

Management and accountability

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NSW Health is a world-class health system, delivering high-quality, safe care statewide each year. Our 170,000-strong (127,156 full-time equivalent) workforce provides important and essential services to the citizens of NSW.

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

Governance

NSW Health comprises 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, including local health districts and specialty health networks (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, or both. 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 health.nsw.gov.au.

Clinical governance

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

These activities include improved 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 reinforces 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 Ministry of 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 ensure the quality of health services, hospitals, dental services and oral health clinics within hospitals must be accredited. Accreditation is determined by assessment against the National Safety and Quality Health Service Standards, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme.

The Clinical Excellence Commission produced 25 safety alert broadcasts relating to clinical issues, medicines and vaccinations in 2020-21. In collaboration with HealthShare NSW, the Commission also developed a governance and review process for COVID-19-related personal protection equipment. Details are included on page 257.

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.

The system transitioned from the Incident Information Management System (IIMS) to Information Management Software (ims+) in 2020-21, to manage feedback and complaints, with 8548 complaints received in 2020. In transitioning to ims+, data in relation to the classification or resolution of complaints is no longer published.

NSW Health has local and statewide processes in place to enable staff across NSW Health to manage complaints from patients, carers and the community. In 2016, NSW Health committed to improving complaints handling processes in line with the NSW Ombudsman's Complaints Handling Improvement Program (CHIP). As part of this commitment, NSW Health agreed to implement the six criteria for effective complaints handling:

1. Respectful treatment
2. Information and accessibility
3. Good communication
4. Taking ownership
5. Timeliness
6. Transparency.

Since then, NSW Health has implemented key improvements to complaints handling processes across the state, including:

- implementing the digital Feedback Assist widget on each local health district and specialty health network website. Feedback Assist is a simple and easily accessible tool that enables more consumers to provide feedback on our services
- transitioning from the previous Incident Information Management System (IIMS) to the enhanced system Information Management Software (ims+), which provides improved capabilities to manage consumer feedback and complaints
- revising statewide complaints handling policies to incorporate the six criteria and ensure NSW Health organisations present a consistent and consolidated approach to responding to complaints from consumers
- implementing local-led enhancements at the district and network level to improve workforce culture and consumer engagement.

NSW Health will continue to look for opportunities to improve our processes to ensure all complaints are managed fairly, efficiently and effectively.

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 public sector health services and monitors performance against those expectations 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.

In 2020-21, a review of the framework was completed in response to recommendations from the Audit Office of NSW. The revised framework will be finalised and implemented in 2021-22. Having been informed by an external review and extensive stakeholder consultation, the revised framework will aim to provide greater visibility and accountability of the performance assessment process.

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.

Annual service agreements between the NSW Ministry of Health and health services include budgets for the level and mix of services each local health district and network need for their communities. In activity based funding, the purchasing methodology has evolved to more clearly align with the Outcome Framework and strategic priorities. Funding decisions consider the outcomes for patients and the public health system, and funding adjusters are used to incentivise value based care.

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 are 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 one report involving NSW Health during 2020-21:

1. *NSW Child Death Review Team Annual Report 2019-20* – published 27 October 2020.

The tabled report including relevant data provided by NSW Health is available at 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. In 2020-21, the Office tabled two performance audit reports in Parliament focusing specifically on NSW Health:

1. *Health Capital Works* – tabled 12 August 2020
2. *Managing the Health, Safety and Wellbeing of Nurses and Junior Doctors in High Demand Hospital Environments* – tabled 9 December 2020.

The Ministry, along with 39 other NSW Government agencies, was involved in the preparation of the Auditor-General's report: *Internal Controls and Governance 2020*, released 24 November 2020. All tabled reports, including the related response from NSW Health, are available at 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 2020-21, NSW Health made two submissions to the Committee regarding implementation of recommendations from previous performance audits:

1. *Mental Health Service Planning for Aboriginal People in New South Wales* (audit report originally tabled 29 August 2019)
2. *Ensuring Contract Management Capability in Government – HealthShare NSW* (audit report originally tabled 31 October 2019).

Internal audit and risk management attestation



Internal Audit and Risk Management Attestation for the 2020-2021 Financial Year for the NSW Ministry of Health

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

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

Membership

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

- Ms Carolyn Walsh, Independent Chair (23 March 2020 to 22 March 2024)
- Ms Julie Newman, Independent member (26 June 2021 to 25 June 2023 - second term)
- Mr Greg Rochford, Independent member (23 June 2021 to 22 June 2025 - second term)



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

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 policy requirements outlined below, as 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 Secretary, 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:</p> <p>2. Internal Audit</p> <p>Local Procedure:</p> <p>1.7 Internal Audit Quality Assurance and Improvement</p> <p>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>Five Health Organisations attested to the Secretary that an independent quality assurance review was due in 2020/21 however was delayed due to unforeseen commitments.</p> <p>The reviews have been rescheduled and the departures are expected to be resolved in 2021/22.</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.

Handwritten signature of Elizabeth Koff in black ink.

Elizabeth Koff
Secretary, NSW Health

Date: 17/10/21

Handwritten signature of Ross Tyler in black ink.

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 which covers management of Public Interest Disclosures across all NSW Health organisations.

NSW Health organisations received 70 Public Interest Disclosures over the 2020-21 reporting period:

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

The majority of Public Interest Disclosures (54) primarily related to reports alleging corruption, with nine Public Interest Disclosure reports relating to allegations of maladministration. The remaining seven Public Interest Disclosures fall within other categories.

