



SECTION 3

# Management & Accountability

**NSW Health is a world-class health system, delivering high quality, safe care to millions of people each year. Our 164,000 (122,538 full-time equivalent) strong workforce provides important and essential services to the citizens of NSW.**

Our governance structure, financial frameworks, and approach to risk management drives us to lead and promote excellence in healthcare management and service delivery.

## Governance

NSW Health comprises both the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*) and the various NSW Health organisations making up the NSW public health system (see the NSW Health organisational chart on page 5). The Ministry is the system manager for NSW Health.

NSW Health organisations are governed by an accountable authority — either a board or a chief executive. The Corporate Governance and Accountability Compendium outlines the governance requirements that apply to the organisations that form part of NSW Health and sets out the roles, relationships and responsibilities of each organisation. A copy is available at [www.health.nsw.gov.au](http://www.health.nsw.gov.au).

### Clinical governance

NSW Health is committed to ensuring health services are needs-based and provide safe, high quality, value care for patients.

The Patient Experience and System Performance Safety and Quality Framework provides guidance to all NSW Health organisations on the key components required to support the wide range of activities for continuous improvement in safety and quality. These activities include: improving access to health services, greater efficiencies in providing care, reducing hospital acquired complications, and developing integrated governance systems that maintain and improve the reliability and quality of patient care.

The framework also confirms NSW Health's commitment to partnering with patients, consumers, families and carers in healthcare decision making and improving staff culture and wellbeing to provide high quality care.

Across NSW Health, clinical governance systems are governed by the following key principles:

- 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.
- Teamwork — cooperation is recognised as the best defence against system failures and is explicitly encouraged.

In collaboration with the NSW Health Patient Safety First Unit, The Clinical Excellence Commission is responsible for the quality and safety of the NSW public health system and for providing leadership in clinical governance. Local health districts and specialty health networks have primary responsibility for providing safe, high quality care for patients.

To protect patients from harm and improve the quality of health services, hospitals, dental services and oral health clinics within hospitals are assessed against the National Safety and Quality Health Service (NSQHS) Standards, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme.

### Feedback and complaints

NSW Health is committed to value based, patient centred care.

We listen to feedback, and encourage patients, their families and carers to share feedback about their healthcare experiences. Complaints are entered into the Incident Information Management System (IIMS), which records the complaint and how the situation was addressed and resolved.

The most frequently reported complaint related to communication, treatment, and access to a provider, service or a hospital bed.

Complaints regarding communication related to the attitude of healthcare staff, inadequate information provided to the patient and/or their carer, and wrong or misleading information provided to the patient and/or their carer. Where clinical treatment was the primary issue, complaints related to inadequate treatment, coordination of treatment, and medication concerns. Complaints relating to access related to the delay in admission or treatment, discharge or transfer arrangements, resources/service availability and waiting lists.

To enable NSW Health staff to manage complaints from patients, carers and the community, the Ministry revised the Complaints Management Policy, which, along with supporting guidelines, established the framework. The revised policy reflects the six whole-of-government commitments to effective complaint handling, with a focus on timely, efficient and fair management of complaints. The Ministry also progressed development of a complaints' process website for managers, completing design and developing supporting materials.

**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

Helping people stay healthy and providing access to timely, high quality, patient centred healthcare are key goals of NSW Health. Achieving these goals requires clear priorities, supportive leadership and staff working together, underpinned by CORE values of collaboration, openness, respect and empowerment.

### NSW Health Performance Framework

The Framework includes the performance expected of affected organisations to achieve the required levels of health improvement, service delivery and financial performance. The Framework and associated key performance indicators listed in Service Agreements apply at both whole-of-health-service and facility or service levels, promoting and supporting a high performance culture.

### Service Agreements

Service Agreements are a central component of the Performance Framework. By setting out service and performance expectations and funding, they support the devolution of decision making, responsibility and accountability for safe, high quality, patient centred care to local health districts, other health services and support organisations.

### Audit and risk management

NSW Health policy requires public health organisations to maintain effective, independent audit frameworks and corporate governance practices consistent with NSW public sector best practices.

Enterprise-wide risks are managed through continuous monitoring and risk control (policy, procedures and guidelines) which is reflected in the NSW Health Risk Management Policy.

#### Audit and risk management committees

Each public health organisation must establish an audit and risk management committee, which is a key component in the public health organisation's corporate governance framework. It oversees:

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

### Internal auditing at the Ministry

Internal Audit provides an independent review and advisory service to the Secretary, NSW Health and the Risk Management and Audit Committee. It ensures the Ministry's financial and operational controls are designed to manage organisational risks and achieve agreed objectives, and continue to operate efficiently, effectively, and ethically.

Internal Audit assists management to improve Ministry business performance, and advises on fraud, corruption risks and internal controls over business functions and processes.

### External agency oversight

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

#### NSW Ombudsman

The NSW Ombudsman tabled three reports involving NSW Health during 2019-20:

1. Report of *Reviewable Deaths 2014-17 of People with a Disability in Residential Care*
2. Child Death Review Team *2017-18 Annual Report*
3. Biennial report of the *Deaths of Children in New South Wales: 2016-17*

All tabled reports including relevant data provided by NSW Health are available at [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au).

#### Audit Office of NSW

This Office fulfils the external audit function for NSW public health organisations and undertakes audits across finance, performance and compliance topic areas. The Office tabled two performance audit reports in Parliament focusing specifically on NSW Health:

1. *Mental Health Service Planning for Aboriginal People in NSW* — tabled 29 August 2019
2. *Ensuring Contract Management Capability in Government* — HealthShare NSW — tabled 31 October 2019

The Ministry, along with 39 other NSW Government agencies, was involved in the preparation of the Auditor-General's report: Internal Controls and Governance 2019, released 5 November 2019.

All tabled reports, including the related response from NSW Health, are available at [www.audit.nsw.gov.au](http://www.audit.nsw.gov.au).

