
Management and accountability

NSW Health relies on frameworks and structures that promote excellence in healthcare management and service delivery, to provide a high-quality, world-class health system that delivers vital and essential services.

Our governance structure, financial frameworks and approach to risk management ensures our commitment to health services are needs-based and that we provide safe, high-quality, and patient-centred care for the 8 million citizens of NSW.



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 NSW Ministry of Health 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

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, value-based care to patients.

These activities include:

- improving access to health services
- greater efficiencies in providing care
- reducing hospital-acquired complications
- developing integrated governance systems to 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 risk-assessed 928 notifications for issues with medical devices, medicines and biological agents. Of these, 53 required system-wide critical responses and 32 required urgent safety alert broadcasts. Three critical device issues and four urgent medication issues required rapid activations of an Inter-agency Management Team with weekly management meetings.

Feedback and complaints

At NSW Health we listen to feedback, and encourage patients, their families and carers to share their healthcare experiences. This is to ensure we meet our commitment of value-based, patient-centred care.

NSW Health completed the transition to a new incident management system (ims+) at the end of 2020. This system records consumer feedback and complaints. In the six months since system implementation (January to June 2021) there were 4,400 compliments recorded and 9,065 complaints recorded*. The top five issues related to clinical care, communication, timing and access, management of facilities and patient rights and humanness.

NSW Health has local and statewide processes in place to enable staff across NSW Health to manage complaints from patients, carers and the community.

*This figure also includes complaints recorded by St Vincent's Health Network.

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.

Finance and performance management

Organisation performance monitoring and review of financial management form a key part of the system of internal controls for public health organisations.

Chief executives and boards are responsible for putting into place appropriate arrangements to:

- ensure the efficiency and effectiveness of resource utilisation by public health organisations
- regularly review the adequacy and effectiveness of organisational financial and performance management arrangements.

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.

The framework sets out the performance improvement approaches, responses to performance concerns, and management processes that support the achievement of these outcomes in accordance with government policy.

The NSW Health Performance Framework applies to:

- the 15 geographical NSW local health districts and other NSW Health services: NSW Ambulance, Sydney Children's Hospitals Network, St Vincent's Health Network, Justice Health and Forensic Mental Health Network and affiliated health organisations
- NSW Health support organisations: Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, Health Education and Training Institute, HealthShare NSW and NSW Health Pathology.

In relation to affiliated health organisations, the role of the framework is to provide the context for the service agreements between local health districts and individual AHOs, while recognising the different legal status and governance of AHOs. Regarding support organisations, the framework's principles and processes apply to the extent appropriate to each organisation's roles and functions.

Service agreements

Service agreements are a central component of the Performance Framework. They clearly set out the service delivery and performance expectations for the funding and other support provided to districts, other health services and support organisations.

Annual service agreements between the NSW Ministry of Health and local health districts and specialty health networks include budgets for the level and mix of services each health service needs for their communities. In activity-based funding, the purchasing methodology has evolved to clearly align with Future Health. 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 and the Risk Management and Audit Committee. It provides assurance that the NSW Ministry of Health's financial and operational controls, designed to manage the organisation's risks and achieve the entity's objectives, are operating in an efficient, effective and ethical manner.

Internal Audit assists management in improving the entity's business performance, advises on fraud and 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 2021-22:

1. NSW Child Death Review Team Annual Report 2019-20 – published 26 October 2021.

The tabled report, including relevant data and updates on implementation of previous recommendations, is provided by NSW Health and can be accessed on the Ombudsman's website ombo.nsw.gov.au.

In addition, the Biennial Report of the Deaths of Children in New South Wales: 2018 and 2019 – Incorporating reviewable deaths of children, was tabled in Parliament on 23 August 2021.

NSW Audit Office

This NSW Audit Office fulfils the external oversight function for the NSW Ministry of Health and the public health organisations and undertakes financial audits, performance audits and compliance audits. In addition to the three types of audits, the NSW Audit Office also tables special reports on internal controls. In 2021-22, the NSW Audit Office tabled one performance audit report in Parliament that was specific to NSW Health:

1. Access to Health Services in Custody – tabled 23 September 2021.

The NSW Ministry of Health, along with 39 other NSW Government agencies, was involved in the preparation of the Auditor General's Report: Internal Controls and Governance 2021. This was released on 23 December 2021. The focus of the report was on whole-of-government compliance and cyber security. All tabled reports, including the related response from NSW Health, are available at audit.nsw.gov.au.

Public Accounts Committee of the NSW Parliament

The Public Accounts Committee of the NSW Parliament reviews performance audit reports tabled by the Auditor-General of NSW in Parliament as part of a 12-month follow-up program, with status updates being sought from NSW Health on the implementation of the audit recommendations that were accepted by NSW Health. In 2021-22, NSW Health made two submissions to the committee on the implementation of recommendations following earlier performance audits:

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

The committee also held a hearing on 6 June 2022 on the above two audits and witnesses from NSW Health participated at those hearings which were followed up by supplementary questions from the committee.

Internal audit and risk management attestation

NSW Health



Internal Audit and Risk Management Attestation Statement for the 2021-2022 Financial Year for the NSW Ministry of Health

I, Ms Susan Pearce, 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 seven (7) Core Requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*, specifically:

Core Requirements	Compliant / Non-Compliant / In Transition
Risk Management Framework	
1.1 The Accountable Authority shall accept ultimate responsibility and accountability for risk management in the agency.	<i>Compliant</i>
1.2 The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018.	<i>Compliant</i>
Internal Audit Function	
2.1 The Accountable Authority shall establish and maintain an internal audit function that is appropriate for the agency and fit for purpose.	<i>Compliant</i>
2.2 The Accountable Authority shall ensure the internal audit function operates consistent with the International Standards for Professional Practice for Internal Auditing.	<i>Compliant</i>
2.3 The Accountable Authority shall ensure 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 The Accountable Authority shall establish and maintain efficient and effective arrangements for independent Audit and Risk Committee oversight to provide advice and guidance to the Accountable Authority on the agency's governance processes, risk management and control frameworks, and its external accountability obligations.	<i>Compliant</i>
3.2 The Accountable Authority shall ensure 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)
- Mr Greg Rochford, Independent member (23 June 2021 to 22 June 2025)
- Ms Rhonda Wheatley, Independent member (9 December 2021 to 9 December 2025)

NSW Ministry of Health

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I, Ms Susan Pearce, 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 Susan Pearce, 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>One Health Organisation attested to the Secretary that an independent quality assurance review was not completed within the 5 year period due to an internal oversight which included turnover of key staff.</p> <p>An internal assessment was completed by the Health Organisation in Feb 2022. An independent review has been scheduled and the departure will be resolved in 2022/23.</p>

Core Requirement:**3. Audit and Risk Committee****Local Procedure:****2.3.2 Appointment of Independent Member as Chair**

The Chair of the Audit and Risk Committee must be appointed for one (1) term only for a period of at least three (3) years, with a maximum period of five (5) years.

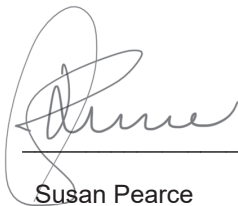
The member's total term on the Committee (inclusive of a term as chair and a term as a member) must not exceed a total of eight (8) years.

