

SECTION 3

MANAGEMENT AND ACCOUNTABILITY

GOVERNANCE

Corporate governance in NSW Health is the manner by which authority and accountability are distributed throughout the health system. The Secretary of NSW Health 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 practices are in place
- 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 and the system manager for NSW Health. The governance framework establishes the accountability systems and relationships between the NSW Ministry of Health 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 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 were 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.

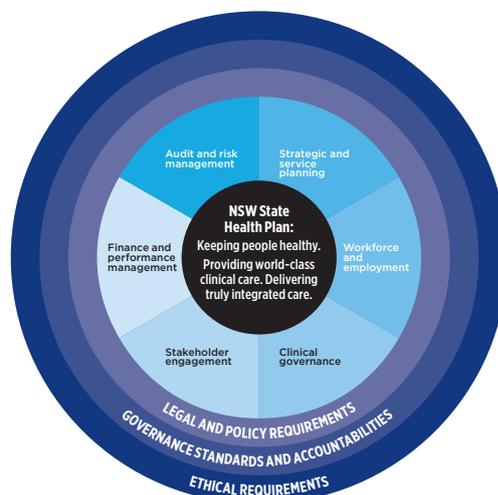
All NSW Health organisations manage their own internal environments, and report annually on governance matters. Annual attestation statements

certify each organisation's level of compliance against key primary governance responsibilities, and are required to be posted on their websites.

NSW Health's governance framework is supported by its CORE values, as well as those of the NSW public service, and underpinned by 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 following diagram summarises the governance framework. In the centre of the circle are the key elements of effective internal governance. Public health organisations are responsible for managing them. The outer layers of the circle show external governance requirements, which apply to activities at all public health organisations.



Strategic and service planning

A set of high-level performance indicators measure NSW Health's performance against its 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, which is 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 NSW Ministry of Health are employed under the Government Sector Employment Act 2013.

Under the Health Services Act 1997, the Secretary of NSW Health functions as an employer on behalf of the Government. The Government delegates most of its functions as employer to the Secretary.

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 healthcare 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 widely instilled.
- Accountability – the limits of individual accountability are clear.
- A just culture – individuals are treated fairly and not blamed for system failures.
- Appropriate prioritisation of action – actions are prioritised according to resources and where the greatest improvements can be made, actions are prioritised.
- Teamwork – cooperation is recognised as the best defence against system failures and is explicitly encouraged.

The Clinical Excellence Commission is responsible 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 improvements 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 these units provide advice and reports to health service governance structures about:

- the investigation and analysis of serious incidents or complaints, and the implementation of remedial recommendations.
- performance against safety and quality indicators, including recommendations of 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 information sharing 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, the Bureau of Health Information, the Health Education and Training Institute, the Cancer Institute NSW and local health district and 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.

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.

Accrediting against the NSQHS:

- 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 healthcare. One of the challenges is identifying ways to enhance public services 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 (BHI) NSW Patient Survey Program. This survey gathers information from patients across NSW about their experiences with services in public hospitals and other healthcare facilities, and is published annually on BHI's website.

In 2018-19, the Bureau of Health Information continued to manage and expand the NSW Patient Survey Program to support integrating patient feedback into health system improvements. BHI asked almost 300,000 patients about their time in the NSW health system. Surveys were sent to patients admitted to NSW public hospitals; emergency department patients in rural, regional and metropolitan hospitals; maternity patients; patients attending outpatient cancer clinics; and for the first time, people with longstanding health conditions and those with select, high-priority medical conditions. This will support NSW Health's work to improve care for these patients.

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 complaints

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

Feedback from patients, their families and their carers about their healthcare experiences is actively encouraged and more work is underway to further strengthen feedback processes. Complaints 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 healthcare.

The total number of complaints for 2018 was 14,087. The most frequently reported complaint type for 2018 related to treatment, followed by communication, then access to a provider, service or hospital bed. This is consistent with themes identified in clinical incidents reported by staff in the Incident Information Management System.

Where clinical treatment was the primary issue type reported, the nature of these complaints related to inadequate treatment, poor coordination of treatment and medication concerns.

Where communication was the primary issue type reported, the nature of these complaints related to attitude of healthcare 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 access was the primary issue type reported, the nature of these complaints related to delays in admission or treatment, followed by problems with discharge or transfer arrangements and waiting lists for treatment. Access complaints highlight citizens' concerns about demands on the healthcare system.

The five most common forms of complaint resolution remained 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* for public sector health services provides an integrated process for performance review and management. Its over-arching objectives are to improve patient safety, service delivery and quality across NSW Health, while ensuring financial performance is maintained. The Framework outlines 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 yearly 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 organisations to manage and build capacity and sustainability, and reduce risk.

The Framework sets out the triggers for intervention 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 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 the remediation of poor performance.
- Service agreements, performance agreements and regular performance reviews are central elements of the Performance Framework. This framework 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, along 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 NSW Ministry of Health and each local health district and specialty health network. These agreements set out the performance expectations for the funding provided to ensure the delivery of safe, high-quality, patient-centred healthcare services. These agreements are an integral part of the NSW Government's commitment to articulating the direction, responsibility and accountability of the NSW health system in order to achieve Government and NSW Health priorities. A key component of these agreements 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 frameworks and corporate governance practices consistent with best practices as recognised by 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 and 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 auditing 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 NSW Ministry of Health's financial and operational controls, which are 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

The maintenance of 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 that reflects 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 organisational monitoring. It is 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 their 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 their responsibilities and accountabilities.

External agency oversight

Several statutory and government agencies are involved in the oversight and governance of public health organisations within NSW. These include the NSW Ombudsman, the Information and Privacy Commission, the Independent Commission Against Corruption, NSW Treasury, the Department of Premier and Cabinet, the Auditor-General, the Audit Office of NSW and the Public Accounts Committee of the NSW Parliament.

Audit Office of NSW

The Audit Office of NSW fulfils the external audit function for NSW public health organisations and undertakes audits across finance, performance and compliance. The Audit Office tabled one performance audit report in Parliament focused specifically on NSW Health in 2018-19, being: Governance of Local Health Districts, which was tabled on 18 April 2019.

Additionally, NSW Health has been involved in one interagency compliance audit, being: Engagement of Probity Advisers and Probity Auditors which was tabled on 27 May 2019.