Across NSW Health, 19 Public Interest Disclosures were finalised during the 2020-21 period.

NSW Health has received a greater number (70) of Public Interest Disclosure reports in the 2020-21 financial year compared with the previous reporting period of 2019-20 (41).

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, fact sheets, brochures and pamphlets. Information is also available in other languages from the NSW Multicultural Health Communication Service website.

During 2020-21, the Ministry received 146 formal access applications under the *Government Information (Public Access) Act 2009* (the GIPA Act) and of these, 43 applications were transferred to other agencies for completion. During the reporting period, 13 applications were invalid for not complying with the formal requirements of section 41 of the GIPA Act.

A total of 94 applications submitted to the Ministry were completed within the reporting period, including six originally received in the 2019-20 reporting period. There were 15 applications undecided as at 30 June 2021.

Four internal reviews were conducted in 2020-21, with three external reviews completed in this same period.

Of the 94 new formal access applications decided in 2020-21, the Ministry made two decisions to refuse access to information referred to in Schedule 1 of the GIPA Act, where there is a conclusive presumption of overriding public interest against disclosure. Five applications resulted in a full refusal of access and 16 applications involved a decision to refuse access to part of the information.

Statistical information regarding formal access applications received during 2020-21 is provided in the following tables.

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
Media (30)	10	4	3	5	3	5	0	0
Members of Parliament (15)	3	2	0	0	0	8	0	2
Private sector business (1)	0	0	0	0	0	1	0	0
Not for profit organisations or community groups (4)	2	0	0	2	0	0	0	0
Members of the public (application by legal representative) (14)	0	4	1	5	0	3	0	1
Members of the public (other) (30)	4	4	1	13	0	7	0	1

*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. Total = 94.

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
Personal information applications* (10)	1	1	0	8	0	0	0	0
Access applications (other than personal information applications) (76)	16	11	5	14	3	23	0	4
Access applications that are partly personal information applications and partly other (8)	2	2	0	3	0	0	0	1

*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). Total = 94. Please note: The total number of decisions in Table B should be the same as Table A.

Table C. Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	13
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	13
Invalid applications that subsequently became valid applications	3

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	0
Executive Council information	0
Contempt	0
Legal professional privilege	2
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

*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	7
Law enforcement and security	0
Individual rights, judicial processes and natural justice	4
Business interests of agencies and other persons	2
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F. Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	74
Decided after 35 days (by agreement with applicant)	17
Not decided within time (deemed refusal)	3
Total	94

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	3	1	4
Review by Information Commissioner*	1	0	1
Internal review following recommendation under section 93 of Act	1	0	1
Review by NCAT	1	1	2
Total	6	2	8

*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 for review
Applications by access applicants	8
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0

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

	Number of applications transferred
Agency-initiated transfers	47
Applicant-initiated transfers	0

Legal change

Acts administered

Abortion Law Reform Act 2019 No 11
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 Prevention of Domestic and Sexual 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 and Cognitive Impairment Forensic Provisions Act 2020 No 12, Parts 5 and 7, and Part 9 jointly with the Attorney General, and Minister for Prevention of Domestic and Sexual Violence and the Minister for Mental Health, Regional Youth and Women, remainder, the Attorney General, and Minister for Prevention of Domestic and Sexual Violence
Mental Health Commission Act 2012 No 13
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

Royal Society for the Welfare of Mothers and Babies' Incorporation Act 1919 No 52, jointly with the Minister for Mental Health, Regional Youth and Women

Saint Vincent's Hospital Act 1912 No 5, jointly with the Minister for Mental Health, Regional Youth and Women

Smoke-free Environment Act 2000 No 69

New Acts

Nil

Amending Acts

Health Legislation (Miscellaneous Amendments) Bill 2020

Repealed Acts

Nil

Significant Orders

Under section 7 of the *Public Health Act 2010* (NSW), public health orders made by the Minister for Health and Medical Research included orders relating to:

- Public Health (COVID-19 Restrictions on Gathering and Movement) Order
- Public Health (COVID-19 Air Transportation Quarantine) Order
- Public Health (COVID-19 Maritime Quarantine) Order
- Public Health (COVID-19 Self-Isolation) Order
- Public Health (COVID-19 Spitting and Coughing) Order
- Public Health (COVID-19 Northern Beaches) Order
- Public Health (COVID-19 Interstate Travellers) Order
- Public Health (COVID-19 Mandatory Face Coverings) Order
- Public Health (COVID-19 Sydney New Year's Eve Arrangements) Order
- Public Health (COVID-19 Lord Howe Island) Order
- Public Health (COVID-19 Aged Care Facilities) Order
- Public Health (COVID-19 Border Control) Order
- Public Health (COVID-19 Western Australia) Order
- Public Health (COVID-19 Border Control—South Australia) Order
- Public Health (COVID-19 Sydney Gay and Lesbian Mardi Gras Arrangements) Order
- Public Health (COVID-19 Northern Rivers) Order
- Public Health (COVID-19 Self-Isolation) Order

Subordinate Legislation

Principal Regulations made

- Health Administration Regulation 2020
- Human Tissue Regulation 2020
- Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021

Significant Amending Regulations made

- Health Administration Amendment (Reportable Incidents) Regulation 2021
- Health Administration Amendment (Serious Adverse Event Reviews) Regulation 2020
- Poisons and Therapeutic Goods Amendment (COVID-19 Vaccine) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Real Time Prescription Monitoring) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Restricted Substances) Regulation 2021
- Private Health Facilities Amendment (Reportable Incidents) Regulation 2020
- Private Health Facilities Amendment (Cosmetic Surgery) Regulation 2020
- Private Health Facilities Amendment (COVID-19 Prescribed Period) Regulation 2021