One Health Organisation attested to the Secretary that the Chair of the Audit and Risk Committee was appointed for a 1 year term instead of the minimum 3 year term due to a misinterpretation of the local policy.

The Organisation was granted an exception for the Chair to have a 1 year term to allow for the knowledge to remain within the Committee while not exceeding the overall tenure on the Committee of 8 years.

Future Chair appointments will comply with the local policy.

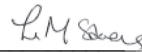
These processes, including the practicable alternative measures implemented, demonstrate that the Ministry of Health has established and maintained frameworks, including systems, processes and procedures for appropriately managing audit and risk within the Ministry of Health.



Susan Pearce

Secretary, NSW Health

Date: 4/10/22



Lorraine Stevens

Chief Audit Executive, Ministry of Health

Telephone: 9461 7383

Public accountability

Public interest disclosures

NSW Health values the contributions of staff to improve administrative and management practices. Staff 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.

During 2021-22 NSW Health organisations received 57 public interest disclosures. Twenty-four were made by staff in the course of their day-to-day functions, and 33 fell into the category of 'all other public interest disclosures'.

Of the 57 public interest disclosures received, 54 primarily related to reports alleging corruption, two related to allegations of maladministration and one related to local government pecuniary interest contraventions.

Across NSW Health, 31 public interest disclosures were finalised during the 2021-22 period.

The number of public interest disclosure reports received in the 2021-22 financial year is down from the 70 reports received in the 2020-21 reporting period.

Public interest disclosure coordinators for NSW Health 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 NSW Ministry of Health 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 2021-22 the NSW Ministry of Health received 222 formal access applications under the *Government Information (Public Access) Act 2009 (the GIPA Act)* and of these, 37 applications were transferred to other agencies for completion. During the reporting period, 40 applications were initially assessed as invalid, for not complying with the formal requirements of section 41 of *the GIPA Act*.

A total of 143 formal applications were completed within the reporting period, including 31 originally received in the 2020-21 reporting period. There were a further 34 applications undecided, as well as 3 applications under review, as of 30 June 2022.

There were 78 informal *GIPA Act* requests completed, 35 external third party consultation requests, as well as 6 disclosure log requests processed within the 2021-22 reporting period.

Three internal reviews were conducted in 2020-21, with 18 external reviews completed in this same period.

Of the 143 formal access applications decided in 2021-22, the NSW Ministry of Health made 4 decisions to refuse access to information referred to in Schedule 1 of *the GIPA Act* (1 in full and 3 in part), where there was a conclusive presumption of overriding public interest against disclosure.

There were 27 decisions to release information in full, with 59 decisions made to refuse access to part of the information requested. A further five applications resulted in a full refusal of access to the information requested.

Statistical information regarding formal access applications received during 2021-22 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 (52)	14	1	3	14	4	11	0	5
Members of Parliament (18)	2	1	0	0	1	8	0	6
Private sector business (13)	4	4	1	2	0	2	0	0
Not-for-profit organisations or community groups (10)	3	1	1	2	0	2	0	1
Members of the public (application by legal representative) (14)	1	0	0	10	0	1	0	2
Members of the public (other) (55)	3	1	0	31	11	9	0	0

Total = 162. *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
Personal information applications* (22)	1	0	0	20	0	0	0	1
Access applications (other than personal information applications) (134)	25	7	5	36	15	33	0	13
Access applications that are partly personal information applications and partly other (6)	1	1	0	3	1	0	0	0

TOTAL = 162. *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). 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)	43
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	43
Invalid applications that subsequently became valid applications	4

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	2
Executive Council information	0
Contempt	1
Legal professional privilege	1
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	4
Law enforcement and security	0
Individual rights, judicial processes and natural justice	5
Business interests of agencies and other persons	5
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)	124
Decided after 35 days (by agreement with applicant)	14
Not decided within time (deemed refusal)	5
Total	143

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	1	0	1
Review by Information Commissioner*	4	10	14
Internal review following recommendation under section 93 of Act	1	1	2
Review by NCAT	0	4	4
Total	6	15	21

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

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

	Number of applications for review
Applications by access applicants	20
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	1

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	37
Applicant-initiated transfers	0

Legal changes

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
- *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)
- *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, remainder, the Attorney General
- *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 Women
- *Saint Vincent's Hospital Act 1912* No 5
- *Smoke-free Environment Act 2000* No 69

Legislative changes

New Acts

Nil

Amending Acts

Health Legislation (Miscellaneous Amendments) Bill 2020

Repealed Acts

Nil

Significant Orders

A range of public health orders under s.7 of the *Public Health Act 2010* have been made by the Minister for Health including orders relating to:

- Public Health (COVID-19 Additional Restrictions for Delta Outbreak) Order
- Public Health (COVID-19 Aged Care Facilities) Order
- Public Health (COVID-19 Air and Maritime Arrivals) Order
- Public Health (COVID-19 Air Transportation Quarantine) Order
- Public Health (COVID-19 Care Services) Order
- Public Health (COVID-19 Gathering Restrictions) Order
- Public Health (COVID-19 General) Order
- Public Health (COVID-19 Interstate Travellers) Order
- Public Health (COVID-19 Maritime Quarantine) Order
- Public Health (COVID-19 Safety) Order
- Public Health (COVID-19 Self-Isolation) Order
- Public Health (COVID-19 Spitting and Coughing) Order
- Public Health (COVID-19 Vaccination of Education and Care Workers) Order
- Public Health (COVID-19 Vaccination of Health Care Workers) Order

Principal regulations made

Nil

Amending regulations made

- Health Legislation Amendment (Fees) Regulation 2021
- Health Practitioner Regulation (New South Wales) Amendment (Membership of Councils) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Correctional Centres) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Cosmetic Use) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Prescription Requirements) Regulation 2022
- Poisons and Therapeutic Goods Amendment (Restricted Substances) Regulation (No 2) 2021
- Poisons and Therapeutic Goods Amendment (Vaccines) Regulation 2022
- Private Health Facilities Amendment (COVID-19 Prescribed Period) Regulation (No 2) 2021
- Public Health Amendment (COVID-19 Air and Maritime Arrivals) Regulation 2022
- Public Health Amendment (COVID-19 Delta Outbreak) Regulation 2021
- Public Health Amendment (COVID-19 Mandatory Face Coverings) Regulation (No 4) 2021 (SI 432)
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 2) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 3) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 4) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 5) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 6) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 7) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation 2022
- Public Health Amendment (COVID-19 Penalty Notice Offences—Air Transportation Quarantine) Regulation 2021
- Public Health Amendment (COVID-19) Regulation (No 2) 2022
- Public Health Amendment (COVID-19) Regulation 2021
- Public Health Amendment (COVID-19) Regulation 2022
- Public Health Amendment (Rapid Antigen Tests) Regulation 2022

Repealed regulations

Nil

Cyber security policy attestation



Health

Brief for the NSW Health Secretary

eHealth NSW

Approval

NSW Health Cyber Security Annual Attestation 2021-22

Topic	NSW Health Annual Attestation Statement to Cyber Security NSW
Analysis	NSW Cyber Security requires NSW Health to provide an annual attestation statement and include this statement in the NSW Health Annual Report. eHealth NSW has sought cyber security attestations from all the Chief Executives of NSW Health Local Health Districts, Health Agencies, and Pillars (clusters). The individual attestations have been collated to support the NSW Health annual attestation for endorsement.