#### Public Accounts Committee of the NSW Parliament

This Committee reviews performance audit reports tabled in Parliament as part of a 12-month follow up, and requests reports on progress of implementation of agreed recommendations. In 2019-20 NSW Health made two submissions to the Committee regarding implementation of recommendations from previous performance audits:

1. *HealthRoster Benefits Realisation* (audit report originally tabled 7 June 2018)
2. *Governance of Local Health Districts* (audit report originally tabled 18 April 2019)

# Internal audit and risk management attestation



## Internal Audit and Risk Management Attestation for the 2019-2020 Financial Year for the NSW Ministry of Health

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

Core Requirements	Compliant / Non-Compliant / In Transition
<b>Risk Management Framework</b>	
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>
<b>Internal Audit Function</b>	
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>
<b>Audit and Risk Committee</b>	
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 22 March 2020)
- Ms Carolyn Walsh, Independent Chair (23 March 2020 to 22 March 2024)
- Ms Julie Newman, Independent member (26 June 2018 to 25 June 2021)
- Mr Greg Rochford, Independent member (22 June 2017 to 21 June 2021)
- Ms Carolyn Walsh, Independent member (21 March 2018 to 22 March 2020)

NSW Ministry of Health  
 ABN 92 697 899 630  
 1 Reserve Road, St Leonards NSW 2065  
 Locked Mail Bag 2030, St Leonards NSW 1590  
 Tel (02) 9391 9000 Fax (02) 9391 9101  
 Website: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

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**

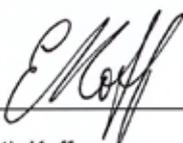
I, Ms Elizabeth Koff, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the following policy requirements set out in the *Internal Audit* policy (PD2016\_051) for the NSW Health:

- 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><b>Core Requirement:</b> 2. Internal Audit</p> <p><b>Local Procedure:</b> 1.7 Internal Audit Quality Assurance and Improvement The Chief Executive must ensure that the Internal Audit function, whether in-house, co-sourced, or outsourced, is subject to a quality assurance review by an accredited provider or reviewer at least once every five (5) years, as required by the Institute of Internal Auditors.</p>	<p>Two Health Organisations attested to the Agency Head that an independent quality assurance review was due in 2019/20 however was delayed due to unforeseen commitments associated with COVID-19.</p> <p>The review has been rescheduled and the departure will be resolved in quarter two 2020/21.</p>

<p><b>Core Requirement:</b> 3. Audit and Risk Committee</p> <p><b>Local Procedure:</b> 2.3 Independent Membership Independent Members must be selected from the NSW Treasury's Government Pre-Qualification Scheme.</p>	<p>One Health Organisation attested an independent member of their Audit and Risk Committee gained employment in the NSW public sector and became ineligible to serve as a Committee member under the <i>Pre-qualification Scheme</i>.</p> <p>The Health Organisation identified the issue and has held the position as vacant. The organisation is currently recruiting for a new independent member.</p>
<p><b>Core Requirement:</b> 2. Internal Audit</p> <p><b>Local Procedure:</b> 1.1 Introduction NSW Health Organisations must have an internal audit function which is established and maintained</p>	<p>One Health Organisation attested their normal auditing activities were suspended for the month of March 2020 due to unprecedented demands placed on management in response to the COVID-19 pandemic.</p> <p>One staff member was redeployed for a two-month period to assist in the operational management process.</p> <p>All additional activities undertaken by Internal Audit were documented and largely advisory or administrative. The risk of providing a level of assurance over work performed by Internal Audit staff is considered minimal.</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.




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Elizabeth Koff  
Secretary, NSW Health  
Date: 14/10/20




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Ross Tyler  
Chief Audit Executive, Ministry of Health  
Telephone: 9391 9640

# Public accountability

## Public Interest Disclosures

NSW Health values the contributions of staff to improve administrative and management practices. Staff are encouraged to report any alleged wrongdoing under the *Public Interest Disclosures Act 1994*. NSW Health has a Public Interest Disclosures Policy (PD2016\_027) which covers management of Public Interest Disclosures across all NSW Health organisations.

NSW Health organisations received 41 Public Interest Disclosures over the 2019-20 reporting period:

- 25 in the course of their day-to-day functions, and
- 16 falling into the category of 'all other Public Interest Disclosures'.

Across NSW Health, 45 Public Interest Disclosures were finalised during the 2019-20 period.

The majority (27) of Public Interest Disclosures primarily related to reports alleging corruption, with 11 Public Interest Disclosure reports relating to allegations of maladministration.

NSW Health has received fewer (41) Public Interest Disclosure reports in the 2019-20 financial year compared to the previous reporting period of 2018-19 (59).

Public Interest Disclosure Coordinators for NSW Health organisations continued to implement tailored staff awareness strategies to suit their organisational needs. The COVID-19 pandemic impacted the ability of NSW Health to implement face-to-face training and forums. NSW Health organisations used training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning, and employee induction training to improve awareness. Information about Public Interest Disclosures is available on intranet sites, and some organisations provided information via newsletters, posters and surveys.

## Government Information (Public Access) Act 2009

The Ministry regularly reviews information on its website and routinely uploads information that may be of interest to the public. This includes a wide range of publications and resources including reports, factsheets, brochures and pamphlets. Information is also available in other languages from the NSW Multicultural Health Communication Service website.

During 2019-20, the Ministry received 126 formal access applications under the *Government Information (Public Access) Act 2009* (GIPA Act) and of these, 36 applications were transferred to other agencies for completion. During the reporting period, 15 applications were invalid for not complying with the formal requirements of Section 41 of the GIPA Act, with one of the applicants requesting excluded information as detailed in Section 43 of the Act.

A total of 96 applications submitted to the Ministry were completed, including six received in the 2018-19 financial year and finalised in 2019-20. There were 10 undecided applications as at 30 June 2020.

One internal review was conducted in 2019-20 with one decision upheld. There were three external reviews in 2019-20 by the Information and Privacy Commissioner, one recommending a new decision by internal review, one upholding the original decision and the final one completed following recommendation under Section 93 of the Act.

Of the 90 new formal access applications decided during the reporting period, the Ministry made two decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure). Eight applications resulted in full refusal and 11 applications involved a decision to refuse access to part of the information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A to I.

