

SECTION 3

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 are distributed throughout the health system. The Secretary is committed to best practice clinical and corporate governance and has processes in place to:

- set the strategic direction for NSW Health
- ensure compliance with statutory requirements
- monitor the performance of health services
- monitor the quality of health services
- develop the workforce and manage industrial relations
- monitor clinical, consumer and community participation
- ensure ethical practice
- ensure implementation of the health-related areas of the NSW Premier's Priorities.

Governance framework

The NSW Ministry of Health is a department of the NSW Government. The governance framework establishes the accountability systems and relationships between the NSW Ministry of Health, on behalf of the NSW Government, and the NSW Health organisations that make up the public health system. The framework also recognises each organisation's specific purpose, its legislative policy and ethical obligations, and its workforce and employment responsibilities.

These organisations each have specific functions and work together to achieve the objectives set out in the NSW State Health Plan. The organisations that together 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
- eHealth NSW
- 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 NSW Health organisation is governed by an accountable authority – either a board or a chief executive. The appointment and responsibilities for the accountable authority are set out in legislation.

All NSW Health organisations manage their internal control environment, and report annually on governance matters. Annual attestation statements certify the level of compliance against key primary governance responsibilities, and are required to be posted on each organisation's website.

NSW Health's governance framework is supported by NSW Health's CORE values, as well as those of the NSW Public Service, and underpinned by NSW Health's 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 public health organisations are responsible for managing. The outer circles are the key external governance requirements applying to activities at all these organisations.



Strategic and service planning

A set of high-level performance indicators measure NSW Health's performance against NSW Health Strategic Priorities. The Performance section of this report gives a detailed breakdown of results for these indicators. They inform performance at the state level, and also translate to hospital level for local management. They provide a foundation for a tiered set of key performance indicators at the local health district, specialty health network, as well as 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

The staff of the Ministry of Health are employed under the *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. Most of these functions are delegated by the Secretary to public health organisations.

The Secretary approves:

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

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

Clinical governance

Providing safe, high-quality health care in NSW requires effective clinical governance processes. NSW Health has established a comprehensive process which ensures a systematic approach to improving patient safety and clinical quality across the whole health system.

The key principles of clinical governance 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 includes taking a leading role in system-wide improvement of clinical quality and safety, such as clinical incident reviews and responses, 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. They 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.

The Clinical Excellence Commission acts as the chief channel for system-wide sharing of information and initiatives to reduce risk and improve quality and safety. There are close links between 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 designing and implementing the best possible models of care, by working with doctors, nurses, allied health, managers and the public. It has a key role in supporting clinical governance through its clinical taskforces. Established in 2012-13, the Reducing Unwarranted Clinical Variations Taskforce continues to focus on reducing variation in care for patients with stroke, heart attack, rare cancer surgery and hip fractures.

Accreditation

Hospitals, dental services and oral health clinics 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 that was 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
- tests whether systems are in place to ensure 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 is identifying ways to enhance services provided to the public and build trust in the people administering and providing those services. This includes collecting better information about consumers' views, through the Bureau of Health Information's NSW Patient Survey Program. 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 the Institute's website. In 2017-18, the Institute continued to manage and expand the NSW Patient Survey Program to support integrating patient feedback into health system improvements. The Bureau of Health Information asked 270,000 patients about their time in the NSW health system and sent surveys to adults, children and young patients, emergency department patients of rural, regional and metropolitan hospitals, maternity patients, patients attending outpatient clinics, including cancer clinics, and for the first time, to women visiting a BreastScreen NSW centre for a routine screening mammogram.

The survey program is a rich source of data, which the Bureau of Health Information makes publicly available on its website, through its interactive data portal Healthcare Observer, and in many of the reports and other information products it publishes.

Feedback and consumer complaints

The key priority of the NSW public health system is its focus on patient-centred care.

Feedback from consumers, their families and carers about their health care experiences is actively encouraged and more work is underway to further strengthen our processes. Complaints received are entered into the Incident Information Management System (IIMS).

Encouraging staff to engage with patients and families during care delivery is known to improve communication, and results in a better experience of care. The Clinical Excellence Commission's Partnering with Patients program was established in 2010 to work with local health districts to help include patients and family as care team members, improve consumer engagement and promote safety and quality in health care.

The total number of complaints notified in the Incident Information Management System in 2017 was 14,778. The most frequently reported complaint type was treatment, followed by communication and access to a provider, service or hospital bed.

Where communication was the primary issue, the complaints related to the attitude of health care staff inadequate information being provided to the patient and/or their carer, and wrong or misleading information being provided to the patient and/or their carer. Where clinical treatment was the issue, the complaints related to inadequate treatment, coordination of treatment, and medication concerns. Inadequate treatment was more than twice as common as any other complaint about treatment. Where access was the primary issue, complaints related to delay in admission or treatment, followed by waiting lists, discharge or transfer arrangements, and resources and services availability.

When reviewing clinical incident and complaint notifications against service provided, the proportion of both clinical incidents and complaints have remained consistent over time.

The top five most common forms of complaint resolution remain consistent with previous reporting periods and include: giving an apology, providing an explanation, and providing feedback to the clinician who was involved in the complaint.

Caveats: Complaint data from IIMS has limitations. Not all services use IIMS to record complaints received, therefore numbers are not actual. Both the 'Complaint Issue Type' and 'Nature of Complaint' are non-mandatory multi-select fields. These fields are not always completed for each complaint received. Conversely, one complaint may have multiple types selected.

FINANCE AND PERFORMANCE MANAGEMENT

NSW Health Performance Framework



The NSW Health Performance Framework sets out the triggers for intervention on performance issues

The NSW Health Performance Framework for public sector health services provides an integrated process for performance review and management. Its overarching objectives are to improve patient safety, service delivery and quality across NSW Health, while ensuring financial performance is maintained. 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 for 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 promote and support a high performance culture.

The Framework outlines a transparent monitoring process to identify and acknowledge sustained high performance, with lessons shared across NSW Health. The Framework also recognises and identifies challenges to performance, cases of sustained under-performance, and significant clinical issues or sentinel events. When addressing these challenges the Ministry works with the health service or support organisation to manage and build capacity and sustainability and reduce risk.

The Framework sets out the triggers for intervention on performance issues 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 several important contexts:

- Integration of governance and strategic frameworks, business planning, budget setting and performance assessment is done 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, performance agreements and regular performance reviews are central elements of the Performance Framework. It operates alongside NSW Health Funding Reform, Activity Based Funding Guidelines and the Purchasing and Commissioning Frameworks.

