

Management & accountability



Governance

Corporate governance in NSW Health is the manner by which authority and accountability is distributed through the whole health system.

The Secretary is committed to best practice clinical and corporate governance and has processes in place to ensure the primary governing responsibilities of NSW Health organisations are fulfilled with respect to:

- setting the strategic direction for NSW Health
- ensuring compliance with statutory requirements
- monitoring the performance of health services
- monitoring the quality of health services
- developing the workforce and managing industrial relations
- monitoring clinical, consumer and community participation
- ensuring ethical practice
- ensuring implementation of the health-related areas of the NSW Premier's Priorities (previously *NSW 2021: A plan to make NSW number one*).

Governance framework

The NSW Ministry of Health is a department of the NSW Government. The governance framework for NSW Health establishes the accountability systems and relationships between the NSW Ministry of Health, on behalf of the NSW Government and the public health system. The framework also recognises the specific purpose of each organisation, its legislative policy and ethical obligations, as well as its workforce and employment responsibilities within the system. Under NSW Health's devolved governance model these organisations, each with specific functions, work together to achieve the objectives set out in the *NSW State Health Plan*.

The organisations that make up the public health system include:

- local health districts and specialty health networks
- other statutory health corporations
- affiliated health organisations
- Health Protection NSW
- NSW Health Pathology
- HealthShare NSW
- e-Health
- NSW Ambulance
- Health Infrastructure.

These organisations are recognised or established under the *Health Services Act 1997*. Local health districts, statutory health corporations and affiliated health organisations are referred to under the *Health Services Act 1997* as public health organisations.

Each health organisation is governed by an accountable authority, being either a board or a chief executive, with appointment and responsibilities for these set out in legislation.

Through this accountability structure, each health organisation is responsible for managing its internal control environment, and reports annually on a range of governance matters and provides various annual attestation statements certifying their level of compliance against key primary governance responsibilities.

These attestation statements for each health organisation are required to be posted on each organisation's website.

The governance framework is supported by NSW Health's CORE values and is underpinned by NSW Health's seven governance standards.

NSW Health seven governance standards

1	Establish robust governance and oversight frameworks
2	Ensure clinical responsibilities are clearly allocated and understood
3	Set the strategic direction for the organisation and its services
4	Monitor financial and service delivery performance
5	Maintain high standards of professional and ethical conduct
6	Involve stakeholders in decisions that affect them
7	Establish sound audit and risk management practices

The governance framework is summarised in the following diagram. The centre depicts the key elements of effective governance which public health organisations are responsible for managing. The outer circles are the key external governance requirements that apply to these organisations across all their activities.



Strategic and service planning

A set of high-level performance indicators measure NSW Health's performance against priorities contained in the *NSW State Health Plan*. Outcomes against these indicators are reported in the Performance section of this Annual Report.

The indicators inform performance at the state level as well as translating to hospital level for local management. They provide a basis for a tiered set of key performance indicators at the local health district, specialty health network, facility and service levels. The indicators are the basis for an integrated performance measurement system linked to chief executive performance contracts and associated performance agreements. They also form the basis for reporting on the performance of the health system to the public.

During 2014-15 NSW Health reviewed its state of maturity to share ideas of best practice.

Workforce and employment

Staff of the Ministry of Health are employed under *Government Sector Employment Act 2013*.

Under the *Health Services Act 1997*, the Secretary exercises the employer functions of the Government in relation to the staff employed in the NSW Health Service, being staff working in the public health system. The majority of these functions have been delegated by the Secretary to public health organisations.

The Secretary approves:

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

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

Clinical governance

The provision of safe and high quality health care in NSW requires effective clinical governance structures and processes. NSW Health has a comprehensive clinical governance process in place which provides a systematic approach to improving patient safety and clinical quality across the whole of the NSW Health system.

The key principles of clinical governance encompassed in the NSW program are:

- openness about errors – these are reported and acknowledged without fear and patients and their families are told what went wrong and why
- emphasis on learning – the system is oriented towards learning from its mistakes
- obligation to act – the obligation to take action to remedy problems is clearly accepted
- accountability – limits of individual accountability are clear
- a just culture – individuals are treated fairly and not blamed for system failures
- appropriate prioritisation of action – according to resources and where the greatest improvements can be made, actions are prioritised
- teamwork – recognised as the best defence against system failures and is explicitly encouraged.

The Clinical Excellence Commission has responsibility for the quality and safety of the NSW public health system and for providing leadership in clinical governance. This encompasses a lead role in system-wide improvement of clinical quality and safety, including clinical incident reviews and responses, system clinical governance, representing NSW Health in appropriate state and national forums and providing advice, briefings and associated support to the Secretary and Ministers.

Local health districts and specialty health networks have primary responsibility for providing safe, high quality care for patients and have established clinical governance units. Responsible to the chief executive, local health district directors of clinical governance provide advice and reports to health service governance structures on:

- serious incidents or complaints including investigation, analysis and implementation of recommendations
- performance against safety and quality indicators and recommendations on actions necessary to improve patient safety
- the effectiveness of performance management, appointment and credentialing policies and procedures for clinicians
- complaints or concerns about individual clinicians, in accordance with NSW Health policies and standards.

System-wide sharing of information and initiatives to reduce risk and improve quality and safety are facilitated through a number of programs, projects and initiatives undertaken by the [Clinical Excellence Commission](#). Close links and collaboration are in place with the NSW Ministry of Health, the Agency for Clinical Innovation, Bureau of Health Information, Health Education and Training Institute, Cancer Institute NSW and local health district/specialty health network clinical governance units.

The [Agency for Clinical Innovation](#) is the lead agency in NSW for engaging clinicians and designing and implementing best practice models of care by working with doctors, nurses, allied health, managers and consumers. The Agency plays a key role in supporting clinical governance through its clinical taskforces. Established in 2012-13 the Reducing Unwarranted Clinical Variations Taskforce continues to have a focus on identifying, addressing and reducing variation in care for patients with stroke, heart attack, rare cancer surgery and hip fractures.

Accreditation

Hospitals, dental services and oral health clinics located within hospitals must be assessed against the *National Safety and Quality Health Service (NSQHS) Standards*, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme agreed on by states, territories and the Commonwealth in November 2010. The benefits of accreditation against the *NSQHS Standards* are that it:

- protects patients from harm
- reduces risk
- improves the quality of health services provided
- tests whether systems are in place to ensure that minimum standards of safety and quality are met
- provides a risk management approach to safety and quality
- provides a quality improvement focus that encourages health services to achieve and maintain best practice.

Stakeholder engagement

NSW Health is committed to improving the overall quality of health care. One of the challenges in this objective is to identify and promote strategies and practices that enhance services provided to the community and engender community trust in those who administer and provide those services. General feedback, complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. The challenge for health care services is to collect better information about consumers' views to ensure the safe delivery of care.

Complaint management guidelines provide health workers with an operational framework for dealing with complaints. These guidelines aim to ensure that identified risks arising from complaints are managed appropriately, that complainants' issues are addressed satisfactorily, that effective action is taken to improve care for all patients and that health service staff are supported.

To gather feedback from patients, the Bureau of Health Information manages the NSW Patient Survey Program on behalf of the NSW Ministry of Health and local health districts. This survey gathers information from patients across NSW about their experience with services in public hospitals and other health care facilities, and this is published annually on the [Bureau's website](#).

Finance and performance management

NSW Health Performance Framework

The *NSW Health Performance Framework* for public sector health services provides an integrated process for performance review and management, with the over-arching objectives of improving patient safety, service delivery and quality across NSW Health. The Framework includes the performance expected of local health districts and specialty health networks to achieve the required levels of health improvement, service delivery and financial performance. The Framework forms an integral part of the annual business planning cycle that establishes the annual service agreements between the NSW Ministry of Health and individual health services, including standards for financial performance. The Framework and associated key performance indicators and service measures promote and support a high performance culture.

This Framework recognises the interdependence of the elements of the health system and recognises capacity to improve performance may need to occur in collaboration with other elements of the system. Careful monitoring, intervention and transparency regarding implications of sustained poor performance are also important elements of the Framework, which provides health services with a clear understanding of the response to unsatisfactory performance. It sets out the triggers for intervention in response to performance issues and, where necessary, the process of escalation and de-escalation to restore and maintain effective performance across health service facilities and services. Performance against quality and productivity improvement targets forms part of the overall performance assessment under this Framework.

The Framework operates within a number of important contexts:

- integration of governance and strategic frameworks, business planning, budget setting and performance assessment is undertaken within the context of the *NSW State Health Plan*
- the National Health Reform Agreement requires NSW to establish Service Agreements with each health service and implement a performance management and accountability system, including processes for remediation of poor performance
- service agreements, service compacts and performance reviews are central elements of the Performance Framework in practice. The Performance Framework operates alongside NSW Health Funding Reform, Activity Based Funding Guidelines and the Purchasing and Commissioning Frameworks.

The primary interaction between the NSW Ministry of Health and health services under the Performance Framework is with the chief executive of the health service. A peak forum for NSW Health is the Council of Board Chairs represented by the Board Chairs of local health districts and specialty health networks who meet quarterly with the Minister for Health and the Secretary.

Service Agreements

The annual NSW Health Service Agreements were developed in the context of the National Health Reform Agreement, the goals of the NSW public health system and the parameters of the *NSW Health Performance Framework*, which includes a transparent system of responding to each health service's level of performance throughout the year.

These agreements are an integral component of the NSW Government's commitment to devolve governance and accountability to the local level and continue as a key driver in the devolution of NSW Health's service purchasing approach, with Activity Based Funding a key component. Each local health district and network service agreement has been made publicly available on their respective websites.

Audit and risk management

NSW Health operates within a range of whole-of-government policies issued through NSW Treasury, as adopted by NSW Health policy. In the context of internal audit and risk management, these require public health organisations to maintain effective, independent audit framework and corporate governance practice that is consistent with the 'best practice' attributes for the NSW public sector.

Specifically, the audit framework of public health organisations is established within a suite of legislation, policies, procedures, reporting and review requirements. There are several governance mechanisms that oversee the responsible use of government resources and the efficiency and effectiveness of health services delivery in NSW.

The legislative basis includes:

- *Charitable Fundraising Act 1991*
- *Charitable Trusts Act 1993*
- *Dormant Funds Act 1942*
- *Health Administration Act 1982*

- *Health Services Act 1997*
- *Independent Commission Against Corruption Act 1988*
- *Local Health District By-Laws*
- *Public Authorities (Financial Arrangements) Act 1987*
- *Public Finance & Audit Act 1983*
- *Public Health Act 2010*
- *Ombudsman Act 1974*
- *Trustee Act 1925*.

Audit and risk management committees

Each public health organisation must establish an audit and risk management committee. The audit and risk management committee is a key component in the public health organisation's corporate governance framework involved in the monitoring, review, oversight and reporting on:

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

Internal audit at the NSW Ministry of Health

Internal Audit provides an independent review and advisory service to the Secretary and the NSW Ministry of Health Risk Management and Audit Committee. It provides assurance that the Ministry's financial and operational controls, designed to manage organisational risks and achieve agreed objectives, are operating in an efficient, effective and ethical manner.

Internal Audit assists management in improving the business performance of the Ministry, advises on fraud and corruption risks and on internal controls over business functions and processes.

Ethical behaviour

Maintaining ethical behaviour is recognised as the cornerstone of effective corporate governance. NSW Health is committed to ethical leadership across the NSW public health service, requiring all staff to lead by example in contributing to a positive workplace culture which reflects our core values of collaboration, openness, respect and empowerment, and builds upon the public sector core values of integrity, trust, service and accountability. These values are reflected in statewide policies including the [Code of Conduct](#).

Risk management

Effective enterprise risk management is a key component of strategic planning and monitoring of organisational systems that are fundamental to evidence based decision making, responsible management and good governance. Enterprise-wide risks are best managed through a structured enterprise-wide risk management process involving continuous monitoring and risk control (policy, procedures and guidelines) in an integrated and systematic manner.

This best practice is reflected in the risk management-enterprise-wide policy which requires each public health organisation to establish and implement an enterprise-wide risk management framework.

Each public health organisation is required to ensure that it complies with various state laws relating to its operations, especially those that directly impose legal responsibilities for managing risk:

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

Effective risk management is built into governance and organisational structures, planning and operational processes in order to minimise the likelihood and impact of potential risks. This systematic and integrated approach enables public health organisations to deliver on its performance objectives and meet its responsibilities and accountabilities to its stakeholders.

Corporate governance and risk management responsibilities have been integrated resulting in efficiencies and a better approach to risk management and assessment, and implementation of recommendations and findings.

External agency oversight

There are several government agencies that are involved in the oversight of audit and governance issues relevant to public health organisations within NSW. Some of the key NSW oversight agencies include the NSW Ombudsman, Information and Privacy Commissioner, 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. The following summarises a selection of external oversight agency reporting undertaken during 2014-15.

The Audit Office of NSW fulfils the external audit function for NSW public health organisations, and undertakes a range of audits across finance, performance and compliance topics.

The Public Accounts Committee reviews performance audit reports tabled in Parliament as part of a 12 month follow-up review process to assess progress made by agencies in implementing recommendations. For the 2014-15, the Public Accounts Committee reviewed three performance audits reports issued by the NSW Auditor-General:

- Reducing Ambulance Turnaround Time at Hospital
- Managing the Use of Operating Theatres
- Building Energy Efficiency in NSW Health.