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

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM/DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Media	2	6	1	2	1	0	0	9	21
Members of Parliament	0	1	0	3	1	0	0	13	18
Private sector business	0	2	2	4	0	0	0	1	9
Not for profit organisations or community groups	0	0	0	1	0	0	0	2	3
Members of the public (application by legal representative)	1	2	0	1	2	1	0	7	14
Members of the public (other)	5	6	2	4	0	1	0	7	25
<b>TOTAL</b>	<b>8</b>	<b>17</b>	<b>5</b>	<b>15</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>39</b>	<b>90</b>

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

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

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM/DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Personal information applications*	5	6	2	5	0	1	0	7	26
Access applications (other than personal information applications)	8	8	1	12	4	1	0	14	48
Access applications that are partly personal information applications and partly other	1	4	0	2	2	0	0	7	16
<b>TOTAL</b>	<b>14</b>	<b>18</b>	<b>3</b>	<b>19</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>28</b>	<b>90</b>

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

**Table C. Invalid applications**

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (Section 41 of the Act)	0
Application is for excluded information of the agency (Section 43 of the Act)	1
Application contravenes restraint order (Section 110 of the Act)	0
Total number of invalid applications received	15
Invalid applications that subsequently became valid applications	2
<b>TOTAL</b>	<b>18</b>

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

	NUMBER OF TIMES CONSIDERATION USED*
Overriding secrecy laws	0
Cabinet information	1
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
<b>TOTAL</b>	<b>2</b>

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

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

	NUMBER OF OCCASIONS WHEN APPLICATION NOT SUCCESSFUL
Responsible and effective government	6
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	4
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0
<b>TOTAL</b>	<b>12</b>

**Table F. Timeliness**

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	27
Decided after 35 days (by agreement with applicant)	33
Not decided within time (deemed refusal)	16
<b>TOTAL</b>	<b>76</b>

**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	1	1
Review by Information Commissioner*	1	0	1
Internal review following recommendation under Section 93 of Act	0	0	0
Review by NCAT	1	1	2
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>4</b>

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

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

	NUMBER OF APPLICATIONS
Applications by access applicants	1
Applications by persons to whom information the subject of access application relates (see Section 54 of the Act)	0
<b>TOTAL</b>	<b>1</b>

**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	39
Applicant-initiated transfers	0
<b>TOTAL</b>	<b>39</b>

## Legal change

### New Acts

- Abortion Law Reform Act 2019
- Mental Health and Cognitive Impairment Forensic Provisions Act 2020

### Repealed Acts

- Nil

### Significant Orders

- Public Health Amendment (Scheduled Medical Conditions) Order 2020
- Health Services Amendment (Royal Society for the Welfare of Mothers and Babies) Order 2020

### COVID-19 Ministerial Orders

- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Order 2020
- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Order (No 2) 2020
- Public Health (COVID-19 Public Events) Order 2020
- Public Health (COVID-19 Quarantine) Order 2020
- Public Health (COVID-19 Mass Gatherings) Order 2020
- Public Health (COVID-19 Gatherings) Order 2020
- Public Health (COVID-19 Lord Howe Island) Order 2020
- Public Health (COVID-19 Places of Social Gathering) Order 2020
- Public Health (COVID-19 Residential Aged Care Facilities) Order 2020
- Public Health (COVID-19 Self-Isolation) Order 2020
- Public Health (COVID-19 Gatherings) Order (No 2) 2020
- Public Health (COVID-19 Gatherings) Order (No 3) 2020
- Public Health (COVID-19 Maritime Quarantine) Order 2020
- Public Health (COVID-19 Air Transportation Quarantine) Order 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020
- Public Health (COVID-19 Spitting and Coughing) Order 2020

- Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 2) 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 3) 2020
- Public Health (COVID-19 Aged Care Facilities) Order (No 2) 2020
- Public Health (COVID-19 Lord Howe Island) Order (No 2) 2020
- Public Health (COVID-19 Self-Isolation) Order (No 2) 2020
- Public Health (COVID-19 Maritime Quarantine) Order (No 2) 2020
- Public Health (COVID-19 Air Transportation Quarantine) Order (No 2) 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 4) 2020

### Amending Orders to original COVID-19 Orders

- Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order 2020
- Public Health (COVID-19 Air Transportation Quarantine) Amendment Order 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order (No 2) 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order (Real Estate) Order 2020
- Public Health (COVID-19 Spitting and Coughing) Amendment Order 2020
- Public Health (COVID-19 Restrictions on Gatherings and Movement) (No 3) Amendment Order 2020
- Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order (No 2) 2020

### Section 62 Public Health Orders

Eighty Section 62 Public Health Orders were issued from 28 March to 30 June 2020, all in relation to people exposed to COVID-19 (a contact order condition).

## Subordinate Legislation

### Principal Regulations made

- Mental Health Regulation 2019

### Significant Amending Regulations made

- Assisted Reproductive Technology Amendment (Infection Control Standards) Regulation 2019
- Health Services Amendment (Functions of Local Health Districts) Regulation 2019
- Human Tissue Amendment (Blood Donor Certificate) Regulation 2019
- Health Services Amendment (Functions of Local Health Districts) Regulation 2019
- Health Records and Information Privacy Amendment (Health Records) Regulation 2019
- Health Administration Amendment (Relevant Health Services Organisation) Regulation 2019
- Public Health Amendment (Fees) Regulation 2019
- Public Health Amendment (Authorised Officers) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Supply of Vaccines by Pharmacists) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Prescriptions) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Restricted Substances) Regulation 2020
- Health Practitioner Regulation (New South Wales) Amendment (Financial Interests) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Drugs of Addiction) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Supply and Administration by Pharmacists) Regulation 2020
- Public Health Amendment (Scheduled Medical Conditions-Silicosis) Regulation 2020

### Repealed Regulations

- Mental Health Regulation 2013

# Cybersecurity policy attestation

For the 2019-20 financial year for NSW Health, page 1

## ANNUAL ATTESTATION

### Cyber Security Annual Attestation Statement for the 2019-2020 Financial Year for NSW Health

I, Elizabeth Koff, am of the opinion that NSW Health have managed cyber security risks in a manner consistent with the Mandatory Requirements set out in the NSW Government Cyber Security Policy.

