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# Our Commitment to Service

## NSW Health is committed to providing the people of NSW with the best possible health care

Our commitment to service explains what you can expect from the NSW public health system as an Australian resident, no matter who you are, or where you live in NSW.

### Standards of Service

NSW Health will:

- Respect your dignity and needs
- Provide care and skill, in keeping with recognised standards, practices and ethics
- Offer access to a range of public hospital and community-based health services (eligibility criteria apply to some services)
- Offer health care based on individual health needs, irrespective of financial situation or health insurance status.

### Medical Records

Generally, people can apply for access to personal health information or other personal information relating to them. Access should be requested from the clinical information department or manager of the health service the person attended, or the head of the organisation that collected the personal information.

A Freedom of Information (FOI) application may also be lodged, requesting access to records. Access to records may not be granted in special circumstances as determined by the *Freedom of Information Act 1989*.

Records are kept confidential and are only seen by staff involved in the care and treatment of the person, except where disclosure to third parties is required or allowed by law.

### Treatment Services

NSW Health will:

- Allow for and explain public and private patient treatment choices in a public hospital
- Clearly explain proposed treatments, such as significant risks and alternatives, in understandable terms
- Provide and arrange free interpreter services
- Obtain consent before treatment, except in emergencies, or where the law intervenes regarding treatment
- Assist in obtaining second opinions.

### Additional Information

NSW Health will:

- Allow people to decide whether or not to take part in medical research and health student education (although in some circumstances, information may be used or disclosed without consent, for public interest research projects and strict conditions apply, including privacy legislation)
- Respect a person's right to receive visitors, with full acknowledgement of culture, religious beliefs, conscientious convictions, sexual orientation, disability issues and right to privacy.
- Inform a person of their rights under the *NSW Mental Health Act 2007* if admitted to a mental health facility.

Applications for financial assistance towards travel and accommodation costs incurred by patients who are disadvantaged by distance and who have to travel more than 100 km (one way) to access specialist medical treatment not available locally, can be made to the Transport for Health program in the Area Health Service where they live. Contact details for the Transport for Health offices can be accessed via the NSW Health website.

# Consumer Participation

## NSW Health Care Advisory Council

The NSW Health Care Advisory Council (HCAC) is the peak community and clinical advisory body providing advice to the Minister for Health and the Director-General. It is co-chaired by Rt Hon Ian Sinclair, AC and Professor Judith Whitworth, AC.

A Review of the HCAC and Health Priority Taskforces (HPTs) has been undertaken. The Review looked at the effectiveness and operation of the HCAC and the HPTs. A number of the recommendations relating to individual HPTs were implemented.

Following discussions between the Minister, the Director-General and HCAC Co-Chairs in late 2009 a preferred option for the establishment, recruitment and selection for a revised Health Care Advisory Council was mapped. AHAC Chairs and experts from the various medical, nursing, and allied health professions and other community representatives were recommended for appointment to the new Council commencing in 2010.

The Council met five times during 2009–10 and provided advice on the following priority issues:

- H1N1 Influenza 09 (Human Swine Influenza)
- The state of our public hospitals, June 2009 report
- Staff Accommodation and Retention in Rural and Remote NSW
- Casemix Funding Allocation
- Community Health Review, National Health and Hospital Reform Commission Report and National Primary Health Strategy
- Local decision making
- H1N1 Influenza Update
- *Caring Together*: Building Sustainability – the next stages of reform
- *Caring Together*: Recommendation 117
- Future of HCAC
- Health Dialog – Clinical variation
- *Caring Together*: Recommendation 131 and local decision making
- IPART Review
- National Health Reform

The HCAC newsletter promotes the outcomes and achievements from the health priority taskforces and the HCAC to their membership and broader health networks. Produced as a quarterly publication in print and electronic form, the first issue was published March 2008.

Each edition profiles one of the taskforces in-depth, as the 'In Focus' segment to highlight important issues relevant to them, promote resources developed and advise on future projects.

Taskforces also contributed with guest editorials and updates on key activities.

## Health Priority Taskforces

Health Priority Taskforces (HPTs) provide advice to the Director-General on policy directions and service improvements in each of the high priority areas of the NSW health system.

The operation and function of many HPTs is now being managed within the reforms outlined in *Caring Together: The NSW Health Action Plan*, the establishment of the Agency for Clinical Innovation and NSW Kids. As a result in 2010 the Health Priority Taskforces were decommissioned and Chairs of these advisory committees are no longer members of the Health Care Advisory Council.

There were nine Health Priority Taskforces (HPTs) operating in 2009–10:

- Aboriginal and Population Health – provided direction, leadership and develops agreed positions relating to Aboriginal health policy, strategic planning and broad resource allocation issues and focuses on strategies and actions that support directions for Population Health activities in NSW.
- Children and Young People's Health – facilitated provider and consumer leadership of children and young people's health services.
- Chronic, Aged and Community Health – provided access to information on patient/carer/clinician/ population, provided access to and implementation of appropriate integrated care, funding and workforce. This Taskforce completed its work and formally came to an end in February 2010 due to the *Caring Together* led to a restructuring of the Health Care Advisory Council, to which the Taskforce reported, as well as other changes in consultation mechanisms across NSW Health.

- Critical Care – responsible for critical care services planning.
- Greater Metropolitan Clinical Taskforce – supported the clinician networks and evolving groups such as Acute Aged Care and Gynaecological Oncology.
- Maternal and Perinatal – provided direction and leadership for NSW maternal and perinatal services.
- Mental Health – responsible for prevention, early recognition, early intervention and promotion and acute care.
- Rural Health – monitored the implementation of the NSW Rural Health Report and NSW Rural Health Plan and advised on a range of rural health service delivery issues.
- Sustainable Access – responsible for the review of the Waiting List policy, Predictable Surgery Program, patient journeys and Emergency Department performance targets.

## Area Health Advisory Councils

There are nine Area Health Advisory Councils (AHACs), one for each Area Health Service and one for the Children's Hospital at Westmead. They advise chief executives on policy, planning and delivery of health services.

Each council includes people who have experience in the provision of health services, representing the interests of consumers, health services and the local community. At least one member must also have knowledge, expertise or experience of Aboriginal health.

Councils submit an annual report to the Minister for tabling in Parliament. Council Chairs and Chief Executives also participated in two Area Health Advisory Council forums on 9 November 2009 and 27 May 2010, to discuss common issues and challenges, including the Independent Panel's audit progress report on the implementation of *Caring Together*, and the NSW response to the National Health and Hospitals Agreement. These meetings provide an invaluable networking opportunity for AHACs across the State.

## Disability Action Plan

The Department of Health Disability Action Plan 2009–2014 objective is to reduce and, where possible, eliminate discriminatory barriers to people with disability, whether they are in departmental employment, seeking employment or requiring health services provided by the Department. The Department will seek to reduce attitudinal barriers and physical access barriers, address communication difficulties, improve consultation to better utilise sector expertise, increase employment

opportunity for people with disability and review and develop specialist and adaptable services when these are required.