Repealed Regulations

- Health Administration Regulation 2015
- Human Tissue Regulation 2015

Cybersecurity policy attestation

ANNUAL ATTESTATION

Cyber Security Annual Attestation Statement for the 2020-2021 Financial Year for NSW Health

I, Elizabeth Koff, am of the opinion that NSW Health has 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 cyber incident response plan for NSW Health has been developed by eHealth NSW. The plan is being implemented and will be tested during the next reporting period.

eHealth NSW is responsible for delivery and management of statewide ICT infrastructure and systems 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) Providing mandatory training of cyber security fundamentals for all staff;
- 3) Prompt reporting of cyber security incidents to Cyber Security NSW;
- 4) Regular reviews of cyber security risks, treatments and incidents by the ISMS committee and the Cyber Security Executive Committee;
- 5) Rapid response to alerts issued on cyber security vulnerabilities;
- 6) Regular patching and hardening activities of workstations and servers;
- 7) Maturity improvements to address the ACSC's Essential 8.

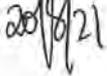
This attestation covers the following agencies:

1. Agency for Clinical Innovation
2. Bureau of Health Information
3. Cancer Institute NSW
4. Central Coast LHD
5. Clinical Excellence Commission
6. eHealth NSW
7. Far West LHD
8. Health Care Complaints Commission
9. Health Education and Training Institute
10. Health Infrastructure
11. 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. Murrumbidgee LHD
20. Nepean Blue Mountains LHD
21. Northern NSW LHD
22. Northern Sydney LHD
23. NSW Ambulance
24. NSW Health Pathology
25. NSW Ministry of Health
26. South Eastern Sydney LHD
27. South Western Sydney LHD
28. Southern NSW LHD
29. St Vincent's Health Network
30. Sydney Children's Hospitals Network
31. Sydney LHD
32. Western NSW LHD
33. Western Sydney LHD



Elizabeth Koff
Secretary
NSW Health



Information management

Privacy management

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

In 2020-21, work has included:

- providing advice to the COVID-19 vaccination program on privacy notice obligations
- providing advice to the COVID-19 contact tracing team regarding the confidentiality of personal information
- assisting with the response to a cyber-attack. This included responding to affected patients' queries, complaints and privacy internal review applications
- participation in the Mandatory Notifiable Data Breach Scheme interagency working group to inform the drafting of the Exposure Bill to amend the *NSW Privacy and Personal Information Protection Act 1998*
- updating the online Privacy Training Module One for NSW Health staff and adapting the HealthShare NSW privacy animation for use by all NSW Health organisations
- participation in the Patient Privacy Auditing Working Group and the drafting of the Governance Framework for the Patient Privacy Audit tool
- participation in the Digital Consent Framework Working Group
- review of Privacy Impact Self-Assessment submissions for new Ministry projects and initiatives as part of the Privacy and Security Assurance Framework.

Support for Privacy Contact Officers included online meetings being organised to ensure officers remained up-to-date with statewide privacy law, policy and practice developments, and assistance with privacy enquiries and oversight of health privacy internal review matters.

Work also commenced on the update of the NSW Health Privacy Management Plan. The plan will incorporate developments in notification obligations of data breaches, including cyber breaches. It will also incorporate information for the management of digitised personal information of staff.

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 2020-21, the NSW Ministry of Health received no applications for internal review.

Our people

The Health Professionals Workforce Plan 2012-22 plays a central role to ensure NSW Health achieves a fit-for-purpose workforce to meet the current and future 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.

Regular reporting by local health districts, networks, pillars and the NSW Ministry of Health has demonstrated the success of the plan. Significant evidence proved lead agencies and partners had met the intent of the plan and many initiatives have since been implemented into ongoing practice.

System leaders have continued to respond to new and emerging trends, increasing evidence for change and contemporary practices in workforce planning. Examples include the improved focus on mentoring programs, introduction of the new Diversity Inclusion Belonging Resource Hub, and enhanced workforce and corporate data analytics.

In contributing to the review of the Health Professionals Workforce Plan 2012-22, Aboriginal workforce and cultural safety elements were included and both the Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 and Respecting the Difference Aboriginal Cultural Training Framework were cross-referenced.

Building positive workforce 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. However, due to the COVID-19 pandemic response, NSW Health did not participate in the People Matter Employee Survey in 2020. Some NSW Health organisations instead opted to conduct pulse surveys to receive rapid feedback from staff.

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 114 bullying complaints from 1 July 2020 to 30 June 2021, which increased from 85 complaints in 2019-20. This represents 0.09 per cent of the total full-time equivalent staff in the NSW Health system (based on full-time equivalent staff as at 30 June 2021).

The Ministry developed a web portal for managers on addressing grievances and concerns, including bullying. The purpose of the portal is to support managers across NSW Health to address workplace issues appropriately and as soon as they arise. The portal provides access to flowcharts, information sheets, checklists, videos and links to policies, processes and resources.