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

The Public Accounts Committee 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. In 2018-19 NSW Health made three submissions to the Public Accounts Committee regarding the implementation of recommendations from previous performance audits:

- Planning and Evaluating Palliative Care Services in NSW
- Managing Demand for Ambulance Services
- Medical Equipment Management in NSW Public Hospitals.

NSW Ombudsman

The NSW Ombudsman tabled three reports involving NSW Health during 2018-19:

1. *Report of Reviewable Deaths of People in 2014-2017: Deaths of People with Disability in Residential Care*
2. *NSW Child Death Review Team Annual Report 2017-18*
3. *Biennial report of the Deaths of Children in New South Wales: 2016 and 2017*

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 2018-19 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH



Internal Audit and Risk Management Attestation for the 2018-2019 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 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)

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INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

FOR THE 2018-19 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH (CONT)

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: 2. 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 exceed the maximum term on their respective Audit and Risk Committees.</p> <p>One LHD extended the appointment as Chair for two years, and the other LHD appointed the outgoing Chair as a member for two years in order to secure continuity of knowledge and experience on the Audit and Risk Management Committee.</p> <p>This departure is resolved effective 1 July 2019.</p>
<p>Core Requirement: 3. Audit and Risk Committee Operations</p> <p>Procedure: 3.2 Audit and Risk Committee Operations The Audit and Risk Committee must ensure a mechanism is established to review and report on the Committee's performance as a whole, and the performance of the Chair and each member of the Audit and Risk Committee annually.</p>	<p>One Health Organisation attested they did not complete a performance appraisal for the Chair and each independent member during the financial year.</p> <p>The performance appraisals are scheduled to be completed by 30 September 2019.</p>

INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

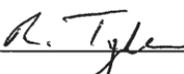
FOR THE 2018-19 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH (CONT)

<p>Core Requirement: 2. Audit and Risk Committee Operations</p> <p>Procedure: 2.1 Establishment of Audit and Risk Committee Audit and Risk Committee must review and oversight the Internal Audit functions. The responsibilities will include oversight of corruption and fraud prevention strategies.</p>	<p>One Health Organisation has attested the Audit and Risk Committee had not reviewed the fraud control policy and framework at the time of signing the Internal Audit and Risk Management Attestation. The review is scheduled to be completed by the end of 2019 to ensure compliance with the Internal Audit policy.</p>
<p>Core Requirement: 1. Internal Audit Function</p> <p>Procedure: 1.1 Introduction NSW Health Organisations must have a risk management framework in place that supports the organisation to achieve its objectives by systematically identifying and managing risks.</p>	<p>All NSW Health Organisations attested to having a risk management framework in place.</p> <p>One Health Organisation attested that they are collaborating with other NSW Health organisations to formalise their Risk Appetite Statement.</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: *24/10/18*



 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 received 59 Public Interest Disclosures over the 2018-19 reporting period:

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

Across NSW Health, 46 Public Interest Disclosures were finalised during the 2018-19 period.

The majority of Public Interest Disclosures related primarily to reports alleging corruption (53), with six Public Interest Disclosures reports relating to allegations of maladministration.

During the 2018-19 reporting period, NSW Health organisations received Public Interest Disclosures reports from 49 public officials:

- 31 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 decreased (59) compared to the previous reporting period of 2017-18 (73).

During 2018-19 Public Interest Disclosures coordinators for NSW Health organisations have continued to implement tailored staff awareness strategies to suit their organisational needs. These awareness strategies 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 available on organisation intranet sites, and some organisations have also 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 on its website that may be of interest to the public.

Reviews involve 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.

A total of 101 applications submitted to the Ministry were completed, including 16 that were received in the 2017-18 financial year and finalised in 2018-19. Of these applications, six were undecided as at 30 June 2019.

Two internal reviews were conducted in 2018-19 with both decisions upheld. There were six external reviews in 2018-19 by the Information and Privacy Commissioner, four recommending a new decision by internal review, with the remaining two upholding the original decisions. Five additional internal reviews were finalised following recommendations under section 93 of the Act, which resulted in five decisions being varied.

Of the 95 formal access applications decided during this reporting period, the NSW Ministry of Health made six 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). Three of these applications resulted in full refusal and another three 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.

In addition, a total of 13 informal requests for access to information were completed in 2018-19, and there were seven requests to access information held on the Ministry's Disclosure Log. The Ministry was also consulted in 28 instances as a third party on GIPA applications received by other NSW Government agencies.

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	REFUSED TO DEAL WITH APPLICATION	REFUSED TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Media	10	6	4	1	1	4	0	2	28
Members of Parliament	1	2	1	1	1	6	0	0	12
Private sector business	3	0	3	2	0	0	0	2	10
Not-for-profit organisations or community groups	8	0	0	3	0	1	0	0	12
Members of the public (application by legal representative)	1	0	0	2	1	0	0	3	7
Members of the public (other)	3	2	1	11	0	4	0	3	24
TOTAL	26	10	9	20	3	15	0	10	93

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	REFUSED TO DEAL WITH APPLICATION	REFUSED TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Personal information applications	0	0	0	10	0	1	0	1	12
Access applications (other than personal information applications)	26	9	9	10	3	13	0	9	79
Access applications that are partly personal information applications and partly other	0	1	0	0	0	1	0	0	2
TOTAL	26	10	9	20	3	15	0	10	93

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	14
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	14
Invalid applications that subsequently became valid applications	11
TOTAL	3

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

	NUMBER OF TIMES CONSIDERATION USED
Overriding secrecy laws	0
Cabinet information	6
Executive Council information	0
Contempt	1
Legal professional privilege	0
Excluded information	0
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	7

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	9
Law enforcement and security	0
Individual rights, judicial processes and natural justice	10
Business interests of agencies and other persons	10
Environment, culture, economy and general matters	9
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0
TOTAL	29

Table F. Timeliness

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	67
Decided after 35 days (by agreement with applicant)	11
Not decided within time (deemed refusal)	1
TOTAL	79

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	0	2	2
Review by Information Commissioner	4	2	6
Internal review following recommendation under section 93 of Act	5	0	5
Review by NCAT	0	4	4
TOTAL	9	8	17

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

	NUMBER OF APPLICATIONS
Applications by access applicants	17
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0
TOTAL	17

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	22
Applicant-initiated transfers	0
TOTAL	22

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 Police and Emergency Services*
- *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 parts, the Attorney General, and Minister for the Prevention of Domestic Violence)*
- *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*
- *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 (No 3) 2018