In 2009–10 the Disability Action Plan was agreed after a series of internal and external consultations and implementation has commenced, building on previous achievements. The Disability Action Plan will continue to be implemented over 2010–11.

The seven outcomes are:

1. The Department's policy and programs are effective in meeting the diverse needs of people with disability
2. Information provided by the Department is accessible to people with disability
3. Buildings and facilities owned or leased by the Department are physically accessible to people with disability
4. People with disability are assisted to effectively participate fully in departmental public consultations and on advisory boards and committees
5. Employment of people with disability within the Department is increased, supported and maintained.
6. Departmental decision making practices, programs and operations will positively influence other agencies to improve participation and quality of life of people with disability.
7. Specialist or adaptive services are funded by the Department when mainstream services are not responsive or adequate to meet the needs of people with disability.

The Department's Disability Action Plan meets the requirements under Section 9 of the *Disability Services Act 1993 (NSW)* and can be downloaded from the NSW Health website in pdf or Word at [http://www.health.nsw.gov.au/pubs/2010/dis\\_action\\_plan.html](http://www.health.nsw.gov.au/pubs/2010/dis_action_plan.html).

## Equal Employment Opportunity

The Department of Health has a strong commitment to equal employment opportunity (EEO) and recruits and employs staff on the basis of merit. This provides a diverse workforce and a workplace culture where people are treated with respect.

### EEO Activities for 2009–10 Included:

- NSW Department of Health's Close the Gap Day event which increased awareness of issues affecting Aboriginal

and Torres Strait Islanders. Presentations highlighted the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW and the introduction of new and innovative programs including the Injury Prevention Program, Housing for Health Program and the Aboriginal Mental Health Trainee Program.

- Issuing a Statement of Commitment declaring the Department's undertaking to:
  - uphold and apply cultural protocols such as 'Welcome to Country' and 'Acknowledgement of Country'
  - acknowledge and respect Aboriginal cultural identity through the use of the NSW Aboriginal Health Partnership Agreement
  - use the Aboriginal Health Impact Statement when developing or reviewing significant policies and programs, and implement agreed actions to support the delivery of services and programs to Aboriginal people in NSW.
- NAIDOC celebrations with emails and posters used to increase employee awareness of Aboriginal culture, history, sport, entertainment and policies.

- Development and publication of the Disability Action Plan demonstrating how the Department contributes to a society in which people with disability participate as full citizens with optimum quality of life and independence.

## Equal Employment Opportunity Management Plan 2010–11

The following activities are proposed for the 2010–11 EEO Management Plan:

- Improve the accuracy of EEO group representation data by conducting an employee survey
- Review alternative data sources to improve the accuracy of disability data.

A distribution index of 100 indicates that the centre of the distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO 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 EEO group is less concentrated at lower salary levels.

Table 1. Trends in the representation of EEO Groups<sup>1</sup>

EEO Group	Benchmark or target	% OF TOTAL STAFF <sup>2</sup>				
		2006	2007	2008	2009	2010
Women	50%	62%	62%	62%	62%	63%
Aboriginal people and Torres Strait Islanders	2.6% <sup>3</sup>	2%	1%	1%	1%	1%
People whose first language was not English	19%	20%	21%	21%	21%	21%
People with a disability	12%	3%	4%	3%	3%	3%
People with a disability requiring work-related adjustment	7%	1%	1.0%	0.8%	0.9%	0.8%

Table 2. Trends in the distribution of EEO Groups<sup>4</sup>

EEO Group	Benchmark or target	DISTRIBUTION INDEX <sup>5</sup>				
		2006	2007	2008	2009	2010
Women	100	96	95	94	95	95
Aboriginal people and Torres Strait Islanders	100	-	-	-	-	-
People whose first language was not English	100	90	90	90	91	90
People with a disability	100	97	100	97	97	96
People with a disability requiring work-related adjustment	100	-	-	-	-	-

Note: Information for the above tables is provided by the Workforce Profile Unit, Public Sector Workforce Branch, Department of Premier and Cabinet.

**1** Staff numbers are as at 30 June. **2** Excludes casual staff. **3** Minimum target by 2015. **4** A distribution index of 100 indicates that the centre of distribution of the EEO group across salary levels is equivalent to that of other staff. Values less than 100 mean that the EEO 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. An index more than 100 indicates that the EEO group is less concentrated at the lower salary levels. **5** Excludes casual staff.

# Multicultural Policies and Services Program (MPSP) (formerly Ethnic Affairs Priority Statement)

## Achievements 2009–10

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
1. To keep people healthy	Greater Western	Central West / Orana and Far West Multicultural Interagency	Representatives from Greater Western Area Health Service attend and provide regular input into these network meetings. In partnership with the Interagency, research was undertaken to determine the viability of establishing a clinic at Orange Base Hospital to address the health needs of the Sudanese community.
	Hunter New England	Navigating the System	A series of workshops was run in conjunction with Northern Settlement Services in Armidale with groups of Congolese, Sudanese and Afghani clients, providing basic health information for daily life. Topics covered included: <ul style="list-style-type: none"> <li>• navigating the health system</li> <li>• home medicine</li> <li>• nutrition using interpreters, and</li> <li>• women's health</li> </ul>
	Northern Sydney Central Coast	Women's Health Information Sessions	Information sessions on women's health issues have been held in community venues, with the assistance of health care interpreters. Language groups included Chinese, Korean, Indian, Spanish, Iranian, Afghani, Japanese and Tibetan. Sessions included information on: <ul style="list-style-type: none"> <li>• pap smears</li> <li>• breast checks</li> <li>• well women's checks</li> <li>• women and heart health</li> <li>• contraception sexual health</li> <li>• relaxation/stress management emergency</li> <li>• GPs</li> <li>• Health Care Interpreter Services</li> <li>• women's safety and domestic and family violence awareness and information</li> </ul>
	South East Sydney and Illawarra	CALD Men's Health Program – Illawarra	A series of one-off and ongoing men's health projects have been undertaken including ongoing support of the Men's Shed group for long term unemployed and retrenched CALD men from Portuguese, Spanish, Greek and Serbian background over 55 years of age, and the establishment of a new Men's Shed group for Turkish and Arabic speaking men.
	Sydney South West	Be Active – Be Healthy	A health literacy and physical activity program for Vietnamese, Khmer and Assyrian communities has been developed and implemented. Initiatives included sessions on health checks, information on physical activity and development of a group physical activity program. Since the completion of the 10-week program, 44 Khmer women and 55 Vietnamese women have registered and participated in ongoing physical activity programs.
	Sydney West	Healthy Living for the Multicultural Community in The Hills	Strong partnerships have been established across Government, and NGOs to address the health issues of local culturally and linguistically diverse communities. Initiatives developed and implemented include: <ul style="list-style-type: none"> <li>• healthy eating educational talk,</li> <li>• interactive physical activities sessions</li> <li>• survey for 'health challenge to win'</li> <li>• multilingual 'Measure Up' campaign,</li> <li>• multicultural luncheon, and</li> <li>• low cost childcare support</li> </ul> A total of 140 people from diverse language backgrounds attended the program.
	Justice Health	Inmate Development Committee	Inmates/ patients incarcerated in NSW have the majority of their civil liberties suspended for the duration of their sentence. The Inmate Development Committee has been established with representatives from all major non-English speaking backgrounds within NSW, and provides a 'voice' in addressing issues which impact on their health.
	NSW Refugee Health Service	Fairfield Refugee Nutrition Project	The project continues to offer a minimum of twelve, 6-week courses yearly in basic nutrition, with an emphasis on reducing food insecurity. As a result of changes to the target audience, from children aged 0 to 5 years to children aged 0 to 12 years, topics covered during the nutrition course have been expanded to include: <ul style="list-style-type: none"> <li>• Vitamin D</li> <li>• Iron</li> <li>• fussy eating</li> <li>• body image</li> <li>• physical activity and</li> <li>• chemicals in food</li> </ul>