In each of these reports, the Public Accounts Committee commended NSW Health on adopting a range of strategies to implement audit recommendations. In relation to the audit report on Building Energy Efficiency in NSW Health, NSW Health will adopt a comprehensive sustainability strategy, as recommended by the Auditor-General and the Public Accounts Committee. This will include a reporting framework and ensure operational integrity at the local health district level.

Internal audit and risk management attestation for the 2014-15 Financial Year for the NSW Ministry of Health

I, Dr Mary Foley, am of the opinion that the NSW Ministry of Health has internal audit and risk management processes in place that are, in all material respects, compliant with the core requirements set out in Treasury Circular *NSW TC 09/08 Internal Audit and Risk Management Policy*. These processes provide a level of assurance that enables senior management of the NSW Ministry of Health to understand, manage and satisfactorily control risk exposures.

I, Dr Mary Foley, am of the opinion that the Audit and Risk Committee for the NSW Ministry of Health is constituted and operates in accordance with the independence and governance requirements of Treasury Circular NSW TC 09/08. The Chair and Members of the Audit and Risk Committee are:

- Mr Alex Smith, Independent Chair (appointed March 2012 to December 2014 and extended to June 2015)
- Mr Ian Gillespie, Independent Member (appointed March 2012 to December 2014 and extended to June 2015)
- Karen Crawshaw, Non-independent Member (appointed June 2013 to June 2016).

I, Dr Mary Foley, declare that this Internal Audit and Risk Management Attestation is also made in having reviewed the attestation statements of the following controlled entities:

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

Dr Mary Foley



Secretary, NSW Ministry of Health
17 September 2015

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Public accountability

Public interest disclosures

This information has been provided in compliance with statutory reporting requirements for NSW Health organisations pursuant to s31 of the *Public Interest Disclosures Act 1994*. NSW Health has a Public Interest Disclosures Policy PD2011_066 *Public Interest Disclosures*. This policy covers management of Public Interest Disclosures (PIDs) across all NSW Health organisations.

During the 2014-15 reporting period, 54 public officials made PIDs to NSW Health organisations (38 in the course of their day to day functions, and 16 falling into the category of all other PIDs). In total, NSW Health organisations have received 52 PIDs over the reporting period (34 made by officers in the course of their day to day responsibilities, one made in accordance with a statutory obligation and the remaining 17 falling into the category 'all other PIDs'). 69 PIDs were finalised during the 2014-15 period.

Almost all PIDs related to reports of corruption (49), with three PIDs relating to maladministration PIDs. This represents a decrease in PIDs from the 2013-14 reporting period (81) which was a period of high PID activity following legislative changes in 2013, to include reports made in the course of a person's day to day role.

PID coordinators from across NSW Health met with representatives from the NSW Ombudsman PID Unit at the NSW Ministry of Health in November 2014 for the annual NSW Health PID Forum to discuss issues in PID management across NSW Health.

During 2014-15, PID coordinators for NSW Health organisations have continued to implement tailored staff awareness strategies to suit their organisational needs. Awareness strategies used by NSW Health organisations included training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning and training provided to new employees as part of the induction procedure. Information about PIDs is provided on organisation intranet sites and some organisations have provided information via newsletters, posters and surveys to increase awareness about PIDs in their organisations.

Government Information (Public Access) Act 2009

Review of proactive release program – Clause 7(a)

The NSW Ministry of Health reviews its information on a regular basis and routinely uploads information to the website that may be of interest to the general public. This includes reviewing and updating a wide range of publications and resources for the public including reports, fact sheets, brochures and pamphlets. Fact sheets are also available in other languages from the NSW Multicultural Health Communication website. The most accessible way for the public to access this information is via the NSW Health website.

The NSW Ministry of Health also uploads information bulletins that provide advice to the NSW public health sector; NSW population health surveys that provide ongoing information on health behaviours, health status and other factors that influence the health of the people of NSW; policy directives that communicate compliance requirements for the NSW public health system and guidelines that provide advice or guidance to the system.

Number of access applications received – Clause 7(b)*

During 2014-15, the NSW Ministry of Health received 53 formal access applications under the *Government Information (Public Access) Act 2009 (GIPA Act)* and 37 applications were transferred to other agencies. A total of 51 applications made to the NSW Ministry of Health were completed during the reporting year. There were two applications received which were undecided as at 30 June 2015 and these have been carried forward to the next reporting period.

During the reporting period, 19 applications were invalid as they did not comply with the formal requirements of Section 41 of the *GIPA Act*. Two applications subsequently became a valid application. There were three internal reviews conducted in 2014-15.

Number of refused applications for Schedule 1 information – Clause 7(c)*

Of the 51 formal access applications decided during the reporting period, the NSW Ministry of Health made 15 decisions to refuse access to information referred to in Schedule 1 of the *GIPA Act* (information for which there is conclusive presumption of overriding public interest against disclosure). Six applications resulted in full refusal. Nine other applications involved a decision to refuse access to a small amount of information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A-H pages 70-71.

*Note: Detailed advice on *GIPA Act* applications and determinations for other NSW Health organisations can be found on individual websites.

TABLE A – Number of applications by type of applicant and outcome*, NSW Ministry of Health 2014-15

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Media	4	2	4	5	3	1	0	0
Members of parliament	1	4	1	1	0	3	0	0
Private sector business	0	0	0	1	0	0	0	0
Not for profit organisations or community groups	0	0	0	0	0	0	0	0
Members of the public (application by legal representative)	1	0	0	0	0	0	0	0
Members of the public (other)	6	3	1	10	0	0	0	0

Note: *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 applicant and outcome, NSW Ministry of Health 2014-15

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Personal information application*	0	1	0	2	0	0	0	0
Access applications (other than personal information applications)	11	8	6	16	3	4	0	0
Access applications that are partly personal information applications and partly other	0	0	0	0	0	0	0	0

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

TABLE C – Invalid applications, NSW Ministry of Health 2014-15

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	19
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	19
Invalid applications that subsequently became valid applications	2

TABLE D – Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule A to Act, NSW Ministry of Health 2014-15

	Number of times consideration used*
Overriding secrecy laws	0
Cabinet information	1
Executive Council information	0
Contempt	0
Legal professional privilege	4
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

Note: * 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 to Table E

TABLE E – Other public interest considerations against disclosure: Matters listed in table to Section 14 of Act, NSW Ministry of Health 2014-15

	Number of occasions when application not successful
Responsible and effective government	4
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	3
Environment, culture, economy and general matters	0
Secrecy provisions	2
Exempt documents under interstate Freedom of Information legislation	0

TABLE F – Timelines, NSW Ministry of Health 2014-15

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	45
Decided after 35 days (by agreement with applicant)	2
Not decided within time (deemed refusal) (Note: all applications continued to be processed with the applicant receiving Notice of Decision)	6
Total	53

TABLE G – Number of applications reviewed under Part 5 of the Act (by type of review and outcome), NSW Ministry of Health 2014-15

	Decision varied	Decision upheld	Total
Internal review	1	2	3
Review by Information Commissioner*		**	0
Internal review following recommendation under section 93 of Act			0
Review by Administrative Decisions Tribunal of NSW		1	1
Total			4

Note: *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 by the Information Commissioner. ** The result of the Information Commissioner's review is not available as at 30 September 2015 when this data was compiled.

TABLE H – Applications for review under Part 5 of the Act (by type of applicant), NSW Ministry of Health 2014-15

	Number of applications for review
Applications by access applicants	4
Applications by persons to whom information the subject of access applications relates (see section 54 of the Act)	0

Acts administered

- *Anatomy Act 1977* No 126
- *Assisted Reproductive Technology Act 2007* No 69
- *Cancer Institute (NSW) Act 2003* No 14, jointly with the Minister for Medical Research
- *Centenary Institute of Cancer Medicine and Cell Biology Act 1985* No 192
- *Drug and Alcohol Treatment Act 2007* No 7
- *Drug Misuse and Trafficking Act 1985* No 226, Part 2A, jointly with the Minister for Justice and Police (remainder, the Attorney General)
- *Fluoridation of Public Water Supplies Act 1957* No 58
- *Garvan Institute of Medical Research Act 1984* No 106
- *Health Administration Act 1982* No 135
- *Health Care Complaints Act 1993* No 105
- *Health Care Liability Act 2001* No 42
- *Health Practitioner Regulation (Adoption of National Law) Act 2009* No 86 and the Health Practitioner Regulation National Law (NSW) (except section 165B of that Law and section 4 of that Act in so far as it applies section 165B as a law of New South Wales, the Attorney General)
- *Health Professionals (Special Events Exemption) Act 1997* No 90
- *Health Records and Information Privacy Act 2002* No 71
- *Health Services Act 1997* No 154
- *Human Cloning for Reproduction and Other Prohibited Practices Act 2003* No 20
- *Human Tissue Act 1983* No 164
- *Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937* No 37
- *Lunacy (Norfolk Island) Agreement Ratification Act 1943* No 32
- *Mental Health Act 2007* No 8
- *Mental Health Commission Act 2012* No 13
- *Mental Health (Forensic Provisions) Act 1990* No 10, Part 5 (remainder, the Attorney General)
- *New South Wales Institute of Psychiatry Act 1964* No 44
- *Poisons and Therapeutic Goods Act 1966* No 31
- *Private Health Facilities Act 2007* No 9
- *Public Health Act 2010* No 127
- *Public Health (Tobacco) Act 2008* No 94
- *Research Involving Human Embryos (New South Wales) Act 2003* No 21
- *Smoke-free Environment Act 2000* No 69

Legislative changes

New acts

- Nil

Amending acts

- *Health Practitioner Regulation Legislation Amendment Act 2014*
- *Health Services Amendment (Ambulance Fees) Act 2014*
- *Mental Health Amendment (Statutory Review) Act 2014*
- *Public Health (Tobacco) Amendment (E-cigarettes) Act 2015*

Repealed acts

- Nil

Orders

- *Public Health Amendment (Viral Haemorrhagic Fevers) Order 2014*

Subordinate legislation

Principal Regulations made

- *Assisted Reproductive Technology Regulation 2014*
- *Health Administration Regulation 2015*
- *Human Tissue Regulation 2015*

Significant amending regulations made

- *Assisted Reproductive Technology Amendment (Exemptions) Regulation 2015*
- *Health Services Amendment (Ambulance Fees) Regulation 2015*
- *Poisons and Therapeutic Goods Amendment (National Residential Medication Chart and Influenza Vaccination) Regulation 2015*
- *Private Health Facilities Amendment (Prescribed Treatment and Prescribed Services) Regulation 2015*
- *Smoke-free Environment Amendment (Signage Requirements) Regulation 2015*

Repealed regulations

- *Assisted Reproductive Technology Regulation 2009*
- *Health Administration Regulation 2010*
- *Human Tissue Regulation 2010*

Information management

Along with our people and finances, we value information as a core strategic asset. eHealth is our primary information management custodian, they manage our information assets to make better decisions, and in doing so achieve improved health outcomes for NSW. The Ministry is committed to creating an information management culture and this is reflected in the digital information security annual attestation statement for the 2014-15 financial year on the next page.

Privacy management plan

The NSW Ministry of Health provides ongoing privacy information and support to the NSW public health system. Specific projects this year have included:

- Publication on 1 April 2015 of the *Privacy Manual for Health Information*, available as a NSW Health policy manual via the NSW Health website
- Updating the *Patient Privacy* webpage via the NSW Health website, updating information and resources to members of the public and staff regarding privacy management in NSW Health
- Consultation on, and contribution to, the development of numerous NSW Health policies, including:
 - Information Bulletin: NSW Privacy Commissioner guidelines: *Use/disclosure of genetic information to a patient's genetic relatives*
 - Youth friendly privacy resources developed in association with NSW Kids and Families
 - Information sharing provisions for the *Safer Pathway* policy to support victims of domestic violence
 - *Policy Directive: Public Communications Policy*, particularly in relation to the use by both staff and patients of smart phones and social media within the health care setting
 - *Policy Directive: Creutzfeld-Jakob Disease Related Information Sharing*.

The Ministry's Privacy Officer has contributed to or presented to various groups, workshops or committees in 2014-15, including:

- Health Chaplaincy Liaison Group, NSW Ministry of Health.
- Privacy presentations for the NSW Ministry of Health Staff Orientation Workshops.
- Various eHealth forums and projects – including HealtheNet.

- Service Delivery Reform Privacy Workshop coordinated by NSW Department of Premier and Cabinet.
- The healthykids.nsw.gov.au website – An initiative of NSW Ministry of Health, NSW Department of Education and Communities and the Heart Foundation.
- The Government Employee Number submissions
- National Disability Insurance Scheme.

The NSW Health Privacy Contact Officers network group meetings in November 2014 and May 2015 provided an excellent opportunity for discussion about local and statewide privacy issues. The network also provides professional development opportunities for Privacy Contact Officers based in local health districts and other public health organisations within NSW Health, particularly in relation to:

- Security arrangements and privacy protections for emerging eHealth projects, including the Community Health and Outpatient Care system and the NSW Health statewide HealtheNet project.
- Review of privacy matters within the NSW Civil and Administrative Tribunal.
- Applications for internal review and discussion of suggested compliance actions resulting from breaches of privacy.
- Management of patient record audits.
- Access to HIV records.
- Use of mobile recording devices.