Recommendation

- Approve and sign** the Cyber Security Attestation Statement 2021-22 for the NSW Health clusters to be submitted to Cyber Security NSW and for inclusion in the NSW Health Annual Report (Tab A).

Secretary's
signature

Date

25/8/22

Key reasons

Consolidated annual attestation statements 2021-22

All NSW Government public service agencies are required to provide an annual attestation to Cyber Security NSW as stated in the *NSW Cyber Security Policy* (Tab B).

Included in the attestation, all agencies must ensure:

- Cyber security risks are assessed
- Cyber security is appropriately addressed at agency governance forums
- The cyber incident response plan, which is integrated with the security components of business continuity arrangements, has been tested over the previous twelve months
- Information Security Management System (ISMS) or a Cyber Security Framework (CSF) is in place
- Taken steps to continuously improve the management of cyber security governance and resilience.

eHealth NSW has worked with NSW Health clusters to prepare a consolidated attestation statement for inclusion in the NSW Health Annual Report 2021-22. This attestation report needs to be submitted in time for publication (no later than 1 October 2022). A copy of the signed attestation will be provided to Cyber Security NSW as per their requirements.

In addition to the annual attestation, annual compliance reporting requirements, mandated by the policy, include a maturity-based assessment of standard cyber security controls, the 'Essential 8' identified by the Australian Cyber Security Centre, and a list of cyber security risks with a residual rating of 'high' and 'extreme'. The reports submitted will be summarised by Cyber Security NSW and provided to the relevant governance group including the Cyber Security Senior Officers Group (CSSOG), ICT and Digital Leadership Group (IDLG), and the NSW Auditor General.

eHealth NSW is working with agencies across NSW Health on compliance reporting and will be providing a full set of reports to Cyber Security NSW as required by the policy.

Context

Robust cyber security is an important component of the NSW Beyond Digital Strategy, enabling the effective use of emerging technologies and ensuring confidence in the services provided by the NSW Government.

NSW Health Annual Attestation to Cyber Security NSW

The policy includes strengthening cyber security governance, identifying an agency's most valuable or operationally vital systems or information (known as 'crown jewels'), strengthening cyber security controls, developing a cyber security culture across all staff, and working with other government agencies to share security and threat intelligence with a whole of government approach to cyber incident response.

The requirements of the policy are enforced via the *NSW Health Policy Directive Electronic Information Security Policy - NSW Health (PD2020_046)*, which all NSW Health Chief Executives are responsible for implementing.

The NSW Ministry of Health has a process in place for the Audit and Risk Attestation that is defined in the *Corporate Governance & Accountability Compendium*. Other attestation processes managed through the NSW Ministry of Health include Audit and Risk & Corporate Governance Attestation Statements.

Contact and approval

Contact	Position	Phone
Dr. Peter Croll	Director, Information Security Services, Service Delivery, eHealth NSW	8644 2400

Approval

Name	Position	Signature	Date
Dr Zoran Bolevich	Chief Executive eHealth NSW Chief Information Officer NSW Health		14.08.2022
Mr Farhoud Salimi	Executive Director, Service Delivery, eHealth NSW		10/8/22

Attachments

Tab	Title
A	NSWHealth 2021-22 Annual Attestation Statement
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ANNUAL ATTESTATION STATEMENT

Cyber Security Annual Attestation Statement for the 2021-2022 Financial Year for NSW Health.

I, Susan Pearce, 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 integrates with the security components of business continuity arrangements and has been implemented and tested during the reporting period. The test has been facilitated by Cyber Security NSW and involved NSW Health Senior Business Executives.

eHealth NSW is responsible for delivery and management of state-wide 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 Australian Cyber Security Centre'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
12. HealthShare NSW
13. Hunter New England LHD
14. Illawarra Shoalhaven LHD
15. Justice Health & Forensic Mental Health Network
16. Mental Health Commission NSW
17. Mid North Coast LHD
18. Murrumbidgee LHD

19. Nepean Blue Mountains LHD
20. Northern NSW LHD
21. Northern Sydney LHD
22. NSW Ambulance
23. NSW Health Pathology
24. NSW Ministry of Health
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



Susan Pearce

Secretary, NSW Health

Information management

Privacy

The NSW Ministry of Health provides ongoing privacy information and support within the NSW Ministry of Health, and to the NSW public health system. In 2021-22, work includes:

- 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*
- consultation on amendments to the NSW Health Records and Information Privacy Regulation 2017
- briefing eHealth representatives on the Australian Digital Health Agency's Jurisdictional Advisory Committee, on matters including harmonisation of privacy laws, national digital ID proposals and My Health Record
- assisting state records authorities with review of 110-year access direction on health records
- assisting with the response to a cyber-attack, including responding to affected patients' queries, complaints and privacy internal review applications
- providing advice to the COVID-19 contact tracing team regarding the confidentiality of personal information
- review of Privacy Impact Self-Assessment submissions for new ministry projects and initiatives as part of the Privacy and Security Assurance Framework
- providing advice on information-sharing arrangements for a range of ministry projects including NSW Health interactions with the National Disability Insurance Scheme, the National Health Act highly expensive drug co-payment scheme, the National Information Sharing framework for SafeScript, NSW school immunisation program, COVID-19 SMS notifications, Bureau of Health Information patient surveys, and staff data management in the Stafflink, recruitment and onboarding, and performance and training systems
- update of the NSW Health Privacy Management Plan and NSW Health Privacy Manual for Health Information, with publication of both documents expected in the first half of the 2022-23 financial year.

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 2021-22, the NSW Ministry of Health received eight applications for internal review relating to the cyber-attack that was communicated to affected individuals in mid-2021. A breach of Health Privacy Principle 5 relating to the retention and security of health information was found in the eight reviews. In addition, in January 2022 the NSW Ministry of Health received one application for internal review under the *Health Records and Information Privacy Act 2002*.

Our people

The NSW Health Workforce Plan is a 10-year strategic statewide workforce plan that aligns with, supports and reinforces NSW Health's Future Health goals.

The plan outlines the NSW Ministry of Health workforce vision and its urgent system priorities to achieve this vision.

The Health Professional Workforce Plan 2012–22 facilitates multiple system-wide improvements to create a Future Health workforce that is fit for purpose. The NSW Health Workforce Plan 2022–32 builds on those achievements and provides a delivery framework to guide the implementation of Future Health's workforce-related strategies across the health system. It supports the state's health workforce to deliver safe, reliable and person-centred care, driving the best outcomes and experiences for NSW residents.

More than 3,000 nursing and midwife graduates were recruited for 2022, with 41% recruited in rural and regional areas. The MidStart program recruited 207 registered nurses into midwifery training positions, with 45% located in rural and regional areas.

Ten rural postgraduate midwifery scholarships were provided in 2021 to small, rural maternity units. The initiative promotes a sustainable midwifery workforce in rural NSW through the 'grow your own' approach, whereby staff train and work in their local areas.