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	Capoeira Angola – Project Bantu	During the last twelve months, STARTTS delivered Capoeira Angola groups at Miller Intensive English Centre (IEC), Fairfield IEC, Evans IEC, Chester Hill IEC, Cabramatta IEC and at STARTTS Office in Carramar. The groups are evaluated for psychosocial benefits to participants. An Evaluation Report has been produced.
	Multicultural HIV and Hepatitis C Service (MHAHS)	Community development projects	MHAHS worked with the Cambodian, Vietnamese and Thai communities to increase knowledge and awareness around HIV and hepatitis C. Training was conducted with community workers and community members, and the service participated in Cambodian, Thai and Vietnamese community festivals and engaged with ethnic media.
	Department of Health, Inter-Government and Funding Strategies	NSW Aged Care Assessment Program (ACAP) Key Stakeholder Consultations	The Aged Care Integration Unit, Inter-Government and Funding Strategies, sought to engage with clients and other stakeholders of the Aged Care Assessment Program (ACAP) in NSW to determine levels of satisfaction of the service. This three-year project (2008–2010) consisted of three separate surveys. Results demonstrate a high level of satisfaction with the ACAP service by clients, their families and carers, and a moderate and improving level of satisfaction of the ACAT service by aged care service providers. Round 2 of the survey, held in late 2009, targeted CALD clients to determine current levels of engagement and identified ways to improve access to ACAT services for these communities.
	Department of Health Centre for Health Advancement	Translated smoke-free cars resources for the community	As part of a significant communication campaign to raise the community's awareness of the ban on smoking in cars with children under the age of 16 years under the Public Health (Tobacco) Act 2008, a smoke-free cars factsheet was developed and translated into a number of languages. The smoke-free cars factsheet is available in Arabic, Chinese, Greek, Italian and Vietnamese on the NSW Health website and the Multicultural Health Communication Service website.
	Department of Health, Primary Health and Community Partnerships	Multicultural Health Week	Primary Health and Community Partnerships has engaged in a partnership project with the Multicultural Health Communication Service to promote health messages to CALD communities and improve their knowledge and awareness of the health system and services during Multicultural Health Week. The Week was held between 27 July and 2 August 2009 and the theme in 2009 was 'Evidence to Equity'. Mr Stepan Kerkyasharian, AM, Chair of the NSW Community Relations Commission, launched the Week at the National Maritime Museum's Welcome Wall.
2. To deliver high quality service	Greater Western	Health Newsletter	Assistance is being provided to Bathurst Neighbourhood Centre to produce a Health Newsletter for distribution to CALD communities in Bathurst and its surrounds.
	Hunter New England	To deliver high quality health services	Multicultural Liaison Officers are involved with patient discharge planning from the John Hunter Hospital and the Royal Newcastle Centre to ensure that patients are: <ul style="list-style-type: none"> <li>• provided with culturally appropriate services post-discharge, and</li> <li>• linked in with Multicultural Aged Care packages where this is appropriate.</li> </ul>
	Greater Southern	Turkish Needs Analysis	In response to ongoing requests by the Turkish community in the Illawarra for a Turkish speaking multicultural health worker, a needs analysis was undertaken during 2009. Findings showed that the community did have a lack of knowledge about services and how to access them effectively. However, the report also showed that the community is quite small and has very few new arrivals. As a result, a short-term project was established aimed at working with the community to increase their understanding of services available.
	Northern Sydney Central Coast	CALD Advisory Group	The NSCCAHS CALD Advisory Group consists of representatives of a diverse range of community groups including: <ul style="list-style-type: none"> <li>• large, established communities</li> <li>• smaller emerging communities and</li> <li>• communities with a high proportion of refugee and humanitarian entrants</li> </ul> Meetings of the CALD Advisory Group have resulted in the identification of health service issues that need to be addressed to improve the accessibility and cultural appropriateness of services.
	South East Sydney Illawarra	Improving End-of-Life Care for Culturally Diverse Patients and their Families – an Intensive Care Perspective	This project was developed to consider end-of-life issues in an intensive care setting among people of CALD background. It addressed an increasing need for culturally appropriate responses in difficult clinical settings. Dealing with death varies enormously among cultures; it evokes very intense feelings that are dealt with differently by every individual and family.
	Sydney South West	Health literacy for youth and women of newly arrived communities	In partnership with Adult Multicultural Education Services (AMES), a special project to incorporate health information into orientation programs for new arrivals in Canterbury/Bankstown was developed. It facilitates access to health services for newly arrived and non-English speaking young people and women.
	Sydney West	Early Intervention Services and Resource for CALD families with Children 0–8	A clinician's guide to Early Intervention Services and Resources for Culturally and Linguistically Diverse families in the area serviced by SWAHS has been developed and distributed. It includes information on services external to the Area Health Service and multicultural Statewide services.

