de Lacy now has an interpreter alert/flag to highlight when an interpreter is required, to complement existing flags to highlight patient needs. The interpreter flag is part of a broader project to improve data collection and use to provide appropriate language services to patients. The project has also implemented mandatory fields for patient language and interpreter need in the patient admission system, as well as links to interpreter details and resources.
Improving multidisciplinary teams' use of interpreters	Referral Forms for Patients awaiting Admission were updated to screen patients' preferred language to communicate with health care providers. All patients requiring interpreters were assessed by the multidisciplinary teams with interpreters within 48 hours of their admission in all of the inpatient rehabilitation units of St Joseph's Hospital.
Improving care to older patients from refugee backgrounds	The Network provided education to targeted Social Work and Rehabilitation staff on providing care to older patients from refugee backgrounds. The Multicultural Health Service also provided additional training to staff on working with older people of refugee background, including Holocaust survivors, which included attending the Sydney Jewish Museum. The Professional Development Coordinator of the Healthcare Interpreter Service also provided education for clinical staff in the rehabilitation unit on how to work effectively with interpreters.
Justice Health & Forensic Mental Health Network	
Knowing our Drug and Alcohol patients	All Drug and Alcohol specialist programs (Drug Court, Compulsory Drug Treatment Program, and Connections Program) collect information in relation to culturally and linguistically diverse patients (country of birth, language spoken, cultural background) in addition to comprehensive health and psycho-social information. These details enable reporting to provide details on any changes in the population for service planning and program changes as required.
The Sydney Children's Hospital Network	
Joint simulation training for interpreters and paediatric medical officers: Taking an accurate paediatric history using an interpreter	<p>The Network developed joint simulation training for interpreters and paediatric medical officers with funding from the Multicultural Health Grants Program. Consultant paediatricians and interpreters interviewed families from culturally and linguistically diverse backgrounds to identify elements of the paediatrician-child/family- interpreter encounter that enable effective, safe paediatric medical history taking and communication. As a result:</p> <ul style="list-style-type: none"> • a checklist was designed incorporating cues from interviews with experienced paediatricians and interpreters • a one day pilot interdisciplinary simulated training course was held, involving parent actors, an experienced accredited interpreter and paediatric mannequins to train junior paediatricians in effective communication and paediatric history with culturally and linguistically diverse families. The pilot course incorporated and tested the checklist tool which was amended following feedback • an evaluation was completed and a number of recommendations followed. They included the rollout of Interpreter-Paediatrician one day simulation training course incorporating the checklist tool, the formal assessment of changes in course participants' behaviour and skills during the simulation course, and introduction of a finalised version of the checklist tool into the clinical environment.
Supporting school based health assessments for refugee students at Intensive English Centres	This is an innovative model of health screening initially located at Beverly Hills Intensive English Centre (IEC), which serves migrant and refugee high school students arriving from non-English speaking countries. After expanding the program to Kogarah IEC, the program has now been successfully implemented in five IECs across several districts. Screening includes hearing, vision, general health and pathology, and aims to improve early identification of health issues likely to impact on student health and learning. Local sustainability was achieved in 2015 with the Network providing tertiary level support, specialist health clinics and input into the ongoing development of the program. A cost-effectiveness analysis with the University of Technology's Centre for Health Economics Research and Evaluation demonstrated promising results with evidence that the program will reduce avoidable presentations to hospital over time.
STATEWIDE HEALTH SERVICES	
Multicultural Health Communication Service	
BreastScreen Promotion with Sri Lankan and Indian women: Engaging community, media, research and health services	<p>The Pink Sari project increased breast screening rates among Sri Lankan and Indian women through community engagement, resources development, champions, media and culturally relevant events. It was led by the Service in partnership with the NSW Refugee Health Service, University of Technology Sydney and BreastScreen NSW with funding from the Cancer Institute NSW. Within a year, there was an eight per cent increase in the number of screens by Indian and Sri Lankan women, who speak Hindi, Tamil or Sinhalese.</p> <p>At the International Association for Measurement and Evaluation of Communication the project won:</p> <ul style="list-style-type: none"> • the Gold Award for Best Campaign in the public and not-for-profit sectors • the Grand Prix Platinum Award for evaluation research.