Repealed Acts

Nil

Significant Orders

- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Order 2018
- Public Health Amendment (Scheduled Medical Conditions) Order 2019

Subordinate Legislation

Principal Regulations made

Health Services Regulation 2018

Significant Amending Regulations made

- Health Records and Information Privacy Amendment (My Health Record) Regulation 2018
- Poisons and Therapeutic Goods Amendment (Cannabis and Unregistered Drugs of Addiction) Regulation 2018
- Poisons and Therapeutic Goods Amendment (Supply by Pharmacists of Vaccines) Regulation 2018
- Public Health Amendment (Exemption from Vaccine Requirements) Regulation 2019
- Public Health Amendment (Exhumations) Regulation 2018
- Public Health Amendment (Legionella Control) Regulation 2018
- Public Health Amendment (Quality Assurance Programs for Drinking Water Suppliers) Regulation 2018

Repealed Regulations

Health Services Regulation 2013

CYBERSECURITY POLICY ATTESTATION

FOR THE 2018-19 FINANCIAL YEAR FOR NSW HEALTH

ATTESTATION STATEMENT

Digital Information Security Annual Attestation & Evidence of Certification Statement for the 2018-19 Financial Year for NSW Health

I, 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, 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, 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, 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 NSW shared service provider for NSW Health, had certified compliance with AS/NZS ISO/IEC 27001 Information technology – Security techniques – Information Security Management Systems – Requirements.

I, Elizabeth Koff, am further of the opinion that the public-sector agencies, or part thereof, under the control of the Secretary (and listed below) since the publication of the NSW Government Cyber Security Policy in February 2019, have:

1. Managed cyber security risks in a manner consistent with the additional mandatory requirements set out in this new policy;
2. Assessed and managed risks to information and systems;
3. Ensured governance is in place to manage the cyber-security maturity and initiatives;
4. Prepared a cyber incident response plan which will be tested during the next reporting period;
5. Progressed work towards undertaking an independent review of the sub-agency's Information Security Management System within NSW Health.

The public-sector agencies controlled by the Secretary for the purposes of this 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

CYBERSECURITY POLICY ATTESTATION

FOR THE 2018-19 FINANCIAL YEAR FOR NSW HEALTH (CONT)

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
30. Health Professional Councils Authority



Elizabeth Koff
Secretary, NSW Health

INFORMATION MANAGEMENT

PRIVACY

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

The Regulation and Compliance Unit helped NSW Health during 2018-19 by providing privacy advice about:

- participation in monthly meetings with the Patient Privacy Auditing Project Working Group, coordinated by eHealth
- participation in the Retention of Patient Records Working Group, coordinated by Legal and Regulatory Services, following the Royal Commission into Institutional Responses to Child Sexual Abuse
- coordination of six weekly briefings on the My Health Record system, to inform Ministry staff on the transition from an 'opt-in' health record to an 'opt-out' health record for all Australians
- the Ministry's Records unit's handling of complex requests from researchers for access to historical records
- the clarification of procedures around granting family members access to the health records of deceased relatives on compassionate grounds
- the privacy and health information management aspects of the trial of the Child Digital Health Record in two local health districts, which will test the feasibility of a digitised Baby Book for use by healthcare providers and parents
- the approval of Privacy Codes of Practice in relation to the state domestic violence disclosure scheme and staff health records held by the NSW Public Service Commission
- reviewing Privacy Impact Assessments for new Ministry IT programs
- reviewing and updating of NSW Health privacy leaflets for staff and patients.
- consultations on updated NSW Health Privacy Internal Review Guidelines
- consultations on draft NSW Health Privacy Audit Guidance
- consultations on draft Telehealth Guidelines.

The Regulation and Compliance Unit liaises with the Office of the NSW Privacy Commissioner on a range of privacy issues, including applications for internal privacy reviews received by NSW Health agencies and matters pertaining to the application of privacy legislation within NSW Health. They also liaise on the drafting of privacy legislation, regulation, public interest directions, guidelines, educational materials, and other materials as they arise.

The NSW Health Privacy Contact Officers Network meeting was held in November 2018. The meeting provided opportunities for discussion about statewide privacy issues including updates on the My Health Record, the Patient Privacy Auditing Project, and relevant privacy, legal and policy developments. The Network provided professional development opportunities for Privacy Contact Officers 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 patients' electronic medical record systems.
- The national My Health Record system and the implications for NSW Health of the transitioning to the new opt-out My Health Record model in 2019.

The Regulation and Compliance Unit provided privacy compliance presentations to senior pharmaceutical officers, the NSW Ministry of Health, the Health Professional Councils Authority; and the Murrumbidgee Local Health District Research Information Workshop.

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 2018-19, the NSW Ministry of Health received one application for Internal Review under the *Privacy and Personal Information Protection Act 1988*. An internal review application was received in January 2019 alleging that the NSW Ministry of Health had breached the privacy and confidentiality of the applicant's personal information. No breach of privacy was identified, as it could not be established that there had been any unauthorised access, use or disclosure by a staff member or that the information had not been securely stored.

During 2018-19, an application was made to the NSW Civil and Administrative Tribunal in relation to the one internal privacy review received in 2018-19 under the *Privacy and Personal Information Protection Act 1988*. The application alleged the Ministry had breached the terms of the Information Protection Principles by engaging in the unauthorised use and disclosure of the applicant's personal information, and failing to ensure secure storage of that information.

OUR PEOPLE

The NSW public health system is the largest healthcare employer in Australia with 119,784 full-time equivalent staff reported as of June 2019.

A record 49,353 full-time equivalent nurses and midwives are working in NSW Health hospitals and health services as at June 2019. At the same time, there were 12,503 full-time equivalent doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,697 allied health professionals.

There were a record 1024 medical intern training positions in NSW in 2019, an increase of 174 intern positions since 2012. A further six interns 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. In 2019, 15 Aboriginal medical graduates started as interns in NSW.

The number of graduate nursing and midwifery positions has increased each year from over 1800 positions in 2015 to over 2500 positions in 2019. This is an increase of more than 25 per cent in the last five years.

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 2012-2022* is now in its seventh year. It has played an important role in guiding the NSW Health system to focus on workforce planning and development against identified strategic priorities. Each year local health districts, specialty health networks and pillar agencies report on strategies in the Plan to demonstrate their commitment to workforce growth and development, with many of the strategic priorities being embedded as 'business as usual'.