Governance is in place to manage the cybersecurity maturity and initiatives of NSW Health.

Risks to the information and systems of NSW Health have been assessed and are managed.

The current cyber incident response plan for NSW Health is managed by eHealth NSW. eHealth NSW is working towards creating an NSW Health state-wide incident response plan. This plan, once ready will be tested during the next reporting period.

eHealth NSW is responsible for delivery and management of ICT for NSW Health. eHealth NSW has an Information Security Management System (ISMS) and is an ISO27001 certified organisation.

NSW Health is doing the following to continuously improve the management of cyber security governance and resilience:

- 1) Ongoing awareness training of NSW Health staff about cyber safety;
- 2) Monthly reviews of cyber security incidents by the ISMS committee;
- 3) Quarterly reviews of major cyber security incidents by the cyber security executive committee;
- 4) Regular reviews of the ISMS risks and treatments;
- 5) Rapid response to alerts issued on cyber security vulnerabilities;
- 6) Regular patching and hardening activities of workstations and servers;
- 7) Maturity improvements on addressing the ACSC's Essential 8.

This attestation covers the following agencies:

1. Agency for Clinical Innovation
2. Ambulance Service of NSW
3. Bureau of Health Information
4. Cancer Institute NSW
5. Central Coast LHD
6. Clinical Excellence Commission
7. eHealth NSW
8. Far West LHD
9. Health Care Complaints Commission
10. Health Education and Training Institute
11. Health Infrastructure
12. Health Professional Councils Authority

13. HealthShare NSW
14. Hunter New England LHD
15. Illawarra Shoalhaven LHD
16. Justice Health & Forensic Mental Health Network
17. Mental Health Commission NSW
18. Mid-North Coast LHD
19. Ministry of Health
20. Murrumbidgee LHD
21. Nepean-Blue Mountains LHD
22. Northern NSW LHD
23. Northern Sydney LHD
24. NSW Health Pathology
25. South Eastern Sydney LHD
26. South Western Sydney LHD
27. Southern NSW LHD
28. St Vincent's Health Network
29. Sydney Children's Hospitals Network
30. Sydney LHD
31. Western NSW LHD
32. Western Sydney LHD

Elizabeth Koff   
Secretary, NSW Health  
2/10/20

# Information management

## Privacy management

NSW Health takes the privacy of citizens and staff seriously. The Ministry provides ongoing advice and support to Privacy Contact Officers and NSW Health staff about managing the privacy of information.

In 2019-20, 28 NSW Health Privacy Contact Officers from across the state attended the September 2019 NSW Health Privacy Contact Officers Network meeting.

Privacy advice was provided on emerging technology applications and systems, consent processes, information sharing and data security including:

- development of a client consent process for the NSW Magistrates Early Referral into Treatment Program
- development of a parental consent process for NSW Oral Health School vaccination
- development of consent procedures for the pilot of HealthOne Interoperability Project
- establishment of a protocol for the secure email transfer of health information for Health Protection NSW
- assisting development of a privacy agreement for prospective employees for the NSW Health Recruitment and Onboarding system
- development of the NDIS Quality and Safeguards Commission Information Sharing protocol
- Health Professional Councils Authority research project to develop a risk assessment tool
- information sharing between NSW Poisons Information Centre and the Ministry
- an Integrated Service Response project for people with disabilities, providing advice on information sharing and consent procedures.

Supporting ongoing activities led by eHealth NSW:

- Patient Privacy Auditing Project Working Group, and associated Privacy Focus Working Group
- Child Digital Health Record Working Group, working towards digitisation of the Baby Book.

Advice was provided on a range of matters relating to COVID-19 including:

- COVID-19 Ministerial Direction on Information Exchange — advice to public health agencies
- COVIDSafe App — privacy considerations when used for contact tracing purposes
- ServiceNow HealthCheck Application — SMS and email notifications to employees
- SMS Notification to patients of their COVID-19 negative results
- COVID-19 related workers' compensation claims and provision of contact tracing information to insurers.

## 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 2019-20, no applications for internal review were made to the Ministry.

## Our people

### Health Professionals Workforce Plan 2012-2022

The *Health Professionals Workforce Plan 2012-2022* plays a central role to ensure NSW Health achieves a fit for purpose workforce to meet the needs of the community. It sets out strategies to ensure NSW Health recruits, trains and retains health professionals to continue to provide a quality health service to the people of NSW.

Strategies and targets are on track towards achieving the 10-year objectives, however many no longer reflect the growing pace of change in the health system. The Ministry commenced development of a new *Health Workforce Plan 2020-2030*, that capitalises on new directions in healthcare strategy.

Engagement through four roundtables, six workshops, and a survey of 1500 participants, including health professionals, academics and associations, highlighted workforce themes for the next 10 years. The Plan will set a new vision and direction for the NSW Health workforce over the short, medium and long term.

### 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 annually via the NSW Public Service Commission's People Matter Employee Survey. Results from the 2019 survey were used to make workplace improvements and inform decisions to create better employee and patient experiences. In 2020, due to the COVID-19 pandemic, the NSW Public Service Commission postponed the survey.

## Responding to bullying and complaints

NSW Health organisations implemented local strategies to reduce the incidence 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 provided guidance and information to employees about the complaint resolution process.

NSW Health organisations' human resources departments report individual complaint data to the Ministry, while protecting complainants' identities.

These individual complaints are initially assessed as potential bullying complaints.

The Ministry received 85 bullying complaints from 1 July 2019 to 30 June 2020, down from 109 complaints in 2018-19. This represents 0.07 per cent of the total full-time equivalent staff in the NSW Health system (based on full-time equivalent staff as at 30 June 2020).

The Ministry completed a series of collaborative network forums with NSW Health unions and associations to assist with implementing bullying policies. Each forum included information sharing, feedback, identification of immediate and long-term challenges, and development of strategies to address these challenges.