NSW Health awarded 245 enrolled nurse scholarships in 2022. The scholarship positions are linked to areas of workforce need and included employment with NSW Health on completion.

Building positive workplace culture

Our workplaces strive to make continuous improvement to workplace culture. Each year, NSW Health makes it a priority to track employee engagement and workplace culture. This is done through the NSW People Matter Employee Survey, the NSW public sector's annual employee opinion survey.

The survey asks employees about their experience and perceptions of a range of workplace issues and practices, including management and leadership, service delivery, employee engagement, diversity and inclusion, public sector values, and unacceptable conduct.

The survey is conducted by the NSW Public Service Commission with assistance from NSW public sector agencies and Big Village, an external service provider. Big Village (which was previously known as ENGINE) is a member of the Association of Market and Social Research Organisations (AMSRO) and adheres to the Privacy (Market and Social Research) Code 2014 (the Code).

Responding to bullying and complaints

NSW Health agencies implemented local strategies to reduce the incidence of bullying and unacceptable behaviour and enhance workplace culture. These are in addition to the following statewide strategies:

- Anti-bullying management advisors, responsible for development of 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, responsible for provision of guidance and information to employees about the complaint resolution process.
- Bullying data collection where NSW Health organisations are responsible to report individual complaint data to the NSW Ministry of Health, where complaints are initially assessed as potential bullying complaints.
- Addressing Grievances and Concerns Managers' Portal – a web portal to support managers across NSW Health to address workplace issues and address grievances and concerns, including bullying appropriately and as soon as they arise.
- Bullying Risk Assessment Tool to assist health organisations assess the potential to bullying in the workplace to prevent or minimise the potential to psychological injury.

There were 66 bullying complaints between 1 July 2021 to 30 June 2022, down from 114 complaints in 2020–21. This represents 0.05% of the total full-time equivalent staff in the NSW Health system (based on full-time equivalent staff as of 30 June 2022).

The NSW Ministry of Health is developing an Addressing Grievances and Concerns Staff Portal, which will provide staff with guidance and tools on resolving grievances directly with the other party. It will also provide advice on how to participate in the grievance process when the matter is escalated to their manager.

Workforce diversity

NSW Health welcomes people of diverse backgrounds and recognises the crucial role a sense of belonging plays in delivering an effective, functioning, diverse and inclusive workplace.

The Diversity Inclusion Belonging resource hub provides direction to NSW Health organisations to help them meet the diversity and inclusion targets set under the Premier's Priorities.

The NSW Health human resources information system has been modified to allow a person with disability, an Aboriginal person or a person who is serving, or has served, in the Australian Defence Force to self-identify, resulting in more accurate NSW Health diversity data that reflects our workforce and the community it serves.

Together, the Centre for Aboriginal Health and the Workforce Planning and Talent Development Branch fund 20 cadetships per year as a workforce target in the NSW Health Health Professionals Workforce Plan 2012–2022. The program has been managed by the Health Education and Training Institute. As at June 2022, NSW Health employed 14 Aboriginal allied health cadets across all NSW Health services.

Aboriginal workforce representation continues to develop across the breadth of role types in NSW Health services. In 2021–22 NSW Health introduced specific workforce targets to drive improvements in the establishment of the Aboriginal health practitioner role across clinical multidisciplinary teams.

People, Culture and Governance has, for the whole of NSW Health, established a stretch target of 16 Aboriginal people in leadership roles by 2025, exceeding the previous goal of doubling Aboriginal people in leadership roles from 5 to 10 by 2025 and achieving 11 Aboriginal senior leaders by December 2020.

As of June 2022, 16 Aboriginal people were employed in a senior leadership role.

The cultural safety of NSW Health's Aboriginal and Torres Strait Islander workforce and client group continues to be a priority. The focus is to address racism and unconscious bias through the delivery of the Respecting the Difference – an Aboriginal cultural training program – as well as refreshing the program to drive improvements into the future.

Trends in the representation of workforce diversity groups

Workforce diversity group	Benchmark/Target	2020	2021	2022
Women	50%	74.5%	74.6%	74.4%
Aboriginal and/or Torres Strait Islander People	3.3%	2.8%	2.8%	2.9%
People whose first language spoken as a child was not English	23.2%	25.7%	25.2%	24.1%
People with disability	5.6%	1.8%	1.8%	1.7%
People with disability requiring work-related adjustment	N/A	0.4%	0.4%	0.4%

Note 1: The benchmark of 50% 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 3% 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% 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% to 5.6% by 2027. More information can be found at: [Jobs for People with Disability: A plan for the NSW public sector](#). The benchmark for 'People with Disability Requiring Work-Related Adjustment' was not updated.

Trends in the distribution of workforce diversity groups

Workforce diversity group	Benchmark	2020	2021	2022
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	76	76	77
People whose first language spoken as a child was not English	100	99	99	96
People with a disability	100	88	88	88
People with disability requiring work-related adjustment	100	87	87	88

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 NSW Ministry of Health 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)*.

To support the comprehensive work health and safety policy framework for safety, security injury management and recovery to work, a work health and safety resource manual to assist health clusters meet their work health and safety legal obligations during the COVID-19 pandemic has been developed.

Keeping the workforce safe is a high priority in these challenging times. During the NSW Health response to COVID-19, risk management principles have been used to establish new services and deliver current services in new locations using additional technology. A significant investment in worker safety occurred with infection control processes, additional training and resources, workforce recruitment, management, and provision of personal protective equipment (PPE) and vaccination. The Clinical Excellence Commission led a respiratory protection program to ensure frontline staff are fit tested for the correct P2/N95 masks. The NSW budget in 2021–22 included \$340 million for PPE and associated costs. When determining the vaccination needs for the workforce, decision making has been underpinned by a risk assessment process to ensure staff and patient safety.

The COVID-19 pandemic has also seen an increase in implementation of flexible work arrangements across the NSW Health cluster due to the need to work from home. This includes processes to ensure staff safety in the home environment.

The NSW Ministry of Health continues to lead and coordinate the NSW Government Sector Workplace Health and Safety Sector Plan 2018–2022 response from health agencies, including compiling self-assessments and peer reviews. These reviews informed a Workplace Health and Action Plan for 2021–2022, which focuses on strategies to address leadership support, fatigue and mental health. Creating a framework for psychosocial hazards in the workplace is underway, in partnership with icare, to assist in delivering statewide projects. Governance arrangements have been reviewed and strengthened with the Clinical Excellence Commission to enable sharing of incident data. This data informs current and ongoing projects across NSW Health for continuous improvement of Workplace Health and Safety systems.

The Security Risk Management Team was established in 2020 to reduce aggression and violence in hospitals by improving compliance with NSW Health security standards and increasing professionalisation of the security workforce. Several key projects were completed in 2020–21 including creating opportunities for health agencies to share innovation and best practice.

Workers compensation

Where our workers are injured at work, NSW Health is committed to their supported recovery at work, or the early return to work. Recovery at work or early return to work after a work-related injury is a critical step and supports employees to resume their life with minimal disruption to family, work and social interactions.

The NSW Health Directive Rehabilitation, Recovery and Return to Work (PD2022_02) policy was released and provides procedures for all NSW Health employees on actions that will be taken in the event an individual sustains a work-related injury or illness.