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
	Justice Health	Interpreter Policy	A review of Justice Health's policy, usage and business processes surrounding the use of healthcare interpreters highlighted the need to amend key components to ensure greater uptake by staff and patients. Justice Health established a central cost code that has had a positive impact upon the transparency of the process and has decreased confusion amongst health staff needing access to interpreters.
	NSW Refugee Health Service	Community Education Program	Bilingual Community Educators delivered 80 information sessions regarding the NSW Health Care System to 1,635 refugees. Sessions were delivered at Auburn and Fairfield English Language Colleges, Liverpool University of Western Sydney College, Bankstown AMES, through public schools and Migrant Resource Centres.
	STARTTS	Families in Cultural Transition (FICT)	FICT aims to reduce the social isolation that often accompanies migration, by building a comprehensive resource kit for facilitators and using it to train groups of newly arrived refugee families. FICT groups were run with the following communities: Burundian, Sierra Leonean, South Sudanese, Ethiopian, Eritrean, Liberian, Mauritanian, Hazara, Iraqi (mixed), Mandaean, Assyrian, Tamil, Karen, Burmese (mixed). The groups were run in Sydney, Wollongong, Lismore, Newcastle and Coffs Harbour. An evaluation report for African FICT groups was produced.
	Department of Health, Inter-Government and Funding Strategies	HealthOne NSW Services	In response to the needs of particular communities, HealthOne NSW services include government and non-government services that assist access to appropriate health care for people from culturally and linguistically diverse backgrounds. These services may include interpreter services and services provided by the NSW Refugee Health Service, Transcultural Mental Health Services and access to the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).
	Department of Health, Workforce Development and Innovation	International Graduate Orientation Program	To support international medical, nursing and allied health graduates to integrate more easily into the NSW healthcare system, funding of \$488,000 in 2009–10 was allocated to rural and regional Area Health Services for an international graduate orientation program.
	Department of Health, Centre for Health Protection	'Super' factsheet on influenza	A 'super' factsheet, or a summary of the most important information contained in a series of pandemic influenza factsheets, was developed and translated into four key languages. The concept was so successful that an English version was made widely available.
3. To provide the health care people need	Greater Western	Interpreter Services	'How to Access the Health Care Interpreter Services' packages were further distributed to facilities across the Area Health Service. Health Care Interpreter Service training for clinical staff continued across the area. Interpreter Services contact details have been placed on the Greater Western Area Health Service Community Engagement intranet site.
	Hunter New England	Cultural Aspects of Birthing- an online in-service training for obstetric staff	This module was developed to inform staff of the cross cultural issues involved in antenatal and postnatal service delivery. The aim of the training is to assist obstetric service providers in developing cultural competence. The learning package is interactive.
	North Coast	Refugee Health Clinic	The clinic was established to address these issues and provide an accessible, affordable, culturally appropriate service that would assist refugees to regain control over their health, which is the key to their physical and psychological recovery. The ultimate goal is to assist the refugees regain their self-confidence to be able to access the health care system independently.
	Northern Sydney Central Coast	Community Consultation Feedback	A workshop for CALD community leaders, service providers and health workers was held on the Central Coast to report on key findings of community consultations conducted with CALD community representatives. The purpose of the consultation was to explore experiences accessing health services, barriers to accessing services and health information needs. During the workshop, strategies for addressing key issues were identified and an implementation plan was developed.
	South East Sydney Illawarra	Evaluation of Community Theatre as a Health Promotion Tool for the Macedonian Community	'Fear and Shame' – a Macedonian language play adopted an innovative, culturally tailored approach to mental health promotion and stigma reduction in CALD communities. Approximately 1,600 people attended eight performances at three venues. This project was a partnership project between the Multicultural Health Service, Central Network Mental Health Service and University of NSW.
	Sydney South West	Better Life for Arabic Women	A culturally appropriate health improvement project to promote holistic concept of health and well-being for Arabic speaking women was developed and implemented. Initiatives included aqua aerobic and learn to swim classes for Iraqi, Mandaean, Coptic and Catholic Sudanese, Turkish, Kurdish and Pakistani women. Health education sessions for women on various health issues and risk factors were also provided.
	Sydney West	Development of a Neuropsychological Assessment Tool for the Chinese Community	A partnership between the Multicultural Health Unit and the Department of Clinical Psychology at St Joseph's Hospital has been formed to develop a valid and reliable tool to assess dementia in Chinese patients. 150 non-brain impaired Chinese individuals between the ages of 55-89 were invited to participate in the study. One-hour face-to-face testing on standard cognitive tests was conducted with the use of an interpreter. The study is currently focusing on analysis of the data that will be published in the near future.
	Multicultural Problem Gambling Service	Gambling Fact Sheet	Multicultural Problem Gambling Service (MPGS) in partnership with the Diversity Health Institute Clearinghouse, designed and produced a new fact sheet addressing Adolescent Problem Gambling in 14 languages (Arabic, Bosnian, Chinese – Simplified, Chinese – Traditional, Croatian, Dari, Greek, Italian, Korean, Persian, Serbian, Tagalog, Turkish and Vietnamese).



GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
	Female Genital Mutilation Service (FGM)	FGM Clinical Education and Training	One hundred and thirty two (132) clinical staff undertook the clinical in-service training in metropolitan and rural areas of NSW about female genital mutilation.
	Justice Health	Health Centre Signage	Justice Health commissioned and installed multi-language signage in all Correctional, Juvenile Justice Centres and Police Cell Complexes Statewide. The top three non-English speaking languages within NSW prisons (Arabic, Chinese and Vietnamese) have been used in addition to English.
	NSW Refugee Health	Burmese Refugee Forum	The Forum 'Diverse Refugee Communities from Burma in NSW – Karen, Rohingya and Burmese Refugees' was held at Auburn Hospital on 24 November 2009. This was attended by approximately 45 participants from Area Health and Statewide health services, other government agencies, NGOs, private health practices, and Universities.
	STARTTS	Families in Cultural Transition (FICT)	At present, STARTTS has over 40 facilitators who implement the program covering a significant range of languages and cultural backgrounds. These include South Sudanese (various language and tribal groupings), Sierra Leonean, Liberian (different language and tribal groupings), Burundian, Congolese, Ethiopian, Eritrean, Somali, Hazara, Afghan (other languages), Karen, Burmese, Chin, Tamil, Assyrian, Chaldean, Kurdish, other Iraqi groups, Iranian, Serbian, Nepalese, Bhutanese and others.
	Multicultural HIV and Hepatitis C Service (MHAHS)	HIV awareness campaign	MHAHS developed and implemented an HIV awareness campaign for Spanish-speaking men in south-western Sydney who have sex with men (MSM) and is currently developing a similar campaign targeting Thai MSM.
	Department of Health, Centre for Health Protection	Research on access barriers to HIV services	The Department has provided research grant funding to the National Centre for HIV Social Research examining barriers to HIV service access for CALD populations and levels of HIV risk awareness and knowledge in several ethnic communities in Sydney.
4. To manage health services better	Greater Western	Orientation process for local facilities	All health facilities provided orientation to staff highlighting the specific cultural assets of the CALD population within the rural context.
	Hunter New England	Nurse Manager, Cultural Support	A new trial position was established to identify and liaise with all international nursing graduates who are employed by Hunter New England Area Health Service. The position liaises with nurse mentoring system to explain the impact that culture and related training can have on the ease with which the international nursing graduates can relate to their patients and other staff.
	North Coast	Education and information for health professionals	Education and information sessions were provided to the community, health professionals, medical students, GPs and schoolchildren. These sessions provided information tailored to each audience on a wide range of topics including <ul style="list-style-type: none"> <li>• recovery from mental illness</li> <li>• refugee health care</li> <li>• refugee health services</li> <li>• the use of interpreter services</li> <li>• sexual safety</li> <li>• cross cultural communication and</li> <li>• Translation for specialists</li> </ul>
	Northern Sydney Central Coast	Intranet Site	A new Multicultural Health Service intranet site was developed to provide NSCCHS staff members with access to information on policy issues, interpreting services, demographic information, CALD community organisations, multilingual resources, multicultural health services. Staff now are provided with all details on one site, which includes links to key government and community organisations.
	South East Sydney Illawarra	Bangladeshi Reference Group and Bangladeshi Women's Health Project	The Bangladeshi Reference Group was formed to assist with sharing information, resources, expertise and achievements and to develop a co-ordinated approach to assisting this community in the Botany and Randwick local government areas. Because of the Reference Group, regular community engagement and education sessions with the aim of improving health literacy among Bangladeshi women living in the Northern sector of SESIAHS have been held.
	Sydney South West	Accredited Cultural Competence Course	In partnership with Workforce Development and Innovation, Department of Health, a Vocational Education and Training Accreditation Board (VETAB) accredited course was developed, piloted, evaluated and approved to improve the capacity of health workers to work effectively with CALD people. The course contains an on-line component and is now available to be held regularly through Workforce Development.
	Sydney West	New Interpreter Signs for SWAHS	The Area Health Service developed and put in place a procedure for the development of and placement of interpreter signage. Using the procedure, the Multicultural Health Unit co-ordinated the development, production, distribution and installation of 640 new interpreter signs across all area facilities and services.
	NSW Refugee Health Service (RHS)	Oral health information for refugees	The NSW Centre for Oral Health Strategy and the RHS have devised a training package for the RHS Bilingual Community Educators on Oral Health. Information is provided on oral hygiene and access to dental services.