## Workforce diversity

NSW Health has a strong commitment to workforce diversity and recruits and employs staff based on merit. The Ministry has several 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	2018	2019	2020
Women	50%	74.5%	74.4%	74.5%
Aboriginal and/or Torres Strait Islander People	3.3%	2.6%	2.7%	2.8%
People whose first language spoken as a child was not English	23.2%	25.8%	25.8%	25.7%
People with disability	5.6%	1.7%	1.7%	1.8%
People with disability requiring work-related adjustment	N/A	0.4%	0.4%	0.4%

**Note 1:** The benchmark of 50 per cent for representation of women across the sector is intended to reflect the gender composition of the NSW community. **Note 2:** The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent. **Note 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 per cent is the percentage of the NSW general population born in a country where English is not the predominant language. **Note 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 per cent to 5.6 per cent by 2027. More information can be found at: [www.facs.nsw.gov.au/inclusion/disability/jobs](http://www.facs.nsw.gov.au/inclusion/disability/jobs). 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	2018	2019	2020
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	75	76	76
People whose first language spoken as a child was not English	100	98	99	99
People with disability	100	95	92	88
People with disability requiring work-related adjustment	100	99	94	87

**Note 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. **Note 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.

## Workplace health and safety

The Ministry is committed to maintaining the health, safety and welfare of staff and visitors, in accordance with the *Work Health Safety Act 2011* (NSW) and the *Work Health and Safety Regulation 2017* (NSW). 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's Work Health Safety Mission Statement, and the promotion of healthy lifestyle campaigns educating staff about general health and wellbeing strategies.

### Workers' compensation

This year, there was a total of 10 workers' compensation claims. This was comprised of four psychological claims, three slip, trip and fall claims, two body stress claims and one motor vehicle claim.

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

- A focus on early intervention to support the recovery and return to work of employees who sustain a work-related injury.
- Working with treating professionals to ensure that injured workers receive the best possible treatment, their family and peers are supported, and factors linked to the injury are managed.
- Frequent claims reviews to monitor recovery and return-to-work progress for individual claims and ongoing return-to-work strategies.

The Ministry promotes risk management and injury prevention strategies, including conducting workplace assessments, making ergonomic information available on the intranet, and investigating and resolving identified hazards in a timely manner.

### *Prosecutions under the Work Health and Safety Act 2011*

A prosecution by SafeWork NSW in relation to a workplace matter in respect of NSW Ambulance was filed on 8 April 2020.

## Research and development

### Medical Research Support Program and associated programs

#### Medical Research Support Program

The NSW Government established the Medical Research Support Program to provide infrastructure funding to health and medical research organisations. The 2016-20 round of funding benefitted 15 institutions. The following grants were paid in 2019-20:

ORGANISATION	AMOUNT (\$)
Garvan Institute of Medical Research	\$7,152,671
The Westmead Institute for Medical Research	\$3,299,913
ANZAC Research Institute	\$765,578
Centenary Institute	\$1,658,764
Children's Medical Research Institute	\$830,832
Ingham Institute	\$2,189,680
Heart Research Institute	\$656,106
Neuroscience Research Australia	\$1,274,445
Victor Chang Cardiac Research Institute	\$1,657,551
Black Dog Institute	\$1,963,427
Children's Cancer Institute Australia	\$1,051,915
Illawarra Health and Medical Research Institute	\$1,177,847
Woolcock Institute	\$1,095,350
<b>TOTAL</b>	<b>\$24,774,079</b>

#### Cancer Proteogenomics Research Program

The Office for Health and Medical Research provided funding to the Children's Medical Research Institute 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	\$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 NSW.

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

## Networks

The Office for Health and Medical Research provided funding to the following clinical network to support statewide research collaboration.

ORGANISATION	AMOUNT (\$)
National Heart Foundation (Cardiovascular Research Network)	\$250,000

## Research hubs

The following research hubs received funding to enhance collaboration and facilitate the efficient sharing of 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
Illawarra Health and Medical Research Institute	\$100,000
<b>TOTAL</b>	<b>\$800,000</b>

## Genomics

### Australian Genomic Cancer Medicine Program

This investment supported and leveraged the national expansion of the Genomics Cancer Medicine Program.

ORGANISATION	AMOUNT (\$)
Garvan Institute of Medical Research	\$2,000,000

### Pathogen genomics partnership

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

ORGANISATION	AMOUNT (\$)
NSW Health Pathology	\$300,000

## Paediatric precision medicine

This was an investment in technology and staff to advance paediatric precision medicine to help treat childhood cancer and other genetic disorders.

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

## Biobanking

### Biospecimen Collection Grant

The Biospecimen Collection Grant forms part of the Sydney O'mics Collaborative Initiatives. The funding covered collection, processing and storage, retrieval, and transport of biospecimens to the research under the NSW Health Statewide Biobank.

ORGANISATION	AMOUNT (\$)
NSW Health Pathology	\$973,200
Westmead Institute of Medical Research	\$100,000
<b>TOTAL</b>	<b>\$1,073,200</b>

## Medical devices and commercialisation

### Medical Devices Fund

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

ORGANISATION	AMOUNT (\$)
Baymatob – Oli Tre-trial development	\$2,960,000
Beyond 700 – Tear View for evaluation of tear film problems	\$830,000
CleanSpace Technology – CleanSpace Respiratory Protection for Healthcare	\$2,311,000
Perx Health – clinical and commercial validation of the Perx digital therapeutic	\$748,000
<b>TOTAL</b>	<b>\$6,849,000</b>

### Medical device commercialisation training

The Medical Device Commercialisation Training program delivered by Cicada Innovations provided training in medical device commercialisation. Participants gained skills in entrepreneurship, medical device design, development, and commercialisation.

### Medical Research Commercialisation Fund

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

ORGANISATION	AMOUNT (\$)
Medical Research Commercialisation Fund (MRCF)	\$450,000

## PhD Partnership Program

NSW Health's PhD Partnership Program provided for PhD students conducting research in drug development and biopharmaceuticals under the joint supervision of an academic and industry supervisor.