Workforce diversity

NSW Health has a strong commitment to workforce diversity and recruits and employs staff based on merit. The Ministry has several plans to promote and support workforce diversity including the Disability Inclusion Action Plan, 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/Target	2019	2020	2021
Women	50%	74.4%	74.5%	74.6%
Aboriginal and/or Torres Strait Islander People	3.3%	2.7%	2.8%	2.8%
People whose first language spoken as a child was not English	23.2%	25.8%	25.7%	25.2%
People with disability	5.6%	1.7%	1.8%	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 2019-2025 takes a career pathway approach in that it sets an ambitious target of three per cent Aboriginal employment at each non-executive grade of the public sector by 2025. 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: <https://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	2019	2020	2021
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	76	76	76
People whose first language spoken as a child was not English	100	99	99	99
People with a disability	100	92	88	88
People with disability requiring work-related adjustment	100	94	87	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 and 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 eight workers compensation claims. These comprised six psychological claims and two body stress claims.

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 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*

SafeWork NSW v Sydney Local Health District – two charges commenced under s 32/19(1) and 32/19(2) of the *Work Health and Safety Act 2011* respectively. The charges were filed in the District Court of NSW on 30 April 2021. The District Court file number for the s 19(1)/32 charge is 2021/122630 and the number for the s 19(2)/32 charge is 2021/122646.

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 2020-24 round of funding granted funding to 13 institutions. The following grants were paid in 2020-21:

Organisation	Amount (\$)
Black Dog Institute	\$1,613,807
Centenary Institute of Cancer Medicine and Cell Biology	\$1,901,934
Children's Cancer Institute Australia	\$1,169,700
Children's Medical Research Institute	\$787,217
Garvan Institute of Medical Research	\$11,589,975
Hunter Medical Research Institute	\$17,390,409
Illawarra Health and Medical Research Institute	\$1,255,784
Ingham Institute for Applied Medical Research	\$2,015,594
Neuroscience Research Australia	\$6,962,128
The George Institute for Global Health	\$12,391,951
The Westmead Institute for Medical Research	\$3,899,011
Victor Chang Cardiac Research Institute	\$1,768,413
Woolcock Institute of Medical Research	\$1,198,767

Cancer Proteogenomics Research Program

Funding was provided 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 the state.

Organisation	Amount (\$)
Neuroscience Research Australia	\$1,000,000

Networks

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

Organisation	Amount (\$)
National Heart Foundation (Cardiovascular Research Network)	\$250,000

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 investment in technology and staff advanced paediatric precision medicine to help treat childhood cancer and other genetic disorder.

Organisation	Amount (\$)
Paediatrico	\$5,000,000

Biobanking

Biospecimen Collection Grants

The Biospecimen Collection Grants form part of the Sydney O'mics Collaborative Initiatives. The funding covers collection, processing and storage, retrieval and transport of biospecimens to the NSW Health Statewide Biobank.

Organisation	Amount (\$)
Melanoma Institute Australia	\$100,000
The George Institute for Global Health	\$100,000
The Westmead Institute for Medical Research	\$100,000
University of Sydney	\$398,711

Medical Devices and Commercialisation

Medical Devices Fund

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

Organisation	Amount (\$)
All Vascular Pty Ltd	\$2,400,000
SDIP Innovations Pty Ltd	\$2,775,480

Medical Devices Fund – COVID-19 Relief Grant

A COVID-19 relief grant was run for previous recipients of the Medical Devices Fund that could be used to cover gaps in operating expenses for those impacted by COVID-19. This stimulus was a one-off initiative provided on a needs basis due to the unforeseeable impact of COVID-19 on business operations.

Organisation	Amount (\$)
Kico Knee Innovation Co. Pty Ltd	\$1,000,000
Beyond 700 Pty Ltd	\$151,000
Lucky Health Pty Ltd	\$380,000
Tetratherix Technology Pty Ltd	\$481,381

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	\$450,000

Early-Mid Career Fellowships and PhD program

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

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

Organisation	Amount (\$)
The Westmead Institute for Medical Research	\$790,000
University of Newcastle	\$535,278
University of New South Wales	\$160,000
University of Sydney	\$2,298,345
University of Technology Sydney	\$80,000

Spinal Cord Injury Research Grants

This program provides grants to NSW spinal cord injury researchers to drive cutting-edge, cure and care-related projects.

Organisation	Amount (\$)
University of New South Wales	\$2,571,574
University of Sydney	\$2,574,416
University of Technology Sydney	\$781,381

Translational Research Grants Scheme

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

Organisation	Amount (\$)
Hunter New England Local Health District	\$904,871
Illawarra Shoalhaven Local Health District	\$282,800
Nepean Blue Mountains Local Health District	\$317,603
Northern Sydney Local Health District	\$10,255
South Eastern Sydney Local Health District	\$102,322
Sydney Children's Hospitals Network	\$63,619
St Vincent's Health Network	\$256,070
Sydney Local Health District	\$1,023,506
Western NSW Local Health District	\$547,000
Western Sydney Local Health District	\$249,250

COVID-19 Research Funding

Organisation	Amount (\$)
Hunter Medical Research Institute	\$220,560
Ingham Institute for Applied Medical Research	\$994,696
The Sax Institute	\$1,481,930
The Westmead Institute for Medical Research	\$5,626,067
University of New England	\$335,680
University of Newcastle	\$459,046
University of New South Wales	\$5,472,286
University of Sydney	\$6,766,145
University of Wollongong	\$793,125
Sydney Water	\$46,000
NSW Health Pathology	\$147,663
Sydney Children's Hospitals Network	\$775,495
Health Services Support Group	\$1,825,495

Population Health and Health Services Research Support

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

In 2020-21, more than \$2.7 million in funding 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 across NSW. Round five of the program runs from July 2017 to June 2022.