# Multicultural Policies and Services Program

## – Initiatives Planned for 2010–11

### Planned Initiatives 2010–11

GOAL	HEALTH SERVICE	PROJECT/INITIATIVE	ACHIEVEMENTS 2009–10
1. To keep people healthy	Greater Western	Central West / Orana and Far West Multicultural Interagency	Representatives from Greater Western Area Health Service will continue to attend and provide regular input into these network meetings. The meetings are scheduled quarterly and meeting venues are rotated at different towns throughout the region.
	Hunter New England	Multicultural Child and Family Health support	The program will provide support and education for new mothers in a multicultural group setting. The groups will provide culturally appropriate access to services for new mothers. New mothers will be referred to the groups through the Mums, Obstetrics and Multicultural Services (MOMS) program in Newcastle and the Lower Hunter.
	Northern Sydney Central Coast	Hospital Tours	Tours of hospitals will be organised for students of the Adult Migrant English Program who have recently arrived in Australia. The purpose of the tours is to introduce students to services provided by public hospitals and the role of specific health workers. Information on health services is distributed to students during the session and used as a teaching aide in the English classes.
	South East Sydney Illawarra	African Radio Program African Voice	The African Voice, community radio program will be broadcast in several African languages (and English). It aims to engage and provide relevant health information to these communities. Volunteers are currently recording program sessions on tape for quality control and start broadcasting later in 2010. This project is a partnership between volunteers from African communities and 2VOX FM Community Radio Program, supported by the South East Sydney Illawarra Multicultural Health Service.
	Sydney South West	Table for One	This nutrition education project has been developed and implemented for socially isolated Polish and Macedonian people in Sydney's South West. The aim of the project is to assist shopping for healthy foods and eating well. The project was developed in partnership with Community Nutrition in SSWAHS
	Sydney West	Suicide Prevention and Research Project	The project is a collaborative venture between the Diversity Health Institute (under the auspices of the Trans Cultural Mental Health Centre) and the Australian Institute for Suicide Research and Prevention, Griffith University (research lead). The project objectives are to co-ordinate, facilitate and implement data gathering procedures for a longer-term project reviewing suicide in immigrant populations living in Australia from 1970 to the present.
	NSW Refugee Health Service (RHS)	Oral health information for refugees	The NSW Centre for Oral Health Strategy and NSW Refugee Health Service training package on Oral Health will be provided to various refugee community groups.
	STARTTS	'New Land – New Life'	The next stage of New Land-New Life will include courses at two TAFEs in South Western Sydney and possible acquisition of a larger piece of land close to the site of the Fairfield Hospital. A funding application is currently with Community Development and Support Expenditure Program in Fairfield to purchase the necessary equipment and employ a staff member to work on this project. Should the funding and the land be available, a market garden will be established. The garden would be used to promote healthy lifestyle including exercise and healthy eating as well as meaningful activity.
	Department of Health, Inter-Government and Funding Strategies	NSW Transitional Aged Care Program (TACP)	The NSW TACP is a unique service that supports older people to rebuild their functional capacity after a stay in hospital by improving independence and confidence. Inter-Government and Funding Strategies will continue to roll-out TACP places, across NSW to provide ongoing opportunities to refine CALD strategies and demonstrate achievements and improvements.
2. To Deliver high quality services	Greater Western	Health Newsletter	Greater Western Area Health Service will continue to assist Bathurst Neighbourhood Centre in producing a Health Newsletter for distribution to CALD communities of the Bathurst area and surrounds.
	Hunter New England	Rewriting the Emergency Department Pathways at the John Hunter Hospital	A clinical nurse specialist will review and revise the emergency department pathways and all documentation about the use of interpreters and Non English Speaking patients. This will increase the onus on staff to ensure interpreters are used when required.
	Northern Sydney Central Coast	Family Violence Project	Feedback from CALD community groups and service providers has indicated that family violence continues to be of concern in some communities. A project to build the capacity of the Area Health Service to more effectively identify and respond to family violence issues in CALD communities in the Central Coast region will be established. The first phase of the project will involve interviews with CALD community workers and services involved with family violence to further identify issues influencing family violence in CALD communities.
	South East Sydney Illawarra	Cultural Diversity and Capacity Building Activities	This project is aimed at building capacity of rural health staff in engaging with and responding to CALD communities. Activities planned include: <ul style="list-style-type: none"> <li>• holding cross cultural training for health service providers, and</li> <li>• working in partnership with specialist health services eg (Mental Health Services) to develop programs/projects for CALD communities where a need is identified.</li> </ul>