Service agreements

The annual NSW Health service agreements were developed in the context of the National Health Reform Agreement, combined with the goals of the NSW public health system and the parameters of the NSW Health Performance Framework. Separate service agreements are developed between the Ministry of Health and each local health district and specialty health network, setting out the performance expectations for the funding provided to ensure the delivery of safe, high-quality patient centred health care services. These agreements are an integral component of the NSW Government's commitment to articulating the direction, responsibility and accountability across the NSW health system for the achievement of Government and NSW Health priorities. A key component is the mix and level of services purchased under Activity Based Funding. Each local health district and network service agreement has been made publicly available on their respective websites.

Audit and risk management

The NSW Ministry of Health audits risk activities taking place within whole-of-government policies, in particular those issued by NSW Treasury. NSW Health policy requires public health organisations to maintain effective, independent audit framework and corporate governance practice consistent with '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.

A number of governance mechanisms 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.

It oversees:

- 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 at the NSW Ministry of Health

Internal Audit provides an independent review and advisory service to the Secretary and the Risk Management and Audit Committee. It ensures the Ministry of Health's financial and operational controls, designed to manage organisational risks and achieve agreed objectives, continue to operate efficiently, effectively, and ethically. Internal Audit assists management in improving the business performance of the Ministry, advises on fraud and corruption risks and on internal controls over business functions and processes.

Ethical behaviour

Maintaining ethical behaviour is recognised as the cornerstone of effective corporate governance. NSW Health is committed to ethical leadership across the public health service. It requires all staff to contribute to a positive workplace culture reflecting the 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 NSW Health policies, including the Code of Conduct.

Risk management

Effective enterprise risk management is a key component of strategic planning and monitoring of organisational systems fundamental to evidence based decision making, responsible management and good governance. Enterprise-wide risks are best managed through continuous monitoring and risk control (policy, procedures and guidelines). This best practice is reflected in the NSW Health risk management policy. It requires each public health organisation to implement an enterprise-wide risk management framework.

All public health organisations must comply with state laws relating to its operations, especially those directly imposing legal responsibilities for managing risk:

- *Public Finance and Audit Act 1983*
- *Annual Reports (Departments) Regulation 2010*
- *Annual Reports (Statutory Bodies) Regulation 2010*
- *Government Information (Public Access) Act 2009*
- *Workplace Health and Safety Act 2011*
- *Protection of the Environment Operations Act 1997.*

Effective risk management is built into governance and organisational structures, and planning and operational processes. This systematic and integrated approach enables public health organisations to efficiently deliver on performance objectives and meet responsibilities and accountabilities.

External agency oversight

There are several statutory and government agencies involved in the oversight and governance of public health organisations within NSW. These include the NSW Ombudsman, Information and Privacy Commission, 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.



Three performance audits were started, into palliative care services, ambulance efficiency and rostering

Audit Office of NSW

The Audit Office of NSW fulfils the external audit function for NSW public health organisations and undertakes audits across the finance, performance and compliance topic areas. The Audit Office tabled three performance audit reports in Parliament focusing specifically on NSW Health in 2017-18, being:

- Planning and Evaluating Palliative Care Services in NSW – tabled on 27 August 2017
- Managing Demand for Ambulance Services – tabled on 16 November 2017
- HealthRoster Benefits Realisation – tabled on 7 June 2018

Additionally, NSW Health has been involved in two interagency performance audits, being:

- Managing Risk in the NSW Public Sector: Risk Culture and Capability – tabled on 16 November 2017
- Detecting and Responding to Cyber Security Incidents – tabled on 6 March 2018

All tabled reports including the related response from NSW Health are available on the website of the NSW Audit Office www.audit.nsw.gov.au.

The Public Accounts Committee (PAC) reviews performance audit reports tabled in Parliament as part of a 12-month follow-up and requests reports on the progress of the implementation of agreed recommendations. The PAC did not request any submissions from NSW Health in 2017-18.

NSW Ombudsman

The NSW Ombudsman tabled three reports involving NSW Health during 2017-18, being:

- Report on Reviewable Deaths in 2014-15; Volume One – Child Deaths
- NSW Child Death Review Team Annual Report 2015
- Report on Deaths of People with a Disability in Residential Care

All tabled reports including relevant data provided by NSW Health are available on the website of the NSW Ombudsman www.ombo.nsw.gov.au.

INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

FOR THE 2017-18 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH

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 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>Compliant</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>Compliant</i>

Membership

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

- Mr Ian Gillespie, Independent Chair (1 July 2015 to 30 June 2018, extended to 22 March 2020)
- Ms Julie Newman, Independent member (1 July 2015 to 30 June 2018, extended to 25 June 2021)
- Mr Greg Rochford, Independent member (22 June 2017 to 30 June 2021)
- Ms Carolyn Walsh, Independent member (21 March 2018 to 20 March 2022)

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
- Ambulance Service of NSW
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- eHealth NSW
- HealthShare NSW
- Health Education and Training Institute
- Health Infrastructure
- NSW Health Pathology

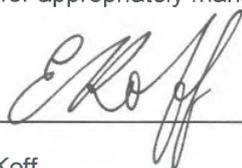
Departures from Local Policy

I, Ms Elizabeth Koff, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the following policy requirements set out in the *Internal Audit* policy (PD2016_051) for the NSW Health:

- The circumstances giving rise to these departures have been determined by the Agency Head, as system manager, as an exception, and the following practicable alternative measures to meet the core requirements have been implemented.

Departure from Policy/Procedure	Reason for departure and description of practicable alternative measures implemented / being implemented
<p>Core Requirement: 6. An independent and qualified Audit and Risk Committee has been established</p> <p>Procedure: 2.3.2 Appointment of Independent Member as Chair The Chair of the Audit and Risk Committee must be appointed for one (1) term only for a period of at least three (3) years, with a maximum period of five (5) years. The term of appointment for the Chair can be extended, but any extension must not cause the total term to exceed five (5) years as a chair of the Audit and Risk Committee.</p>	<p>Two Health Organisations attested to the Agency Head that the Independent Chair of the Audit and Risk Committee had been in office for a total of six (6) years, since commencing in 2011.</p> <p>The previous local policy PD2010_039 could be interpreted to mean that a chair could be appointed for a term of 4 years and reappointed for another 4 years.</p> <p>The current policy does not allow for new Independent chairs to be appointed for more than five (5) years.</p> <p>Once the Chair's term of office concluded on 30 June 2017, one LHD extended the appointment as Chair for two years, and the other LHD appointed the outgoing Chair as a member for two years. This decision supports the NSW Treasury recommendation to secure continuity of knowledge and experience on the Audit and Risk Management Committee.</p>

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.