Translated resources for Humanitarian Entrants	The Service has been working with the Health Education and Training Institute and other key services to produce in-language resources for humanitarian entrants. It assisted the Institute with language selection and translation for its mandatory requirement modules, targeting languages such as Bengali, Burmese, Dari and Nepali. The Service also translated the <i>Having A Baby</i> booklet in languages including Dinka, Nepali, Somali, Swahili, Tamil, and Urdu, and the Newborn Bloodspot Screening factsheet into Indonesian, Khmer, Turkish, Serbian and Vietnamese.
Multicultural HIV and Hepatitis Service	
Clinical Support Program- Indonesian Hepatitis B Community Development Project	The Multicultural HIV and Hepatitis Service provides bilingual/bicultural psycho-social support to people from over 25 culturally and linguistically diverse backgrounds who are living with HIV or are undergoing hepatitis C treatment. The Clinical Support Program provided over 1200 occasions of service in the reporting period. In October 2014, the Service piloted a hepatitis B community testing clinic with the Indonesian community, which involved a partnership including the Service, IndoCare, Inner West Sydney Medicare Local and Royal Prince Alfred Hospital Liver Centre. The clinic was well received by the community. The Service has worked with key Indonesian community stakeholders to establish a new committee to improve health within the Indonesian community. The group will develop community-owned and culturally appropriate responses to health issues including hepatitis B, HIV, domestic violence and women's rights.
Multicultural Problem Gambling Service for NSW	
Assisting international students	There is significant problem gambling reported among international students with associated mental health problems, such as anxiety, depression and suicidal thoughts. Together with the Responsible Gambling Fund, the Service provided presentations and interactive workshops with counselling and student support staff at five major universities (Sydney University, University of NSW, Macquarie University, University of Technology and Western Sydney University) and the Sydney Metro TAFE counsellors. It raised awareness of the issues, discussed promotion, prevention and early intervention strategies as well as increased culturally appropriate assessment skills and knowledge of referral pathways to culturally and linguistically appropriate treatment services.

PROJECT/INITIATIVE	ACHIEVEMENT 2015-16
'Music is an alternative' workshops	In the Kurdish community problem gambling and associated mental health concerns are not addressed and help seeking is delayed as gambling is forbidden in Islam, the main religion of Kurds. A significant number of gamblers turn to it as a way of self-medicating for various mental health issues such as post-traumatic stress, grief and loss. As a result of political and cultural repression, Kurdish culture developed a rich oral tradition, maintaining history, expressing and dealing with emotions through music. To use this naturally attractive vehicle, Kurdish community members were invited to an eight week series of 'Music is an alternative' workshops in the first half of 2016. With the help of a local musician to attract participants, the workshops were linked to information on identifying problem gambling and related issues in self and family members, as well as help to seek services available in Australia. The workshop also emphasized the relevance of following the tradition to use music as an alternative for managing emotions. The workshops were run to capacity. Evaluation results were overwhelmingly positive.
NSW Ambulance	
Improving use of interpreter services	NSW Ambulance is committed to ensuring frontline staff are able to provide high quality patient care to patients who do not speak English, through the increased use of the Telephone Interpreter Service. The 2016 Protocol and Pharmacology folder which is carried by all paramedics has been amended to include information on how to access Telephone Interpreter Services.
NSW Education Program on Female Genital Mutilation	
Cultural Days and Health Information workshops	Cultural Days and Health Information workshops raise awareness of female genital mutilation (FGM) and other health issues to people who come from cultures that practice FGM. In partnership with Settlement Services International and other settlement organisations the following five FGM-focussed workshops were delivered to women in their first languages: <ul style="list-style-type: none"> • migrant Women's Cultural Day Orange NSW (45 women) • Ethiopian Women's Health Workshop (38 women) • Nigerian Women's Health Workshop (42 women) • Kurdish Women's Health Workshop (44 women) • Indonesian Women's Health Workshop (93 women). In these workshops a variety of health information sessions were delivered including a scenario on FGM, its harmful effects and related legislation. Feedback from women attending these workshops was very positive.
NSW Refugee Health Service	
Improving access to services for newly arrived refugees with disability	The Refugee Health Service successfully advocated for newly arrived refugees with disability being ensured of having access to the National Disability Insurance Scheme as soon as they arrive in NSW. The Service advocated at national and State levels, in concert with the Ministry of Health, the NSW Department of Premier and Cabinet and the Department of Family and Community Services.