ORGANISATION	AMOUNT (\$)
University of New South Wales	\$120,000
University of Newcastle	\$60,000
University of Sydney	\$480,000
University of Technology Sydney	\$60,000
University of Wollongong	\$60,000
<b>TOTAL</b>	<b>\$780,000</b>

## Translational Research Grants

The Translational Research Grants Scheme takes an innovative approach to funding priority-driven research led by local health districts in NSW.

ORGANISATION	AMOUNT (\$)
Hunter New England Local Health District	\$1,684,966
Illawarra Shoalhaven Local Health District	\$317,225
Justice Health and Forensic Mental Health Network	\$283,613
Nepean Blue Mountains LHD	\$155,687
Murrumbidgee Local Health District	\$457,468
Northern Sydney Local Health District	\$299,138
South Eastern Sydney Local Health District	\$570,699
Sydney Children's Hospital Network	\$246,853
St Vincent's Health Network	\$123,827
Sydney Local Health District	\$612,853
Western NSW Local Health District	\$451,883
Western Sydney Local Health District	\$154,145
<b>TOTAL</b>	<b>\$5,358,357</b>

## Cardiovascular research capacity building grants

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

ORGANISATION	AMOUNT (\$)
Hunter Medical Research Institute	\$245,000
The George Institute	\$100,000
University of New South Wales	\$8,229,593
University of Newcastle	\$2,380,810
University of Sydney	\$15,991,319
University of Technology Sydney	\$90,740
University of Wollongong	\$1,179,947
Victor Chang Cardiac Research Institute	\$750,000
Western Sydney University	\$750,000
<b>TOTAL</b>	<b>\$29,717,409</b>

## Population Health and Health Services Research Support

Through the Prevention Research Support Program, the Centre for Epidemiology and Evidence supports research organisations that are conducting prevention and early intervention research aligned with NSW Health priorities.

In 2019-20, more than \$2.8 million was provided to seven NSW research organisations to support research infrastructure, capability building initiatives, and translation of research evidence to directly inform policy and practice.

GRANTS PAID IN 2019-20	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	\$499,600	The Kirby Institute
University of Sydney	\$484,217	Clinical and Population Perinatal Health Research
University of Sydney	\$499,926	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
<b>TOTAL</b>	<b>\$2,883,743</b>	

# Environmental sustainability

This year's funding of energy efficiency projects was the largest in NSW Health's history and with the energy efficiency measures, managed by the local health districts, NSW Health's energy consumption has remained stable for a fifth consecutive year.

In January 2020, the implementation of solar panel systems and high efficiency lighting across numerous sites was supported by an investment of \$8.1 million followed by an additional \$14.5 million.

The Ministry oversaw a pilot to test the financial viability of implementing battery-ready, large-scale solar photovoltaics (PV) on major hospitals and other suitable sites. The first of these systems, at Port Macquarie Hospital, saved more than \$260,000 over two years' operation. This year it was expanded to 770kWp1 to accommodate a large-scale battery energy storage system pilot.

Completion of a second system at Blacktown Hospital in June 2020 at 843kWp, is the largest system on a healthcare facility in Australia and the largest on any NSW Government building. This system is generating bill savings of more than \$200,000 per annum. Three other large-scale solar PV systems commenced at John Hunter, Hornsby Ku-ring-gai, and Canterbury hospitals. These three systems, when complete, will have a capacity of nearly 4MWp2 and will generate approximately \$1.2 million in savings per annum.

## Energy management

Electricity consumption increased by only one per cent from last year despite the addition of new assets, and the increased intensity of health service delivery. The electricity bill decreased by 3.1 per cent due to falling prices, primarily in the cost of environmental certificates. The 2019-20 bill for natural gas was \$20.3 million and LPG was \$3.1 million. A combination of energy efficiency measures, managed by the local health districts, has seen NSW Health's building energy consumption remain stable.

## Energy contract use

YEAR	LPG (NON-AUTOMOTIVE) USE KL	NATURAL GAS USE TJ	ELECTRICITY USE GWH	TOTAL ELECTRICITY BILL \$M*
2018-19	7,238	1,333	779	\$144.175
2019-20	6,028	1,356	787	\$139.650

\*Incl GST

# Equity and diversity

## Disability inclusion

The *NSW Health Disability Inclusion Action Plan 2016-2019* promotes equitable and dignified access to NSW Health services and employment. The plan identifies and breaks down barriers to ensure people with a disability have access to health services and meaningful employment for people.

The plan provides a guide for the development and implementation of local actions that drive systemwide change and focuses on four areas:

- staff attitudes
- accessibility
- service delivery and processes,
- employment.

The Ministry established a Disability Community of Practice as part of the COVID-19 response, with more than 150 members including people with disability, peak non-government organisations, clinicians, program managers and key stakeholders.

Many issues addressed through this Community of Practice align with key actions in the Disability Inclusion Action Plan.

The fourth year of reporting on the plan highlights the progress NSW Health organisations have made, including:

## Promoting positive attitudes and behaviours

- Northern NSW Local Health District held workshops for more than 500 staff, teaching communication strategies to meet the needs of people with varying levels of health literacy, including people with cognitive impairment.
- The Ministry worked in collaboration with the Department of Disability Neuropsychiatry to develop, pilot and implement online learning modules for staff to improve their capability and responsiveness when working with people with intellectual disability and mental illness, their families and carers.

## Creating liveable communities

- South Western Sydney Local Health District included consumers and carers as part of accessibility planning for the redevelopment of Campbelltown and Liverpool hospitals, consulting on wayfinding, bathroom facilities, ground surfaces, walkways and lighting.

- Sydney Local Health District undertook community consultation as part of the design and planning process for Concord Hospital redevelopment. Sessions will operate throughout the construction phase to ensure the perspective of people with disability and carers are considered.

### Providing equitable systems and processes

- Hunter New England Local Health District incorporated the REACH Program through Rural and Regional Health Services to provide carers a way to escalate a clinical review where a person's condition is deteriorating but where they are unable to communicate this themselves.
- Clinical Excellence Commission worked in collaboration with local health districts, pillars, and NSW Health consumers, including people with disability, to develop the NSW Health Consumers and Community Engagement Framework, obtaining feedback on care provision, with a focus on patient safety and quality.
- The Ministry conducted website accessibility training workshops with more than 200 staff attending from across the Ministry, eHealth NSW, NSW Health Pathology and local health districts.