Elizabeth Koff
Secretary, NSW Health
Date:



25/10/2018

Ross Tyler
Chief Audit Executive, Ministry of Health
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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). This policy covers management of Public Interest Disclosures across all NSW Health organisations

In total, NSW Health organisations have received 73 Public Interest Disclosures over the 2017-18 reporting period:

- 54 in the course of their day-to-day functions
- 19 falling into the category of 'all other Public Interest Disclosures'.

Across NSW Health, 69 Public Interest Disclosures were finalised during the 2017-18 period.

The majority of Public Interest Disclosures related to reports of alleged corruption (58), with 10 Public Interest Disclosures reports relating to alleged maladministration and five relating to alleged serious and substantial waste.

During the 2017-18 reporting period, NSW Health organisations received Public Interest Disclosures reports from 67 public officials:

- 49 during the course of their day-to-day functions
- 18 falling into the category of 'all other Public Interest Disclosures'.

The Public Interest Disclosures reports received by NSW Health have slightly increased (73) compared with the previous reporting period of 2016-17 (67). This may be attributable to increased awareness amongst NSW Health staff identifying Public Interest Disclosures during the course of their duties.

During 2017-18 Public Interest Disclosure coordinators for NSW Health organisations 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 Public Interest Disclosures is provided on organisation intranet sites, and some organisations have provided information via newsletters, posters and surveys to increase awareness.

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

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

This includes updating a wide range of publications and resources including reports, factsheets, brochures and pamphlets. Factsheets are also available in other languages from the NSW Multicultural Health Communication Service website.

During 2017-18 the Ministry of Health received 72 formal access applications under the *Government Information (Public Access) Act 2009* (GIPA Act); of those 11 applications were transferred to other agencies. During the reporting period, six applications were invalid for not complying with the formal requirements of Section 41 of the GIPA Act, with one of the applicants requesting excluded information as detailed in section 43 of the Act.

A total of 50 applications submitted to the Ministry were completed, including 10 received in the 2016-17 financial year and finalised in 2017-18. There were 18 undecided applications as at 30 June 2018.

Three internal reviews were conducted in 2017-18 with one decision upheld. There were six external reviews in 2017-18 by the Information and Privacy Commissioner, four recommending a new decision by internal review, with the remaining two upholding the original decision. Six additional internal reviews were finalised following recommendations under section 93 of the Act, which resulted in five decisions being varied and one upheld.

Of the 50 formal access applications decided during the reporting period, the NSW Ministry of Health made 10 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). Six applications resulted in full refusal. Nine applications involved a decision to refuse access to part of the information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A to I.

Table A. Number of applications by type of applicant and outcome

	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	TOTAL
Media	0	4	4	2	0	1	0	0	11
Members of Parliament	1	0	1	0	1	1	0	0	4
Private sector business	0	1	0	0	0	0	0	0	1
Not for profit organisations or community groups	3	1	0	3	0	1	0	0	8
Members of the public (application by legal representative)	1	1	0	4	0	0	0	2	8
Members of the public (other)	5	2	1	6	1	2	0	1	18
TOTAL	10	9	6	13	2	5	0	3	50

Table B. Number of applications by type of application and outcome

	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	TOTAL
Personal Information Applications	2	2	0	5	0	2	0	0	11
Access application (other than personal information applications)	8	6	6	10	2	3	0	2	37
Access Applications that are partly personal information applications and partly other	0	1	0	0	0	0	0	1	2
TOTAL	10	9	6	15	2	5	0	3	50

Table C. Invalid applications

	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (s.41)	6
Application is for excluded information of the agency (s.43)	3
Application contravenes restraint order (s.110)	0
Total number of invalid applications received	7
Invalid applications that subsequently become valid applications	1
TOTAL	6

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to Act

	NUMBER OF TIMES CONSIDERATION USED
Overriding secrecy laws	3
Cabinet information	2
Executive Council Information	1
Contempt	3
Legal Professional Privilege	0
Excluded information	1
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
TOTAL	10

Table E. Other public interest considerations against disclosure: matters listed in table to section 14 of Act

	NUMBER OF APPLICATIONS NOT SUCCESSFUL
Responsible and effective government	8
Law enforcement and security	2
Individual rights, judicial processes and natural justice	11
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
TOTAL	25

Table F. Timeliness

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	34
Decided after 35 days (by agreement with applicant)	6
Not decided within time (deemed refusal)	10
TOTAL	50

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	2	1	3
Review by Information Commissioner	4	2	6
Internal review following recommendation under section 93 of Act	5	1	6
Review by ADT	0	0	0
TOTAL	11	4	15

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS
Applications by access applicants	7
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0
TOTAL	7

Table I. Applications transferred to other agencies under Division 2 of Part 4 of the Act (by type of transfer)

	NUMBER OF APPLICATIONS
Agency-initiated transfers	11
Applicant-initiated transfers	0
TOTAL	11

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)
- *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

- *Health Legislation Amendment Act 2018*
- *Health Legislation Amendment Act (No 2) 2018*
- *Health Practitioner Regulation Amendment Act 2017*
- *Public Health Amendment (Review) Act 2017*
- *Smoke-free Environment Amendment Bill 2018*

Repealed Acts

Nil

Orders

Health Services Amendment (Mercy Hospitals NSW Ltd) Order 2018

Subordinate Legislation

Principal Regulations made

Nil

Significant Amending Regulations made

- Health Practitioner Regulation (New South Wales) Amendment (Paramedicine Council) Regulation 2017
- Public Health Amendment (Disclosure of Information on Former Pap Test Register) Regulation 2018
- Public Health Amendment (Reporting) Regulation 2017
- Public Health Amendment (Legionella Control – Testing) Regulation 2017

Repealed Regulations

Nil

INFORMATION MANAGEMENT

PRIVACY

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

The Regulation and Compliance Unit provided privacy advice in the following specific areas within NSW Health during 2017-18:

- Consultation on My Health Record
- Facilitating staff education briefings on My Health Record
- Development of HIV Guidelines for NSW Health agencies around the amendment of the *Public Health Act 2010* and management of HIV information in the health system
- Development of Privacy audit guidelines for NSW Health agencies
- Development of a guide to reporting privacy breaches and corrupt conduct
- Consultation on Nursing and Midwifery Mandatory Training Review Project
- Review and updating NSW Health privacy leaflets
- Consultation on Patient Journey Boards
- Consultation on the review of the *Health Records and Information Privacy Act 2002*
- Consultation on Public Interest Directions for the Domestic Violence Disclosure Scheme
- Consideration of privacy aspects of new systems for providing integrated care - NSW Integrated care service and Health Care Homes

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.