Transcultural Mental Health Centre	
Mental Health Month 2015: 'Value your Mind'	The Centre celebrated Mental Health Month throughout October 2015 with the theme 'Value your Mind'. The campaign encouraged communities to consider the role mental health plays in their daily lives and to promote the need for everyone to make mental health a priority. The Centre organised 26 mental health literacy activities including stalls, presentations and workshops across the Sydney region. These involved approximately 2900 people from a diverse range of communities including multicultural groups, groups from the Indian subcontinent as well as Arabic, Indonesian, Turkish, Greek, Mandarin and Dinka speaking communities. Participants included mental health consumers, carers, families, students and older people. The initiatives covered topics across the mental health spectrum, from anxiety and depression to stress management and maintaining wellbeing. The Centre also distributed 5366 resources across NSW, with additional website PDF downloads of 15,280 and 10,776 page views generated across the Centre website for the same period.
Mental Health of Syrian Refugees – Information Portal	The Centre has developed the 'Mental Health of Syrian Refugees – Information Portal' to assist service providers who may have limited experience and understanding of both cultural and mental health issues affecting newly arrived refugees from Syria and Iraq. Many of these people will have been exposed to a range of traumatic experiences that will impact on their ongoing mental and physical health. The Portal includes information on mental health concerns and links to a wide variety of reports and research about the mental health of Syrian refugees. It also includes demographic information about Syrian communities in NSW and links to Syrian community organisations and service providers. The Portal was established in early October 2015, is frequently updated, and has received 1538 online visits with the original factsheet being downloaded 300 times.

NSW Health Multicultural Health planned initiatives 2016-17

The Multicultural Health Plan Implementation Group will continue to guide statewide work on the identified Multicultural Health Plan priorities. The Multicultural Health Plan will be reviewed in 2016-17, informed by and building on the outcomes from recent statewide strategic planning.

Multicultural Health Managers and Services across NSW Health, including the statewide services and Health Care Interpreter Services, will continue to champion the health of culturally and linguistically diverse members of our community. Highlights of planned initiatives are outlined in the table below.

Planned Initiatives 2016-17

PROJECT/INITIATIVE	PLANNED INITIATIVES 2016-17
LOCAL HEALTH DISTRICTS	
Central Coast Local Health District	
Multicultural Health Orientation e-module – Increase cultural competency through education and training	To develop and implement an online orientation module to assist staff in providing appropriate services to patients and carers from culturally and linguistically diverse backgrounds. The module will cover relevant policy and legislative requirements, the importance of using professional interpreters and services offered by the Multicultural Health Service. Intended outcomes are: <ul style="list-style-type: none"> • increased rate of staff receiving training • increased rate of optimal and appropriate interpreter usage • support and increased awareness and responsiveness of staff working in a culturally diverse environment. The module will be based on the similar module developed by the Multicultural Health Service in Hunter New England Local Health District.
Hunter New England Local Health District	
Improve data collection of patients discharged from Manning Hospital and improve interpreter use	The District will improve compliance with the health care interpreter policy, in particular that patients receive an interpreter where their data indicates they require one. Multicultural Liaison Officers currently check the English competency of the patients at weekly ward visits. A follow up phone call will be made after discharge to all those who have been born in a country where English is not the official language. This will confirm the accuracy of patient data, make corrections where necessary and also check whether patients have been offered an interpreter, as required.
Referrals to child and family nurses for refugee children under five	District Paediatricians diagnose, treat and refer children, who are under five years of age, in the District's 'On Arrival Refugee Health Clinic'. The clinic includes general health checks, but audiology tests, which are routine for children born in Australia, are not currently included. The Child and Family Nurse program and the Refugee Health Program have agreed to see all children under five referred to and seen by the Child and Family Nurses after they have been in Australia for three months to ensure these checks are completed.
Illawarra Shoalhaven Local Health District	
Addressing domestic and family violence in refugee communities living in the Illawarra Shoalhaven Local Health District	The Multicultural Health Service has partnered with the University of Wollongong and the District Violence Abuse and Neglect Service to research local refugee communities' understanding of domestic violence and to develop a resource that aims to confront and reform attitudes to gender based violence in the family home. It is expected that the research team will conduct initial focus groups with up to 40 participants with a series of community driven events and inclusive processes to inform the development of a resource that will aim to create community awareness about domestic violence. The project will be completed in June 2017 and a publication of evidence and research results is also expected.