### Supporting access to meaningful employment opportunities

- Central Coast Local Health District featured on the ABC documentary 'Employable Me'. During the series, the District supported a person with disability seeking employment within the health sector. This person is now employed full time within the District.
- Cancer Institute NSW encouraged the recruitment of people with disability as part of workforce planning, to identify and develop new roles to support people with disability in the workplace.

## NSW Carers (Recognition) Act 2011

Carers play an important role in supporting patients in their recovery and everyday lives. NSW Health is committed to supporting carers, with a range of initiatives implemented to acknowledge and support carers.

The Ministry and eHealth NSW completed the update of the NSW Health Patient Administration System. It is now mandatory across NSW Health to record at registration if a patient has a carer.

In National Carers Week 2019, the Ministry launched the improved eLearning module 'Partnering with Carers'. The module supports NSW Health employees to recognise carers and develop strategies to better respond to their needs.

The Ministry committed \$400,000 in grants to develop carer supports and information about end of life and palliative care, awarding grants to ACON, Carers NSW, the Aboriginal Health and Medical Research Council, and the Groundswell Project to develop tailored resources for carers and communities.

## NSW Health strategy for people with diverse sexualities, gender identities and those with intersex variations

The Ministry worked with key NSW Health organisations, non-government organisations and community partners on the development of NSW's first health strategy for people with diverse sexualities, gender identities and those with intersex variations.

To inform the strategy, the Ministry undertook a needs assessment comprising a literature review, service mapping process, and workshops with NSW Health staff, peak bodies and non-government organisations. The Ministry also held a four-week community and NSW Health staff consultation process.

More than 1500 people across NSW responded to a community survey and more than 740 NSW Health staff completed a staff survey. A total of 114 participants attended face-to-face community and health worker roundtables. A separate consultation with people with intersex variations occurred in March and April 2020.

## Multicultural health

The Multicultural Policies and Services Program, 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 Program's Framework is outcome-based and consists of four focus areas: service delivery, planning, leadership and engagement.

NSW Health has continued to build on initiatives to ensure the health system is accessible and responsive to the needs of culturally and linguistically diverse (CALD) people. The *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023* (the Plan) strategically aligns with the Framework and is a statewide policy for meeting the health needs of CALD consumers in NSW.

The Plan focuses on access and quality of healthcare, health literacy, cultural responsiveness, and understanding community health needs.

## NSW Health improves access and quality of care for people from CALD backgrounds

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Health Education and Training Institute	The Institute seeks culturally diverse input when developing services, programs and policies. The Institute's Diversity Charter states that input of people from culturally diverse backgrounds is especially sought to ensure products and services are culturally sensitive and are effective for audiences of different cultural backgrounds. The Institute seeks culturally diverse membership to subject matter expert groups for development of specific resources. For example the Mental Health Pathways in Practice program, which is currently in development and due for staged release between October 2020 and June 2021, has included consultation with carers of people with lived experience of mental ill-health including people from CALD backgrounds.
Hunter New England Local Health District	The District increased the use of phone and video interpreting services to meet COVID-19 physical distancing requirements and minimise the risks of community transmission. In June 2020, the proportion of phone interpreting reached almost 90 per cent, increasing from approximately 40 per cent in June 2019. Video interpreting also rose from less than one per cent last year to seven per cent in 2020, and interpreting appointments jumped approximately 25 per cent in June 2020 compared to June 2019.
Northern NSW Local Health District	The District appointed its first part-time Multicultural Health Project Officer, responsible for working with internal and external stakeholders to improve the District's cultural responsiveness to people from culturally and linguistically diverse (CALD) backgrounds. The District appointed CALD representatives on community advisory groups and its Engagement Collaboration Group has a standing CALD engagement agenda item to ensure all health projects consider the needs of, and engage with, CALD communities.
NSW Refugee Health Service	The Service enhanced specialised support for newly arrived refugees living with disability and those with complex needs through a new <i>Chronic &amp; Complex Care program</i> providing: <ul style="list-style-type: none"> <li>• expedited access to disability services and equipment for refugee clients and their families</li> <li>• earlier transfer of clients from NSW Health-funded services to National Disability Insurance Scheme services</li> <li>• increased capacity to assist frail aged clients to access My Aged Care and related services</li> <li>• improved case management and reduced hospital attendance of vulnerable asylum seekers, including children.</li> </ul> <p>The Social Work Team engages and addresses the needs of clients with complex concerns such as homelessness, family violence, mental health, and complicated immigration issues using a care model that is both strength and partnership based, and trauma informed.</p>

## NSW Health supports people from CALD backgrounds to be active partners in their healthcare

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Cancer Institute NSW	The bowel screening program implemented a multicultural community education program which included co-design of resources and workforce training for multicultural health and community organisations working directly with consumers from a CALD background. To support community education, a small competitive grant program was implemented and evaluated after one year which showed that five out of 10 community organisations, actively involved in the delivery of bowel screening community education for the first time, received grant funding. At least 56 community education sessions were delivered using the tailored resources. The sessions reached approximately 1500 community members from more than 15 language and cultural groups.
Illawarra Shoalhaven Local Health District	The District developed a collection of short films called Healthy Eating in Australia, providing low-literacy nutrition information about a range of healthy eating issues impacting migrant families. Film scripts, created based on key informant interviews, were tested by bilingual actors and community members who speak Arabic, Tibetan, Karen and Dari. Scripts were dubbed in each language including English. The resources were tested, with evaluation showing improvement in knowledge and supportive attitudes for healthy food choices. All films are available via YouTube and can be used as stand-alone education resources with newly arrived communities.
Mid North Coast Local Health District	The Refugee Health Assessment Clinic temporarily relocated to a community setting due to COVID-19 restrictions at the hospital campus. The Clinical Nurse Consultant liaised regularly with non-government organisations and migrant organisations to ensure dissemination of correct information about COVID-19 within CALD communities. GP and nurse-led services were available five days per week to ensure CALD communities' health needs were met, including providing flu vaccinations to more than 700 patients.
South Eastern Sydney Local Health District	The District led the <i>Shisha No Thanks</i> project to raise awareness of the harms of waterpipe smoking in young people of Arabic-speaking background ( <a href="http://shishanothanks.org.au">shishanothanks.org.au</a> ). Young people in the community co-designed project messaging and resources, and community members co-wrote and performed in video resources. The community was also consulted on selection and design of marketing materials, and project evaluation. The project was funded by Cancer Institute NSW and project partners included Sydney and South Western Sydney local health districts, the Multicultural Health Communication Service, University of NSW South Eastern Sydney Research Collaboration Hub, and the Lebanese Muslim Association.
Western Sydney Local Health District	The District developed a patient safety video and resources, available on YouTube in English, Arabic, Cantonese, Mandarin, Korean, Vietnamese, Farsi and Turkish. The campaign was developed in consultation with a wide range of stakeholders, including consumers. The video facilitates consumer empowerment and engagement, and places patients in a better position to manage their health and safety. The video was uploaded to the Patient Entertainment System along with other multilingual resources and shown to patients within 24 hours of admission. All patients surveyed found the video to be 'useful' or 'sort of useful' and 85 per cent of nurses evaluated the video as an easy intervention to promote patient safety.