The NSW Health Privacy Contact Officers network group meetings in November 2017 and May 2018 provided further opportunity for discussion about local and statewide privacy issues.

The network also provides professional development opportunities for Privacy Contact Officers (PCOs) based in local health districts and public health organisations within NSW Health, particularly in relation to:

- 'HealtheNet', the statewide clinical portal providing summary patient information to NSW public health services via their electronic Medical Record (eMR) systems
- The national 'My Health Record' system and implications for health information managers and PCOs in transitioning to My Health Record
- Disclosure of unit record data by local health districts for research or contractor services
- Access to sensitive pathology results.

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 2017-18, the Ministry of Health received two applications for Internal Review under the *Privacy and Personal Information Protection Act 1988*.

- An internal review application was received in July 2017 alleging that the NSW Ministry of Health had breached the applicant's privacy and confidentiality in relation to the applicant's personal information. The application was declined on the basis that the complaint was about a matter before the New South Wales Civil and Administrative Tribunal.
- An internal review application was received in March 2018 alleging that the NSW Ministry of Health had breached the applicant's privacy and confidentiality in relation to the applicant's personal information. The application was declined on the basis that the complaint related to another agency.

During 2017-18, one application was made to the NSW Civil and Administrative Tribunal (NCAT) in relation to one privacy internal review matter under the *Privacy and Personal Information Protection Act 1988*. The original internal review application was received by the Ministry in February 2017. It alleged the Ministry had breached the terms of Information Protection Principles in s18, Limits on Disclosure and s19, Special Restrictions on Disclosure of Personal Information, relating to the applicant's personal information. No breach was identified in the Ministry's internal review and NCAT also found that there had been no breach by the Ministry of the disclosure Principle in s18 of the *Privacy and Personal Information Protection Act 1988*. On the basis of the senior member's findings it was determined that it was appropriate to take no further action in regard to the applicant's application.

ATTESTATION STATEMENT

DIGITAL INFORMATION SECURITY ANNUAL ATTESTATION & EVIDENCE OF CERTIFICATION STATEMENT FOR THE 2017-18 FINANCIAL YEAR FOR NSW HEALTH

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:

1. NSW Ministry of Health
2. Central Coast Local Health District
3. Far West Local Health District
4. Hunter New England Local Health District
5. Illawarra Shoalhaven Local Health District
6. Mid North Coast Local Health District
7. Murrumbidgee Local Health District
8. Nepean Blue Mountains Local Health District
9. Northern NSW Local Health District
10. Northern Sydney Local Health District
11. South Eastern Sydney Local Health District
12. Southern NSW Local Health District
13. South Western Sydney Local Health District
14. Sydney Local Health District
15. Western NSW Local Health District
16. Western Sydney Local Health District
17. Agency for Clinical Innovation

18. Bureau of Health Information
19. Cancer Institute NSW
20. Clinical Excellence Commission
21. Health Education and Training Institute
22. Health Infrastructure
23. eHealth NSW
24. HealthShare NSW
25. Justice Health & Forensic Mental Health Network
26. NSW Ambulance
27. NSW Health Pathology
28. The Sydney Children's Hospitals Network
29. St Vincent's Health Network



Ms Elizabeth Koff
Secretary, NSW Health

OUR PEOPLE

The NSW public health system is the largest health care employer in Australia, with 117,047 full-time equivalent staff reported as at June 2018.

A record 48,286 full time equivalent nurses and midwives are working in NSW Health hospitals and health services as at June 2018. At the same time, there were 12,137 full time doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,445 allied health professionals.

There were a record 999 medical intern training positions in NSW in 2018, an increase of 149 positions since 2012. A further six NSW intern positions in southern NSW were recruited as part of the Australian Capital Territory intern training network. This represents an annual investment in the order of \$107 million to train interns.

More details on the NSW Health workforce are provided in the Appendix chapter.

NSW HEALTH PROFESSIONALS WORKFORCE PLAN 2012-2022

The NSW Health Professionals Workforce Plan 2012-22 was released in August 2012, after extensive consultation with a broad range of health professionals, organisations, associations and providers in settings from rural and city locations.

The plan provides a high level overview of the strategies to be implemented so NSW can train, recruit and retain health professionals to continue to provide a quality health service to the people of NSW.

The strategies designed to meet the strategic goals of the plan, are based on reporting periods of one to two years, two to five years and five to 10 years. In 2014, the NSW Ministry of Health reviewed the plan and found 65 statewide and local strategies had been implemented within the initial 2012-13 period. There are 27 new or amended two to five year targets to account for further developments in strategy and substantial increases in frontline health staff, reflecting government election commitments including additional training and specialist positions across all health professions.

The plan can be accessed at www.health.nsw.gov.au/workforce/hpwp/Publications/health-professionals-workforce-plan.pdf

STAFFING AND RECRUITMENT

The NSW Health workforce is complex and diverse. It forms both the backbone and face of NSW Health services. Under the guidance and direction of the NSW Health Professionals Workforce Plan and the Health Education and Training Institute (HETI) Strategic plan, NSW Health has developed and implemented major workforce capability strategies. These plans provide the framework for recruitment, training and education of health professionals in all NSW Health organisations over the next decade.

Continuing professional development and education are vital for fostering new knowledge, understanding and innovative thinking. The aim is to create a skilled workforce, support for students and continuing professional development. The Health Education and Training Institute runs the leadership and management capability program.

Building and strengthening our Aboriginal workforce has been a strong focus for NSW Health for many years. In 2018, we began a review of the Respecting the Difference program, which is cultural training aimed at building a stronger understanding and appreciation of Aboriginal history and contemporary issues that impact on Aboriginal people. In September 2015, the NSW Premier announced 30 priorities for the state. One of these is Driving Public Sector Diversity, which commits NSW Health to doubling the number of Aboriginal and Torres Strait Islander people in senior leadership roles, and increasing the proportion of women in senior leadership roles to 50 per cent by 2025.