Prosecutions under the *Work Health and Safety Act 2011*

There were no prosecutions against the NSW Ministry of Health under the *Work Health and Safety Act* in 2021–22.

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. In the 2020–24 round 13 institutions were granted funding. The following grants were paid in 2021–22:

Organisation	Amount (\$)
Black Dog Institute	\$1,613,807.00
Centenary Institute of Cancer Medicine & Cell Biology	\$1,901,934.00
Children's Cancer Institute Australia	\$1,169,700.00
Children's Medical Research Institute	\$787,217.00
Garvan Institute of Medical Research	\$2,045,289.00
Hunter Medical Research Institute	\$13,107,469.90
Illawarra Health & Medical Research Institute Ltd	\$1,255,784.00
Ingham Institute for Applied Medical Research	\$2,015,594.00
Neuroscience Research Australia	\$4,623,068.20
The George Institute for Global Health	\$9,008,158.18
The Westmead Institute for Medical Research	\$7,443,743.88
Victor Chang Cardiac Research Institute Ltd	\$1,778,413.00
Woolcock Institute of Medical Research Ltd	\$1,198,767.00

Schizophrenia Research Chair

The Schizophrenia Research 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

This funding supports statewide research collaboration.

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

Genomics

Australian Genomic Cancer Medicine Program

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

Organisation	Amount (\$)
Garvan Institute of Medical Research	\$3,552,872

Paediatric precision medicine

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

Organisation	Amount (\$)
Luminesce Alliance	\$5,000,000

Biobanking

Biospecimen Collection Grants

The Biospecimen Collection Grant forms 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 (\$)
The Sax Institute	\$50,000
University of NSW	\$24,867
University of Sydney	\$436,294

Medical devices and commercialisation

Medical Devices Fund

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

Organisation	Amount (\$)
Advancell Isotopes Pty Limited	\$2,102,050
iiShield Pty Ltd	\$2,000,000
Inventia Life Science Pty Ltd	\$3,624,650

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. NSW Health gains access to its expertise, training and mentoring through this funding.

Organisation	Amount (\$)
Medical Research Commercialisation Fund (MRCF)	\$450,000
Cicada Innovations Pty Ltd	\$1,500,000

Cardiovascular research capacity

The NSW Cardiovascular Disease Research Capacity Building Program attracts and retains high-quality cardiovascular researchers in NSW to build a vibrant and highly skilled workforce, aiming to make NSW the leading state for cardiovascular research in Australia.

Organisation	Amount (\$)
Garvan Institute of Medical Research	\$450,000
Macquarie University	\$750,000
University of NSW	\$7,343,661
University of Sydney	\$8,304,278

Early-mid career fellowship and PhD programs

The early-mid career grant 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 (\$)
Macquarie University	\$80,000
The Westmead Institute for Medical Research	\$390,000
University of Newcastle	\$240,000
University of NSW	\$1,476,705
University of Sydney	\$997,879
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 NSW	\$1,285,787
University of Sydney	\$1,287,207
University of Technology Sydney	\$390,690

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 (\$)
Macquarie University	\$403,504
Southern Cross University	\$490,170
University of Newcastle	\$495,771
University of NSW	\$363,726
Hunter New England Local Health District	\$855,666
Illawarra Shoalhaven Local Health District	\$124,225
Nepean Blue Mountains Local Health District	\$136,556
Northern Sydney Local Health District	\$44,551
South Eastern Sydney Local Health District	\$337,405
St Vincent's Hospital Network	\$123,827
Sydney Children's Hospitals	\$500,216
Sydney Local Health District	\$1,377,461
Western NSW Local Health District	\$155,000
Western Sydney Local Health District	\$154,145

COVID-19 research funding

NSW Health COVID-19 Research Grants are designed to fund research projects in priority areas to directly support the NSW Health response to the COVID-19 pandemic.

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

The Sax Institute helps policy makers find and use evidence to inform real-world decisions. In 2021–22, NSW Health provided \$1.8 million to the Sax Institute to manage several large-scale research assets and platforms, broker evidence reviews on health system priorities, and provide training in appraising evidence.

The Population Health Evaluation and Research Group support and promote activities to generate and use population health evidence, including strategies to build NSW Health's research and evaluation capability. The Centre for Epidemiology and Evidence delivered professional development workshops to 140 NSW Health staff on evaluation, economic evaluation, program logic, research design and research methods.

The Prevention Research Support Program (Round 5) supports research organisations that are conducting prevention and early intervention research aligned with NSW Health priorities. In 2021–22, 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 6 of the program runs from July 2022 to June 2026.

Grants paid in 2021–22	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	

The Co-Creating Evidence initiative brings together NSW Health staff and researchers to answer policy-relevant questions using administrative health data. Participation in the initiative continues to grow, with studies investigating important topics like the needs of cardiac arrhythmia patients and use of drug and alcohol treatment services. Work is underway to expand the initiative and maximise the use of NSW Health data assets.

The Centre for Epidemiology and Evidence and the Office of Health and Medical Research have adapted a research impact framework with the Hunter Medical Research Institute to measure research translation and impact of research funding.

Environmental sustainability

Resource efficiency and energy management remain at the centre of combating CO₂ emissions and electricity cost reduction for NSW Health. A new energy management strategy for the upcoming decade will align with the NSW Government Resource Efficiency Policy and the Net Zero Plan Implementation Update, ensuring NSW Health moves towards net zero emissions by 2050.

Energy management

Electricity consumption increased by 1% from last year while floorspace growth continues across the network. The electricity bill decreased by 3% due to falling prices secured by the NSW Government contract for electricity supply. The 2021-22 bill for natural gas was \$17.5 million and LPG was \$5.1 million. A combination of energy-efficiency measures, including large-scale solar installations, were coordinated by the NSW Ministry of Health and managed by local health districts. These have seen NSW Health's building energy consumption remain stable for a fourth consecutive year. Based on this, and coupled with a greening electricity-grid, net carbon emissions for NSW Health is falling.

Energy leadership across the system

NSW Health remains the leader in NSW Government for energy-efficiency projects. It also leads public healthcare nationally, installing the largest number of solar-power systems on hospitals in Australia. In 2021, NSW Health built the single largest solar installation on a hospital in the world, at John Hunter Hospital in the Hunter New England Local Health District.

In addition, NSW Health has begun expanding its solar installations to rooftop solar at carpark around the state. One leading example is the carpark at the new Maitland Hospital, which is also part of the Hunter New England Local Health District. It has 2,600 solar panels providing shade for hundreds of parking spaces for patients and carers, generating enough electricity each year to power around 300 homes.

Energy contract use

Year	LPG (non-automotive) use KL	Natural gas use TJ	Electricity use GWh	Total electricity bill \$ million*
2020-2021	4,548	1,260	775	\$135.9
2021-2022	6,495	1,278	786	\$132.5

*Incl GST

The solar carpark also provides power to the electric vehicle charging stations on site, and as electric vehicles are rolled out in the NSW Health fleet over the coming decade, the New Maitland Hospital's carpark will be an example of how NSW Health will power new vehicles.