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 2014-15, the NSW Ministry of Health received one application for Internal Review under the *Privacy and Personal Information Protection Act 1988*:

1. An internal review application was received in January 2015 alleging that the NSW Ministry of Health had breached the terms of the Information Protection Principles relating to the applicant's personal information. The review considered the relevant principles and no breach was identified.

Digital information security annual attestation statement for the 2014-15 Financial Year

I, Dr Mary Foley, am of the opinion that the NSW Ministry of Health had information security management arrangements in place during the financial year being reported on consistent with the core elements set out in the Digital Information Security Policy for the NSW Public Sector.

I, Dr Mary Foley, am of the opinion that the security arrangements in place to manage identified risks to the digital information and digital information systems of the NSW Ministry of Health including the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy, are adequate. Processes are in place to continually improve the information security arrangements.

I, Dr Mary Foley, am further of the opinion that the public sector agencies, or part thereof, under the control of the Secretary (and listed below) also have security arrangements in place to manage identified risks to their digital information and digital information systems. These agencies are covered by the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy. Processes are in place to continually improve the information security arrangements.

I, Dr Mary Foley, am of the opinion that in accordance with the Digital Information Security Policy for the NSW Public Sector, HealthShare NSW, as the information and communication technology and eHealth shared service provider for NSW Health, had certified compliance with AS/NZS ISO/IEC 27001 Information technology – Security techniques – Information security management systems – Requirements.

The public sector agencies controlled by the Secretary for the purposes of this Digital Information Security Attestation are:

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

Dr Mary Foley



Secretary, NSW Ministry of Health
31 October 2015

Contact Officer: Chris Martin
Acting Manager, Internal Audit, NSW Ministry of Health
Telephone: 02 9391 9640

Our people

NSW Health is the largest health care employer in Australia with 108,278 full-time equivalent staff reported as June 2015.

From June 2012 to June 2015, the NSW Health workforce increased by 6400 full time employees (6.3 per cent growth) and the clinical workforce (including medical, nursing and midwifery, allied health professionals, other professionals, para-professionals and clinical support staff, scientific and technical support staff and ambulance officers) increased by 6.4 per cent.

In metropolitan local health districts, full time equivalent staff increased by 6.0 per cent while regional and rural local health districts staff numbers increased by 6.8 per cent.

As at June 2015 more than 49,000 nurses now work in NSW hospitals and health services. There were over 1850 graduate nurses and midwives employed in the public health system during 2015. In addition in June 2015 there were over 10,800 full time equivalent doctors employed within the NSW Health system, representing 10 per cent of the total health workforce.

A record 980 medical intern training positions in NSW were recruited for 2015, an increase of 130 since 2012. NSW also funded a further five intern positions in the Australian Capital Territory intern training network for NSW university medical graduates. This represents an annual investment in the order of \$107 million to train the next generation of doctors.

Further detail on workforce statistics is provided in Appendix two.

Health Professionals Workforce Plan 2012-22

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

The Plan provides a high level overview of the strategies that need to be implemented to ensure that NSW can train, recruit and retain health professionals to continue to provide a quality health service to the people of NSW. The Plan identifies who is responsible for the development and delivery of initiatives, recognising that there are many organisations that contribute to the successful provision of health services across NSW Health.

The Plan is being implemented against a complex background of factors such as the shift in health care needs from acute to chronic care settings, a greater emphasis on the need for effective primary and preventative health care, the geographic distribution of the population of NSW, the affordability of health care and the inequities of health outcomes, such as those that occur in Aboriginal and rural and remote communities.

The initiatives are designed to meet the strategic goals of the Plan developed for 1-2 year, 2-5 year and 5-10 year periods. An evaluation against the Plan showed that 65 statewide and local strategies within the Plan had been implemented within the initial 2012-13 period. In 2014-15, funding of \$12.4 million was provided in to support strategies within the Plan.

In late 2014, the NSW Ministry of Health undertook a review of the Plan, in consultation with agencies, to ensure that the future targets remain appropriate. Release of the second edition of the Plan is scheduled for late 2015, which contains updated strategies and targets for the remaining periods.

The current detailed Plan can be accessed through www.health.nsw.gov.au/workforce

Medical modelling and careers website

Recommendation 7.3 of the Health Professionals Workforce Plan 2012-2022 requires the NSW Ministry of Health along with local health districts and networks to “align specialist medical workforce supply with forecast health service demand and delivery requirements”.

A structured methodology was used which included establishing appropriate governance, research, information gathering and extensive stakeholder collaboration.

The medical workforce fact sheets were developed for 48 individual medical specialty workforce models. The fact sheets include information characteristics, trainees and new fellows, retirement intentions, supply and distribution and priority and risk rating.

The fact sheets can be accessed at www.health.nsw.gov.au/careers/Pages/career-planning.aspx

A specific careers website was launched by NSW Health in 2015.

Map My Health Career is a website aimed at medical students and junior doctors to assist them in their choice of medical specialty and their place of practice. In NSW there is a marked geographical mal distribution of doctors, with rural and remote local health districts finding recruitment challenging. There are also some medical specialties which are not as popular as others and suffer from a shortage of both specialists and trainees. The website encourages medical students and early career doctors to consider training in the less popular specialties and practicing in rural and regional areas. The project is based on an extensive literature review on how doctors and medical students make career decisions. Focus group interviews were also conducted to ascertain appropriate content and means of delivery.

The *Map My Health Career* website is available at www.mapmycareer.health.nsw.gov.au

Staffing and recruitment

Improving the supply of an optimally trained workforce across all areas is important.

In 2014-15, NSW Health continued to implement existing as well as new programs and initiatives to support this goal. The following information highlights specifically a number of key workforces and initiatives.

Medical workforce

During 2014-15, key strategies undertaken to support and grow the medical workforce, with a focus on rural and regional, included:

- Funding of over \$13 million in 2014-15 for medical postgraduate training, with support for prevocational (first two years training) networks, specialty training networks and non-specialist doctor training. These training networks link rural, regional and metropolitan hospitals.
- The Rural Preferential Recruitment Service, which supports doctors to spend the majority of their internship in a rural location. Ninety seven interns commenced their intern training under this Scheme in 2015, an increase of 22 doctors (29 per cent) since 2012.
- Funding of over \$1.4 million to the NSW Rural Doctors Network to support rural training and General Practitioners in rural NSW.
- The NSW Rural Generalist Training Program, a statewide program aimed at producing doctors who are general practitioners with advanced skills able to deliver services to rural communities. In 2014-15 the number of rural generalist training positions doubled from 15 to 30 positions.
- There were 23 new intern and second postgraduate year (PGY2) positions funded in 2015 to support expansion in the settings in which junior doctors undertake training (currently being implemented). Through this funding 3 intern positions in general practice and 20 positions in non-acute hospital settings were established.
- NSW Health also funded a further 13 new specialist medical training positions across a range of specialities, including general medicine and clinical genetics, according to identified workforce priorities.
- The Aboriginal Medical Recruitment Pathway supports Aboriginal medical graduates transition into the NSW Health medical workforce. In 2015, there were 16 Aboriginal medical graduates recruited to intern positions via this pathway.
- Seed funding of over \$1.5 million supported the development of the Senior Hospitalist role and helped local health districts establish 10 Senior Hospitalist positions.
- The annual NSW Health Junior Medical Officer recruitment campaign in 2014 was successful in recruiting over 3205 junior medical officers, who started in the 2015 clinical year. The campaign involved 50,811 applications mainly for specialty training positions across the range of recognised medical specialties in Australia, including endocrinology, haematology, medical oncology, general medicine and paediatrics.

Nursing and midwifery workforce

NSW Health implemented a range of initiatives throughout 2014-15 to support and develop nursing roles in NSW, including:

The Aboriginal Nursing and Midwifery Strategy

- There are 38 cadets currently enrolled in the Cadetship Program to graduate as registered nurses, midwives or enrolled nurses.
- Recruitment is underway to employ a further 20 cadets in 2015-16.

Enrolled Nurse Scholarships

- NSW Health in partnership with TAFE NSW offered 288 Diploma of Nursing (Enrolled) scholarships in 2015.
- One-third of these scholarships are located in rural and regional local health districts.

The Rural Grow Your Own Initiative Program

- This program was implemented to target undergraduate nursing and midwifery students and link them to a rural health facility.
- Students work for 12 weeks in their paired facility and are offered employment on successful completion of their course.

The New Graduate Metro Rural Exchange

- The Exchange was implemented to support graduates to undertake six months employment in a metropolitan health facility and six months in a rural or remote facility.

The New Graduate Mental Health General Nursing Exchange

- This Exchange was implemented to allow graduates to experience six months clinical experience in both mental health and general settings.

Rural Postgraduate Midwifery Scholarships

- In 2015, there were 10 scholarships offered to local Registered Nurses to undertake midwifery training in their own rural maternity service. On successful completion of training, employment as a midwife is offered.

The new Generalist Nurse Program is currently being developed to meet the needs of rural local health districts and is due for launch in late 2015.

Allied health workforce

- The NSW State Government has a commitment to putting the right people with the right skills in the right place. The *NSW Health Professionals Workforce Plan 2012-2022* identifies five 'small but critical' workforces which require attention in order to meet the needs of a changing health care service in NSW (Strategy 2.2).
- Small but critical workforces are defined as 'workforces which contribute critical and essential elements of a comprehensive health service, and are currently experiencing threats to meet system needs now and into the future'.

- The allied health workforce is a major contributor to the health system. All five small but critical workforces fall under the allied health workforce, and include radiopharmaceutical scientists, diagnostic imaging medical physicists, orthotics and prosthetists, sonography, and audiology. The Ministry of Health is undertaking significant work around horizon scanning of the workforce.

Initiatives to support and grow the allied health workforce implemented in 2014-15 included:

- The 2015 Aboriginal Allied Health Cadetship intake included 10 new cadets in speech pathology, occupational therapy, social work and oral health.
- The re-establishment of the Masters in Radiopharmaceutical Sciences qualification to help promote this profession, through partnership between the NSW Ministry of Health, and Macquarie University. The Program has reported a small number of enrolled participants in 2015.
- NSW Health has committed to continued funding to expand the number of pre-registration radiography and nuclear medicine positions, with six positions funded in rural local health districts.
- There was a 6.2 per cent FTE increase in the allied health workforce in NSW between 2012 and 2015.
- The Health Education and Training Institute (HETI) administer the NSW Rural Allied Health Undergraduate Scholarships. These scholarships are offered to students from a rural background undertaking entry level studies in allied health leading to a degree that qualifies the student to practice.
- Up to 50 NSW Rural Allied Health Scholarships, valued up to \$10,000, are offered each year.

Aboriginal workforce

The NSW Health *Good Health Great Jobs: Aboriginal Workforce Strategic Framework 2011-2015* provides focus on the recruitment and retention of skilled Aboriginal people across health services to meet the NSW Government's commitment to achieve 2.6 per cent of Aboriginal staff by 2015.

The rate of Aboriginal employment in NSW Health has risen to 2.4 per cent from 1.9 per cent in 2013 and includes 63 doctors and 652 nurses. Local health districts and other public health organisations have responded with Aboriginal Workforce Plans and initiatives have halved the gap in employment outcomes between Aboriginal and non-Aboriginal people.

Throughout 2014-15, additional programs to support and develop the Aboriginal workforce included:

The Aboriginal Environmental Health Officer Training Program

- In 2014-15, there were 14 continuing trainees in the Program and 13 previous graduates.
- The Program supports the development of a highly skilled Aboriginal workforce by providing employment, education (bachelor degree) and support for Aboriginal people to become environmental health officers.

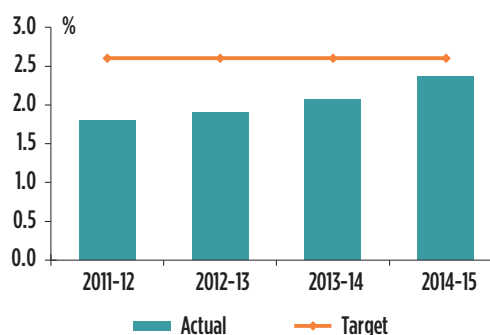
The Aboriginal Policy Pathway Training Program

- In 2014, two Aboriginal Policy Analysts successfully completed the inaugural two year program and graduated with a Diploma in Government (Policy Development) and Post Graduate Certificate in Public Sector Management Program.
- This program was developed to support the career pathway of Aboriginal health staff into policy work and both graduates have secured permanent positions within the NSW Ministry of Health.

The NSW Aboriginal Population Health Training Initiative

- The first cohort of four trainees graduated from the program in 2014-15 and four new trainees commenced the program.
- NSW Health supported the NSW Aboriginal Population Health Training Initiative to continue to grow the Aboriginal workforce, enhance cultural understanding and help ensure safe and culturally appropriate health care for Aboriginal people.
- This three year program combines Master of Public Health studies with work placements in the population health services areas of NSW Health.
- Since 2011, the program has supported 13 trainees across eight health services.

Aboriginal staff as a proportion of total (%)



Source: Public Service Commission EEO Report.

Note: NSW Public Health System. Excludes Third Schedule Facilities.