MEDICAL WORKFORCE

Improving the supply of appropriately trained and qualified workers across all areas is important.

NSW Health funded a further 15 additional medical specialist training positions across a range of specialties, including endocrinology, genetic pathology, palliative care and psychiatry, in line with identified workforce priorities.

The annual NSW Health Junior Medical Officer Recruitment campaign successfully recruited 3146 junior medical officers for the 2018 clinical year, mainly for specialty training positions including endocrinology, haematology, medical oncology, general medicine and paediatrics.

ALLIED HEALTH WORKFORCE

In 2017-18, NSW Health continued to implement existing programs as well as new initiatives including:

- The Health Education and Training Institute employed a full time Diagnostic Imaging Medical Physicist Training Advisor to support the development of the Medical Physicist workforce.
- One radiopharmaceutical science training position was funded for three years, to be based at Royal Prince Alfred Hospital.
- Five scholarships and two academic prizes for Radiopharmaceutical Science students from Macquarie University were funded to encourage course enrolment and completion.

The NSW Health Professionals Workforce Plan (2012-2022) identified five small but critical workforces, which fall under the Allied Health Workforce. 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'. Work has started to understand additional workforces in that category, such as genetic counselling and podiatry workforces.

The Ministry of Health continues to undertake horizon scanning and workforce modelling in the allied health workforce. In 2016, work completed included scanning of five of the registered allied health professions: occupational therapy, physiotherapy, podiatry, psychology and pharmacy. This will provide important information to assist with the development of workforce development initiatives to ensure the future allied health workforce is able to support the needs of the NSW population.

Initiatives to support and grow the allied health workforce in 2017-18 included:

- 2386 scholarships and grants awarded to nurses and allied health professionals in areas of need.
- The Health Education and Training Institute's first graduates were awarded their postgraduate degrees in 2018.
- Updates to the Macquarie University Masters in Radiopharmaceutical Sciences program to ensure the curriculum remains current and to support the ongoing availability of this program. Macquarie University is the only provider of training for radiopharmaceutical scientists nationally. Five scholarships and two academic prizes will support course enrolment and completion. The University has reported an increase in enrolments for 2017.
- The Rural and Regional Allied Health workforce grew by 824 FTE between 2012 and 2018.
- HETI administers the NSW Rural Allied Health Undergraduate Scholarships, offered to students who have a rural background and are undertaking entry level studies in allied health which will lead 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.
- There are currently 11 cadets in the Aboriginal Allied Health Cadetship Program: six in social work, two in speech pathology, and one each in radiography, physiotherapy, and podiatry.
- Healthy Deadly Feet is an initiative to address diabetes-related foot disease. This partnership between the Ministry of Health, local health districts and key stakeholders supports the development of an Aboriginal Support Worker workforce focused on feet, to work with local Aboriginal communities, Podiatry and High Risk Foot Services.
- Funding was secured to develop the orthotics and prosthetics workforce in NSW Health through professional development and shared learning opportunities. In 2017-18 one-off grants enabled 33 orthotists and prosthetists to have access to professional development opportunities.

ABORIGINAL WORKFORCE

The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If this target is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent.

In 2018, 20 Aboriginal medical graduates started as interns in NSW, the highest since the Aboriginal Medical Workforce recruitment pathway started.

The Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 is intended to support local health districts, specialty networks and other NSW Health organisations grow and to 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 2016-2020 and the key actions needed to achieve them.

The rate of Aboriginal employment in NSW Health has risen to 2.6 per cent from 1.8 per cent in 2011 and includes doctors and nurses. Local health districts and other public health organisations responded with Aboriginal workforce plans and initiatives and have halved the gap in employment outcomes between Aboriginal and non-Aboriginal peoples.

Aboriginal students completed 92 TAFE qualifications: 24 in 2015, 44 in 2016, and 24 in 2017. These include qualifications in Dental Assisting, Oral Health Promotion, and Dental Radiography. Some students completed more than one qualification. The 2018 cohort is projected to graduate with 25 TAFE qualifications in late 2018.

DENTAL WORKFORCE

There were 39 students who completed dental assisting certificates in 2016. An additional seven students completed a radiography certificate in 2016.

The NSW Government has committed \$1 million (over four years from 2015-16) to provide for 96 traineeships for Aboriginal Dental Assistants in the rural public sector and in Aboriginal Medical Services.

A total of 84 students have graduated, with a further 26 students enrolled in 2018. Of these students, 21 have also completed a Certificate IV qualification in Radiography.

NURSING AND MIDWIFERY

A record 2400 new graduate nurses and midwives were employed in NSW Health in 2018.

Twelve rural postgraduate midwifery student scholarships were provided in 2018 to small rural maternity units to 'grow their own' midwifery workforce. This improved the viability and sustainability of maternity services in these communities.

NSW Health awarded 202 Enrolled Nurse scholarships in 2018. The scholarship positions were linked to areas of workforce need and included employment with NSW Health on completion.

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.

Trends in the representation of workforce diversity groups

WORKFORCE DIVERSITY GROUP	BENCHMARK	PERCENTAGE OF TOTAL STAFF		
		2016	2017	2018
Women	50%	74.4%	74.6%	74.5%
Aboriginal and/or Torres Strait Islander People	3.3%	2.5%	2.5%	2.6%
People whose First Language Spoken as a Child was not English	23.2%	24.5%	25.3%	25.8%
People with Disability	5.6%	1.9%	1.8%	1.7%
People with Disability Requiring Work-Related Adjustment	N/A	0.4%	0.4%	0.4%

Source: PSC Workforce Diversity Report June 2018. Notes: **1.** The benchmark of 50% for representation of women across the sector is intended to reflect the gender composition of the NSW community. **2.** The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8% by 2021 for each of the sector's salary bands. If the aspirational target of 1.8% is achieved in salary bands not currently at or above 1.8%, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3%. **3.** A benchmark from the Australian Bureau of Statistics (ABS) Census of Population and Housing has been included for People whose First Language Spoken as a Child was not English. The ABS Census does not provide information about first language, but does provide information about country of birth. The benchmark of 23.2% is the percentage of the NSW general population born in a country where English is not the predominant language. **4.** In December 2017 the NSW Government announced the target of doubling the representation of people with disability in the NSW public sector from an estimated 2.7% to 5.6% by 2027. More information can be found at: Jobs for People with Disability: A plan for the NSW public sector. The benchmark for 'People with Disability Requiring Work-Related Adjustment' was not updated.