	Sydney South West	Health literacy for youth and women of newly arrived communities	In partnership with AMES, a project to incorporate health information into orientation programs for new arrivals is planned in Canterbury/Bankstown area. This will facilitate young people's and women access existing health services.
	Sydney West	Data Collection	A Project Initiation Request has been endorsed by the Area Information Technology Service to work in partnership with Multicultural Health to improve collection of data collection about CALD clients. The project aims to improve access to interpreters, provide monitoring opportunities, and provide an ability to run reports. The overall aim of the project is to benefit both patients and staff by ensuring a safer patient journey.
	STARTTS	'Sharing Our Stories – Sharing Our Strengths' Conference	In 2011, STARTTS will convene a Conference focused on refugee communities learning from each other. The report from the previous Conference held in 2007 has been published and is available from STARTTS.
	Department of Health, Centre for Health Advancement	Translated retailer resources on the tobacco display ban	Initiatives in 2010–11 will continue to raise community and retailer awareness about the tobacco display ban across non-English speaking population groups, with a focus on distributing translated retailer resources through relevant retailer channels.
3. To provide the health care people need	Greater Western	Interpreter Services	Greater Western Area Health Service will explore the possibility of developing an e-learning tool for the 'How to Access Health Care Interpreter Services' education package. The project would be supported through the Centre for Rural and Remote Education Unit.
	Hunter New England	End of Life Project	A research project will be implemented to identify who elders of culturally and linguistically diverse backgrounds are most likely to nominate as their substitute decision maker.
	Northern Sydney Central Coast	Information Sessions on Mental Health and Drug and Alcohol Services	Information sessions on mental health and drug and alcohol in both the Northern Sydney and Central Coast sectors will be facilitated for CALD community workers and CALD community leaders. The sessions will provide an overview on service types, locations, intake and referral processes and access to interpreters. The sessions are being organised in response to the results of recent consultations with CALD community members, which have indicated a need for information on mental health and drug and alcohol services.
	South East Sydney Illawarra	Developing a Framework for Building Capacity for Cultural Competence in Health Services	The proposed Framework, which integrates ideas from the cultural competence literature, offers the opportunity to improve health outcomes and reduce health inequities for CALD communities. The proposed Framework will assist in mapping existing strategies, identifying gaps and opportunities, identifying priorities for action and planning integrated strategies for sustainable change.
	Sydney South West	Spanish RACE (Recovery After a Cardiac Event)	The program was developed in response to the lack of attendance of Spanish speaking patients to the mainstream Cardiac Rehabilitation program. It was a partnership project with Liverpool Cardiac Rehabilitation team. The initiative will involve two programs of eight weekly sessions conducted each year. All sessions will be conducted either by bilingual workers or by using interpreters.
	Sydney West	Having a Baby In Australia? We Speak Your Language report and CD	This is a partnership project between Westmead maternity services and Multicultural Health Western Cluster. The CD was developed to improve the knowledge of childbirth amongst CALD women, build their confidence and minimize the fear and anxiety caused by their lack of knowledge of childbirth. The CD has been developed in a further 7 community languages and is now available in Burmese, Dinka, Juba Arabic, Dari, Somali, Urdu and Vietnamese, as well as the original Arabic, Persian, Tamil, Hindi, Cantonese, Mandarin, Korean and English.
	Ambulance Service	Migrant Community Education Program	The aim of this project is to develop information to new migrants on how to access the ambulance service through triple zero in an emergency. NSW Ambulance Service is working with Adult Migrant English Services to determine the information needs of migrants and refugees and to develop educational content that is appropriate to these audiences.
	NSW Refugee Health Service	Working with Older Refugees	Guidelines are being developed in partnership with SSWAHS Ethnic Aged Advisor to assist staff in working with Older Refugees.
	STARTTS	Service for older refugees including the Older People in Cultural Transition Program (OPICT)	STARTTS will cost and seek funding for an integrated strategy to assist older refugees given the successful trial of Older People in Cultural Transition Program (OPICT). OPICT is a program, which aims to reduce the social isolation that accompanies migration by building a comprehensive resource kit for facilitators, and using it to train groups of newly arrived, older refugees.
4. To manage health services better	Greater Western	Men's Health Initiative	Programs will be developed and established that target male health issues within CALD communities, in-line with the recently released National Male Health Policy and NSW Health – Men's Health Plan 2009–2012.
	Hunter New England	Using e-learning to develop the professional skills of interpreters	Interpreters across northern NSW will be able to log on to 'My Link' in the Hunter New England Health website to undertake training in the use of medical terminology. The program will set assignments that can be assessed and the results recorded in the staff in-service electronic system known as Pathlore. This will be a pilot for further education to be offered to interpreters in regional and rural areas.

Northern Sydney Central Coast	MPSP Plan	A NSCCAHS Multicultural Policies and Service Implementation Plan will be developed. The Plan will address priorities included in the NSW Health Multicultural Health Policy and Plan as well as local issues identified in consultation with CALD community groups and health staff. Information sessions will also be presented to senior management on the requirements of the MPSP program.
South East Sydney Illawarra	Talking Diversity Health	The Talking Diversity Health program involves visits by Diversity Health Co-ordinators to all wards and departments to learn and hear about the experiences and needs of frontline staff in providing quality and safe care to our patients from CALD backgrounds. Information gathered will establish a baseline from which to improve, and highlight best practice that has the potential for wider application.
Sydney South West	Workforce Development	A plan for rolling out a custom-made training program is being developed for all multicultural workers in SSWAHS.

## Human Resources

The Workplace Relations and Management Branch (WRMB) is responsible for developing, implementing and evaluating a broad range of human resource initiatives for NSW Health.

Additionally, within WRMB, the Human Resources Operations Unit (HRO) provides comprehensive human resource management services for the NSW Department of Health, including expert advice on organisational design, staffing needs and conditions of employment, and staffing issues such as professional development, performance management, grievance resolution and industrial relations issues.

### Department of Health

#### *Achievements*

- In line with the broader public sector commitment and through the provision of comprehensive leave data to managers, and their strong and effective management, there was a reduction in the number of staff with annual leave in excess of 40 days.
- HRO successfully transitioned to the new public sector e-recruitment system and has established clear processes to ensure compliance with policy. HRO has also introduced a new position description template.
- HRO's input has underpinned a number of successful functional realignments and restructuring programs within the department.

#### *Industrial Relations Policies and Practices*

The Department maintained a harmonious industrial relationship with staff and unions throughout the year. All issues were discussed and resolved collaboratively and there were no industrial disputes.

The Joint Consultative Committee (JCC), consisting of departmental staff, officials and delegates of both the NSW Public Service Association and the NSW Nurses' Association, met six times throughout the year. Department representatives and each of the unions in turn, chaired the meetings.

Matters discussed at the JCC meetings included restructuring of divisions and branches, devolution and realignment of branch functions, National Health and Hospital Network Agreement, and the Cutting Red Tape Review.

Policies were regularly reviewed to ensure they remained current and relevant.

#### *Learning and Development*

A comprehensive range of learning and development programs and services were provided to assist staff in achieving corporate goals and priorities and in developing their individual careers. Some 30 courses were available each quarter, with the addition of new programs including Editing and Proofreading, Managing Up, Strategic Decision Making and Coaching Skills for Managers.