Workforce Diversity

The Ministry of Health has a strong commitment to workforce diversity and recruits and employs staff on the basis of merit. This provides a diverse workforce and workplace culture where people are treated with respect. The Ministry has a number of key plans to promote and support workforce diversity including the Disability Action plan, the *NSW Aboriginal Health Plan 2013-2023* and the *NSW Health Aboriginal Workforce Strategic Framework 2011-2015*.

Workforce Diversity activities for 2014-2015 included:

- In 2015 NAIDOC week was commemorated in the week commencing 5 July with the theme 'We all Stand on Sacred Ground: Learn, Respect and Celebrate'. This year's celebrations encouraged us to respect and celebrate local and national sites of significance or 'sacred places' and to learn of their traditional names, history and stories. NAIDOC celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islander people, and highlights the continued progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW.

- National Sorry Day is an Australia-wide observance held on May 26 each year to commemorate and honour Aboriginal people who experienced or are affected by the forced removal of children from their families. In line with the observance day, The Ministry commemorated the day by having a Sorry Day morning tea event that provided the opportunity for staff to come together in commemoration; to share the steps towards healing for the Stolen generation, their families and communities; and to reflect up the importance of healing, justice and reconciliation.
- The NSW Government is committed to improving the health and wellbeing of Aboriginal people and this commitment was shown by NSW Health hosting the 2014 NSW Aboriginal Health Awards (the Awards) on 13 November 2014. The 2014 Awards provided an opportunity to recognise achievement of efforts against the NSW

Government's commitment of closing the gap that are reflected in:

- *NSW 2021: A plan to make NSW number one*;
- *NSW State Health Plan*;
- NSW Statement of Intent & NSW Aboriginal Health Partnership; and
- *NSW Aboriginal Health Plan 2013 – 2023*

These initiatives convey a commitment to work together particularly with Aboriginal people to address the service delivery and health disparities evident throughout the health sector between Aboriginal and non-Aboriginal peoples. Details on the Award winners are accessible on the following link: <http://www.health.nsw.gov.au/aboriginal/Documents/awards-winners.pdf>

A. NSW Health – Trends in the representation of workforce diversity groups

Diversity group	Benchmark or target	% of total staff			
		2012	2013	2014	2015
Women	60%	61%	64%	68%	67%
Aboriginal people and Torres Strait Islanders	2.6%	1.2%	1.2%	1.4%	1.1%
People whose first language was not English	19%	13.2%	11.1%	25%	26.8%
People with a disability	1.5%	2.5%	1.4%	2.3%	1.4%

B. Trends in the distribution of workforce diversity groups

Diversity Group	Benchmark or target	Distribution index			
		2012	2013	2014	2015
Women	100	94%	97%	97%	98%
Aboriginal people and Torres Strait Islanders	100	94%	100%	N/A*	N/A*
People whose first language was not English	100	98%	86%	92%	89%
People with a disability	100	100%	91%	N/A*	N/A*

Source: Public Service Commission EEO Report June 2015.

NOTE: Staff numbers are as at 30 June 2015 and exclude casual staff. A distribution index of 100 indicates that the centre of the distribution of the Diversity group across salary levels is equivalent to that of other staff. Values less than 100 mean that the Diversity group tends to be more concentrated at lower salary levels than is the case for other staff. The more pronounced this tendency is, the lower the index will be. In some cases the index may be more than 100, indicating that the Diversity group is less concentrated at lower salary levels.

*Note: The Distribution Index is not calculated where Workforce Diversity group or non-Workforce Diversity group members are less than 20.

Disability

The NSW Ministry of Health developed the *NSW Health Disability Action Plan 2009-14*, which included action plans of other agencies with NSW Health. The NSW Health Disability Action Plan can be found on the NSW Health website.

The NSW Health Disability Action Plan commits NSW Health to the following principles:

- People with disability are fully valued members of the community
- People with disability are entitled to equitable access to services provided to the general community
- In the provision of services to people with disability the focus remains on the whole of life needs of the individual and their capacity to participate fully in the community
- Participation of people with disability in decision making processes leads to better informed policy and outcomes for people with disability
- The development of cultural competence is elemental to effectively support the diversity of people with disability

- The unique needs of people of Aboriginal background with disability are recognised, respected and addressed appropriately
- The legal rights of people with disability are recognised and protected
- People with disability have equal right to employment and respect.

Key Achievements

The NSW Ministry of Health met its implementation and reporting obligations and contributed to a range of actions in the health and disability sectors, including:

- working with Department of Family and Community Services to progressively implement the National Disability Insurance Scheme
- completing the evaluation of the pilot health services for people with intellectual disability
- including a question in the NSW Patient Survey Program on long-standing conditions

- developing a joint guideline with Ageing, Disability and Home Care (ADHC) to support residents of ADHC operated and funded accommodation support services who attend or are admitted to a NSW public hospital
- implementing the *Oral health 2020: Strategic Framework for Oral Health Services* which includes people with disabilities amongst its priority populations
- developing *Healthy, Safe and Well, A Strategic Health Plan for Children, Young People and Families 2014 – 2024* which specifically considers the needs of children, young people and families with disabilities.

Aboriginal workforce

In 2014-15, the *Workforce Diversity Management Plan* was implemented and included the following initiatives:

Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011 – 2015

- This framework requires all health services to report progress towards the 2.6 per cent target for employment of Aboriginal staff, on a six monthly basis.
- The reporting includes cultural training for all NSW Health staff through the Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health.
- At June 2015, NSW Health had 2.4 per cent Aboriginal people employed in the workforce.

Stepping Up Aboriginal recruitment and retention resource

- In April 2015, NSW Health launched Stepping Up, an online Aboriginal recruitment resource to support the employment of Aboriginal people into NSW Health.
- The resource provides culturally sensitive and effective recruitment practices for Aboriginal people and aims to address the recruitment challenges experienced by NSW health managers, Aboriginal staff and job applicants.

National Sorry Day

- To commemorate and honour Aboriginal people who experienced or are affected by the forced removal of children from their families, the NSW Ministry of Health hosted a Sorry Day morning tea that provided the opportunity for staff to come together in commemoration, to share the steps towards healing for the Stolen Generation, their families and communities and to reflect on the importance of healing, justice and reconciliation.

2014 NSW Aboriginal Health Awards

- The Awards provided an opportunity to recognise achievement of efforts against the NSW Government's commitment to closing the gap reflected in:
 - *NSW 2021: A plan to make NSW number one*
 - *NSW State Health Plan*
 - *NSW Statement of Intent and NSW Aboriginal Health Partnership*
 - *NSW Aboriginal Health Plan 2013 – 2023.*

These initiatives convey a commitment to work together with Aboriginal people to address the service delivery and health disparities evident throughout the health sector between Aboriginal and non-Aboriginal peoples.

NSW 2021: A plan to make NSW number one was replaced by the NSW Premier's Priorities on 14 September 2015.

Performance management

NSW Health is committed to continuing to create a skilled workforce with the competency and capability to achieve individual objectives and the ability to adapt to change.

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

Our programs link with the *NSW Public Sector Performance Development Framework* conversations, where participants are encouraged to develop skills matching their role and enhance their performance and career development.

The *NSW Public Sector Performance Development Framework* mandates that all performance management systems in the NSW public sector must contain the following six core components:



Learning and development

Learning and development plays a key role in facilitating new knowledge, understanding and innovative thinking. The Health Education and Training Institute supports education and training for excellent health care across the NSW Health system. The Institute provides world-class education and training resources to support the full range of roles across the public health system including patient care, administration and support services.

Skills development

HETI Online is NSW Health's statewide web-based Learning Management System that delivers and tracks training for all NSW Health employees. There are 251 learning resources offered through HETI Online and in 2014-15 a total of 1.5 million online courses were completed. The Health Education and Training Institute (HETI) continued to support promotion of mandatory training across NSW Health through the mandatory training reform program. In 2014-15, there were 82, clinical and non-clinical, training modules produced in response to the identified needs of NSW Health organisations.

In 2015, the *New Graduate Interprofessional Educational Framework* was launched to support new graduate doctors, nurses, midwives and allied health staff during their transition to work in NSW Health.

The Framework aims to improve teamwork, communication and collaboration, build team-based clinical care and embed interprofessional collaborative practice for safer patient-centred care and improved staff experience.

Leadership development

- NSW Health provides extensive professional development opportunities for leaders in medicine, health administration, medical research, policy and practice and allied health across NSW. Initiatives implemented in 2014-15 to support the professional development of leaders within NSW Health included:
 - The NSW Health Leadership Program that builds individual, team and system-wide leadership capacity to achieve outcomes for patients and service agreements and supports transformational change. In 2014-15, the program was implemented in 13 hospitals across NSW and won an award for 'significant contribution to innovation in Australia' at the Sixth Annual Lawrence Hargrave Awards.
 - The NSW Health Capacity Building Program that continued to strengthen the research workforce by supporting our health and medical researchers from early career to elite level.
 - Over 1400 NSW Health managers and employees accessing People Management Skills Program training to develop their people management capabilities and help improve and enhance workplace culture.
 - The financial management programs that delivered training to improve financial management skills across NSW Health. In 2014-15, this training was delivered to 695 NSW Health staff.
 - Springboard, the leadership and management portal that attracted 4632 users and provides resources and a self-assessment tool.
 - The 21 health professionals, including doctors, nurses, allied health and ambulance staff who graduated and presented the results of their clinical improvement projects through the Rural Clinical Team Leadership Program.

Employee satisfaction

Workplace culture

The development and implementation of initiatives that are designed to assist all staff in contributing to a positive workplace culture across NSW Health remains a continued focus and in 2014-15 included:

- NSW Health organisations continue to action their Your Say Action Plans from the *2013 Your Say Employer Survey*. The *2015 Your Say Survey* was conducted between 30 March and 8 May 2015. Results will be published in September 2015.
- The launch of CORE Chat workshops to help staff understand the NSW Health CORE values and support a workplace that embodies the values. Since late 2014 there have been 350 staff from local health districts, specialty health networks and pillar organisations who have participated in this initiative to improve workplace culture. As a workplace tool, CORE Chat aims to develop and

encourage increased responsibility for all health workers to bring about positive change in workplace culture, find mutually acceptable resolution to issues that are solution-focused and minimise blame and prejudice.

- Over 87,000 staff completing the Respecting the Difference: Aboriginal Cultural training eLearning module and 23,116 staff, across all local health districts, completing the face-to-face training component. This training motivates staff to build positive and meaningful relationships with Aboriginal patients, clients, visitors and supports staff by providing an insight into why many Aboriginal people do not comfortably engage with health care providers.
- Completion of the conflict resolution e-learning course by all NSW Health staff to encourage and support effective workplaces where staff feel empowered to address minor conflict in a productive and respectful way.

People Matter survey

The survey is run on a biennial basis and in 2014 provided NSW public sector employees with the opportunity to have their say about their workplace to help make the public sector a better place to work. The survey sought views on how well the public sector values its employees, how employment principles are applied within each organisation and gather information on the way in which organisations, managers and workgroups operate.

Survey results highlighted where NSW Health exceeded broader public sector results including job security, accurate reflection of role descriptions and learning and development activity.

Supporting employees

Across NSW Health activities to support employees are localised for each NSW Health organisation and implemented by local workplace development teams.

For example, the Hunter New England Local Health District offers a range of initiatives that support staff and build a positive workplace culture through a planned, disciplined approach to doing the right thing for patients, their families and district staff, titled Excellence.

The Excellence approach includes regular leader rounding tours that encourage staff to contribute ideas for service improvement in their area and chief executive-led development forums to help support and develop leadership capability throughout the organisation.

The Workplace Harmony Framework underpins Excellence encouraging team standards of behaviour aligned with CORE values, the Code of Conduct and desired behaviours for patient safety.

Respectful workplace online programs educate staff on the fundamentals of creating a respectful workplace and developing respectful conversation skills.

The District's Aboriginal Cultural Respect Education Program builds on the NSW Health Respecting the Difference training to foster skills and the knowledge to develop culturally competent staff who are able to interact with Aboriginal patients and communities to build trust and deliver health services.

Additional initiatives implemented in 2014-15 to support staff included:

- recognition of the individual and team contributions with award programs such as the Mid North Coast Local Health District Health Innovation Awards
- an Employee Assistance Program made available to provide free, professional and confidential counselling services for NSW Ministry of Health staff and their immediate families. The Program offers counselling for work and personal issues including work relationships, career counselling, conflict resolution, bullying/harassment, personal relationships, stress, depression, anxiety, substance abuse, addictions, gambling, grief, loss and bereavement.
- staff well-being programs including providing free flu vaccinations to staff
- the Young Professionals Network that brought together young professionals from the NSW Ministry of Health and other NSW Health organisations. Aimed at people aged 35 years and younger, the Network fosters communication and relationships across NSW Health.

Bullying and complaints

NSW Health organisations continued to implement local strategies to reduce the incidents of bullying and unacceptable behaviour and enhance workplace culture. Anti-bullying management advisors developed strategies to improve communication, increase information sharing and provide support and coaching to managers on effective complaints management processes.

The Anti-Bullying Advice Line continued to provide independent, confidential advice and information to employees on the process for resolving complaints.

The statewide Anti-Bullying Advisors Network continued to provide input into the ongoing development of strategies for improving the management of bullying complaints and ensuring advice from the Anti-Bullying Advice Line is consistent with the NSW Health policy: *Bullying – Prevention and Management of Workplace Bullying in NSW Health*.