Trends in the distribution of workforce diversity groups

WORKFORCE DIVERSITY GROUP	BENCHMARK	DISTRIBUTION INDEX		
		2016	2017	2018
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	75	77	75
People whose First Language Spoken as a Child was not English	100	98	97	98
People with a Disability	100	96	96	95
People with a Disability Requiring Work-Related Adjustment	100	98	99	98

Source: PSC Workforce Diversity Report June 2018. Notes: **1.** A Distribution Index score of 100 indicates that the distribution of members of the Workforce Diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the Workforce Diversity group tend to be more concentrated at lower salary bands than is the case for other staff. The more pronounced this tendency is, the lower the score will be. In some cases, the index may be more than 100, indicating that members of the Workforce Diversity group tend to be more concentrated at higher salary bands than is the case for other staff. **2.** The Distribution Index is not calculated when the number of employees in the Workforce Diversity group is less than 20 or when the number of other employees is less than 20.

PERFORMANCE MANAGEMENT

NSW Health is committed to continuing to nurture a skilled workforce able to achieve individual goals and adapt to change.

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

NSW Health programs link with the NSW Public Sector Performance Development Framework, where participants are encouraged to develop and enhance skills, 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 innovative thinking. The Health Education and Training Institute (HETI) 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. HETI Higher Education celebrated its first graduation ceremony in 2017-18, awarding 60 Certificates, Diplomas and Master's degrees in Psychiatric Medicine and Applied Mental Health Studies.

HETI awarded more than 230 postgraduate scholarships and 1343 undergraduate scholarships and placement grants to nursing and midwifery staff; together with 806 scholarships and grants for rural allied health services.

Skills development



Online courses covered topics including refugee health, identifying homelessness, and building a safe workplace culture

The Health Education and Training Institute led a renewed focus on self-managed learning, redeveloping and expanding the statewide e-learning management system My Health Learning. The Institute developed 170 new e-learning modules and courses for My Health Learning. HETI also won a number of awards for its educational content: four gold Learn X Impact awards in categories: Best Bespoke/Custom Model, Best Video Design, and two in Best Learning Transfer.

HETI's new e-journal, Health Education in Practice: Journal of Research for Professional Learning was launched at the inaugural Health Education in Practice Symposium.

The Next Generation of Leaders and Managers pilot program progressed, with 26 participants achieving their Diplomas of Leadership and Management. A second cohort of 41 senior NSW Health staff graduated from HETI's NSW Health Senior Executive Development Program.

HETI's work in supporting NSW Health staff to harness CORE values was recognised. HETI was a finalist in the 2017 NSW Health Awards, and a further 4065 participants completed our CORE Chat programs.

More than 300 delegates, a new record, attended HETI's Sixth Rural Health and Research Congress, cementing its place as a peak event in the health care calendar.

Bullying and complaints

Health organisations continued to implement local strategies aimed at reducing incidents of bullying and unacceptable behaviour and enhance workplace culture. Anti-bullying management advisors developed strategies for improving communication, increasing information sharing and providing 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.

Health organisations must report de-identified data to the Ministry of Health on individual complaints known to human resources departments. These are initially assessed as potential bullying complaints. There were 85 bullying complaints received for the period 1 July 2017 to 30 June 2018. This represents 0.07 per cent of the total full-time equivalent (FTE) staff in the health system (based on June 2018 FTE). This is an increase from 2016-17's 72 complaints, but is lower than the 2015-16 figure of 92 complaints.

The 55 participants attending a Grievance Policy Implementation Workshop in May 2018, represented a broad spectrum of the health system. The externally-facilitated workshop allowed participants to discuss how implementation is progressing within their respective organisations. The workshop also featured presentations on successful implementations and resources to be shared across the system.

WORKPLACE HEALTH AND SAFETY

Workers' compensation

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, the 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 implementing Work Health Safety: Better Practice Procedures and Injury Management and Return to Work policy frameworks; ongoing commitment to the Ministry of Health Work Health Safety Mission Statement, and promoting healthy lifestyle campaigns on general health and wellbeing strategies to staff.

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 and emphasising recovery at work
- 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, and investigating and resolving identified hazards in a timely manner.

ENVIRONMENTAL MANAGEMENT

ENVIRONMENTAL SUSTAINABILITY

NSW Health continued its strong commitment to environmental sustainability, implementing key measures within the Health Resource Efficiency Strategy in alignment with Government's Resource Efficiency Policy. Measures include energy efficiency and solar photovoltaic upgrades.

The table below shows the rolling four-year electricity cost and consumption for NSW.

Rolling 4-year electricity contract cost and use

YEAR	ELECTRICITY USE MWh	TOTAL ELECTRICITY BILL \$*
2014-2015	779,000	\$112,327,000
2015-2016	777,000	\$96,581,000
2016-2017	775,000	\$105,083,000
2017-2018	782,000	\$123,209,000

Key achievements 2017-18

NSW Health continues to be the NSW Government leader in the energy efficiency space.

In early 2017, the Ministry of Health launched the Large-scale Solar (PV) Pilot with the aim of testing the financial viability of implementing battery-ready large-scale solar photovoltaics on major hospitals and other suitable sites. In June, the first of these systems was switched on at Port Macquarie Hospital. The system is the largest on a healthcare facility in Australia and the largest on any NSW Government building. Early results indicate it will save the Mid North Coast Local Health District about \$130,000 a year. The pilot continues, with two more systems in the procurement stage, and a further seven in the planning stage. The Ministry of Health's Sustainability and Facilities Team is also investigating the suitability of battery storage at large NSW Health sites.

A variety of energy efficiency measures managed by local health districts has seen NSW Health's electricity consumption remain relatively flat for a fourth consecutive year. Cost increases were a result of increased power prices, rather than increased power use.