HealthMoves Physical Activity Program for people with chronic and complex health conditions	The Multicultural Health Service established gentle exercise groups that demonstrated significant physical and mental health improvements for culturally and linguistically diverse (CALD) people. HealthMoves is a local community development program to address gaps in ambulatory care for CALD residents living with chronic and complex health conditions. The Program achieved the recognition of the District through the local Quality and Innovation Awards for consumer engagement and health literacy. Over 150 participants from over 12 CALD community backgrounds accessed the program, and over half of the groups have become self-funded. In 2016-17, the District will expand HealthMoves to reach CALD communities experiencing the highest levels of chronic and complex health conditions and the lowest levels of socioeconomic advantage.
Mid North Coast Local Health District	
Health Education at TAFE, including hospital tours	The Multicultural Health Service, together with TAFE, will run women's and men's health education days throughout the year, covering healthy diet and lifestyle, immunisation, sexual health, family planning, pregnancy and menopause. Providing health education at TAFE with interpreters teaches people about available services and empowers them to navigate the health system with confidence and ease. Hospital Tours showcase what the hospital has to offer, as well as making it a more welcoming place and giving people a better understanding of how the hospital system functions and how to access its services. Other organisations involved include Drug and Alcohol services, STARTTS, the Women's Health Centre, the Women's Resource Centre, the local Men's Shed and Dads in Distress.
Murrumbidgee Local Health District	
Refugee Health Assessment Service	The District's refugee health budget has been more than doubled over the next two years to support an expanded Refugee Health Service, especially for on arrival refugee health nurse assessments and a full range of catch-up vaccinations and, where clinically indicated, treatment for latent tuberculosis. There will be a strong focus on education, with a campaign to raise awareness about available refugee health services and the Services for the Treatment And Rehabilitation of Torture and Trauma Survivors (STARTTS) service. The Refugee Health Assessment Service was established in August 2010 by the District and Murrumbidgee Public Health Network. The clinic is staffed by a Refugee Health Nurse and is supported by local general practitioners who have a special interest in refugee health. The District has recently formed a partnership with Gateway Health, which is a not-for-profit provider of primary health and welfare services to people at the highest risk of poor health outcomes. Gateway Health will support refugee nursing services for refugees locating to the Albury region through weekly health clinics.

PROJECT/INITIATIVE	PLANNED INITIATIVES 2016-17
Nepean Blue Mountains Local Health District	
Improving CALD data	Multicultural Health will work with the Population Health team to improve data and reporting to better understand and meet the needs of culturally and linguistically diverse (CALD) communities by: <ul style="list-style-type: none"> • identifying key data to describe local communities • enhancing accuracy of ethnicity related data collection across clinical services • developing a demographic factsheet for people of CALD background • developing key performance indicators to target hospital performance • routinely reporting on population health indicators by country of birth and /or language spoken as appropriate.
Research study to explore experiences of registered nurses with a refugee background	Approval has been granted for a ground-breaking research study to explore the experiences of registered nurses (RN's) with refugee backgrounds working in the health system in Australia. The data collected from at least 20 registered nurses will be analysed with the aim of developing support programs for RNs with refugee backgrounds. The study could provide recommendations for health service management and educators to develop guidelines to assist RNs with refugee backgrounds to have a positive experience during their career in health.
Northern NSW Local Health District	
Health literacy Northern NSW	The District is partnering with the North Coast Primary Health Network on a Health Literacy Project from July 2016 to June 2017. It will improve the health literacy of the community and will ensure that Health Service Information is provided in plain English. The project will not exclusively target Multicultural Communities, but it will assist with people with poor or little English including those from culturally and linguistically diverse communities.