The *NSW Health Professionals Workforce Plan 2012-2022* identified five small but critical workforces, which fall under the Allied Health Workforce. An additional two professions were identified as small but critical workforces. Work is continuing in this space to understand these workforces and develop and sustain them for the future. Projects are underway, for example, to develop education pathways for orthotics and prosthetics technicians, and fund professional development opportunities for them. Furthermore, five scholarships and two academic prizes for Radiopharmaceutical Science students from Macquarie University were funded to encourage course enrolment and completion.

In 2019, the NSW Ministry of Health consulted with the broader NSW Health system, to shape the state's health workforce for the next 10 years. From November 2018 to June 2019, more than 200 management and frontline staff from across NSW Health participated in the consultations. These stakeholders were invited to share their insights and opinions. Consultation included four roundtable events, one of which had a specific rural and remote focus, nine in-depth interviews with key organisational leaders, and a survey for frontline managers and team leaders from different discipline networks. Consultation is key to developing a refreshed Health Professionals Workforce Plan that ensures NSW Health achieves a fit-for-purpose workforce.

BUILDING POSITIVE WORKPLACE CULTURE

Strengthening workplace culture and building positive staff engagement in workplaces and teams is an important priority for NSW Health.

NSW Health tracks employee engagement and workplace culture via the NSW Public Service Commission's People Matter Employee Survey. The online survey was open to all employees from 30 May 2019 to 28 June 2019.

The NSW Health People Matter Employee Survey employee engagement index score for 2019 was 65 per cent and the culture index score was 60 per cent. These scores are similar to last year's results.

NSW Health actively responds to the People Matter Employee Survey results. All health organisations are now reviewing their individual results and considering actions they can take to continue to improve staff engagement and workplace culture.

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 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		
		2017	2018	2019
Women	50%	74.6%	74.5%	74.4%
Aboriginal and/or Torres Strait Islander People	3.3%	2.5%	2.6%	2.7%
People whose First Language Spoken as a Child was not English	23.2%	25.3%	25.8%	25.8%
People with Disability	5.6%	1.8%	1.7%	1.7%
People with Disability Requiring Work-Related Adjustment	N/A	0.4%	0.4%	0.4%

Source: PSC Workforce Diversity Report June 2019. 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 minimum NSW Health Aboriginal Workforce target in 2018-19 was 2.6%. 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		
		2017	2018	2019
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	77	75	76
People whose First Language Spoken as a Child was not English	100	97	98	99
People with a Disability	100	96	95	92
People with a Disability Requiring Work-Related Adjustment	100	99	98	94

Source: PSC Workforce Diversity Report June 2019. 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.

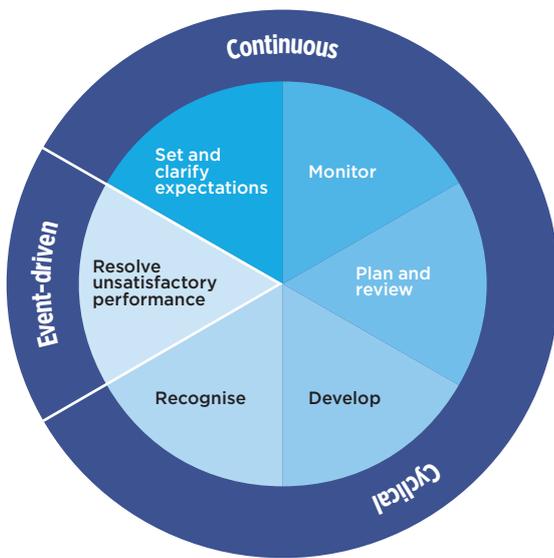
PERFORMANCE MANAGEMENT

NSW Health is continuing its commitment to nurturing a skilled workforce that can achieve individual goals and adapt to change.

Developing leadership and management abilities is fundamental to 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 their skills, performance and careers.

The NSW Public Sector Performance Development Framework mandates that all performance management systems in the NSW public sector 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) 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

Innovation and technology remained at the centre of the Health Education and Training Institute's (HETI) work this year, with 378 new digital resources being added to My Health Learning. These included interactive videos, games, podcasts and the new cinematic-style video Promoting Inclusive Healthcare for Lesbian, Gay, Bisexual and Transsexual people, which was awarded a Gold LearnX Impact award for innovative workforce learning.

HETI continued to contribute to the health outcomes of Aboriginal people through the Aboriginal Trainee Doctors Forum, the Aboriginal Medical Workforce Recruitment Pathway and the Jumbunna webcast series. This year also saw the:

- launch of the Health for Older Aboriginal People eLearning module, developed with Aboriginal healthcare workers, elders and patients
- the inaugural Aboriginal Allied Health Forum, which attracted 36 Aboriginal allied health professionals from nine local health districts
- the First Connections Forum, which was attended by more than 100 NSW Health staff who work with Aboriginal mothers, families and communities. The virtual format enabled statewide staff to connect and share ideas, knowledge and experiences.

Regional and rural NSW received 32 new trainees embarking on careers in rural general practice with advanced skills through HETI's Rural Generalist Medical Training program; and 1026 first year doctors were placed into 64 hospitals across the state.

Nearly 200 staff attended HETI's Prevocational Conference, which focused on the education and wellbeing of Junior Medical Officers. Recognising the importance of leadership and inter-professional collaboration to excellence in patient care, HETI provided leadership and management training to 7515 staff and delivered Inter-Professional Family Conferencing training to 266 staff.

HETI launched the NSW Health Finance Executive Development program in 2018-19. Support for further studies expanded with the NSW Health Registered Training Organisation becoming an accredited VET Student Loan Provider and HETI Higher Education now offering FEE-HELP.

Bullying and complaints

This year, health organisations continued to implement local strategies to reduce 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 about the complaint resolution process. Health organisations' human resources departments must report individual complaint data to the NSW Ministry of Health, while protecting complainants' identities. These individual complaints are initially assessed as potential bullying complaints.

There were 109 bullying complaints received for the period from 1 July 2018 to 30 June 2019. This represents 0.1 per cent of the total full-time equivalent staff in the health system (based on the June 2019 full-time equivalent figure.). This is an increase from the 2016-17 figure of 72 complaints, and the 2017-18 figure of 85 complaints.