RESEARCH AND DEVELOPMENT

MEDICAL RESEARCH SUPPORT PROGRAM AND ASSOCIATED PROGRAMS

Medical Research Support Program (MRSP)

The NSW Government established the Medical Research Support Program (MRSP) to provide infrastructure funding to health and medical research organisations. MRSP Assistance Funding was provided to institutes to assist with possible mergers or governance restructures. The 2016-20 round funded 15 institutes. Grants paid during 2017-18 were:

ORGANISATION NAME	AMOUNT (\$)
Garvan Institute	\$7,152,671
The George Institute for Global Health	\$7,898,315
Westmead Millennium Institute for Medical Research	\$3,579,619
Hunter Medical Research Institute (HMRI)	\$6,854,275
ANZAC Research Institute	\$895,243
Centenary Institute	\$1,889,201
Children's Medical Research Institute (CMRI)	\$1,648,701
Ingham Institute	\$1,148,391
Heart Research Institute	\$679,266
Neuroscience Research Australia	\$2,658,383
Victor Chang Cardiac Research Institute	\$1,877,017
Black Dog Institute	\$1,442,341
Children's Cancer Institute Australia (CCIA)	\$1,014,476
Illawarra Health and Medical Research Institute (IHMRI)	\$905,002
Woolcock Institute	\$958,329

Medical Research Support Program (MRSP) assistance funding

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

ORGANISATION NAME	AMOUNT (\$)
Neuroscience Research Australia (Schizophrenia Research Institute)	\$425,000

Paediatric

Funding provided to support the pilot screening program for Spinal Muscular Atrophy and Severe Immunodeficiency.

ORGANISATION NAME	AMOUNT (\$)
Paediatric	\$2,000,000
Total MRSP Program Expenditure 2017-18	\$43,026,234

SCHIZOPHRENIA RESEARCH

Schizophrenia Research Chair

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

ORGANISATION NAME	AMOUNT (\$)
Neuroscience Research Australia	\$1,000,000
Total	\$1,000,000

NETWORKS

Funding provided to clinical networks to support statewide research collaboration.

ORGANISATION NAME	AMOUNT (\$)
National Heart Foundation (Cardiovascular Research Network)	\$250,000
Multiple Sclerosis Research Australia	\$105,000
Australian and New Zealand Spinal Cord Injury Network	\$50,000
Total	\$405,000

RESEARCH HUBS

The research hubs receive funding to help coordinate hub activities and maximise collaboration. The funds will enable expensive equipment, accommodation and support services to be shared efficiently, and help develop statewide research translation.

ORGANISATION NAME	AMOUNT (\$)
Heart Research Institute (Central Sydney)	\$100,000
St Vincent's Centre for Applied Medical Research (Darlinghurst)	\$100,000
Hunter New England LHD (Hunter)	\$100,000
Ingham Institute (Liverpool)	\$100,000
University of Sydney (Northern Sydney)	\$100,000
Randwick Health and Medical Research Institute (Health Science Alliance)	\$100,000
Children's Medical Research Institute (Westmead)	\$100,000
Illawarra Health and Medical Research Institute (Illawarra)	\$100,000
Mid North Coast Local Health District (Rural)	\$200,000
Total	\$1,000,000

GENOMICS

The Sydney Genomics Collaborative received \$24 million over four years to give NSW researchers access to cutting-edge genomic technologies. The collaborative involves three sub-programs:

- Program A: Medical Genome Reference Bank – a data library containing the whole genome sequences of at least 4000 Australians.
- Program B: NSW Genomics Collaborative Grants Program – to support research projects aiming to better understand the genetic basis for disease.
- Program C: Cancer Genomics Medicine Program – programs 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.

ORGANISATION NAME	AMOUNT (\$)
Garvan Institute (Program A)	\$1,700,000
Garvan Institute (Program B Fullerton)	\$2,100,000
Neuroscience Research Australia (Program B Fullerton)	\$360,000
Garvan Institute (Program C)	\$2,400,000
Total	\$6,560,000

MEDICAL DEVICES AND COMMERCIALISATION

Medical Device Fund

The Medical Device Fund is a competitive technology development and commercialisation fund, which helps encourage and support investment in developing medical devices and related technologies in NSW.

ORGANISATION NAME	AMOUNT (\$)
SpeeDX Pty Ltd	\$2,500,000
Medlogical	\$1,250,000
Baymatob	\$1,470,000
Western Sydney Local Health District	\$1,390,000
Total	\$7,010,000

Medical Device Commercialisation Training Program

The Medical Device Commercialisation Training program is delivered by Cicada Innovations. Participants gain skills in entrepreneurship, medical device design, development, and commercialisation. Candidates to attend the NSW-QB3 Rosenman Institute Scholar Program in the United States are drawn from the three-month training program. The program also provides start-up awards and travel scholarships.

NSW QB3 Rosenman Institute Scholar Program

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

Medical Research Commercialisation Fund (MRCF)

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

ORGANISATION NAME	AMOUNT (\$)
Cicada Innovations (ATP Innovations)	\$729,722
University of California San Francisco (QB3)	\$202,395
Scid Pty Ltd (scholarship grant)	\$646,496
MDCTP travel scholarships	\$25,000
Medical Research Commercialisation Fund (MRCF)	\$300,000
Total	\$1,603,613

EARLY TO MID-CAREER FELLOWSHIPS AND PHD SCHOLARSHIPS

PhD Scholarships

The PhD scholarship program provides funding to host universities to enable PhD candidates to gain skills and undertake projects that will build capacity in the NSW health system in areas of identified need.

ORGANISATION NAME	AMOUNT (\$)
Charles Sturt University	\$33,600
University of Newcastle	\$115,000
University of New England	\$35,000
University of New South Wales	\$65,000
University of Sydney	\$125,000
University of Technology	\$148,260
University of Wollongong	\$15,000
Western Sydney University	\$10,000
Subtotal	\$546,800

Early to Mid-Career Fellowships

The Early to Mid-career Fellowship program provides funding to promote the participation of early to mid-career researchers in high quality research projects, across the spectrum from basic science through to health services and population health research.

ORGANISATION NAME	AMOUNT (\$)
University of New South Wales	\$594,995
Anzac Research Institute	\$578,258
Heart Research Institute	\$249,980
University of Newcastle	\$1,160,061
Sydney University	\$2,005,115
Victor Chang Cardiac Research Institute	\$823,519
Western Sydney Local Health District	\$595,000
Subtotal	\$6,006,928
Total EMC and PhD Expenditure 2017-18	\$6,553,788

TRANSLATIONAL RESEARCH GRANTS

The Translational Research Grants Scheme takes an innovative approach to funding priority-driven research led by local health services in NSW. It supported 24 research projects in 2017-18.