All 15 local health districts now have solar installations completed or planned on their major hospitals, including John Hunter, Hornsby, Gosford, Port Macquarie, Canterbury, Blacktown, Parkes, Broken Hill, Fairfield and Coffs Harbour. More than 20 Megawatts-peak (MWp) is generated by solar panels installed on NSW Health buildings. Collectively, the energy generated by the NSW Health buildings places NSW Health within the top 25 solar farms in the state.

There are also up to 200 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 more than 33,000 tonnes, the equivalent of removing about 18,000 cars from the road. NSW Health remains on track to exceed its 2024 solar installation target in the Government Resource Efficiency Policy.

Storing solar energy into an onsite battery system is another way NSW Health has begun adopting new technology to reduce its electricity bills and emissions. Port Macquarie Hospital led the way by installing the first large-scale battery system at a hospital in Australia in 2021. This allows the hospital to switch to the energy in the batteries during peak periods, when electricity companies are charging their highest rates. The batteries can also send electricity back to the grid, selling it back to the energy companies during peak periods to generate revenue.

Electric vehicles are now a part of the passenger fleet, with the first purchases occurring at Central Coast locations and the St Leonards head office. The rollout of electric vehicles will be further piloted over the next two years. The whole fleet will transition to electric vehicles through new purchases over the next eight years.

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

Equity and diversity

NSW LGBTIQ+ Health Strategy 2022–2027

In March 2022, the NSW Minister for Health officially released the first NSW LGBTIQ+ Health Strategy 2022–2027. The strategy provides direction to all NSW Health organisations and staff to collectively deliver the best care to LGBTIQ+ people, working with them to achieve optimal health and wellbeing. This includes the health, wellbeing and safety of our staff who are LGBTIQ+.

The strategy is to ensure LGBTIQ+ people in NSW receive high-quality, safe, inclusive and responsive healthcare that delivers outcomes that matter to them.

The following are the priorities of the strategy over the next five years:

1. Deliver high quality, safe, inclusive and responsive care
2. Respond to the health needs of transgender and gender diverse people in NSW
3. Respond to the health needs of intersex people in NSW
4. Capture data on sexuality, gender and intersex variations at the point-of-care and population level

The strategy is built on the voices, experiences, and insights of more than 1,600 LGBTIQ+ people across the state, as well as more than 750 NSW Health staff. The development of the strategy is supported by an advisory committee including community representation from ACON, The Gender Centre, Trans Pride Australia, Twenty10 and Intersex Human Rights Australia. The NSW Government has committed \$12 million in funding to support its implementation.

Disability Inclusion Action Plan 2016–2019

The NSW Health Disability Inclusion Action Plan 2016–2019 supports improved access to quality healthcare and employment for people with disability. It remains ongoing until a new plan is released in 2023.

Key achievements in 2021–22 include:

- developing targeted and accessible information for people with disability about maintaining health, wellbeing and supports during COVID-19

- facilitating additional health supports for people with disability in quarantine, where required
- providing expert health advice to NSW agencies to interpret COVID-19 Public Health Orders for people with disability, including children in out of home care and those living in care facilities
- the statewide Intellectual Disability Health Service, which operates in all local health districts, is made up of six teams, nine specialised clinicians, provides clinical assessments for people with intellectual disability with complex health needs, as well as education, training and clinical support for general practitioners, NSW Health staff and disability practitioners
- the Intellectual Disability Health Service team was accessed by 446 people with intellectual disability during 2021–22.

The plan is currently under review. The next version involves the consultation of the disability sector and will align with Australia's Disability Strategy 2021–2031.

NSW Carers (Recognition) Act 2011

Carers play an important role in supporting the health and wellbeing of people across the state. NSW Health acknowledges and supports carers in their role through a range of initiatives.

Consultation in early 2022 brought together stakeholders from across the NSW Health System to discuss the future direction of this work. Projects implemented this year include:

- training for clinicians around supporting carers of people living with a mental illness
- the development of several new clinical guidelines including Management of Withdrawal from Alcohol and Other Drugs, and Management of Substance Use During Pregnancy, Birth and the Postnatal Period
- better carer-specific information in initiatives around palliative care, wellbeing and healthy lifestyle
- the continuation of the Hospital Liaison Officers Program in collaboration with the National Disability Insurance Agency (NDIA).

NSW Health-funded carer support services continue to assist carers to access appropriate services and current information, as well as raise awareness of carers and their needs. Although COVID-19 brought continued challenges for both carers and health services, NSW Health is able to provide continued support.

Multicultural health

Multicultural NSW oversees the Multicultural Policies and Services Program. A whole-of-government initiative, it focuses on ensuring government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public.

In 2021–22 NSW Health continues 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 2019–23 aligns with the Multicultural Policies and Services Program 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 2021–22 are shown below.

NSW Health continues to play an integral part in the response to COVID-19 by engaging with stakeholders from CALD backgrounds to ensure safe, effective, and clear communication. A key example includes the NSW Multicultural Health Communication Service, in partnership with Multicultural NSW, leading media and translation support for COVID-19 messaging.

In 2021–22 the Health and Social Policy Branch launched a new NSW Refugee Health Flexible Fund, which provided more than \$2 million to 16 initiatives across the NSW Health system in support of refugee healthcare. In 2022–23 NSW Health will publish the NSW Refugee Health Plan 2022–27. NSW Health will also respond to a review project to guide statewide service planning and delivery for healthcare interpreting services.

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

Cancer Institute NSW

The Institute's Primary Care Cancer Control Quality Improvement toolkit aims to increase participation in national cancer screening within a general practice setting. The toolkit highlights the importance of a practice having a good understanding of the health needs of the cultural groups within the practice population and routinely recording ethnicity, country of birth, language other than English spoken at home and cancer screening status.

Resources and information to support primary care providers include:

- Translated Appointment Reminder Translation Tool
- Refugee Health Assessment Template
- Availability of plain English and translated educational materials
- Doctor's Priority Line through the translating and interpreting service.

Central Coast Local Health District

Maternity services at Central Coast Local Health District, together with the diversity and inclusion manager, led a multidisciplinary team to develop an inclusive maternity model of care for mums who are deaf or hearing impaired. The need was identified after a deaf mum with a high-risk twin pregnancy required care. Tools for clinical teams and midwives were developed, including an education package with helpful tips, Auslan video interpreting resources and a communication toolkit. The project won the Caring for the Coast award for Excellence in Inclusion and Diversity and will be shared with maternity services across Australia.

Centre for Oral Health Strategy

The centre commenced the Refugee and Asylum Seeker Oral Health Project. Due to COVID-19, there were limitations to NSW public dental services and an increase in the number of patients waiting to receive routine clinical care. With the support of the NSW Refugee Health Flexible Fund, dedicated refugee clinics were established in two metro and four regional local health districts. This reduced waiting times and increased access to dental care for patients from refugee and asylum seeker backgrounds.

Western Sydney Local Health District

The Western Sydney Local Health District successfully secured funding to continue 20 years of ground-breaking work by its GambleAware Multicultural Service. The specialist statewide multicultural problem gambling service will continue to support CALD community members experiencing negative consequences of gambling through developing mainstream service capacity in counselling and through community education.

Health Education and Training Institute (HETI)

Health Education and Training Institute Higher Education developed and delivered a new unit for professional development called 8ALK009 Diversity and mental health. This unit has an emphasis on understanding and meeting diverse needs through culturally inclusive practice.