NSW Health organisations are required to report de-identified data to the NSW Ministry of Health on individual complaints known to human resources departments. These are initially assessed as a potential bullying complaint. The total bullying complaints received for the period 1 July 2014 to 30 June 2015 was 102. This represents 0.09 per cent of the total full time equivalent (FTE) staff in the health system (based on June 2014 FTE). This is a reduction from the 2013-14 period in which 131 complaints were reported.

Workplace health and safety

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, NSW Health maintains its commitment to the health, safety and welfare of workers and visitors to workplaces.

Strategies to improve work health and safety include the implementation of *Work Health Safety: Better Practice Procedures* and *Injury Management & Return to Work* policy frameworks; ongoing commitment to the NSW Ministry of Health Work Health Safety Mission Statement and to the promotion of healthy lifestyle campaigns to staff on general health and wellbeing strategies.

NSW Health organisations remain committed to the continual improvement of their WHS systems through the implementation of local procedures and practices to comply with Ministry safe work policies and legislative requirements. WHS is promoted through the establishment of programs such as the Get Healthy at Work initiative and ongoing WHS training for the NSW Health workforce.

Workers compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*, the NSW Ministry of Health provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2014-15, seven new workers compensation claims from a total of 44 work related injury/illness incidents were lodged. This is an average of one claim for every 6.3 work related injury/illness incidents. The number of new claims accepted increased by two from the previous year (in 2013-14 there were five claims accepted).

Body stress related injuries accounted for three of the seven claims (compared to two of the five in 2013-14). The remainder of claims were one slip/trip and fall, one psychological and two other injuries.

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

- a focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work related injuries
- frequent claims reviews between the NSW Ministry of Health and the Fund Claims Manager to monitor claim activity, return to work strategies, industry performance and compensation costs.

Further detail on workers compensation is provided on page 240.

Environmental management

Environmental sustainability

NSW Health continued its strong commitment to environmental sustainability. In 2014-15, NSW Health aligned the *Health Environmental Sustainability Strategy* with the new *Government Resource Efficiency Policy*.

The aligned strategy will be released in early 2015-16 and will set out planned actions and targets to further reduce operating costs and increase the efficiency of our resource use.

Energy management

The table below shows the rolling three year energy cost and consumption for NSW Health (State 777 contracts) and reflects the result of placing downward pressure on utility bills at a strategic level and at our facilities.

ROLLING 3 YEAR STATE LARGE SITE ELECTRICITY CONTRACT COST AND CONSUMPTION				
Year	Contract account ID #	Electricity consumption kWh	Electricity cost \$	Total electricity bill \$
2012-13	422	799,863,755	\$37,019,132	\$119,451,769
2013-14	429	739,837,254	\$39,758,680	\$125,744,994
2014-15	540	753,616,515	\$38,356,339	\$106,121,551

Waste reduction

NSW Health continues to show a strong commitment to the implementation of waste reduction strategies. The Managed Print Service that has been implemented in the Miller Street premises features follow me printing, which requires the user to release print job at the printer. This significantly reduces both paper and toner consumption as unwanted print jobs are not processed. The stationary review previously implemented in the Ministry has now been further extended, resulting in additional rationalisation of stationary products and reductions in usage. Mandatory waste reporting will also be implemented across the health system in 2015-16.

- Two Energy Performance Contract (EPC) applications were approved by NSW Treasury for a combined value of \$9.6 million. As part of this, the Northern NSW Local Health District EPC application was over \$7 million, the largest valued health EPC project for the NSW Government to date.
- A further six NSW Health EPC projects at an estimated value of \$35 million are in various stages of development.
- NSW Health released the NSW Health energy and water benchmarking tool to local health districts. This tool is designed to provide a rating of all public hospital facilities to allow for easier project site identification, monitoring and performance tracking.

Key achievements 2014-15

- Five applications were approved under the Energy Efficiency Government Program and \$1.2 million was invested in energy efficiency projects, including:
 - installation of power factor correction units and replacement of pan sanitiser units across multiple hospital facilities at Murrumbidgee Local Health District
 - upgrades to lighting and installation of photovoltaic solar power systems across multiple sites in Western NSW Local Health District
 - installation of photovoltaic solar power systems at two Multipurpose Service facilities at Murrumbidgee Local Health District
 - implementation of a pilot to evaluate the outcome of a monitoring and optimisation project for the heating ventilation and cooling system at Fairfield Hospital. The success of this project will see the inclusion of similar scopes in all future energy efficiency projects for hospitals.

Research and development

Population Health and Health Services Research Support Program

The Population Health and Health Services Research Support Program is a competitive funding program administered by the NSW Ministry of Health. Its purpose is to build capacity and strengthen population health and health services research that is important to NSW Health and leads to changes in the health of the population and health services in NSW.

The first three rounds of funding under the Program ran from July 2003 to June 2006; July 2006 to December 2009; and January 2010 to June 2013.

Round four of the program runs from July 2013 to June 2017.

Grants paid under program for 2014-15

Grant recipient	Amount \$	Purpose
Hunter Medical Research Institute	499,750	Public Health Program Capacity Building Group
Macquarie University	187,500	Australian Institute of Health Innovation
University of New South Wales	62,500	Australian Institute of Health Innovation
University of New South Wales	500,000	Centre for Primary Health Care and Equity
University of Sydney	500,000	Australian Rural Health Research Collaboration
University of Sydney	495,016	Clinical and Population Perinatal Health Research
University of Sydney	426,000	Prevention Research Collaboration
Western Sydney Local Health District	250,000	Centre for Infectious Diseases and Microbiology – Public Health
TOTAL	2,920,766*	

Note: *It should be noted that the amount of \$2,670,766 was expended against the Grants to Research Organisations Line Items A280300-280330 while the amount of \$250,000 for payment to Western Sydney Local Health District was expended to the Intra Health Grant Account Line Item A280390.

\$2.92 million grants paid under program for 2014-15



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.

Eleven institutes are currently being funded for 2012-16. Grants paid under the Medical Research Support Program in 2014-15 were:

Organisation name	Amount (\$)
Garvan Institute of Medical Research	\$7,342,599
The George Institute for Global Health	\$5,687,722
Westmead Millennium Institute for Medical Research	\$5,092,986
Hunter Medical Research Institute	\$7,243,263
ANZAC Research Institute	\$1,073,813
Centenary Institute	\$2,066,758
Children's Medical Research Institute	\$1,033,467
Ingham Institute	\$1,807,056
Neuroscience Research Australia	\$2,593,100
Victor Chang Cardiac Research Institute	\$2,256,727
Black Dog Institute	\$1,002,439
Children's Cancer Institute Australia	\$965,332
Illawarra Health and Medical Research Institute	\$1,405,453
Woolcock Institute of Medical Research	\$1,049,629

\$42.43 million grants paid under the Medical Research Support Program in 2014-15



Medical Research Support Program Transition Grants

Medical Research Support Program Transition Grants were awarded provisionally for three years following the 2012 Health and Medical Research Strategic Review, which led to the introduction of new eligibility criteria for the 2012-16 funding period. The transition grant was introduced to enable these institutes to either transition out of the program, or to meet the new eligibility criteria.

Organisation name	Amount (\$)
Centre for Vascular Research (UNSW)	\$245,270
Kolling Institute (Northern Sydney LHD)	\$603,026
Institute of Virology (St Vincent's Hospital Sydney)	\$894,377

Medical Research Support Program Assistance Funding

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

Organisation name	Amount (\$)
Neuroscience Research Australia (Schizophrenia Research Institute)	\$75,000
Total Medical Research Support Program Expenditure 2014-15	\$42,438,017

Networks and clinical trials

The Australian Advanced Treatment Centre is an early phase clinical trials facility in NSW to accelerate the translation cycle and decrease the average time it takes for clinical research to benefit a patient.

Organisation name	Amount (\$)
National Heart Foundation (Cardio Vascular Research Network)	\$250,000
Multiple Sclerosis Research Australia	\$52,500
Australian and New Zealand Spinal Cord Injury Network	\$50,000
University of New South Wales (AATC)	\$125,000
Total	\$477,500

Schizophrenia research

Schizophrenia Research Chair

The Chair provides scientific leadership at the Schizophrenia Research Laboratory and mentorship for schizophrenia researchers more broadly throughout the State.

Organisation Name	Amount (\$)
Neuroscience Research Australia (Schizophrenia Research Institute)	\$1,000,000
Total	\$1,000,000

HUBS

A total of \$900,000 has been allocated annually to Research Hubs to provide administrative support and assist in coordination of hub activities to enhance collaboration. The funds will facilitate the efficient sharing of expensive equipment, accommodation and support services, and in the development of statewide research translation capacity.

Organisation name	Amount (\$)
Heart Research Institute (Central Sydney)	\$100,000
St Vincent's Centre for Applied Medical Research (Darlinghurst)	\$100,000
Hunter Medical Research Institute (Hunter)	\$100,000
Illawarra Health and Medical Research Institute	\$100,000
Ingham Institute (Liverpool)	\$100,000
University of Sydney (Northern Sydney)	\$100,000
Health Science Alliance (South Eastern Sydney)	\$100,000
Children's Medical Research Institute (Westmead)	\$100,000
Mid North Coast Local Health District (Rural)	\$100,000
Total	\$900,000

Genomics

Over four years, \$24 million has been committed and allocated for the Sydney Genomics Collaborative to provide NSW researchers with access to state-of-the-art genomic technologies. The Collaborative consists of three sub-programs that are being developed over four years in partnership with the Garvan Institute of Medical Research and other key organisations:

- Program A: Medical Genome Reference Bank – a data library comprising the whole genome sequences of at least 4000 Australians
- Program B: NSW Genomics Collaborative Grants Program – to support research projects to better understand the genetic basis for disease
- Program C: Cancer Genomics Medicine Program – programs for clinical screening for 'actionable' mutations in advanced cancer and a clinical trial based on molecular eligibility and identification of cancer risk genes in young cancer patients.

Organisation Name	Amount (\$)
Garvan Institute (Program A)	\$1,700,000
Garvan Institute (Program B)	\$2,582,500
Victor Chang Cardiac Research Institute (Program B)	\$50,000
Kolling Institute (Northern Sydney LHD) (Program B)	\$100,000
Melanoma Institute Australia (Program B)	\$131,500
Centenary Institute (Program B)	\$136,350
Garvan Institute of Medical Research (Program C)	\$1,300,000
Total	6,000,350

Medical devices and commercialisation

Medical Devices Seeding Fund

The NSW Government has allocated \$5 million per annum for a competitive technology development and commercialisation program managed by the NSW Ministry of Health. The 2014-15 allocation included \$1.055 million carried over from 2013-14.

Organisation name	Amount (\$)
Optimised Ortho Pty Ltd	\$2,000,000
Sydney Children's Hospitals Network	\$705,000
Advanced Surgical Design and Manufacture Limited	\$1,550,000
SpeeDX Pty Ltd	\$1,800,000
Total	\$6,055,000

Medical Device Commercialisation Training

The Medical Device Commercialisation Training program delivered by ATP Innovations Pty Ltd will provide training in medical device commercialisation. Participants gain skills in entrepreneurship, medical device design, development and commercialisation. The three month training program is the precursor for selection of up to two candidates to attend the NSW-QB3 Rosenman Institute Scholar Program in the United States.

NSW QB3 Rosenman Institute Scholar Program

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

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund was established in 2007 to support 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 capacity to commercialise research discoveries. The NSW Health contribution to the fund enables access to expertise, training and mentoring.

Organisation name	Amount (\$)
Australian Technology Park Innovation Centre	\$200,000
University of Wollongong	\$212,576
Medical Research Commercialisation Fund (MRCF)	\$150,000
Total	\$562,576

Research Capacity Building Program: Bioinformatics

The Bioinformatics (genomics) Training Program has been developed to provide training to clinicians, researchers, academics and health professionals in bioinformatics. In 2014-15, there was \$250,000 provided to support the delivery of the Program including the development of bioinformatics literacy.

To May 2015, seven bioinformatics workshops were delivered providing bioinformatics training for 156 NSW and ACT-based medical researchers, clinicians and health practitioners from 39 organisations.

Accessibility

Multicultural policies and service programs

The Multicultural Policies and Services Program is a whole of Government responsibility overseen by Multicultural NSW. It focuses on ensuring Government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public. Last year, the former Community Relations Commission, now known as Multicultural NSW, assessed NSW Health as being within the highest range of the Multicultural Planning Framework. This is a significant achievement and is based on clear priorities guiding the work of NSW Health across all its structures. NSW Health was commended as a leader in the sector in:

- monitoring and evaluating the use of interpreters
- collecting, analysing and using data to influence service provision
- communicating with communities
- designing responses and targeted programs for specific communities.

This reflects NSW Health's work across the state to improve four priority areas:

- access and use of interpreters
- quality of data collection
- training in cultural competency
- communication strategies.

In 2014-15, Multicultural NSW's reporting requirements centred on two key themes: key performance indicators and the results of evaluations and services for humanitarian entrants. All NSW Health organisations were invited to contribute to NSW Health's Multicultural Policies and Services Program reporting for 2014-15 and the following report emphasises these themes.