Northern Sydney Local Health District	
Health Assessment Program for Newly Arrived Refugees and Humanitarian Entrants	The District will continue to implement a comprehensive health assessment and assertive follow-up program to meet the needs of newly arrived refugees and humanitarian entrants. Target measures for 2016-17 include a 100 per cent participation rate for clients referred to the program and all general practitioner assessments to be conducted within four weeks of the client's arrival. The program will include: <ul style="list-style-type: none"> • a comprehensive check-up by a local general practitioner, oral health assessment and vision assessment and a developmental check-up by an early childhood health nurse • provision of onsite interpreters at each appointment • referrals to mental health services including the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) • extensive follow-up support to facilitate access to specialist services • introductory/orientation meeting with each refugee and humanitarian entrant and a staff member of the Multicultural Health Service. The purpose of the meeting will be to introduce the role of the Multicultural Health Service, the purpose of the program, explain issues such as informed consent and provide information on interpreting services. Information on the health assessment program will also be translated and an advisory group established with community members to ensure consumer involvement in the planning, implementation and evaluation of the program.
Southern NSW Local Health District	
Population health planning	The District will review local government area census data for dominant language groups and provide relevant language group health resources and coordination of information.
South Eastern Sydney Local Health District	
Expansion of school based health screening for newly arrived refugee and vulnerable migrant children and young people	This project builds upon the successful implementation and sustainability of the Optimising Health and Learning program. The program is a partnership between health, education and non-government organisations which addresses the health issues experienced by newly arrived children and young people from refugee and vulnerable migrant backgrounds. It also addresses the language, cultural and service-related barriers that affect access, integration and quality of care for these children and young people and their families. The aim of this program is to deliver a cost-effective, sustainable model of care that improves health and educational outcomes. In 2016-17, the program will be extended to some primary and high schools in the District with significant numbers of refugee and vulnerable migrant children and young people. This has been funded through the Ministry of Health as part of a range of strategies to improve health, education and settlement outcomes for newly arrived refugees to NSW.
Efficient and effective use of professional interpreter services in clinical care across	The Multicultural Health Service is leading a District-wide project, with the Diversity Health Coordinators and Diversity Champions, to implement solutions identified in the District's ACI Clinical Redesign Project Use of professional interpreters for surgical consent conducted in 2015. The project is in line with the National Safety and Quality Health Service Standards and aims to: <ul style="list-style-type: none"> • improve patient safety and quality of care through ensuring efficient and effective systems and processes are in place to support the use of professional interpreters for patients with limited English proficiency • reduce inefficiencies associated with the use of professional interpreters. Best practice indicators for efficient and effective use of interpreter services are being developed and a stocktake will be undertaken against these indicators, with priorities identified and implemented in 2016-17.
South Western Sydney Local Health District	
Vietnamese Tobacco Project	The project will implement a comprehensive multi-strategy tobacco control program including smoking cessation services and nicotine replacement therapy, tailored social marketing programs, professional development for smoking cessation and brief interventions, and community engagement strategies for the Vietnamese-speaking community in Fairfield Local Government Area.
Drug Health Services cultural awareness audit	The Multicultural Health Promotion Service will assist the Drug Health Services to conduct an audit of staff cultural awareness, and the services' cultural appropriateness. The project will identify and address gaps for services to people from culturally and linguistically diverse backgrounds.
Refugee Healthy Lifestyles	The Health Promotion Service will implement programs to promote healthy lifestyles for refugee communities recently arrived in the District.

PROJECT/INITIATIVE	PLANNED INITIATIVES 2016-17
Western Sydney Local Health District	
Follow-up of children overdue for immunisation project, targeting low coverage areas	<p>The project aims to bring vulnerable children up-to-date with immunisation. Immunisation rates for children living in the Auburn, Parramatta and Mt Druitt areas are lower than the target for children at 12 months and two years. Factors influencing immunisation rates are complex, including country of origin and that many children were born overseas in Western Sydney, requiring catch up vaccinations.</p> <p>In partnership with Western Sydney Primary Health Network, the project will identify general practices with children aged over 15 months who are overdue for immunisation. Practices will be offered support with recall, reminder and reporting systems. The project will also focus on providing staff training to work with families from culturally and linguistically diverse backgrounds and provide assistance with bringing the overdue children up-to-date with immunisation.</p>
Refugee planning and practice improvement coalition	<p>The coalition aims to improve and strengthen cooperation, planning, mutual understanding and support between health and community sectors to improve access to appropriate support, service delivery and health outcomes for refugee and refugee like patients and communities.</p> <p>The project will bring together partners from Integrated and Community Care, Blacktown Mount Druitt Hospitals, Western Sydney Primary Health Network, multicultural statewide services and key community organisations who provide settlement and support services around Blacktown. The coalition will focus on access to and coordination of care and support, early identification and assessment, health information and education, sharing knowledge and expertise, coordinated planning, staff development and mentoring and working in partnership.</p>
PILLARS	
Agency for Clinical Innovation	
Working with diverse communities project	The Agency Patient Experience and Consumer Engagement team with the Agency for Clinical Innovation Consumer Council has established a working group to explore how the organisation can work more effectively with people from diverse communities. The initial focus will be on strengthening engagement with multicultural communities by building organisational capability and developing practical resources and tools. A consultant has been engaged to collect baseline information including identifying the barriers and enablers to working with multicultural communities, developing case studies of how the Agency has worked effectively with multicultural communities in the past and providing recommendations on how to improve. From this, the working group will develop a framework and toolkit to support Agency Networks to work with relevant multicultural communities at initiation and throughout implementation of health care improvement projects in NSW.