Grants paid in 2020-21	Amount (\$)	Purpose
Hunter Medical Research Institute	\$400,000.00	Public Health Program Capacity Building Group
University of New South Wales	\$250,000.00	Centre for Primary Health Care and Equity
University of New South Wales	\$500,000.00	The Kirby Institute
University of Sydney	\$372,656.00	Women and Babies Research
University of Sydney	\$499,994.00	Prevention Research Collaboration
University of Wollongong	\$250,000.00	Early Start Research Institute
Western Sydney Local Health District	\$500,000.00	Centre for Infectious Diseases and Microbiology - Public Health
TOTAL	\$2,772,650.00	

Environmental sustainability

NSW Health continued its strong commitment to resource efficiency and environmental sustainability by implementing key measures within the Health Resource Efficiency Strategy in alignment with Government Resource Efficiency Policy and remaining on track to exceed the 2024 solar installation target in the policy.

In 2020-21, NSW Health continued to lead the state and the country in energy efficiency projects, notably with the installation of solar energy generation systems on its hospitals. The recently completed John Hunter Hospital system at 2.4 megawatts power (MWp) is the largest solar panel system on a hospital in the world. NSW Health now has almost 20 MWp of solar installed or in progress across the network. When added together, NSW Health's total solar generation power would see it ranked within the state's top 25 solar farms. There are now large solar panel systems either installed or planned on most major hospitals including but not limited to John Hunter, Hornsby, Gosford, Port Macquarie, Canterbury, Blacktown, Parkes, Broken Hill, Fairfield and Coffs Harbour.

There are also about 150 small to medium-scale systems on all types of NSW Health facilities. Since its inception in 2016, the NSW Health Large-scale Solar Program has reduced the carbon emissions of the network by around 33,000 tonnes, the equivalent of removing about 15,000 cars from the road.

To facilitate the continued focus on energy-efficiency projects this year, NSW Health established the Health Fund for Energy Efficiency Projects. Managed by the NSW Ministry of Health's Financial Services and Asset Management Division, this fund has already provided \$2 million to Nepean Blue Mountains Local Health District for a lighting upgrade project across multiple hospitals with savings to the network in the order of \$500,000 per year. A multitude of other projects including lighting upgrades and solar panel systems are now moving through the approvals process.

NSW Health is also leading government in the battery energy storage system space, with Mid North Coast Local Health District signing a contract to have a large-scale battery installed at Port Macquarie Hospital, the first of its kind in Australia.

A combination of energy efficiency measures and equipment upgrades managed by the local health districts has enabled NSW Health's building energy consumption to remain stable for a sixth consecutive year.

Energy management

Electricity consumption decreased by 1.5 per cent from last year despite the addition of new assets. The electricity bill also decreased by three per cent due to falling prices, primarily in the cost of environmental certificates. The 2020-21 bill for natural gas was \$17.1 million and LPG was \$1.5 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*
2019-2020	6028	1356	787	\$139.650
2020-2021	4548	1260	775	\$135.951

*Incl GST

Equity and diversity

Disability inclusion

The NSW Health Disability Inclusion Action Plan 2016-2019 has supported improved access to quality healthcare by people with disability. The plan addresses the barriers experienced by people with disability in accessing mainstream health services and supports improved accessibility and inclusion relating to employment and health services provided by NSW Health.

The plan is currently in review and will be informed by consultation across NSW Health and with key disability sector stakeholders to align with the Australian Disability Strategy 2021-2031. The plan will be guided by the NSW Disability Inclusion Plan Action Plan Framework 2021-2025.

The Disability Community of Practice, with more than 150 members including people with disability, peak non-government organisations, clinicians, program managers and key stakeholders, continued to provide a forum to share ideas, strategies, local solutions and concerns with respect to pandemic preparedness for people with disability.

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

This fifth year of reporting on the plan highlights the progress NSW Health organisations have made. For example, we:

- introduced National Disability Insurance Scheme Hospital Liaison Officers in local health districts; implemented the new escalation pathways and an accommodation register to assist with safe patient discharge from hospitals; and provided disability-related public health messaging distributed via easy-read resources, webinars, websites, videos and virtual National Disability Insurance Scheme service provider forums

- responded to requests from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. NSW Health representatives appeared as witnesses at three public hearings focusing on the provision of healthcare or services for people with cognitive disability; education and training of health professionals in relation to people with cognitive disability; and the experiences of people with cognitive disability in the criminal justice system
- invested almost \$6 million a year into the statewide Intellectual Disability Service. This service operates in every local health district, with six teams and nine specialised clinicians operational across NSW. The service also provided education, training and clinical support to general practitioners, NSW Health staff and disability practitioners
- in partnership with the NSW Health Education Centre Against Violence, developed a Sexual Assault and New Street Services Access Strategy for People with Disability. This is part of the NSW Government's response to the Royal Commission into Institutional Responses to Child Sexual Abuse
- launched Statewide Intellectual Disability Mental Health Hubs in 2021 to provide clinical consultation and assessment of people with intellectual disability and co-occurring mental health problems, and training to health and disability professionals
- continued the Safe and Supported at Home Program to support patients with disabilities to manage at home, having delivered 7400 packages in 2020-21.

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 them.

Upgrades to the Patient Administration System have now been completed at nearly all local health districts, to record at registration if a patient has a carer or is a carer. This change recognises that patients and their carers have a better experience when carers are acknowledged, and when carers can talk to and work with health professionals.

NSW Health-funded carer support services have continued to assist carers in accessing appropriate services, maintaining current information and raising awareness of carers and their needs. These services have also ensured that carers are involved in discussions about areas that affect them. Statewide Think Patient, Think Carer resources have been developed to improve visibility across health services.