Key achievements 2014-15

Project/initiative	Achievement 2014-15
Central Coast Local Health District	
Implementation of the Central Coast Local Health District Multicultural Health Plan, 2014-2017	<p>The District conducted a medical record audit on interpreter usage for admitted patients, which led to including:</p> <ul style="list-style-type: none"> • 'interpreter required' and 'preferred language' fields in the Patient Admission Summary page of a patient's medical record upon each admission • 'interpreter required' column on the electronic patient journey board • an Interpreter Action Checklist medical record form • Electronic Medical Record training on updating demographics/patient information relating to interpreter required, preferred language and country of birth • staff education on the Health Care Interpreter Service and cultural considerations at Gosford and Wyong Hospitals. <p>A follow up audit will be conducted to conclude whether the above changes have increased interpreter usage.</p>
Hunter New England Local Health District	
Psychosocial Program with Afghan Women	<p>The District's Multicultural Health Service (Penola House), NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, child and family nurses and volunteers collaborated on this program, which is based on the assumption that wellness depends on physical, behavioural, psychological, social, cultural and economic factors. The program included mindfulness training, stress management, yoga classes, swimming classes, art therapy, doll making, talks on sexual and reproductive health, sleep hygiene, domestic violence education, child protection and referrals to trauma counselling.</p> <p>The format of the program lessened the sense of stigma, built the confidence of the women and helped break the social isolation which many experience living in a new and unfamiliar culture.</p>
Illawarra Shoalhaven Local Health District	
Refugee Health – Illawarra TAFE Adult Migrant English Program	<p>The District worked with the Illawarra TAFE Adult Migrant English Program (AMEP) to deliver a 12 month series of health education sessions addressing high priority health topics. In 2014-15, over 420 new arrival refugees participated in health sessions. Currently, the Multicultural Health Service is working with TAFE AMEP to incorporate key health messages into ongoing English language sessions to ensure sustainable health messages in teaching and learning. All TAFE health programs continue to engage health service personnel to provide further information and opportunity for discussion with students using health care interpreters.</p>
Mid North Coast Local Health District	
Study on Refugees in Coffs Harbour and the Rural Health System	<p>The aim of the study were for refugees themselves to identify problems that members of the refugee community have accessing mainstream health care; to gauge how common the issues were; and what could be done in the initial settlement phase to make their health journeys and outcomes more successful. The participants' recommendations were about using interpreters, assisting with transport, the cost of medication and making appointments for people in the initial settlement phase. Other recommendations were to offer health education sessions for new arrivals, show respect and be more culturally sensitive towards refugees by educating staff on refugees' backgrounds and how to care for refugees.</p>

Project/initiative	Achievement 2014-15
Murrumbidgee Local Health District	
Refugee Health Assessment Service	The District has continued funding support to the Murrumbidgee Public Health Network (MPHN) for a Refugee Health Nurse (RHN) based in Wagga Wagga. The Refugee Health Assessment Service was established in August 2010 and is operated by Murrumbidgee Local Health District and the MPHN. A clinic staffed by a RHN and supported by local general practitioners who have a special interest in refugee health is held weekly. The clinic provides the initial health assessments, pathology, immunisations, screening and treatments for newly arrived refugees required in the first two to three months of settlement. Links are then established into General Practice. Ongoing care is provided by the General Practitioner of the patient's choice.
Nepean Blue Mountains Local Health District	
Improving interpreter usage in consent for surgery/procedures	There has been a significant increase in the compliance rate of using interpreters for the purpose of consent for surgery/procedures from 20 per cent in 2013 to 76 per cent in 2015. The project has achieved this by: <ul style="list-style-type: none"> • reviewing <i>Recommendation for Admission</i> forms (RFAs) • training Visiting Medical Officers, nursing and clerical staff • conducting regular audits of RFAs (the next audit will be conducted in December 2015) • increasing the recording of bilingual medical staff usage • increasing telephone interpreter usage by 30 per cent • decreasing use of family members to interpret • developing and translating into 20 community languages the interpreter posters and brochures at Pre-admission Clinic.
Northern NSW Local Health District	
Assistance of Overseas trained Medical Practitioners in Northern NSW Local Health District employment	The project provides assistance to overseas trained doctors living in Australia, including a number living within the Northern NSW boundaries, in obtaining Australian Health Practitioner Regulation Authority registration. As a result, nine overseas trained Medical Officers have been employed within District hospitals and services. The initiative has increased capacity for Northern NSW Local Health District, which will assist in the culturally appropriate delivery of health services.
Northern Sydney Local Health District	
Interpreter survey	A survey of 774 District hospital and community health service employees explored staff awareness of the availability of interpreting services, experiences, access to resources and participation in training. The results indicated that over 95 per cent of staff were aware that interpreting services were available. However, the survey also identified a need to improve awareness of: the two types of available interpreting services (onsite and telephone); the eligibility of carers to use the interpreting services; access to training and resources on booking processes. A plan was implemented to address the survey findings, including distribution of fact sheets, provision of training for staff, updating information on the health service intranet site and co-funding of a DVD to be used for training staff on the effective use of interpreters.
Health assessment program for newly arrived refugees and humanitarian entrants	The District continued to implement a comprehensive health assessment and assertive follow-up program with 218 clients in the program. Each client received a comprehensive check-up by a local general practitioner and oral health assessment with an onsite interpreter present at both appointments. Families with young children were assisted to have a check-up by an early childhood health nurse. The program was expanded to include a vision check in response to feedback from Tibetan humanitarian entrants, about the difficulties they were experiencing reading the blackboard in their adult English classes. A partnership was established with a local optometrist to conduct vision checks with an onsite interpreter present. The program has also assisted clients to access specialist ophthalmology clinics. The majority of clients have required eye glasses which have been obtained free of charge through the Government funded NSW Spectacles Program. Program emphasis continues to be placed on establishing one-to-one rapport with each new arrival to build trust in the health service and to facilitate access to a range of health and welfare services.
Southern NSW Local Health District	
Increase access to women's health information for refugee women in Goulburn	The District has a strong working relationship with the NSW Cervical Screening Program and promotes their multicultural health resources via the women's health nurse program. The women's health nurse in Goulburn has established a relationship with the refugee program delivered by Anglicare, and is working in partnership with general practitioners and non-government organisations to provide cervical screening and health promotion for refugee women.
South Eastern Sydney Local Health District	
Optimising Health and Learning Program: A targeted health screening program for newly arrived vulnerable young people from migrant and refugee backgrounds	The Program targets health and educational outcomes in refugee and other vulnerable migrant young people. It includes nurse-led screening supported by a multidisciplinary team, as well as linking young people and their families to general practitioners. The District provided internal funding for the program (\$170,000; January 2014 – June 2015) for two sites: Beverly Hills and Kogarah Intensive English Centres. Twelve program partners across health, education and the non-government organisation sector contributed in-kind support. There were 273 young people screened during 2014-15 and there was a high yield for health conditions. Giving health information to young people and their parents and the integration across primary and specialist/tertiary services, has decreased the likelihood of avoidable emergency department presentations or hospital admissions with more advanced health issues. Program sustainability within the District has been achieved through integration into recurrent funding and support for the Registered Nurse and Registrar positions from the Multicultural Health Service, Kogarah Developmental Assessment Centre and the Sydney Children's Hospitals Network.
Sustaining NSW Families in Arncliffe	Sustaining NSW Families (SNF) is an evidence-based intervention that provides eligible families with a nurse-led structured home visiting program, commencing in the antenatal period and continuing until the child's second birthday. The program is offered to families at risk of poor maternal, child health, developmental and wellbeing outcomes. It was developed as an effective intervention for mothers and families who are identified as vulnerable, at risk and living in areas of socio-economic disadvantage. The Arncliffe SNF program targets women and children from culturally and linguistically diverse backgrounds including Arabic and Chinese, as well as those from high needs and new and emerging communities such as the Nepalese and Bangladeshi communities.

Project/initiative	Achievement 2014-15
South Western Sydney Local Health District	
Healing Mind Fighting Stigma Project	<p>Theatre techniques were used to engage Arabic communities for intercultural dialogue underpinning cultural perceptions and barriers to accessing mental health services. The Project addressed:</p> <ul style="list-style-type: none"> • under-utilisation of mental health services by Middle-Eastern communities in Australia as a result of strongly held socio-cultural and traditional belief systems surrounding mental illness, such as shame, stigma, privacy and trust issues • language barriers and lack of adequate knowledge of mental health issues. <p>The Project delivered seven education sessions on stress, depression, anxiety, panic attacks, post-traumatic stress disorder and schizophrenia. All sessions were delivered in Arabic (or interpreted into Arabic) by counsellors and professional health educators. An Arabic DVD was produced with English subtitles and launched in June 2015. There were 128 attendees including Arabic speaking carers, families, newly arrived refugees, mental health professionals and community workers. Ninety eight per cent of participants thought that the DVD was a valuable resource for the community and indicated they would share the DVD with clients, families and friends and use it as a resource for community education.</p>
African Communities Program	<p>This program has provided pathways to employment for many African people, as well as a safe place where they come and share their food. Five years ago the Health Promotion Service established a community kitchen for newly arrived refugee men from Africa, with 14 men participating. From this community kitchen an African men's catering enterprise was established. Four of these men are currently working in hospitality and two are completing University degrees. From a community kitchen, the program also expanded to include physical activities for young people, as well as healthy eating for African women. Currently 15 – 20 young people regularly attend the program and 10 -15 parents participate in the healthy eating program. African fashion has been added to the list of African enterprises.</p>
Sydney Local Health District	
Sydney Health Care Interpreter Service	<p>The Sydney Health Care Interpreter Service was established on 1 July 2014. The Service sits within the Sydney Local Health District Community Health facility and provides professional health care interpreter services (face-to-face and telephone) for patients and health care providers, in hospitals, the community and in the homes of patients within both Sydney Local Health District and South Eastern Sydney Local Health District catchment areas. It provides support for 114 languages through full-time, part-time and sessional interpreters. Professional interpreters assist with patient understanding and compliance with treatment and follow up. A new call centre has been established, along with a new governance committee to oversee strategic planning for the Service. The Service will introduce a new booking and billing system in 2015-16 to create further efficiencies of interpreter resource utilisation.</p>
Can Get Health, Canterbury Local Government Area	<p>The project collected a strong body of knowledge about disadvantage in the Canterbury local government area and information about lack of access to health services contributing to health inequity. The project worked with existing services and organisations and the communities they serve to find practical solutions. Strategies were implemented for each of the priority population groups focussed on prevention, e.g. mental health was identified as an important issue for the local Chinese community. Mental health interventions with the Chinese community included a Beyond Blue roadshow in Campsie, information to raise awareness through posters, newspaper articles, social media and two Mental Health First Aid courses. Diabetes prevention in the Arabic community focussed on a four week radio campaign on three Arabic radio stations, a six week 'Healthy Eating and Physical Activity' course, and messages on social media.</p>
Western NSW Local Health District	
Multicultural Interagency	<p>The District has actively participated with the Central West – Orana – Far West Multicultural Interagency group on:</p> <ul style="list-style-type: none"> • Harmony Day and other multicultural events • looking at culturally and linguistically diverse communities' needs in the National Disability Insurance Scheme • facilitating discussion on a better understanding of refugees and their issues as they work with mainstream services • looking at inviting refugees as guest speakers at meetings to raise awareness, particularly about how global events and issues are affecting them • ensuring interpreter services are in place to support clients and their families • strong linkages between Aboriginal cultural awareness and culturally and linguistically diverse communities awareness.
Western Sydney Local Health District	
Prevention of chronic disease, Go4Fun and Shaping a Good Life	<p>Services within the District have delivered programs to children and adults from culturally and linguistically diverse communities aimed at preventing chronic disease, including Go4Fun, a 10 week healthy lifestyle program for children and their families, who are above a healthy weight. In 2014-15, the main languages spoken by program participants included Arabic (15 per cent), Mandarin/Cantonese (4 per cent) Urdu (3.5 per cent) Hindi (3.5 per cent), and Filipino (3 per cent). Evaluation suggests participants felt more knowledgeable and confident to manage their conditions.</p> <p>Almost 300 Chinese speakers participated in Shaping a Good Life, a health promotion initiative aimed at encouraging physical exercise, preventing chronic disease and linking people to services.</p>
Hospital Information and Orientation Program	<p>The Program aimed to help refugee families learn about the health care system in Australia and meet their local health services, to ease the anxiety they might feel when coming to an unfamiliar hospital environment. It invites newly arrived refugee students, their parents and teachers associated with the Evans High School Intensive English Centre and Macquarie Community College Adult Migrant English Program at Blacktown and Mt Druitt, to visit Blacktown hospital including emergency, outpatient, antenatal, therapy, imaging and pastoral care departments. The Program is becoming a regular event which will gradually be offered by other District hospitals.</p>
Parenting and Wellness Education Program	<p>The Program in the Blacktown local government area is a seven-week program run three times per year for new mothers from culturally and linguistically diverse communities. It aims to help new mums access and learn about baby development, health issues and provide support to women so they gain knowledge and confidence in providing appropriate care for their babies. A bus trip to Westmead Children's Hospital for a talk on children's safety and a hospital tour are part of the Program, as well as baby and immunisation clinics.</p>