Hunter New England Local Health District

Refugee health in Armidale has been enhanced through the addition of allied health positions with the support of the NSW Refugee Health Flexible Fund.

The model supported the existing nurse-led model, particularly with disability and aged care supports, pain management, counselling, and providing linkages to other support services. The University of Newcastle evaluated the model of care and recommended that other refugee settlement sites are provided access to dedicated refugee allied health services.

Mental Health Branch, NSW Ministry of Health

All resources have been developed for the launch of Australia's first Transcultural Mental Health Line. Available Monday to Friday between 9.00 am and 4:30pm, it will improve access to mental health care and support for CALD communities. The line will be staffed by registered bilingual mental health professionals who can provide mental health support in up to 30 languages. It is not a crisis service and will act as a bridge between individuals and culturally appropriate and responsive mental health services.

NSW Ambulance

NSW Ambulance published a new electronic multilingual phrasebook to help paramedics communicate with people from non-English speaking backgrounds. It covers questions that paramedics ask patients during preliminary assessments in 30 community languages. The phrasebook forms part of the reference section of the NSW Ambulance Protocols mobile application.

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

STARTTS has increased the number of clinical and community development positions focusing on Afghan communities in response to the Taliban takeover of Afghanistan and its impact on clients. STARTTS has provided assessments for all newly arrived Afghan evacuees, increased access to counselling, undertaken multiple community consultations, increased group interventions for all age groups, enhanced mental health literacy initiatives and community capacity building for Afghan refugee-led organisations. In response to the Russian invasion of Ukraine, STARTTS quickly engaged with the Ukrainian community and now employs Ukrainian casual staff on the Witness to War project, Ukrainian bicultural facilitators in the Families in Cultural Transition Program, as well as two project staff in a project with the Ukrainian Council of NSW, funded by Be Kind Sydney.

Northern Sydney Local Health District

The Tibetan community project officer assisted Tibetan refugees with a disability to access a range of services, including a comprehensive GP health assessment, and the following supports:

- Accessing a rehabilitation specialist and orthopaedic surgeon.
- Using infographics and the teach-back tool to explain and check understanding of health services, the National Disability Insurance Scheme (NDIS) and cultural beliefs about disability.
- Completing NDIS applications.
- Liaison with a local charity to fund medical aids and medication until NDIS plans were approved.
- A volunteer mentor to provide emotional support, information on health services and assist with transport to and from health appointments.

South Eastern Sydney Local Health District

The Cross-Cultural Workers Service and Maternity and Child and Family Health Services were expanded and made permanent. The workers support women from migrant and refugee backgrounds to navigate, access and engage with the district's maternity and child and family health services from pregnancy to the early parenting period (birth to five years). They are instrumental in providing education, health promotion, resource development, translating resources, client advocacy, and development in providing care and services for migrant and refugee communities. Evaluation of the service found a high degree of consumer satisfaction, increased understanding of pregnancy, birth and parenting, and that 100% of respondents would recommend the service to friends and family. The service won the district Award for Integrated Valued Based Care, were joint winners of the Consumer Choice Health Awards, and received an Honourable Mention for the NSW Health Awards – Secretary's Award Integrated Valued Based Care.

St Vincent's Health Network Sydney

The Clinical Research Unit for Anxiety and Depression launched multicultural mental health support resources through This Way Up, an online mental health education and support website for stress, anxiety and depression. Resources were developed together with the NSW Multicultural Health Communication Service in 10 community languages and English.

Western Sydney Local Health District

The Centre for Population Health and the Multicultural Health Service co-designed an education package to address local CALD community misconceptions and concerns about COVID-19 vaccination.

More than 30 bilingual staff and community educators speaking 18 languages were trained and delivered 167 sessions to almost 6,000 community members from July to September 2021. Ongoing conversations with communities enabled staff to proactively identify concerns, questions and update content.

The COVID-19 Outreach Vaccination Service delivered 13,078 vaccinations to CALD communities via 234 COVID-19 outreach clinics, with the support of more than 15 CALD partner organisations. Australian Immunisation Register data and collaboration with Western Sydney Local Health District Multicultural Health and Community and Consumer Engagement teams helped identify areas of low vaccination uptake and high incidence of infection. Multicultural health staff, local refugee, asylum seeker and multicultural organisations were engaged to host and promote the clinics, deliver key messages and support community members and outreach teams with bookings. The collaborations and learnings will continue beyond the pandemic to identify health protection and promotion opportunities and prioritise potential interventions.

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

Agency for Clinical Innovation

The Agency for Clinical Innovation undertook a project to identify and share four regional local health district refugee health service models with the support of the NSW Refugee Health Flexible Fund. In late 2022 the Agency for Clinical Innovation will publish implementation tools and resources online to support regional districts that might establish a refugee health service to accommodate new settlements. In the consultation phase of the project, consumer and family perspectives were captured with the support of bilingual workers, multicultural health workers and multicultural liaison officers.

Cancer Institute NSW

The institute expanded its patient information multilingual portal to include information on diagnosis and cancer treatment. Through easy-to-understand, text, video and audio content, the portal helps multicultural communities access in-language information and increase their cancer literacy, empowering them to be more involved in their care. The portal won the 2021 Multicultural Health Communication Award for Patient Information.

eHealth NSW

In 2022 eHealth NSW consulted more than 40 people from non-English speaking backgrounds on the usability and future functionality of the NSW Health App. eHealth NSW also consulted with the Health Literacy Hub at Western Sydney Local Health District to better understand the barriers and challenges faced by CALD communities when accessing health information. These insights will be taken into consideration when planning for future engagement with CALD communities and determining future priorities for enhancing the app.

Illawarra Shoalhaven Local Health District

The Macedonian Pain Management Program developed an audio resource in English and Macedonian titled Talking Pain Our Way – Chronic Pain Self-Management. The program, which worked with local Macedonian-speaking women, received a special nomination in the 2021 Illawarra Shoalhaven Local Health District Quality and Innovation Awards. It was also nominated for the NSW Premier's Awards for 2021: the Putting Customer at the Centre.

Mid North Coast Local Health District

The district formed the Multilingual Information Co-Op together with its local CALD communities, STARTTS, Red Cross, North Coast Settlement Service and the Police. Video-recordings were made by CALD community volunteers in 17 different languages about: stay safe COVID-19 messages, COVID-19 signs and symptoms, what to do if you get COVID-19, vaccination information and where to get vaccines. The Coffs Harbour refugee health nurses and interpreters, in collaboration with the local primary health network and a local GP practice, administered COVID-19 vaccinations to the CALD community (including people without Medicare). A further partnership with North Coast Primary Health Network is underway to deliver COVID-19 and influenza vaccinations (via outreach) to seasonal agricultural workers in the next year.

Murrumbidgee Local Health District

Child and family health nurses continued to support refugee clients in a safe and trusted environment at the Refugee Health Assessment Centre and the Multicultural Council of Wagga Wagga. Interpreters flew to Albury from Sydney to support the CALD community during the peak of COVID-19 cases, and the Public Health Unit targeted members of CALD communities for testing and vaccination at community venues in Albury. The district provided in language communication to key organisations for CALD community members and enhanced connections with local CALD organisations such as Red Cross and the Multicultural Council.