The NSW Carers Strategy: Caring in New South Wales 2020-2030 was released by the Department of Communities and Justice, with NSW Health having many significant obligations under this plan. Alongside this, the NSW Health Recognition and Support for Carers Key Directions will be updated in 2021-22.

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

The NSW Ministry of Health worked closely with the Strategy Advisory Committee to complete a needs assessment commissioned to inform NSW's first health strategy for people with diverse sexualities, diverse gender identities and intersex variations. The Ministry continued to work with the Strategy Advisory Committee to finalise the draft NSW LGBTIQ+ Strategy.

The strategy will provide direction to the NSW Health system to improve health outcomes for people who are LGBTIQ+, and also guide important partnership work with primary care and other community-based health services. It is expected to be released in 2021-22.

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.

In 2020-21, NSW Health continued to ensure the health system was 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 aligns with the MPSP framework and is a statewide policy for meeting the health needs of CALD consumers in NSW over the medium term.

The plan focuses on outcomes in areas of access and quality of healthcare; health literacy; cultural responsiveness; and understanding community health needs. Examples of significant work across each of these outcomes in 2020-21 are provided below.

In 2021-22, NSW Health will publish the NSW Refugee Health Plan 2021-26, which will identify priorities to improve NSW Health's care for people from refugee backgrounds. NSW Health will also continue a project to inform and guide a consistent approach to future statewide service planning and delivery for healthcare interpreting services.

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

NSW Health organisation	Project or initiative
Cancer Institute NSW	The Institute developed <i>Staying Well and Preventing Cancer</i> flipcharts and facilitator manuals in 15 community languages to educate community members on reducing cancer risk through modifiable healthy living behaviours. A critical success factor was consultation with bilingual community educators and coordinators from local health districts. Community education sessions will be delivered in 2021-22.
Health Education and Training Institute (HETI)	HETI seeks culturally diverse inputs when developing services, programs and policies. This includes perspectives from health service consumers, clinicians, staff, higher education students, HETI and broader NSW Health staff. In 2020-21, the Institute reviewed and commenced redevelopment of the eLearning module <i>Working in a Culturally Diverse Context</i> . Course development included input from multicultural and refugee health service managers, as well as professional healthcare interpreters. The new module is expected to be completed and published in early 2022.
Hunter New England Local Health District	The Pacific Clinic of the Hunter New England Sexual Health Service offers a free, accessible service to everyone, including Medicare Ineligible Patients. In consultation with the Multicultural Health Service and consumers of their service, the Pacific Clinic created an online appointment registration form in Arabic, Chinese, Hindi, Korean, Thai and Vietnamese. This change immediately increased the appointments of people from these communities, as well as people requiring an interpreter, over the six months since the site went live.
Murrumbidgee Local Health District	The District took part in research on the value of combined breast and cervical cancer screening clinics with a focus on women with CALD backgrounds. Findings have informed development of a new screening model for CALD women, providing the opportunity to attend screening in groups, supported by a professional interpreter. The impact of this improvement is being monitored and the model is being rolled out across CALD communities at both fixed and visiting sites in the region.
Nepean Blue Mountains Local Health District	The District began a video interpreting project, which has increased access to interpreters in Lithgow, Blue Mountains Hospital, and Springwood and Nepean hospitals.
NSW Refugee Health Service	The Service has sought to assist all clients in need while responding to the COVID-19 pandemic, with the asylum seeker and social work teams working via virtual platforms. The Bilingual Community Educator model has also proven successful in reaching into vulnerable communities, by supporting cross-cultural communication and providing critical intelligence about community needs. The Service has also used diverse strategies to deliver COVID-19 messaging by: <ul style="list-style-type: none"> • producing COVID-19 video messaging in key languages • hosting webinars for community members and other health services • engaging with community and faith leaders.
Northern Sydney Local Health District	The Multicultural Health Service has implemented a new model of care together with BreastScreen Northern Sydney and Central Coast to improve the participation of Tibetan women in breast screening. Community consultations were conducted to identify culturally appropriate strategies for promoting screening in the local community. As a result, the model includes a personal invitation to participate from a bilingual community worker, in-language information on the benefits of screening and the screening process, assistance with way finding, in-language reminder calls, block booking of interpreters, and co-design of promotional material as well as care navigation and support. Critical success factors include working in partnership with the Tibetan community to inform all aspects of the model and implementation of strategies to address poor health literacy.
South Western Sydney Local Health District	The District's Natural helper project was piloted at three allied health services (Pain Clinic, Osteoarthritis Chronic Care Program and Outpatient Physiotherapy) to bridge cross-cultural and experiential divides between CALD patients and healthcare providers. Patients with a peer mentor achieved significantly higher Patient Activation Measure scores compared with those receiving usual care. CALD patients reported high levels of satisfaction with the program, with themes emphasising the legitimacy of the 'lived experience' and 'collectivist culture'. Healthcare providers appraised the model against an 'effort-reward balance' with all recognising the potential value of this model.
Sydney Children's Hospitals Network	The Network undertook a project to assess and support children's and families' need for technological devices for telehealth, including people from CALD backgrounds. Families who were experiencing difficulty accessing their healthcare appointments via video were identified. Together with the Sydney Children's Hospitals Foundation, the Network attracted National Australia Bank and Optus donations to give families computers and SIM cards pre-loaded with data. This proved highly effective and helped deliver more equitable healthcare services to those who otherwise may not have been able to attend their appointments, including refugees, asylum seekers and other CALD populations. Twelve local health districts and eight Aboriginal Community Controlled Health Services requested SIM cards from the Network, with over 1400 people receiving and activating SIM cards.
Sydney Local Health District	The District has implemented multiple strategies to increase services available for CALD populations, including: <ul style="list-style-type: none"> • developing in-language resources and staff education to increase engagement of Mandarin-speakers with the Cancer Survivorship Program • piloting a program providing one-to-one, in-language support to patients recently diagnosed with breast cancer (Breast Cancer Concierge Program) • commencing a project addressing problem gambling in Nepalese and Vietnamese communities • commissioning a literature review to explore disparities in access to, and experience of, virtual care, which will include a focus on barriers to access for CALD communities.