The Ministry's Workplace Relations Branch commenced a series of network forums with NSW Health unions and associations in 2018-19. This is a collaborative strategy to assist with the implementation of bullying policies. Each forum includes information sharing, feedback, the identification of immediate and long-term challenges, and the development of strategies to address these challenges.

WORKPLACE HEALTH AND SAFETY

Workers' compensation

In accordance with the *Work Health Safety Act (NSW) 2017* and the *Work Health and Safety Regulation (NSW) 2017*, the Ministry of Health maintains its commitment to the health, safety and welfare of its workers and visitors to its workplaces.

Strategies to improve work health and safety include implementing Work Health Safety: Better Practice Procedures and Injury Management and Return to Work policy frameworks; an ongoing commitment to the Ministry of Health Work Health Safety Mission Statement, and the promotion of healthy lifestyle campaigns educating staff about general health and wellbeing strategies.

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

- a focus on early intervention to support the recovery and return to work for employees who sustain a work-related injury
- working with treating professionals to ensure the best possible support for injured workers in terms of treatment, family and peer support
- frequent claims reviews with the Fund Claims Manager to monitor recovery and return to work progress for individuals.

The Ministry has an ongoing commitment to promoting risk management and injury prevention strategies, by conducting workplace assessments, making 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 the Government Resource Efficiency Policy.

The table below shows the rolling five-year electricity cost and consumption for NSW Health. Electricity consumption has decreased by 0.4 per cent from 2017-18 despite the addition of new assets and the increased intensity of health service delivery. The electricity bill has increased by 17 per cent from last year due to rising electricity prices.

Rolling 5-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
2018-2019	779,000	\$144,175,000

** including GST

Key achievements 2018-19

NSW Health continued to lead the NSW Government in resource efficiency, attaining a 100 per cent compliance rate for reporting under the Government Resource Efficiency Policy. All 19 asset managing agencies within the Health cluster have provided detailed reports to the Department of Planning, Industry and Environment for the 2018-19 reporting period. Three agencies within that Health cluster not captured by the policy requirement to report still reported voluntarily.

The NSW Ministry of Health oversaw an extended large-scale solar photovoltaics (PV) pilot with the aim of testing the financial viability of implementing battery-ready large-scale solar installations on major hospitals and other suitable sites. The first of these systems at Port Macquarie Hospital has generated \$130,000 in bill savings over its first 12 months of operation. The pilot continues, with a second site in the implementation phase at Blacktown Hospital. This will be the largest solar installation on a healthcare facility in Australia and the largest on any NSW Government building. Funding applications are being considered for an additional four sites statewide. The NSW Ministry of Health's Sustainability and Facilities Team is also investigating the suitability of battery storage at solar-fitted NSW Health sites which could generate further savings for hospital energy bills.

A combination of energy efficiency measures managed by the local health districts, has seen NSW Health's electricity consumption remain stable for a fifth consecutive year.

RESEARCH AND DEVELOPMENT

MEDICAL RESEARCH SUPPORT PROGRAM AND ASSOCIATED PROGRAMS

Medical Research Support Program

The NSW Government established the Medical Research Support Program (MRSP) to provide infrastructure funding to health and medical research organisations. The 2016-20 funding round has benefited 15 institutions. The following table lists the grants paid in 2018-19.

ORGANISATION	AMOUNT (\$)
The George Institute for Global Health	\$7,898,315
Westmead Millennium Institute for Medical Research	\$3,299,913
Hunter Medical Research Institute (HMRI)	\$9,910,340
ANZAC Research Institute	\$765,578
Centenary Institute	\$1,658,764
Children's Medical Research Institute (CMRI)	\$70,832
Ingham Institute	\$2,189,680
Heart Research Institute	\$656,106
Neuroscience Research Australia	\$7,058,584
Victor Chang Cardiac Research Institute	\$1,657,551
Black Dog Institute	\$1,963,427
Children's Cancer Institute Australia (CCIA)	\$1,051,915
Illawarra Health and Medical Research Institute (IHMRI)	\$1,177,847
Woolcock Institute	\$1,095,350

Zero Childhood Cancer Initiative

The Zero Childhood Cancer initiative is part of the Australian Brain Cancer Mission, with early work seeking to consolidate this initiative as a national clinical trial open to Australian children diagnosed with high risk brain cancer.

ORGANISATION	AMOUNT (\$)
Paediatrico	\$1,000,000

Cancer Proteogenomics Research Program

Funding was provided to the Children's Medical Research Institute (CMRI) in collaboration with the Garvan Institute of Medical Research, as part of the United States Cancer Moonshot Initiative.

ORGANISATION	AMOUNT (\$)
Children's Medical Research Institute (CMRI)	\$340,000

SCHIZOPHRENIA RESEARCH CHAIR

The Chair provides scientific leadership at the Schizophrenia Research Laboratory, which conducts research into schizophrenia and provides mentorship for schizophrenia researchers throughout the state.

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

NETWORKS

Funding has been provided to the following clinical networks to support statewide research collaboration.

ORGANISATION	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

RESEARCH HUBS

These research hubs receive funding to enhance collaboration and to facilitate the efficient sharing of expensive equipment, accommodation and support services. Funding also supports the development of statewide research translation.

ORGANISATION	AMOUNT (\$)
Sydney Local Health District (Central Sydney)	\$100,000
St Vincent's Centre for Applied Medical Research (Darlinghurst)	\$100,000
Hunter New England Local Health District (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
Mid North Coast Local Health District (Rural)	\$200,000

GENOMICS

Australian Genomic Cancer Medicine Program

This investment supports the national expansion of the Genomics Cancer Medicine Program.

ORGANISATION	AMOUNT (\$)
Garvan Institute of Medical Research	\$4,500,000

Pathogen Genomics Partnership

This investment is supporting the application of genomics to the study of pathogenic bacteria and viruses.

ORGANISATION	AMOUNT (\$)
NSW Health Pathology	\$600,000

PAEDIATRIC PRECISION MEDICINE

This investment in technology and staff is designed to advance paediatric precision medicine that helps treat childhood cancer and other genetic disorders.

ORGANISATION	AMOUNT (\$)
Paediatrio	\$5,000,000

CELL AND GENE THERAPY

By supporting workforce and infrastructure capability, these investments advance research and developments in cell and gene therapy.