Nepean Blue Mountains Local Health District

CALD consumers are represented on at least 12 District committees, including the Nepean Hospital Communication for Safety Governance Committee, Partnering with Consumers Committee, Mental Health and Redevelopment Committees, and the newly established CALD Consumer Advisory Committee at the Nepean Cancer and Wellness Centre. Active CALD consumer representations in Stage 1 of Nepean Redevelopment Committee and Project User Groups provided input towards overall design, hospital interpreter signage and the wayfinding strategy.

NSW Transcultural Mental Health Centre

The centre's practical guide series *A Good Night's Sleep and Stress and Stress Management* are highly requested resources. Mental health literacy is particularly low among newly arrived refugee communities while stigma around mental illness is high. Sleep and stress affect the mental health and wellbeing of newly arrived communities but hold less of a stigma than mental illness, which has supported the introduction of concepts in an acceptable manner. The centre translated these resources into Burmese, Farsi, Nepali, Swahili, Tamil and Tibetan. The original content was updated, and bilingual clinicians and community consultation reviewed them for cultural relevance.

Sydney Local Health District

Through the Canterbury Leaders Forum, the district took a hyper-local, neighbourhood approach to addressing COVID-19 vaccination through co-design and co-implementation. Regular meetings were held between the chief executive, key district stakeholders and community leaders in the Canterbury area to discuss community sentiment, understand enablers and barriers to testing and vaccination, and co-design solutions. As a result, mobile vaccination clinics were run with community members and organisations, which were promoted through trusted community networks. Both the district and community leaders are keen to continue the forum and expand its scope beyond COVID-19, as an ongoing mechanism to address health issues in CALD communities in Canterbury.

Western Sydney Local Health District

The NSW Education Program on Female Genital Mutilation/Cutting (FGM/C) endeavours to support women and girls affected by or at risk of the FGM/C practice. The Program's clients often become strong advocates for other women in their communities to seek appropriate support. Since 2021 the program's main effort has been the development and implementation of formative research – *Make your voice heard*.

The evidence collected will help develop strength-based strategies focusing on prevention, health promotion and early intervention approaches to increase awareness about FGM/C, and support and improve the health of women and girls affected by or at risk of FGM/C.

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

Health Education and Training Institute

In 2021–22 Health Education and Training Institute online courses: *Working with Interpreters*; *Meeting the Healthcare Needs of Refugees*; and *Working in Culturally Diverse Contexts* were completed by almost 8,500 staff across NSW Health.

More than 80% of people who completed post-course surveys agreed that they could make a difference in their job by using what they had learned.

Nepean Blue Mountains Local Health District

The district partnered with NSW TAFE and Nepean Multicultural Access on the Refugee Employment Working Group. This resulted in a custom designed six-week rolling training by TAFE NSW, which built capacity in job readiness for refugees to apply for 60 vacant assistant grade 2 positions in the new Nepean Hospital at the end of March 2022. Of the applicants, 11 applicants have received job offers and four were waiting for their clearances and official offers as at 30 June. A proposal for CALD traineeship positions is also under consideration by the Workforce, People and Culture team. A partnership with the executive at the Blue Mountains Hospital also led to three people from the Tibetan community being employed at the hospital.

NSW Transcultural Mental Health Centre

The Clinical Supervision Program provides clinical staff and the centre's sessional workforce with monthly group supervision supporting cultural responsiveness across their work. The program supported 300 hours of supervision, with an average of 40 attendees per month. Evaluation of the program indicates that participants enhanced their clinical care and cultural responsiveness.

Sydney Local Health District

The Sydney Health Care Interpreter Service was able to rapidly implement new service delivery procedures and use of technology to provide on-site telephone and video support to all COVID-19 vaccination clinics, including Sydney Olympic Park, delivering more than 199,000 occasions of service to more than 64,000 people from CALD backgrounds.

Western NSW Local Health District

The district took targeted and inclusive approaches to support CALD community members to access COVID-19 vaccinations, this included promotion through councils, multicultural groups and dedicated community vaccination clinics outside of work hours. The district organised on-site clinics at meat works for people in Dubbo and weekend clinics for Thai solar farm workers in Wellington. Remote interpreting services and multi-language resources were used, and family bookings were encouraged to maximise use of interpreters.

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

Clinical Excellence Commission

The commission undertook a research project to assess the efficacy of under-mask beard covers in achieving an adequate seal with tight-fitting disposable P2/N95 respirators. The commission's Infection Prevention and Control team worked with doctors and health workers from the Sikh community, who cannot shave their beards for religious reasons. Published in the May 2022 Journal of Hospital Infection, the research led to comprehensive guidance and videos demonstrating the technique to improve the safe use of P2/N95 respirators for health workers with beards.

Centre for Oral Health Strategy

Using data collected from the evaluation of the Refugee and Asylum Seeker Oral Health Project, research was published in the Frontiers in Oral Health journal on how trauma informed care training can support oral health professionals to provide culturally safe and responsive care. As a result, trauma informed care training was made available to oral health teams from all districts and specialty networks. The Centre for Oral Health will continue to work closely with patients, families, and carers from CALD backgrounds to conduct and publish research that improves the evidence-base for oral health promotion and prevention.

Justice Health and Forensic Mental Health Network

Justice Health Drug and Alcohol services monitor the outcomes of patients coming from a non-English speaking background who completed the Connections Program. This data helps to better understand the clinical and non-clinical needs of patients who are released from the correctional environment to ensure patients are referred to culturally appropriate services that speak their language and provide long-term support after release.

Mental Health Branch, NSW Ministry of Health

The Mental Health Community Living Supports for Refugees (MH-CLSR) program has been operating since 2019. It provides trauma-informed, recovery-oriented, culturally safe and responsive psychosocial supports to refugees and asylum seekers experiencing psychological distress, mental ill health and impaired functioning to recover and live independently in the community. The Mental Health Branch commissioned an independent evaluation of the program from 2019 to 2021.

The evaluation showed that the program is well received by consumers and the sector, and that it is being governed and delivered in accordance with the program model of care. By the end of the evaluation period 165 consumers were receiving support from MH-CLSR, which is more than double the minimum contracted benchmark.

St Vincent's Health Network Sydney

The network established a Non-Resident People Experiencing Homelessness Working Group with the City of Sydney to advocate, address issues and support culturally competent services for non-residents, including asylum seekers, who are experiencing homelessness. The working group also participated in research on the experience of people without Australian permanent residency, including asylum seekers accessing emergency accommodation

Western Sydney Local Health District

The Epidemiology/Research and Education Network published six reports and research articles to guide planning, develop strategies, and strengthen prevention programs. The reports included:

- top 10 CALD groups and percentage of top five countries of birth with all causes of hospitalisations
- region of birth of public patients who gave birth and the association with antenatal consultations
- case-mix variables of residents born in non-English speaking countries, and associations between acute hospitalisation, rehabilitation and mortality at 120 days
- age-distribution and rates of type 2 diabetes, cardiovascular disease, asthma, chronic obstructive pulmonary disease, arthritis and depression, among the top five CALD countries (Lebanon, India, Philippines, Italy and China).