Cancer Institute NSW	
BreastScreen NSW Arabic Community Engagement Activities	BreastScreen NSW will be implementing an engagement strategy to improve breast screening participation for Arabic speaking women, which is currently significantly lower than that of the general population. The engagement strategy will take a multipronged approach, which will include paid advertising, English and in language public and media relations, community ambassadors and community based engagement events. Development of the engagement strategy will be informed by learnings from engagement activities targeting Arabic speaking women implemented in 2015-16.
Increasing access and participation in cervical screening for Nepalese and Bangladeshi women in South Eastern Sydney	According to data from the World Health Organisation, Bangladesh and Nepal have high incidence of HPV infection and cervical cancer. The Bangladeshi and Nepalese communities are amongst the fastest growing communities in NSW. The Institute has provided funding to the South Eastern Sydney Local Health District to improve cervical screening participation for women from the Nepali and Bangladeshi communities, many of whom have entered Australia through the refugee and humanitarian programs.
Clinical Excellence Commission	
Patient Based Visitation	Patient Centred Care is all about the patient and personalised care. To support local health districts to review and pilot patient based visiting in nominated facilities, the Commission will modify and use the model implemented by Southern NSW Local Health District to understand and reflect local needs of the community to involve patients from culturally and linguistically diverse backgrounds. Providing a more flexible approach to visiting will enhance care, reduce anxiety and improve patient outcomes. The expected outcomes will include improved patient and staff experience.
Health Education and Training Institute	
New online module: The Refugee Experience	The eLearning module <i>The Refugee Experience</i> allows health workers to gain an understanding of who refugees are, what challenges they face when resettling or seeking protection, how their experiences impact their health needs and what staff can do to make a difference. The Institute published the resource in July 2016.
NSW Kids and Families	
Early childhood nurses	Kids and Families is advising and supporting the NSW Refugee Health Service to provide a new mobile early childhood nurse health service by qualified child and family health nurses, in partnership with an interpreter, to assist new parents with infant care, assessing normal development and overcoming early challenges with child rearing. \$550,000 is allocated to the service in 2016-17.
HEALTH NETWORKS	
St Vincent's Health Network	
Asylum Seekers Water Exercise group	This six week recreation program to build asylum seekers' water confidence, facilitated by the Asylum Seekers Centre, will run between July and December 2016. The participants experience high incidence of mental health issues and the activity provides physical activity and stress management support.
Justice Health & Forensic Mental Health Network	
Health Literacy Policy	Written health information for consumers is central to the overall safety and quality of each consumer's experience of the Network's services. However, consumers may face difficulties in reading and understanding written health information and three out of five adult Australian patients do not have the health literacy skills needed to understand and use everyday health information. Culture affects how consumers understand and respond to health messages and the policy refers to focus testing on the intended audience to ensure the written health information message is understood, and refers to translating documents from English to another language to ensure materials are both culturally and linguistically appropriate.
The Sydney Children's Hospital Network	
Efficient and effective use of professional interpreter services in clinical care	The project aims to improve patient safety and quality of care by ensuring efficient and effective systems and processes are in place to support the use of professional interpreters for patients with limited English proficiency. It will also reduce inefficiencies in the use of professional interpreters while increasing interpreter utilisation, where appropriate. An audit of current practices will be undertaken. Priorities for action will be identified and implemented in 2016-17 including best practice indicators for efficient and effective use of interpreter services.