ORGANISATION NAME	AMOUNT (\$)
Central Coast LHD	\$661,009
Far West LHD	\$123,302
Hunter New England LHD	\$934,909
Illawarra Shoalhaven LHD	\$515,418
Mid North Coast LHD	\$266,194
Murrumbidgee LHD	\$101,443
Northern NSW LHD	\$84,564
Northern Sydney LHD	\$635,600
NSW Health Pathology	\$205,845
South Eastern Sydney LHD	\$666,199
Southern NSW LHD	\$352,422
South West Sydney LHD	\$682,316
Sydney Children's Hospital Network	\$312,134
Western NSW LHD	\$256,160
Western Sydney LHD	\$1,325,992
Total	\$8,321,383

PREVENTION RESEARCH SUPPORT PROGRAM

The Prevention Research Support Program is a competitive funding scheme administered by the NSW Ministry of Health. Round 5 of the program runs from July 2017 to June 2021.

GRANTS PAID IN 2017-18	AMOUNT (\$)	PURPOSE
Hunter Medical Research Institute	400,000	Public Health Program Capacity Building Group
University of New South Wales	250,000	Centre for Primary Health Care and Equity
University of New South Wales	498,100	The Kirby Institute
University of Sydney	485,317	Clinical and Population Perinatal Health Research
University of Sydney	499,209	Prevention Research Collaboration
University of Wollongong	250,000	Early Start Research Institute
Western Sydney Local Health District	500,000	Centre for Infectious Diseases and Microbiology - Public Health
TOTAL	\$2,882,626	

EQUITY AND DIVERSITY

NSW Disability Inclusion Action Plan 2016-2019

The NSW Health Disability Inclusion Action Plan 2016-2019 sets directions for the NSW health system to provide equitable and dignified access to services and employment for people regardless of disability.

As part of the obligations in the NSW Health Disability Inclusion Action Plan 2016-2019, NSW Health promotes the provision of equitable systems and processes to improve the access and experience of people with disability. This year there has been ongoing improvement to promote and encourage staff to undertake standardised online learning across NSW Health organisations.

In 2017, the Health Education and Training Institute undertook further work to develop, implement, and review training modules with a focus on disability, diversity, awareness, and inclusion. Collaboration has occurred across the NSW Health system to develop additional priority education and training resources with a disability inclusion focus. There have been general education and training requirements identified that can be used to up-skill health services staff on disability inclusion. This has resulted in a move to incorporate scenarios related to disability into non-specific disability resources as a strategy to promote the recognition of disability needs in a variety of health cases.

In addition to the formalised NSW Health training, many local health districts and specialty health networks undertake local training on care and service provision for people with disability. The main focus of this training is to build staff awareness of the experience of people with disability in order to understand disability inclusion. Some of these local resources and training include:

Promoting positive attitudes and behaviours

The Health Education and Training Institute offered online training courses supporting NSW Health staff to communicate effectively with people with disability.

Creating liveable communities

In 2017-18, 25 rural Multipurpose Services (MPS) participated in the Agency for Clinical Innovation's Living Well in MPS Collaborative, to implement principles of care and improve quality of life for residents who call an MPS home. Over 360 small-scale improvements were embedded, including developing social profiles highlighting residents' likes, dislikes and routines, improving access to aged care specific education for staff, using telehealth, and making environments more home-like, for example by building vegetable gardens and including pets. The final evaluation found the project addressed gaps in residential aged care assessment identified by the Australian Commission on Safety and Quality in Healthcare: A Principles in Practice Report.

Providing equitable systems and processes

- The 2017 NSW Health Innovation Symposium included discussion on building an inclusive culture for people with disability. It focused on best practice approaches to providing responsive and inclusive patient-centred care for people with intellectual disability.
- Illawarra Shoalhaven Local Health District produced videos for their website in partnership with a non-government organisation for people with disability. The videos use examples, easy language and captions to explain the patient's Rights and Responsibilities and how to provide feedback or make a complaint about the NSW health system.
- The Sydney Children's Hospitals Network has information on their website on the National Relay Service for deaf, hearing-impaired or speech impaired people wishing to contact their hospitals by telephone.

Supporting access to meaningful employment opportunities

- HealthShare NSW and eHealth NSW have a Disability Employment Strategy which aimed to increase the employment of people with disability from 2.5 per cent to five per cent by December 2017. The organisation works with disability employment agencies and the National Disability Coordinator to identify and recruit people with disability. The services also offer work experience opportunities to people with disability.
- Hunter New England Local Health District's public website promotes employment for people with disability. Their internal website has information for managers on making workplace adjustments for people with a mental illness.
- Murrumbidgee Local Health District employs peer support workers in their Mental Health and Drug and Alcohol services who have a lived experience of mental illness.
- Sydney Local Health District has partnered with a disability employment service provider to offer employment opportunities to people with moderate intellectual disability. The District provides structured on-the-job, supervised training to people with intellectual disability to prepare them for employment with their district, or elsewhere.

National Disability Insurance Scheme

The NSW transition to the National Disability Insurance Scheme (NDIS) officially completed on 30 June 2018.

Over the last year of transition, NSW Health has worked intensively with the National Disability Insurance Agency and other government departments to ensure all existing clients of state disability services, as well as almost 35,000 with new disability needs, transitioned successfully to the NDIS.

The NSW Ministry of Health supported local health districts and specialty health networks to establish clear referral pathways, resolve NDIS-related issues and develop supporting resources.

NSW Health continues its focus on streamlining hospital discharge for NDIS participants, supporting faster access to early intervention services for children with disability and monitoring the interface between the NDIS and the health system.

NSW Health is also working with the National Disability Insurance Agency to maximise the benefits of the scheme.

Preliminary analysis from the NDIS Data Linkage (Admitted Patient and Emergency Department linked data collections) suggests NSW Health services are managing the transition well. As at March 2017, approximately 48,000 disability clients had transitioned to the NDIS, with 25,000 progressing. There was no observable increase in health service utilisation for this group (that is, emergency department presentations, length of stay, unplanned re-admissions or potentially preventable hospitalisations) when compared with the four years before the NDIS Plan approval date.

Multicultural Policies and Services program

The Multicultural Policies and Services program is a whole of NSW 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.

The NSW health system continues to build on initiatives to ensure the health system is accessible and accommodating of culturally and linguistically diverse people.

The key focus areas are:

- Service delivery – a priority, with numerous programs and activities designed to identify service needs and gaps and provide appropriate services.
- Planning – NSW Health organisations are improving how they implement the principles of multiculturalism using data to plan services and policies.
- Leadership – NSW Health leads, and is accountable for, building a culture promoting diversity and supporting all staff to include the principles of multiculturalism in clinical practice.
- Engagement – NSW Health has worked closely with culturally and linguistically diverse communities to develop policies and programs.