Project/initiative	Achievement 2014-15
Pillars	
Agency for Clinical Innovation	
Translation of Emergency Department Patient Fact Sheets	The Agency's Emergency Care Institute Clinical Advisory Committee produces discharge advice for patients departing emergency departments. These are peer reviewed, evidence-based, linked to relevant literature, regularly updated and designed for local context. The fact sheets are available at www.ecinsw.com.au/translated-factsheets . NSW Multicultural Health Communication Services translated a number of these fact sheets into seven languages.
Clinical Excellence Commission	
Health Literacy portal	The Commission, in collaboration with Illawarra Shoalhaven Local Health District, has developed a statewide resource for local health districts. The resource focuses on tools to support improvements in patient information and approaches to health literacy.
Health Education and Training Institute	
Working in Culturally Diverse Contexts	The Institute has been promoting its <i>Working in Culturally Diverse Contexts</i> online training module. The module helps the learner to: <ul style="list-style-type: none"> • understand their role and responsibilities in meeting the NSW Ministry of Health's commitment to ensuring all health services meet the needs of people from culturally and linguistically diverse communities • recognise the diversity that exists in clinical settings among health providers, patients, families and communities • access resources to develop culturally competent ways of working with patients from culturally and linguistically diverse backgrounds. <p>Since March 2014, over 900 people have completed the training, with 73.5 per cent of respondents to an online survey agreeing or strongly agreeing that they can make a difference in their role by using what they learned.</p>
NSW Kids and Families	
Education Resource: Translation of consumer resources for pregnant women	NSW Kids and Families translated resources to enhance access to information for pregnant women from culturally and linguistically diverse populations. The <i>Management of Pregnancy beyond 41 weeks Gestation</i> and <i>Your Next Birth after Caesarean Section</i> brochures were translated into 10 languages and are available on the NSW Kids and Families website. The <i>Having a Baby</i> resource, translated into 20 languages for pregnant women using the public health system in NSW, provides information about pregnancy, childbirth and the postnatal period.
Health Networks	
St Vincent's Health Network	
CALD Clinical Practice Improvement Project	St Joseph's Hospital ran a Clinical Practice Improvement Project to provide culturally and linguistically diverse patients with timely access to interpreters on admission to the Medical Rehabilitation Unit and in health care situations where communication is essential.
Justice Health and Forensic Mental Health Network	
Connecting with Families and Carers clinician training	The training has a pre-requisite to complete the Health Education and Training Institute's module, Connecting with Carers from CALD Backgrounds in Mental Health Settings. Training was provided to the Network's mental health clinicians and Corrective Services NSW staff on managing survivors of torture and trauma including refugees. It was well received by clinicians and some mental health sections provided further training to their team members.
Sydney Children's Hospital Network	
Equitable access to developmental surveillance and early intervention: Understanding the barriers for children from culturally and linguistically diverse backgrounds	The project improved health literacy and capacity in culturally and linguistically diverse communities in the Botany Bay local government area around child development, identifying developmental vulnerability and knowing where to go for parents when they are concerned. It also increased the awareness of general practitioners in the area of developmental surveillance services available through the Sydney Children's Hospitals Network, including early childhood nursing and community child health. This has informed service development so that it is accessible and culturally responsive to families from culturally and linguistically diverse backgrounds. A study was published in the Health Expectations journal, with implementation of findings and strategies expected in the next phase: Early childhood development and surveillance: Everyone's Business.
Statewide Health Services	
NSW Ambulance	
Interpreter contact information in the latest Patient Support Contact Numbers	The 2015 Protocol and Pharmacology Information provides quick access to telephone interpreter service telephone numbers in medical emergencies and is available to all staff including operators at our Control Centres and on-road frontline staff to assist in patient assessment. In the last financial year, use of TIS National (translating and interpreting service) included over 2600 occasions of service in 59 community languages.
Multicultural Health Communication Service	
The Pink Sari Project	Launched in September 2014, the Project has achieved unique community engagement with community members, including female members of Sikh temples in Sydney, discussing health issues (mammograms/breast cancer) in the temples for the first time in their history. Breast cancer survivors from Indian and Sri Lankan communities spoke publicly about the importance of early detection, and ethno-specific doctors from Tamil backgrounds organised their own forums to address issues. <p>As a result, the Cancer Institute NSW has reported an increase from baseline data on mammogram screening rates of women (aged 50-74) from Indian and Sri Lankan backgrounds in NSW (as at March 2015). These groups have one of the lowest rates of screening in NSW. The Project won the 2015 South Eastern Sydney Local Health District Improvement and Innovation Award.</p> <p>The Multicultural Health Communication Service made the Project a collaborative approach with community members proactively engaged to produce effective outcomes, e.g. cultural organisations actively contacted BreastScreen Services to present at their self-arranged information sessions.</p>

Project/initiative	Achievement 2014-15
Multicultural HIV and Hepatitis Service	
Clinical Support Program; Indonesian Hepatitis B Community Development Project	The Service provides bilingual/bicultural psycho-social support to people from over 25 culturally and linguistically diverse backgrounds that are living with HIV or are undergoing hepatitis C treatment. The Clinical Support Program provided over 1200 occasions of service in the reporting period. In October 2014, the Multicultural HIV and Hepatitis Service piloted a hepatitis B community testing clinic, with the Indonesian community, involving a partnership between the Service, IndoCare, Inner West Sydney Medicare Local and Royal Prince Alfred Hospital Liver Centre. The clinic was well received by the community. The Service has worked with key Indonesian community stakeholders to establish a new committee to improve health within the Indonesian community. The group will develop community-owned and culturally appropriate responses to health issues including hepatitis B, HIV, domestic violence and women's rights.
Multicultural Problem Gambling Service for NSW	
Engaging the Turkish Community	The Multicultural Problem Gambling Service for NSW reconvened the Turkish focus group with members from seven human service providers to organise a Turkish community forum. An Islamic religious leader increased the level of community engagement and assisted in: <ul style="list-style-type: none"> • increasing community awareness of problem gambling and related issues in an Islamic context • reducing stigma attached to problem gambling and seeking help • increasing access to services available for problem gamblers and their families.
NSW Education Program on Female Genital Mutilation	
Cultural Days to raise Awareness on female genital mutilation; Clinical Guidelines on caring for women affected by female genital mutilation and flip chart	Changes in NSW legislation on female genital mutilation (FGM) in March 2014 prompted the Program and the Bilingual Community Workers to raise awareness in their communities, through six cultural day events which were conducted in the Egyptian, Ethiopian, Indonesian, Kurdish, Sudanese, and West African Communities. Over 300 women attended in 2014-15. Clinical Guidelines were released by NSW Kids and Families. A program of training has been developed that incorporates the Guidelines, changes to the legislation and the promotion of a flip chart for use by midwives talking to pregnant women affected by FGM. This training will be rolled out to midwives and clinical health workers in hospitals across NSW.
NSW Refugee Health Service	
NSW Refugee Health Clinical Services	NSW Refugee Health Service (RHS) conducted nearly 2000 Refugee Health Nurse Program clinic attendances across five metropolitan local health districts. Evaluation and feedback was incorporated into this program. RHS conducted over 500 general practitioner clinic attendances for refugee and asylum seeker patients at Auburn, Blacktown, Liverpool and Mt Druitt Community Health Centres. RHS used professional interpreters for all relevant clients and imbedded the importance of this into education and training of mainstream staff and students.
Transcultural Mental Health Centre	
2015 – Conversations Matter Consultations	The Transcultural Mental Health Centre and the Hunter Institute of Mental Health collected information during culturally and linguistically diverse community consultations to develop a resource for health professionals and community leaders on how to talk with community members about suicide. Two focus groups were held with participants from a variety of health disciplines, as well as community leaders, carers and consumers. Cultural backgrounds represented included Armenian, Chinese, Indian, Iranian, Italian, Korean, Lebanese, Russian, Samoan, Spanish and Vietnamese.

Multicultural Health Plan Implementation Group and working groups on priority areas

In 2014-15, the Multicultural Health Plan Implementation Group met once every two months to lead planning and progress under the *Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-16*. The Implementation Group included a representative from each local health district and two statewide multicultural health services. The Implementation Group focused on four key priority areas:

- 1 Improve access to and use of interpreters.
- 2 Improve data collection and related systems for culturally and linguistically diverse clients/patients.
- 3 Improve training and education for health staff to support cultural competency.
- 4 Deliver communication campaigns and strategies to support key messages statewide.

Working groups under the Implementation Group focused on each of these priority areas and met at least once a quarter to monitor improvements. Several surveys have been completed on:

- interpreters
- data collection of country of birth and other information by local health district information systems
- cultural competency training.

A literature review of cultural competency was organised in partnership with the University of Wollongong and the communications working group provided input into the successful 2015 Multicultural Health Week.

In 2015-16, the Implementation Group and working groups will focus on how to prioritise their efforts to position multicultural health services to deliver safe, quality care that continues to ensure that the health system is accessible, easy to navigate, and accommodating of culturally and linguistically diverse communities in NSW. Practical solutions will be presented at a planning day in late 2015 to discuss how best to do this in future years.

NSW Health planned initiatives 2015-16

Project/initiative	Achievement 2014-15
Central Coast Local Health District	
Implementation of the CCLHD Multicultural Health Plan, 2014-2017	To improve health outcomes for people from a CALD background by focusing on key areas, including: <ul style="list-style-type: none"> • Increase awareness and appropriate utilisation of the HCIS • Increase awareness and responsiveness of CCLHD staff working in a culturally diverse environment • Further develop and deliver culturally appropriate health promotion programs for vulnerable CALD groups Target measures: <ul style="list-style-type: none"> • Increase % of OOS of interpreter usage • Increase % of staff training in cultural awareness and competency • Measurable outcomes for specific programs • Register of partnerships, service level agreements, networks and MOUs developed and maintained.
Hunter New England Local Health District	
Use of Interpreters across the CALD inpatient journey in the John Hunter Hospital (JHH)	The project aims to measure and improve the level of compliance with the requirement to provide professional interpreters for patients with limited English at essential stages of the patient journey such as admissions in JHH Newcastle. The use of interpreters at pivotal points of the patient journey from admission to discharge is obtained through data from the patients' discharge reports and the HCIS booking system. Gaps in compliance will be identified and reported to the Multicultural Access Committee quarterly. The report will establish a bench mark for units to measure and improve their performance.
Illawarra Shoalhaven Local Health District	
Cancer Good News Project phase two: research connected to the Faecal Occult Blood Test (FOBT)	ISLHD has set up a research project with the University of Wollongong to determine the acceptability and accessibility to, and beliefs of the Macedonian and Serbian communities in relation to the National Bowel Cancer Screening Program FOBT. It will be used to improve understanding about the use of the FOBT and to develop culturally appropriate strategies regarding the FOBT. Community members have been invited to participate in focus group discussions. Currently the research team are working to develop strategies that improve acceptability, ease of use and understanding of the FOBT for low literacy groups. The project is expected to be completed by January 2016.
Mid North Coast Local Health District	
Nurse led School screening program	The project aims to improve early identification and intervention for health issues likely to impact on student learning among refugee and other newly arrived students. The objectives are to: <ul style="list-style-type: none"> • provide a nurse led screening clinic based with local high schools • refer students with identified health issues to appropriate services • link students and their families with local GPs and provide information about health and health services • provide local GPs with information and support to provide ongoing care to students and their families.
Nepean Blue Mountains Local Health District	
Breaking Barriers, Bringing Understanding 3B U Project	Previous work with NBMLHD mental health services has highlighted very low numbers of the CALD population seeking and using mental health services (22 per cent of population in the NBMLHD is born overseas – 2011 census). Anecdotally there is a high incidence of mental health issues in the local CALD population. The Multicultural Health Service has partnered with Nepean Migrant Access, Penrith Women's Health Centre, Macquarie University and Partners in Recovery to create the project. It aims to research the CALD communities' perspectives on mental health, assist to overcome stigma, organise consultations across the LHD, and develop strategies to raise awareness of mental health issues. It will support NBMLHD mental health services to develop culturally appropriate work practices and resources that will ensure sustainability after the project's completion, including clinical cross cultural competency training for allied health staff.
Northern Sydney LHD	
The CALD Seniors Physical Activity Project; Interpreter survey	Follow-up telephone surveys will be conducted to obtain feedback on the implementation of the program with community members. The interpreter survey will be repeated to determine if the implementation of the action plan has been successful in addressing the gaps in knowledge and staff awareness identified in the 2013/14 survey.
South Eastern Sydney Local Health District	
Our Right to Know: using professional interpreters for surgical consent	The project aims to improve patient safety through the use of professional interpreters for patients from CALD backgrounds with limited English proficiency when obtaining informed consent for surgical procedures. It is a partnership between Prince of Wales Hospital (POW), St George Hospital (SGH), the LHD Multicultural Health Service and Sydney HCIS. Objectives are to increase the use of professional interpreters when obtaining informed consent at the Perioperative Unit at POW and for Upper GIT and Breast/Endocrine surgical sub-specialties at SGH. It will include file audits; patient interviews; focus groups with nursing and administrative staff; interviews and online surveys with medical staff; and process mapping to improve: (1) access to telephone interpreting services; (2) patient knowledge about their right to a professional interpreter; (3) the efficiency of face-to-face interpreter services; and (4) co-designing new business rules with senior surgeons.
Evaluation of the acceptability and clinical utility of the Arabic Mindfulness CD	Mindfulness based cognitive therapy has been proven to be one of the most effective interventions for managing depressed mood, anxiety and stress. SESLHD developed an Arabic language mindfulness CD in 2013, making it the first Arabic language self-management resource. SESLHD will do the study with UNSW, and it will determine whether it represents an acceptable and useful self-management resource for the Arabic speaking community. The research will be the first of its type on the use of Mindfulness with Arabic speaking communities. The results of the research will be presented at the International Psychology Conference in Dubai in October 2015.
South Western Sydney Local Health District	
Self-Management in patients from CALD backgrounds with Diabetes	A research study will investigate the factors influencing diabetes self-management skills of patients from CALD background to inform strategies to improve self-management. Patients with diabetes accessing the diabetes clinics of Liverpool and Campbelltown hospitals will be surveyed using validated tools for their self-efficacy, health literacy and self-management.