ORGANISATION	AMOUNT (\$)
University of Sydney - David Gottlieb	\$1,460,000
University of Sydney - Greg Neely	\$810,000
Paediatrio - Ian Alexander	\$2,000,000
Centenary Institute - John Rasko	\$730,000

MEDICAL DEVICES AND COMMERCIALISATION

Medical Devices Fund

The Medical Devices Fund is a competitive technology development and commercialisation fund which helps encourage and support investment in the development of medical devices and related technologies in NSW.

ORGANISATION	AMOUNT (\$)
Kico Knee Innovation	\$2,500,000
Cenofex Innovations	\$1,500,000
Triumph Technologies	\$1,000,000
Eudaemon Technologies	\$1,000,000
Indee	\$500,000
Ellen Medical	\$2,200,000

Medical Device Commercialisation Training Program

Delivered by Cicada Innovations, this program provides training in medical device commercialisation. Participants gain skills in entrepreneurship, medical device design, development and commercialisation.

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund (MRCF) 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. MRCF has been working with the NSW institutes over the past five years to increase NSW's capacity to commercialise research discoveries. Through funding MRCF, NSW Health gains access to its expertise, training and mentoring.

ORGANISATION	AMOUNT (\$)
Cicada Innovations (ATP Innovations)	\$729,723
SDIP Pty Ltd (scholarship grant) (Part 2 of 2)	\$33,395
Medical Research Commercialisation Fund (MRCF)	\$300,000

EARLY TO MID-CAREER FELLOWSHIPS

The Early to Mid-career Fellowship program provide 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	AMOUNT (\$)
Garvan Institute	\$221,239
Hunter Medical Research Institute	\$85,787
Macquarie University	\$440,481
The George Institute	\$95,000
The Sax Institute	\$115,000
University of NSW	\$345,000
University of Sydney	\$343,640
University Of Wollongong	\$115,000

TRANSLATIONAL RESEARCH GRANTS

The Translational Research Grants Scheme takes an innovative approach to funding priority-driven research led by local health districts in NSW. Funding was awarded to nine new projects in 2018-19. The following table lists the grants paid in 2018-19.

ORGANISATION	AMOUNT (\$)
Central Coast Local Health District	\$683,118
Hunter New England Local Health District	\$1,823,685
Illawarra Shoalhaven Local Health District	\$574,398
Justice Health and Forensic Mental Health Network	\$405,168
Mid North Coast Local Health District	\$303,484
Murrumbidgee Local Health District	\$826,431
Northern NSW Local Health District	\$15,465
Northern Sydney Local Health District	\$269,530
NSW Health Pathology	\$145,383
South Eastern Sydney Local Health District	\$538,533
South Western Sydney Local Health District	\$537,104
Southern NSW Local Health District	\$294,276
Sydney Children's Hospital Network	\$246,853
Sydney Children's Hospitals Network	\$259,134
Sydney Local Health District	\$416,473
Western NSW Local Health District	\$365,689
Western Sydney Local Health District	\$741,561

CARDIOVASCULAR RESEARCH CAPACITY BUILDING GRANTS

Established in 2018-19, these grants are part of the NSW Cardiovascular Disease Research Capacity Building Program, which aims to increase the number of high-quality cardiovascular researchers in NSW.

ORGANISATION	AMOUNT (\$)
Heart Research Institute	\$746,423
University of Sydney	\$5,933,193
Victor Chang Cardiac Research Institute	\$5,249,999
University of Newcastle	\$600,000
ANZAC Health & Medical Research Foundation	\$1,490,112
University of NSW	\$750,000

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 2018-19	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	\$ 500,000	The Kirby Institute
University of Sydney	\$ 477,884	Clinical and Population Perinatal Health Research
University of Sydney	\$ 499,966	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	\$ 2,877,850	

EQUITY AND DIVERSITY

NSW DISABILITY INCLUSION ACTION PLAN 2016-2019

The *NSW Health Disability Inclusion Action Plan 2016-2019* promotes equitable and dignified access to NSW Health services and employment, regardless of disability. In its third year of reporting, the plan has made significant progress across a number of domains in NSW health organisations.

Promoting positive attitudes and behaviours

- The Central Coast Local Health District launched its *Caring for the Coast Culture Plan* in 2018. It includes strategies for inclusion and is the foundation for developing the *District's Disability Inclusion Strategic Plan*.
- The Hunter New England Local Health District implemented its local *Disability Inclusion Action Plan 2017-2020* as part of their *Strategic Plan Towards 2021*.

Creating liveable communities

- The Western Sydney Local Health District installed wayfinding kiosks at Blacktown Hospital with 'screen lowering' functions to provide access for people with disabilities.
- The Cancer Institute NSW designed accessible premises and facilities including wide corridors and doorways enabling wheelchair access, push button access, sliding entry doors, and desks and kitchen facilities at heights suitable for wheelchair access.

Providing equitable systems and processes

- The NSW Ministry of Health published the Policy Directive 'Emergency Department Patients Awaiting Care' in 2018. This policy identifies the need for emergency departments to use a variety of communication strategies to support effective communication for patients with disability.
- The Clinical Excellence Commission has an actively engaged consumer body that includes people with disability. They attend committee meetings, provide feedback on documents for public dissemination, and are consulted during program development and implementation. They have also participated in videos for staff education and been involved in telling patient stories at board meetings.
- The NSW Ministry of Health has undertaken initiatives to improve the provision of accessible information and resources by:
 - promoting Plain English for easy-to-read information
 - providing text resize functionality on the NSW Health website
 - captioning videos
 - ensuring documents and webpages are designed with appropriate colour contrast
 - uploading HTML webpage versions of PDF documents to be read by screen readers
 - ensuring pages are logically formatted for use with screen readers
 - including alternative text for images on webpages.

Supporting access to meaningful employment opportunities

- The Health Education and Training Institute developed a new learning module in 2018 titled 'Employment - People with Disability' to encourage the active recruitment of people with disability and the reasonable adjustment of workplaces to accommodate them.
- HealthShare NSW and eHealth undertake monthly reporting to identify the number of staff with disability and assess the requirement for reasonable adjustments. This data is used to:
 - identify staff who have not completed their EEO data
 - identify and track workplace adjustments
 - identify staff with disability who have left the organisation, and to follow up and gather feedback on disability inclusion practices.

CARERS (RECOGNITION) ACT 2010 (NSW)

There are 904,400 carers currently living in NSW. They play a vital role in our community by providing ongoing, unpaid support to family and friends needing help due to disability, terminal illness, chronic illness, mental illness or ageing. NSW Health is committed to supporting carers to participate fully in their own social and economic lives, and to helping them be healthy and live well.