## NSW Health is responsive to people's individual needs, language and culture

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Mental Health Branch, NSW Ministry of Health	Community managed organisations are providing the Mental Health Community Living Supports for Refugees program, a new program open to both adults and children, which provides community-based psychosocial supports to refugees and asylum seekers across seven local health districts, offering a unique service model and combination of supports. A train-the-trainer program on Culturally Responsive Refugee Mental Health Care was delivered to all mental health district staff where the program was implemented. Comprehensive training on Culturally Responsive Refugee Mental Health Care and Refugee Suicide Prevention were also developed and are being delivered from 2019-20 to 2020-21.
Nepean Blue Mountains Local Health District	A new Diversity and Inclusion Team was established after the Multicultural Governance Committee approved a Language and Cultural Skills Audit of its workforce in 2019. An ongoing survey of staff, the audit collects information about workforce cultural and linguistic diversity, and looks at how these assets can be used for the benefit of the District's consumers. The Workforce People and Culture Team and the Multicultural Health Service used this information to develop strategies to meet the healthcare needs of the District's diverse community.
Northern Sydney Local Health District	The executive and senior managers of the District implemented a variety of strategies to champion cultural responsiveness among staff; the Chief Executive chairs the District Diversity Inclusion and Belonging Council, the District enabled staff to participate in cultural competency training and the District's Quality and Improvement Awards have a diversity category. The District also chairs events with a multicultural health focus, for example the 2019 Healthy Ageing for CALD People Forum and the 2020 Multicultural Mental Health Forum. Multicultural health is also a standing agenda item on the Executive Managers Meeting, Primary and Community Health.
South Western Sydney Local Health District	The District has a two-stage cultural competency training program, consisting of online and face-to-face modules. The online module was made mandatory in 2019 and 10,595 District staff have since completed it. The District also developed a racism, discrimination, diversity and inclusiveness action plan to ensure staff, consumers and carers feel empowered, safe, welcomed, respected and valued in a culturally-sensitive and competent environment, and are aware of their right to equality and inclusion. Healthcare staff at Lidcombe-Bankstown Hospital explored the impact of racism and discrimination on health, and other issues and barriers for clinicians working with CALD patients presenting to emergency departments.
Sydney Children's Hospitals Network	The Network's <i>Culturally Inclusive Healthcare</i> course increases staff knowledge and confidence in delivering equitable, accessible healthcare to patients, families and carers. Staff consistently evaluate the course highly for comprehensibility, practicality and presentation.
Western NSW Local Health District	The District supports Respecting the Difference and Cultural Training, which focuses on both cultural responsiveness for the Aboriginal population, and support the approach for patients, families and their carers from CALD backgrounds. The District supports staff to build partnerships with stakeholders and communities, improve the cultural environment of District facilities, and empower communities to live healthier lives. Staff competency is assessed regularly via My Health Learning.

## NSW Health understands the needs, experiences and identities of our CALD communities

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Bureau of Health Information	The NSW Patient Survey Program gathers information on demographics including language spoken at home, the need for an interpreter, and if an interpreter was provided. All survey results are available on the interactive data portal, Healthcare Observer, including differences by demographic group and provides information for hospitals about experiences of care for people who speak a language other than English at home. The Bureau's Snapshot reports provided information to support the improvement of care for CALD communities.
Central Coast Local Health District	The District included demographic, service use and interpreter use profiles of CALD residents and residents born overseas, in relevant strategic and operational plans and other strategic planning documents. A demographic profile including Census and other relevant data was included in the District's Plan for Healthy CALD Communities. The District collates monthly reports on emergency department presentations and admitted patients from non-English speaking backgrounds, using them to review access to interpreters and health services by CALD communities. A monthly report providing a snapshot of CALD data is also provided to a sub-committee of the District's Board.
St Vincent's Health Network Sydney	Patient demographic data on language, country of birth, and interpreter need is used to inform planning, patient care, translations, signage, and education, as well as for accreditation. File audits assess rates of interpreter use for consent. To inform staff understanding when providing care to inmates at Parklea Correctional Centre, inmate data has been added to corporate orientation. Patient feedback is gathered via real-time patient feedback mechanisms and the online Qualtrics platform. This survey (Net Promoter Score) is translated into multiple languages, enabling patients to receive the survey questions in their preferred language. This ensures accurate feedback from CALD communities and is used to support service delivery.
Sydney Local Health District	The District uses clinical, population health, public health, demographic and migration data to improve service design and delivery. The District worked with services to analyse COVID-19 testing in CALD populations and supported in-language promotion and delivery of pop-up clinics in suburbs with high density CALD populations. The District also delivered hepatitis B community engagement projects to Arabic-speaking and African communities, focusing delivery in areas with high density of the targeted communities and using qualitative data to ensure programs were culturally appropriate and community centred.