Project/initiative	Achievement 2014-15
Sydney Local Health District	
Hepatitis B awareness, screening and vaccination project for Korean and Chinese communities	This project will be run with the Korean Australian Medical Society (KAMS) and members of the Korean Health Committee to enhance capacity to promote the importance of hepatitis B screening and vaccination to prevent infection and liver diseases. Planned activities during NSW Hepatitis Awareness Week include a health forum on hepatitis B where Korean bilingual medical professionals will speak. A media campaign will include a Korean-language booklet on hepatitis B distributed in community newspapers and magazines. Korean medical professionals will also speak on Korean radio programs on SBS to increase awareness. A similar project will be run with the Chinese community with the Chinese Australasian Services Society (CASS), Carers' Program SLHD, Burwood Council and the RPA Hepatitis and Liver Clinic.
Western NSW Local Health District	
Health promotion for CALD communities	The WNSWLHD will work with Local Government Migrant Support officers to develop strategies for communicating positive health messages for CALD community groups.
Western Sydney Local Health District	
HealthCare Interpreters and Communication	WSLHD is engaged in a number of initiatives related to its HCIS, including training hospital staff and addressing the distinction between bilingual staff and interpreters. A new project to improve use of interpreters when obtaining a valid consent from non-English speaking patients and a new multilingual appointment system for outpatient clinics in Blacktown hospital has also been initiated. A number of new resources are being produced, including a DVD aimed at staff education and an 'interpreter required' card to inform patients about interpreters, their rights in accessing public health facilities and how to book interpreters. This project is a partnership with the MHCS, HCIS and WSLHD Multicultural Health Service.
Pillars	
Agency for Clinical Innovation	
Priority Populations Toolkit	The Toolkit will form part of the Patient Experience and Consumer Engagement Framework and will include downloadable resources, tools, videos, presentations and other material to support ACI Networks, Taskforces, Institutes and others to partner with priority populations, including CALD communities.
Clinical Excellence Commission	
Multicultural Health Week	The CEC will partner with the MHCS to promote key messages about patient rights and responsibilities for CALD communities. The campaign will include targeted community, media and clinician messages.
Health Education and Training Institute	
Working with Refugees	HETI will be developing a learning resource called <i>Working with Refugees</i> . It will explore innovative education and training methods to increase the capacity of the health workforce to respond to refugees.
NSW Kids and Families	
Engaging CALD men in understanding the impact and dynamics of domestic/family violence	The NSW Health Education Centre Against Violence (ECAV) has been supporting the education of community women from CALD communities for more than ten years through the development and delivery of two modules on domestic family violence (DFV). The modules are in twelve languages and ECAV's cultural equity position provides mentoring and support to the Bilingual Community Educators who deliver the program. In 2015-2016 ECAV will pilot the expansion of this program to engage CALD men, particularly from newly emerging and refugee communities, through community awareness workshops.
Health Networks	
St Vincent's Health Network	
Translate patient information	There is ongoing work to translate patient information into main patient languages at SVH and SHHS. The next translations focus on MRSA/infection control; patient rights and responsibilities; and patient complaints and compliments.
Justice Health and Forensic Mental Health Network	
Keeping Safe in Gaol	This booklet will provide new receptions to NSW Correctional Centres with information on harm minimisation strategies to prevent the risk of blood borne viruses and sexually transmissible infections. It will be translated into the top five community languages spoken in the correctional setting: Chinese Simple, Chinese Traditional, Vietnamese, Arabic and Spanish.
Sydney Children's Hospital Network	
Review of Recommendation for Paediatric Admission form	A working group is reviewing paediatric SCHN RFA forms to develop a unified tool. It will include country of birth details for the child's parents to provide information about their cultural background to assist staff to be aware of cultural determinants which can assist with compliance, attendance and other factors impacting on health outcomes.
Statewide Health Services	
NSW Ambulance	
Develop emerging community information	A program will analyse interpreter usage in community languages and identify emerging information needs to improve service delivery by using data to target media releases and fact sheets more accurately.
Multicultural Health Communication Service	
CALD Organ and Tissue Donation Awareness Campaign	The campaign aims to increase awareness of the importance of organ and tissue donation among CALD communities, to increase positive attitudes and registration of CALD community members. In 2015/16 the MHCS expects to focus on Arabic speakers, Cantonese/ Mandarin speakers, Filipino speakers and Vietnamese speakers. The campaign will create media coverage of organ and tissue donation messages, and reach individuals through bilingual talks, a story telling event and workshops.
Multicultural HIV and Hepatitis Service	
NSW Hepatitis B Community Alliance – Media Strategy	Chronic hepatitis B is a significant health issues affecting many CALD communities in NSW. The Alliance aims to strengthen communities' capacity to address hepatitis B issues by raising awareness, promoting testing, monitoring and treatment as well as prevention. Alliance members and the MHAHS are working together to develop and implement tailored ethnic media campaigns. The campaigns will commence during Hepatitis Awareness Week (27 July 2015 – 2 Aug 2015) and continue over the following months.
Multicultural Problem Gambling Service for NSW	
Change the concept of gambling for international students	There is significant problem gambling reported among international students with associated mental health problems, such as anxiety, depression and suicidal thoughts. A partnership is being developed with a number of universities aimed at prevention and early intervention, with the first meeting in August 2015.

Project/initiative	Achievement 2014-15
NSW Education Program on Female Genital Mutilation	
Information for health professionals and religious leaders	The NSW Education Program will organise a Religious Leaders Health Forum to disseminate information to on religious practices affecting health, including the amended NSW legislation against FGM. It will also disseminate information to GPs and health professionals about care and referral pathways for women with FGM, changes to the legislation and distribute an updated pamphlet.
NSW Refugee Health Service	
NSW Refugee Health Service Research	RHS is planning to research the effectiveness of its Refugee Health Nurse Program and Oral Health program in 2015-16.
Transcultural Mental Health Centre	
Your Experience of Service (YES) questionnaire and information brochure	TMHC is working on the YES questionnaire and information brochure in 21 community languages to gather information from consumers about their experiences of care to help mental health services and consumers build better services. Interpreters and bilingual mental health professionals will review the resources, assess language suitability and cultural appropriateness for the target audiences. Community consultations will also be held to review the resources, with one focus group for each language.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is the largest social policy reform in Australia's history.

Under the Bilateral Agreement signed in September 2015, the Commonwealth and NSW Governments have agreed to a plan for the roll out of the NDIS across NSW.

NSW Health has been actively involved in all aspects of the transition towards the full scheme to ensure people with disability, their families and carers are provided with the best supports.

NSW Health has incorporated key learning's from the Hunter New England trial site to help guide and support the Nepean Blue Mountains Local Health District early transition for 0-17 year olds.

Practical resources have been developed to assist local health districts as they begin to transition to full scheme from 1 July 2016.

The majority of work undertaken by the NSW Ministry of Health has related to how the health system will link to the NDIS.

Major achievements in 2014-15 include:

- Supporting the development of the Bilateral Agreement between the Commonwealth and NSW Governments that will realise full scheme NDIS for NSW, providing choice and control to 140,000 people with disability living in NSW.
- Working with Family and Community Services (FaCS) on a data linkage project that has allowed for a streamlined transition to the NDIS for the Nepean Blue Mountains Local Health District
- The development of a decision making tool for local health districts to assist them in deciding whether to become an NDIS service provider
- The inclusion of Home Enteral Nutrition (HEN) into the NDIS, providing security of food supply for many hundreds of people utilising HEN feeding.
- Development of a Monitoring and Evaluation Framework to measure and monitor impacts on the health system
- Development of the NSW Health Transition Plan and Implementation Toolkit to assist local health districts as they transition to the full scheme

Disability Action Plan 2009-14

The NSW Ministry of Health developed the *NSW Health Disability Action Plan 2009-14*, which included the action plans of other agencies within NSW Health. The *NSW Health Disability Action Plan* is available on the NSW Health website.

The *NSW Health Disability Action Plan* commits NSW Health to the following principles:

- People with disability are fully valued members of the community.
- People with disability are entitled to equitable access to services provided to the general community.
- In the provision of services to people with disability the focus remains on the whole of life needs of the individual and their capacity to participate fully in the community.
- Participation of people with disability in decision making processes leads to better informed policy and outcomes for people with disability.
- The development of cultural competence is elemental to effectively support the diversity of people with disability.
- The unique needs of Aboriginal people with disability are recognised, respected and addressed appropriately.
- The legal rights of people with disability are recognised and protected.
- People with disability have equal right to employment and respect.

Key Achievements

The NSW Ministry of Health met its implementation and reporting obligations and contributed to a range of actions in the health and disability sectors, including:

- working with Department of Family and Community Services to implement the National Disability Insurance Scheme
- completing the evaluation of the pilot health services for people with intellectual disability
- including a question in the *NSW Patient Survey Program* on long-standing conditions

- developing a joint guideline with Ageing, Disability and Home Care (ADHC) to support residents of ADHC operated and funded accommodation support services who attend or are admitted to a NSW public hospital
- implementing the *Oral health 2020: Strategic Framework for Oral Health Services* which includes people with disabilities amongst its priority populations
- developing *Healthy, Safe and Well, A Strategic Health Plan for Children, Young People and Families 2014 – 2024* which specifically considers the needs of children, young people and families with disabilities.

Future Directions in Disability Inclusion

The NSW Ministry of Health developed the *NSW Health Disability Action Plan 2009-14*, which included action plans of other agencies with NSW Health. The NSW Health Disability Action Plan can be found on the NSW Health website. One of the principles in the NSW Health Disability Action Plan is that people with disability have equal right to employment and respect.

The principles developed under the Disability Action Plan are being incorporated into the NSW Health Disability Inclusion Action Plan 2016-19. The Disability Inclusion Action Plan will outline the practical steps NSW Health will put into place to break down barriers and promote access to services, information and employment and promote the rights of people with disability. The Disability Inclusion Action Plan will focus on four key outcome areas for NSW Health:

- attitudes and behaviours
- liveable communities
- employment
- systems and processes.

NSW Carers (Recognition) Act 2010

A carer provides ongoing unpaid support to a family member or friend who needs help because of disability, terminal, chronic or mental illness or ageing.

The *NSW Carers (Recognition) Act 2010* was introduced to formally recognise the significant economic and social contribution that carers make in NSW.

Supporting carers is the responsibility of all levels of Government and the community as a whole. Under the *NSW Carers (Recognition) Act 2010* all NSW Health staff are required to:

- understand the NSW Carers Charter and take action to reflect its 13 principles in policy and service delivery
- have processes in place to consult with carers on policy matters that may affect them
- have human resource policies in place to serve the needs of the NSW Health workforce who are carers.

In 2014-15, extensive education and training continued on the Carers Act, Charter and carers' issues. An estimated three thousand staff were reached across all NSW Health organisations. This included face-to-face, online training and education sessions for staff in the NSW Ministry of Health, local health districts, specialty health networks and pillar organisations. Innovative approaches included cartoons and comic strips, presentations by carers, quizzes, use of carer stories and discussion of workplace scenarios.

The Health Education and Training Institute online learning program, Partnering with Carers, has been developed to increase awareness and understanding by NSW Health staff of the needs of carers, as clients and colleagues. During the four months to 30 June, over 400 employees completed the module. Participants included nursing, medical, allied health and management staff as well as corporate services, hospital support and technical support staff across local health districts, specialty health networks and other NSW Health agencies.

The Act and the Charter are available on the NSW Health website with a range of other resources for NSW Health employees and carers.

Other achievements by NSW Health agencies to date include:

- implementation of a two way referral process by Justice Health & Forensic Mental Health Network with Family and Carer Mental Health Program providers under a Memorandum of Understanding
- development of a local health district Coordinated Carers Network comprising regional carer representatives of people with mental illness
- a 21 per cent increase in the number of HealthShare NSW and eHealth employees accessing their Personal and Carers leave following promotion of the arrangements
- implementation of a confidential distribution list to target information and resources to carers working in local health districts
- testing of carer experience measures as part of Integrated Care strategies
- implementation of a carer stress assessment tool and procedure by local health district community health teams
- evaluation of the TOP 5 Program which demonstrated positive implications for hospitalised patients with dementia and their carers, including impacts on patient safety (decreased falls and decreased use of anti-psychotic medications) and staff satisfaction
- annual completion of the local health district carer checklist with Quality and Patient Safety Coordinators including review of the facility or service, carer engagement, staff education, feasibility analysis of carer identification in NSW Health Client Registration and Patient Administration Systems.