To achieve this and meet the objectives of the Carers (Recognition) Act 2010 (NSW), NSW Health continues to deliver projects, initiatives and information that:

- inform and guide our employees to recognise and support carers
- value and engage with carers as partners in care
- support employees who have caring responsibilities.

Key highlights in 2018-19 include:

- The NSW Health patient administration system and electronic Medical Record was updated to record and display when a patient has a carer or is a carer. These changes will ensure that carer information is consistent, prints onto inpatient, outpatient and emergency department documents, and is available for use by NSW Health clinicians. The changes were tested in Southern NSW, Murrumbidgee, and the Far West and Western NSW local health districts. They are being progressively implemented across NSW Health.
- The 2019 NSW Health Carers Program Statewide Workshop was held in April 2019 and showcased a range of initiatives which support the vision of the *NSW Health Recognition and Support for Carers: Key Directions 2018-2020*. The Key Directives ensure that NSW Health and its employees recognise the important role of carers and respond to their needs, so that carers feel valued, respected, engaged and supported in the NSW public health system.

MULTICULTURAL HEALTH

The Multicultural Policies and Services Program (MPSP), overseen by Multicultural NSW, is a whole-of-government initiative focused on ensuring government agencies implement the principles of multiculturalism through their strategic plans, and deliver inclusive and equitable services to the public. The MPSP Framework is outcome-based and consists of four focus areas: service delivery, planning, leadership and engagement.

Under these key focus areas, NSW Health has continued to build on initiatives delivered in previous years to ensure the health system is accessible and responsive to the needs of culturally and linguistically diverse (CALD) people. In 2019, NSW Health released its Plan for *Healthy Culturally and Linguistically Diverse Communities 2019-2023*. The Plan strategically aligns with the MPSP Framework and is a statewide policy for meeting the health needs of CALD citizens in NSW for the next five years. The Plan builds on key achievements and focuses on access, quality, health literacy, cultural responsiveness and knowledge of community health needs.

The key achievements in each of the Plan's focus areas for 2018-19 are provided on the following pages.

ACCESS AND QUALITY OF CARE

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
NSW Refugee Health Service (RHS)	RHS, in close partnership with Family Planning NSW, delivered the Well Women's clinic program in Liverpool. The program aims to meet the needs of newly arrived refugee populations by providing high-quality, culturally sensitive sexual and reproductive healthcare.
Central Coast Local Health District	The district created a Manager of Diversity and Inclusion role that will work within the Consumer and Carer Engagement team and broader Clinical Safety, Quality and Governance directorate. The role will support the district to develop and implement strategic plans and activities that focus on consumers and carers who are from CALD backgrounds.
Sydney Local Health District	The district, in partnership with the South Eastern Sydney Local Health District and the Central and Eastern Sydney Primary Health Network, established a Cultural Support Program (CSP) to improve the ability of district services to work with CALD communities. The CSP provides clinical and non-clinical services access to a pool of 130 casual bilingual staff from over 30 language groups to assist with a range of work including community education, community engagement, ethnic media, resource development and research.
Justice Health and Forensic Mental Health Network (JHFMHN)	JHFMHN undertook a mapping exercise to inform service and program improvements for CALD people in custody. The project identified a number of recommendations to improve compliance, reduce risks and better integrate JHFMHN's response to and capacity to work with CALD people in custody. JHFMHN commenced implementing the project recommendations in August 2019.
Health Education and Training Institute (HETI)	HETI provides an International Medical Graduates (IMG) program which includes information for doctors from CALD backgrounds. HETI also funds a Local Health District workshop each year for supervisors of IMG doctors, which enables them to support CALD communities.
Western Sydney Local Health District	In partnership with the Community Migrant Resource Centre, district implemented a Mother of Many Societies (MOMs) Program to support mothers from CALD backgrounds with relevant information, education and access to social networks.

HEALTH LITERACY

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Western NSW Local Health District	The district continues its work in partnership with local council, developing strategies to improve health messages for CALD community groups, and strengthening relationships with service partners, including general practitioners, non-government organisations and private providers.
St Vincent's Hospital Network (SVHN)	The bilingual counsellor at SVHN provides culturally sensitive and appropriate mental health support to Mandarin-speaking clients and makes mental health information and support more accessible for the Mandarin-speaking population. The service includes: <ol style="list-style-type: none"> 1. individual case management, carer support and promotion of mental health support information in the Chinese community 2. co-case management and cultural liaisoning with other mainstream mental health teams within SVHN Mental Health Service.
Cancer Institute NSW	The NSW Quitline Multicultural Engagement Strategy 2018-2022 directs the Cancer Institute's work in engaging priority CALD communities with high smoking prevalence. It aims to increase awareness of the NSW Quitline service and encourage these communities to interact with it. In October 2018, four multilingual Quitline videos (Mandarin, Cantonese, Arabic and Vietnamese) were published on the iCanQuit website. NSW Quitline also participated in five community events in 2018-19 to increase awareness of the NSW Quitline, including CALD Men's Health Expo and the Australian Chinese Medical Association education seminar.
Northern NSW Local Health District	The district appointed a Health Literacy Project Officer who provides training to health staff on best practices in health literacy. Best practices include confirming that patients understand their own health situations, and having the ability to identify when an interpreter is needed. The project also promotes the use of best practice health literacy strategies when working with services, which includes staff knowing how to access interpreters and how to with them effectively.
Hunter New England Local Health District	John Hunter Children's Hospital created 10 videos to promote awareness and encourage the use of professional interpreters among patients. Videos were produced in nine community languages, with one video in English to raise awareness among service providers. The videos have been shared through community groups, social media and training sessions.
Far West Local Health District	The district has updated information and contact details for Health Care Interpreter Services to support staff who need to access professional interpreters.
South East Sydney Local Health District	The Effective and Efficient Use of Professional Interpreters in Clinical Care Project provided resources to promote interpreter services for staff within the district. The project also targeted patients, carers and families with promotional posters and banners displayed throughout facilities conveying the message that interpreter services are available, free and confidential. The project also produced a training video for Junior Medical Officers that promoted the use of interpreters. This video is used in training programs and orientation for new medical staff.
Health and Social Policy Branch (HSPB), Ministry of Health	HSPB, in partnership with community partners, produced new resources to help multicultural communities and people with disability discuss and understand the sensitive topics of palliative care and end of life conversations. These resources include radio programs and podcasts in Mandarin, Cantonese, Vietnamese, Greek and Arabic.