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

NSW Health organisation	Project or initiative
Agency for Clinical Innovation	myVirtualCare is NSW Health's custom-built web-based videoconferencing platform, designed to help patients, their family and carers, and healthcare providers to access and manage care. The Agency has translated the myVC user guide for patients and carers into 20 community languages, which are available on the ACI website.
Cancer Institute NSW	The Institute held a virtual Multicultural Women's Cancer summit in late 2020, which brought together non-government women's health centres across NSW. Representatives from regional and rural centres attended the summit to discuss the cultural safety of cancer services for local CALD populations and identify future strategies to improve cancer outcomes. Attendees included primary care providers, centre managers, health promotion officers and allied health professionals.
Illawarra Shoalhaven Local Health District	The Multicultural Health Service has played an important role in responding to COVID-19 by increasing health literacy and promoting COVID-safe measures and testing among CALD and refugee communities. High school students and seniors from CALD backgrounds were identified as the primary target audiences, recognising they often act as conduits of information to their families. The team co-designed the program with CALD consumers. About 880 people participated, ranging from 14 to 85 years, representing 21 language groups. Eighty-five per cent reported increased literacy and awareness of COVID-19 transmission plus improved measures of awareness in applying COVID-safe measures such as hand hygiene and social distancing. Eighty per cent of seniors reported a greater understanding of public health orders and increased confidence about accessing testing.
NSW Ambulance	The service developed a new fact sheet to provide information about NSW Ambulance, how to call for help in medical emergencies, and what to expect when you call Triple Zero, as well as important tips. The fact sheet was translated into 30 community languages available on the NSW Ambulance website. They were promoted to multicultural organisations, migrant resource centres and settlement services across the state. NSW Ambulance also engaged with CALD communities by attending preschools, primary schools, high schools, career days, nursing homes and community events in areas with high CALD populations.
NSW Refugee Health Service	The Chronic and Complex Care program has demonstrated success in supporting clients to access the National Disability Insurance Scheme (NDIS) and in managing urgent complex needs. The Service reaches out to clients through community sessions, clinical intervention and formalised support sessions such as carers groups. The team has been further expanded to include a part-time occupational therapist (OT). OT services play an important role to secure on arrival equipment and access. The model has been built on sustained clinical interventions and consumer engagement to address individual needs and break down systemic barriers to positive outcomes for clients.
South Western Sydney Local Health District	The District's Multicultural Services established and maintained a CALD COVID-19 Advisory Committee that has met weekly since August 2020. It acts as conduit between CALD community leaders, local organisations and the District. A survey of more than 700 CALD community members was undertaken in Greater Western Sydney in partnership with the University of Sydney, Sydney Health Literacy Hub, and Western Sydney, Nepean Blue Mountains and South Western Sydney local health districts between March and July 2021. The survey was conducted in 12 languages to understand people's knowledge, attitudes and behaviours regarding COVID-19 and to explore the impact of the pandemic on culturally and linguistically diverse communities.
Sydney Local Health District	The District has responded to the COVID-19 pandemic by: <ul style="list-style-type: none"> • collaborating and consulting with CALD community leaders, faith-based leaders, bilingual community workers, health professionals and interpreters as well as local council members to ensure strategies meet the needs of local CALD communities • providing in-language contact tracing, welfare checks and health accommodation support • reviewing and analysing COVID-19 testing data to identify trends and develop targeted strategies for CALD communities • establishing mobile vaccination clinics in CALD communities and language support at all vaccination sites • providing more than 1000 hours of bilingual concierge and cultural liaison at testing clinics and vaccination centres, including NSW Mass Vaccination Centre at Sydney Olympic Park • developing over 800 COVID-19 assets into more than 20 priority languages, including videos of community leaders sharing COVID-19 safety messages.