PROJECT/INITIATIVE	PLANNED INITIATIVES 2016-17
Specialist refugee paediatric clinics	The Network has received funding to expand specialist refugee paediatric clinics with multidisciplinary teams delivering audiology, ophthalmology, dental, mental health, developmental and other specialist clinical services to refugee children who are referred to the Network. It will also develop an education campaign to raise awareness of available services. The Network has commenced planning and recruitment to the new clinical and administrative support positions and it is anticipated that the service will be full operationally by the end of 2016.
STATEWIDE HEALTH SERVICES	
Multicultural Health Communication Service	
Machine Translation	The Service will trial a translation project to highlight the benefits and accuracy of machine translations in partnership with the University of Western Sydney and University of NSW. It is felt that this information will be useful for the health sector and multicultural communities, and will shed light on current controversies regarding machine translation versus human translation as best practice.
Raising awareness about female genital mutilation	The Service will work with the NSW Education Program on female genital mutilation (FGM) to increase awareness of the dangers and penalties which now apply through undertaking FGM. Strategies will include media, training, recruiting community champions and community engagement.
Multicultural Problem Gambling Service for NSW	
Increase access and equity to services for pathological gamblers and their families in the correction system	In partnership with the Responsible Gambling Fund, the Service is planning an interactive presentation to staff members working in NSW Justice Forum Sentencing. The aim is to raise awareness of problem gambling and related mental health issues in culturally and linguistically diverse communities and the understanding of culturally specific issues impacting those accused of having committed a crime as a result of problem gambling. Referral to a culturally and linguistically appropriate service for participation in the forum sentencing process facilitates positive outcomes both for the accused and complainant. Referral to ongoing gambling counselling further enhances the chances of full rehabilitation.
NSW Ambulance	
Improving interpreter services	NSW Ambulance plans to produce its current community factsheets which include <i>Calling an Ambulance</i> , <i>When to call an Ambulance</i> and <i>Your Ambulance Service</i> in additional community languages to meet the changing demographic of our patients. NSW Ambulance also plans to improve awareness and availability of Translator Interpreter Service information amongst patients and staff through social media and internal communications.
Refugee resettlement in employment	NSW Ambulance is reviewing its recruitment practices to employ people under rule 26 of the NSW Government Refugee Employment program and Government Sector Employment. It will identify a suitable targeted position within NSW Ambulance as part of NSW Health's support for the employment initiatives of the NSW Coordinator General of Refugee Resettlement.
NSW Education Centre Against Violence	
Domestic and family violence community awareness education program for men in refugee and culturally and linguistically diverse communities	The Centre will develop a domestic and family violence (DFV) community awareness program. This program will increase refugee and culturally and linguistically diverse men's understanding of DFV, the law in the Australian context, DFV dynamics and effects, impacts on children, effective first responses and appropriate referral processes and services. It will build on an existing pilot program which engages men and women from culturally diverse communities around the topic of domestic violence and is run with the assistance of bilingual community educators from the same cultural backgrounds as the participants.
NSW Refugee Health Service	
Deliver enhanced health assessments to refugees	The Service is responding to the influx of refugees fleeing the Syrian war. Significant funding increases will enable the Service to expand and enhance its services, by providing: <ul style="list-style-type: none"> • thousands of extra Refugee Health Nurse Program Assessments • a new early childhood nurse follow up to refugee children under five years of age • over 500 additional Refugee Health Nurse Assessments in primary schools and high schools • a new mentoring program to assist refugees to navigate the health system • improved communication to communities and partner agencies about accessing health services • improved training to local health staff, including general practitioners, about working with refugees.
Transcultural Mental Health Centre	
Transcultural Mental Health Centre Clinical Services Partner/ Referrer Feedback Survey	Information Mental Health (InforMH) is rolling out the <i>Your Experience of Service</i> survey across NSW. The Centre will take an active role in promoting the surveys, which have been translated into 21 languages, aim to improve mental health service capacity and responsiveness for culturally and linguistically diverse communities. The Centre will also pilot a partner/referrer feedback survey to enhance its work with multicultural communities across NSW. Service development and clinical improvement strategies will be informed by the survey findings. With 1237 referrals from across NSW, reflecting 85 countries of birth, and speaking 69 community languages, this initiative is imperative to improving service experience from the Centre's clinical services.