CULTURAL RESPONSIVENESS

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Southern NSW Local Health District	Planning is underway with the Illawarra Shoalhaven Local Health District to provide education sessions with ANU Graduate Medical School student doctors looking at avoidable hospital admissions for CALD communities.
Centre for Population Health, Ministry of Health	The NSW Sexual Health Promotion International Students group was established to support the development, implementation and scale up of project activities for international students who experience barriers to accessing services. Members include overseas health fund providers, universities, local health districts, community organisations, TAFE and the Council of International Students Australia.
Northern Sydney Local Health District	The district has introduced a diversity award category in the 2019 Northern Sydney Local Health District Quality and Improvement Awards. The award is for a project that demonstrates best practices for achieving better health outcomes for people from diverse backgrounds, coordinated and integrated care for the target population and improved collaboration with external stakeholders.
Clinical Excellence Commission (CEC)	CEC runs the Clinical Leadership Program, which includes a one-day module about Managing across Culture, Generations and Gender. The program is a state-wide course, run twice a year.
Illawarra Shoalhaven Local Health District	The district undertakes a number of community engagement projects including hospital tours for CALD communities in Wollongong Hospital and Shoalhaven Hospital, the GROW Youth Project for young women from refugee backgrounds, the Italian Older Persons community group with sessions ranging from appropriate use of medicines to prevention of falls, and the Indian Older Persons community group to provide support on women's health and dental health service access, as well as Bowel Cancer Screening Education.
South Western Sydney Local Health District	The district is currently developing a Racism, Discrimination, Diversity and Inclusiveness Strategy to ensure staff, consumers and carers feel empowered and welcomed, safe, respected and valued in a culturally sensitive and competent environment.

KNOWLEDGE OF COMMUNITY HEALTH NEEDS

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Nepean Blue Mountains Local Health District	The district conducted a needs analysis with the Tibetan community as a new and emerging community in the Blue Mountains region, to identify how best to assist the community in the areas of housing, employment, education, health and access to interpreters.
Government Relations Branch, Ministry of Health	The branch is progressively updating a suite of strategic documents, policies and procedures that govern NSW Health's responses to violence, abuse and neglect, with recent publications including the Child Protection Counselling Policy and Procedures (PD 2019_014), which includes requirements to promote equity of access for people from CALD communities.
Mental Health Branch, Ministry of Health	The Mental Health Community Living Supports for Refugees (MH-CLSR) program is a new initiative funded by the Ministry of Health. It provides community-based psychosocial supports to refugees and asylum seekers across seven local health districts in NSW. To support the design of the MH-CLSR program model, in 2018 the Mental Health Branch commissioned Western Sydney University to undertake an evidence check of comparable psychosocial support programs and initiatives targeting refugees in national and international jurisdictions.
Murrumbidgee Local Health District	The district's Priority Populations Program (PPP) service streams undertook a 90-day Strategic Action Plan in July 2019 to determine how the services can better engage and respond to the needs of people from CALD communities. The Plan includes strategies for each PPP service site to better understand the culturally diverse communities in their respective geographical area, and better identify ways in which they can build links and increase referrals from within those communities.
Bureau of Health Information (BHI)	In 2019, BHI will begin issuing patient survey reports created from standardised survey results. To support fair comparisons in the context of wide local variations in linguistic diversity across the state. To standardise results so that hospitals can be compared fairly, BHI will include the new category in the surveys, which asks respondents which language they speak at home. hospitals. BHI will also report on inequities in overall ratings of care across CALD groups.
The Office for Health and Medical Research (OHMRC)	During 2018-19, OHMRC provided research grants for projects including: <ul style="list-style-type: none"> • an evaluation of the effectiveness of an app to provide simplified patient information for chronic kidney disease patients, particularly those with lower health literacy and those from CALD backgrounds • investigations to better understand, treat and prevent spontaneous coronary artery dissection. The research aims to support the health needs of priority populations, including people from CALD backgrounds.
Mid North Coast Local Health District	The district collects all newly arrived refugee demographic and health data. Most recently the data has been used to demonstrate an increase in the number and complexity of health and social needs of the most recently arrived refugees. This data has been used to secure additional nursing, social work and administrative positions for the Mid North Coast Local Health District Refugee Health Clinic.

REFUGEE HEALTH

Ensuring the NSW Health system is accessible and responsive to the needs of new refugees is a key priority that supports successful settlement in NSW. NSW Health allocated \$32 million of additional funding over four years from 2016-17 for targeted health services to support refugees arriving from Syria and Iraq. Of this additional funding, NSW Health invested \$7 million in specialised refugee services in 2018-19. These services assisted more than 8250 individual clients in 2018.

A major focus of NSW Health's response has been supporting newly arrived refugees to navigate the health system. This includes linking them into on-arrival specialised health services and ensuring that they have a general practitioner as their primary healthcare provider.

In the 2018 calendar year, the Refugee Health Nurse Program provided on-arrival health assessments for approximately 3410 newly arrived refugees. The Program also provided health assessments to approximately 1039 children in primary and secondary schools with high numbers of refugee students.

In the 2018 calendar year, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) provided therapeutic interventions to 2862 clients with NSW Health funding. STARTTS reported that this constitutes more NSW Health clients than any year since its inception in 1988.

In the 2018 calendar year, NSW Health's specialised paediatric refugee clinics provided clinical care to more than 537 children from refugee and similar backgrounds at the Children's Hospital at Westmead, the Sydney Children's Hospital in Randwick, John Hunter Children's Hospital and a community paediatrics clinic in Liverpool. These services enabled the early identification and treatment of a range of health issues. South Western Sydney Local Health District also established a refugee-specific developmental assessment service.

KEY STRATEGIES FOR 2019-20

In 2019-20, NSW Health will finalise its evaluation of the current NSW Refugee Health Plan and will develop a new NSW Refugee Health Plan. The new plan identifies priorities for improving NSW Health's care for people from refugee backgrounds over the coming years.

In 2019-20, the Mental Health Community Living Supports for Refugees program will commence, providing trauma-informed, recovery-focused and culturally responsive psychosocial supports to refugees and asylum seekers who are experiencing psychological distress, mental ill health and impaired functioning. The NSW Ministry of Health will also commission a two-year program evaluation to support implementation.