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

NSW Health organisation	Project or initiative
Agency for Clinical Innovation	The COVID-19 Critical Intelligence Unit has played a key role in the whole-of-government response to the Delta outbreak in NSW. The unit has worked with a range of stakeholders, including Multicultural NSW and the Behavioural Insights Unit of the Department of Customer Service, to develop datasets and insights about different CALD communities in local government areas with high case numbers of COVID-19. The goal of this work is to encourage vaccine uptake and other COVID-safe behaviours, creating tailored support packages and communications that are culturally appropriate and effective.
Hunter New England Local Health District	A key initiative to improve cultural responsiveness of staff in 2020-21 has been the publication of the <i>LanguageMatters</i> monthly newsletter, which began in September 2020. The newsletter is accessible online and contains links through the HNE intranet. The newsletters include key monthly updates around language, patient experiences, Multicultural Health Committee updates and information on Policy and Resources. With the development of the new HETI module for Working in Cultural Contexts, a continuing focus in 2021-22 will be on improving the cultural responsiveness of staff.
Mental Health Branch, NSW Ministry of Health	The Multicultural Health Service in South Eastern Sydney Local Health District, on behalf of NSW Health, has delivered training in Culturally Responsive Refugee Mental Health Care to district mental health staff in the seven districts where the Mental Health Community Living Supports for Refugees (MH-CLSR) program is being implemented. This includes the following local health districts: Sydney, South Western Sydney, Western Sydney, Hunter New England, Mid North Coast, Illawarra Shoalhaven and Murrumbidgee. Everymind in Hunter New England Local Health District was commissioned to develop and deliver Refugee Specific Suicide Prevention Training to staff from community-managed organisations delivering the MH-CLSR program and to local health district mental health staff. A total of 232 people participated in this training with 192 staff from the seven districts with MH-CLSR.
Nepean Blue Mountains Local Health District	The Multicultural Health Service was involved in the development of the new HETI training module Culturally Responsive End of Life Care for People from Culturally Diverse Communities as a member on the development committee, as well as being interviewed for the video resource.
South Eastern Sydney Local Health District	<p>The District implemented the Addressing Racism Strategy through the Racism Harms: Act on It project, which emphasises the health impacts of racism and encourages bystander intervention. Resources and training have been co-designed with staff from CALD backgrounds and Aboriginal staff. The project included:</p> <ul style="list-style-type: none"> • panel discussions at Leadership Forums • development of a project video • manager training around addressing racist incidents led by People and Culture • the Chief Executive interviewing Professor Kevin Dunn from Western Sydney University on a livestream. <p>The project is sponsored by the Chief Executive and is a joint initiative between Priority Populations (Multicultural Health), Aboriginal Health, People and Culture, and Media and Communications. Evaluation of the staff training module developed for the project is being carried out by Western Sydney University's Challenging Racism team.</p>
Sydney Children's Hospitals Network	The Network created a diversity health strategy and action plan with a focus on CALD populations, multicultural needs and refugees and asylum seekers. The Providing Enhanced Access to Health Services (PEACH) project will improve access for priority patients by establishing technological solutions and sustainable navigation pathways to strengthen paediatric patient health outcomes across NSW. Sydney Children's Hospitals Network is also implementing improved psychosocial screening in adolescents and young adults who attend the emergency department, which includes CALD patients, to improve early access to psychosocial supports.

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

NSW Health organisation	Project or initiative
Bureau of Health Information (BHI)	The NSW Patient Survey Program gathers information in all its surveys on demographics including language spoken at home, the need for an interpreter and if an interpreter was provided. Survey results are available on BHI's interactive data portal, Healthcare Observer, including the ability to look at differences by demographic group. This is an important source of information for hospitals about experiences of care for people who speak a language other than English at home. In 2020-21, the Bureau provided a bespoke report of results from the Adult Admitted Patient Survey (2015-2019) to the NSW Ministry of Health to support the NSW Health Care Interpreter Service Project. The data showed results for all performance questions for patients who reported speaking a language other than English, as well as results for patients who said they needed an interpreter.
Central Coast Local Health District	Data has been used to inform service responses to targeted communities in the COVID-19 response. The District regularly shares key information about multicultural communities with key stakeholder partners, for example Northern Settlement Services. A recent example was the development of a profile of Northern Central Coast suburbs during the lockdown, to identify at-risk communities and language groups in that region. This information was shared with the Central Coast Council to support targeted information for non-English speaking communities.
Centre for Population Health, NSW Ministry of Health	Epidemiology identified international students as a priority population for HIV and sexually transmissible infections (STI) prevention. A research project engaged the population to improve understanding of issues relating to sexual health knowledge, and barriers to service access. The NSW STI Programs Unit developed the International Student Health Hub in partnership with key non-government organisations to improve health literacy, and support navigation and access to services. Content for the site was developed with members of the international student community to ensure relevance, cultural appropriateness of materials, and engagement with the audience.
Illawarra Shoalhaven Local Health District	All multicultural and refugee health team activity is captured within eMR and non-admitted patient data systems. This informs the District of current activity and trends about service delivery, and is used to determine population priorities and resource allocation. CALD demographic data has supported recruitment of a CALD Healthy Ageing specialist within the Multicultural Health Service to build the District's capacity in responding appropriately to this cohort. Activity data of the Refugee Health team has demonstrated significant activity in addressing responses to clients requiring intervention for NDIS and My Aged Care packages.
Justice Health and Forensic Mental Health Network	The Network initiated a new Digital Family and Carer Hub project aimed at the families and carers of patients in the Forensic Hospital. The project has a strong co-design component and includes CALD families and carers who participate in consultation, development and review of the Hub. The Network has also implemented a code in the clinical applications system to identify all CALD patients. A dashboard is being developed so that data can be used for planning purposes to respond to health needs for CALD patients in correctional centres.
Southern NSW Local Health District	The District is undertaking work as part of its National Safety and Quality Health Service Standard 2 Action plan to improve relationships with its CALD communities and develop stronger ties prior to community members coming into the hospital system. Population Health has also used epidemiological advice to support targeted initiatives, such as the establishment of multicultural transition-to-school supported playgroups in Queanbeyan-Palerang LGA.
South Western Sydney Local Health District	The District has developed a two-year Multicultural Services Implementation Plan 2021-2023, which presents the District's vision for improving the health and wellbeing of its migrant communities and ensuring health services are responsive, consumer and carer/family centred, well integrated, equitable and accessible.

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