The Department's training courses reinforced the NSW Public Sector Capability Framework, in programs such as Staff Selection Techniques; Resume Writing and Interview Skills; Coaching and Performance System (CAPS); Induction and Orientation; Managing Performance; and Coaching Skills for Managers.

The Department also participated in the NSW sector-wide Executive Development Programs co-ordinated by the Department of Premier and Cabinet.

## Awards and Scholarships

The Department conducted a number of staff awards and scholarships in 2009–10 including:

- Quarterly Staff Awards for Excellence
- Margaret Samuel Memorial Scholarship for Women
- Peter Clark Memorial Scholarship for Men.

In 2009–10, departmental employees were recognised across the public sector by the award of the NSW Service Medallion.

## NSW Health System

### Significant Workplace Relations Matters

Memoranda of Understanding (MOUs) on wage increases were signed with the skilled trades group of unions and with the Barrier Industrial Council for staff employed in Broken Hill. The agreed changes to wages and conditions of employment were implemented through variations to industrial awards and related policies.

Work commenced on the development of bargaining agendas and negotiations for MOUs to cover ambulance officers and nursing staff post 1 July 2010, consistent with the Government's Public Sector Wages Policy. Claims for increased wages and conditions for these groups have been received from the Health Services Union and NSW Nurses Association.

Under the 2008–2010 MOU with the NSW Nurses' Association, the Association had leave to make application to the Industrial Relations Commission (IRC) for increases to night shift penalties and salary increases for experienced nurses (registered nurse year 8 and above).

In September 2009 the IRC conditionally dismissed the Association's application for increased night shift penalties. The IRC gave leave to revisit the application provided the Department and the Association first conduct a joint study/survey of nurses working night shifts to assess the medical issues raised in the proceedings. The Department and Association are working together to develop and conduct the survey. The hearing of the Association's experienced nurse claim commenced in April 2010. After a week of proceedings the matter was adjourned at the Association's request with the parties reporting back to the IRC in September 2010.

HealthQuest was dissolved on 1 July 2009. As part of the transitional arrangements, the Workplace Relations and Management Branch has administered all appeals concerning medical assessments since that time. This will continue pending the introduction of new arrangements for the hearing of appeals, which are being developed by the Department of Premier and Cabinet in consultation with Unions NSW.

The Department appealed against a 2008 IRC decision which had found that staff specialists were entitled to receive the full taxation benefit in relation to the meal entertainment salary packaging item, rather than the tax saving being shared on a 50/50 basis as applies to all other staff. In April 2009, the Full Bench upheld the Department's appeal and set aside the original decision.

The Department has managed a claim by the Health Services Union seeking a declaratory order in the IRC regarding the award definitions and rates of pay for registrars. Hearings took place in May 2010 with further hearings scheduled for August 2010.

In April 2010 the IRC handed down a decision in the long running matter of the Department's proposal for increased charges for staff with private use of NSW Health motor vehicles. The IRC found that the Department was not constrained by the 'no extra claims' provision included in Awards and MOUs. The Department continues to press its claim.

In September 2009 voluntary redundancy offers were withdrawn from a number of nurses at Sydney West Area Health Service (SWAHS) following confirmation that such offers were not to be made to staff in frontline clinical positions. The NSW Nurses Association is seeking orders from the IRC on behalf of 28 nurses that they should be paid voluntary redundancy even though most continue to be employed at SWAHS. The application was conciliated without success in May 2010 with hearings commencing in June 2010. The matter is scheduled for further hearing during 2010.

Work continued on implementation of *Caring Together: The Health Action Plan for NSW*. Activities and achievements during the reporting period included:

- Establishing the Statewide Anti-Bullying Advice Line within Health Support Services with the first calls taken in April 2010

- The appointment of Anti-Bullying Management Advisors in Area Health Services
- Data collection on bullying complaints within the health system
- Undertaking reviews of policies on bullying prevention and management, performance management and recruitment with revised policies to be issued during 2010
- Co-ordinating union consultation in relation to the proposed hand hygiene policy.

- Visiting Medical Officer Model Service Contracts (PD2009\_052) – issues the model service contracts to be used by Public Health Organisations in engaging Visiting Medical Officers (VMOs).
- Oral Health Practitioners Private Practice Scheme (PD2009\_059) –provides an arrangement within which oral health practitioners can be approved to operate private dental practices in public health facilities.
- Grievances – Effective Workplace Resolution (PD2010\_007) – ensures all NSW Health workplaces have in place systems that facilitate prompt, fair, confidential and flexible management of all workplace grievances.
- Staff Specialists Training, Education and Study leave – new funding entitlement (PD2010\_011) -sets out the staff specialists’ Training, Education and Study Leave funding entitlement for approved TESL for the 2009–10 financial year.

### Key Policies Released in 2009–10

- Staff Specialist Emergency Physicians – Special Remuneration Arrangements for the Period to June 2012 (PD2009\_041) – provides for special remuneration arrangements for staff specialist emergency physicians.
- Sick Leave Management (PD2009\_050) – specifies the sick leave entitlements for staff within the NSW Health Service, as well as procedures to be followed by managers to manage the sick leave of staff.

## NSW Health Workforce

### NSW DEPARTMENT OF HEALTH, AMBULANCE SERVICE OF NSW, HEALTH SERVICES, HEALTH ADMINISTRATION CORPORATION AND OTHER NSW HEALTH ORGANISATIONS CLINICAL STAFF RATIO TO ALL STAFF AT JUNE

	June 05	June 06	June 07	June 08	June 09	June 10
Medical, nursing, allied health, other health professionals, Scientific and Technical Officers, oral health practitioners and ambulance clinicians as a proportion of all staff %	70.3%	71.5%	71.8%	72%	72.2%	72.4%

Source: Health Information Exchange and Health Service local data

Notes: **1** From 2008, the Clinical Staff Ratio is also inclusive of Scientific and Technical Officers. Previous years data has been recast to reflect this change and may show a variation from previous Annual Reports. **2** It should be noted that the data for ‘clinical staff’ does not currently include all those staff engaged in face to face care eg ward clerks, wardsmen, surgical dressers. It is expected that further refinement of employment data in future years will allow inclusion of these categories where relevant.

**NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN THE NSW DEPARTMENT OF HEALTH, HEALTH SUPPORT SERVICES, AMBULANCE SERVICE OF NSW AND HEALTH SERVICES AS AT JUNE**

	June 05	June 06	June 07	June 08	June 09	June 10
Medical	6,462	6,826	7,318	7,866	8,140	8,524
Nursing	35,523	36,920	38,101	39,043	39,142	39,352
Allied Health	6,848	7,122	7,387	7,487	7,936	8,088
Other Prof. and Para professionals	3,431	3,383	3,351	3,329	3,227	3,042
Scientific and Technical Clinical Support Staff	5,484	5,581	5,763	5,727	5,618	5,618
Oral Health Practitioners and Therapists	990	1,008	998	1,098	1,133	1,106
Ambulance Clinicians	3,020	3,156	3,308	3,370	3,587	3,663
Corporate Services	5,038	4,667	4,593	4,476	4,378	4,310
Major IT Project Implementation	0	0	0	0	70	143
Hospital Support Workers	10,723	10,709	11,244	11,649	12,211	12,411
Hotel Services	8,674	8,605	8,550	8,551	8,284	8,210
Maintenance and Trades	1,246	1,221	1,192	1,164	1,123	1,073
Other	350	353	388	512	369	357
<b>Total</b>	<b>87,788</b>	<b>89,551</b>	<b>92,194</b>	<b>94,270</b>	<b>95,219</b>	<b>95,895</b>

Source: Health Information Exchange and Health Service local data

Notes: **1** FTE calculated as the average for the month of June, paid productive and paid unproductive hours. **2** As at March 2006, the employment entity of NSW Health Service staff transferred from the respective Health Service to the State of NSW (the Crown). Third Schedule Facilities' staff have not transferred to the Crown and are therefore not reported in the Department of Health's Annual Report as employees, but are funded from the Health appropriation. **3** Includes salaried (FTE) staff employed with 'Health Services, Ambulance Service of NSW and the NSW Department of Health'. All non-salaried staff such as Visiting Medical Officers (VMO) and other contracted staff are excluded. **4** 'Medical' includes Staff Specialists and Junior Medical Officers. 'Nursing' includes Registered Nurses, Enrolled Nurses, Midwives and Assistants in Nursing. 'Allied Health' includes Audiologists, Pharmacists, Social Workers, Radiographers and Podiatrists. 'Oral Health Practitioners and Therapists' includes Dental Assistants, Officers, Therapists and Hygienists. 'Other Professionals and Para-Professionals' includes Health Education Officers and Interpreters. 'Ambulance Clinicians' includes Ambulance On-Road Staff and Ambulance Support Staff. 'Corporate Services' includes Hospital Executive, IT, Human Resource and Finance Staff. 'Major IT Project Implementation Staff' are those appointed for a Major IT Project Implementation. These staff are temporary. 'Scientific and Technical Support Workers' includes Hospital Scientists and Cardiac Technicians. 'Hotel Services' includes Food Services, Cleaning and Security. 'Maintenance and Trades' includes Trade Workers, Gardeners and Grounds Management. 'Hospital Support Workers' includes Clinical Support Officers, Ward Clerks, Public Health Officers, Patient Enquiries and Other Clinical Support Staff Etc. 'Other' covers employees not grouped elsewhere. **5** FTE associated with the following health organisations are reported separately: Health Professional Registration Boards, Institute of Medical Education and Training, Mental Health Review Tribunal, Clinical Excellence Commission and Health Infrastructure. HealthQuest closed 30 June 2009. **6** Prior to 2008, FTE associated with Health Support Services was reported separately. Information has been recast to reflect this change and will show variations from previous Annual Reports. **7** Health Executive Service staff were not consistently included in previous Annual Reports. Figures for 2008 and 2009 have been adjusted to include these staff. **8** The Award code for Health and Security Assistants was coded incorrectly as 'Scientific and Technical Clinical Support Staff'. The FTE for these employees has been moved into the correct group 'Hotel Services', for all years 2003 to 2009. **9** In the 2009 Annual report the Corporate Services staff from Health Technology were incorrectly coded to Hospital Support Workers. This has been corrected. **10** Major IT Project Implementation staff have been separated from Corporate Services for June 2009 and June 2010 on the basis that these staff are of a temporary nature for a specific phase of NSW Health's new corporate systems implementation (including payroll and rostering) and are not a regular part of the NSW Health workforce. Corporate Services staffing has been adjusted for both years. **11** Some of the movement in Allied Health Award Group may have been the result of movements from other Award Groups into Allied Health after re-classification. **12** Albury Hospital has been included in all years. **13** Rounding errors are included in this table.

**NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN THE NSW DEPARTMENT OF HEALTH, HEALTH SUPPORT SERVICES, AMBULANCE SERVICE OF NSW AND HEALTH SERVICES AS AT JUNE**

	June 05	June 06	June 07	June 08	June 09	June 10
Health Professional Registration Boards	46	57	56	59	60	59
Institute of Medical Education and Training	0	25	26	26	26	24
HealthQuest	22	24	20	13	1	0
Mental Health Review Tribunal	14	17	20	21	26	29
Clinical Excellence Commission	12	22	23	31	31	35
Health Infrastructure	0	0	0	7	21	17
<b>Total</b>	<b>94</b>	<b>144</b>	<b>145</b>	<b>157</b>	<b>165</b>	<b>164</b>

Source: Health Information Exchange and Health Service local data. Subject to rounding.

## Occupational Health and Safety

In accordance with the *Occupational Health and Safety Act (NSW) 2000* and the *Occupational Health and Safety Regulation (NSW) 2001*, the NSW Department of Health maintains its commitment to the health, safety and welfare of employees and visitors to its workplace.

### Highlights

The following Occupational Health and Safety (OHS) Initiatives were implemented during 2009–10:

- Quarterly, OHS Committee meetings were held to consult on and review strategies for managing and improving workplace health and safety on behalf of employees and managers.
- As part of the Healthy Lifestyle program, the NSW Department of Health's Get Healthy information and coaching service was made available to employees aiming to improve health and achievement of health-related goals.
- OHS awareness strategies included bi-monthly induction presentations, OHS workplace assessments, the Safe Work Week promotion, the Pandemic Influenza A (H1N1) and Seasonal Influenza vaccination program, Australian Red Cross Blood donations, Workstation Clean Up Day and exercise and relaxation activities.
- The NSW Department of Health supported and promoted the WorkCover Authority of NSW, Hazard A Guess, a young workers' injury prevention campaign and the Homecomings campaign, emphasizing the importance of workplace safety for workers, family and other members.
- Certified First Aid Officers provided first aid assistance to staff and first aid kits were reviewed and restocked as required. Recertification in Senior First Aid and Automated External Defibrillation was completed.
- The NSW Department of Health continued to conduct building emergency evacuation tests and emergency training sessions for firewardens.

Strategies to improve Occupational Health and Safety include:

- Ongoing commitment to the NSW Department of Health OHS Mission Statement.

- Promotion of Healthy Lifestyle campaigns to staff and managers on general health and well-being strategies
- Information, training and consultation with staff and managers on health and safety in the workplace.

### Other Significant Occupational Health and Safety (OHS)/HR initiatives

- **Panel of external human resource investigators** – the Department established a panel of experts to undertake HR investigations across the NSW public health system, where it is determined that an external investigator is required.
- **OHS and Injury Management (IM) Profile review** – the Department undertook a review of the OHS and IM Profile Tool as part of a process of continuous improvement. Recommendations from the review are currently being implemented.
- **Review of Safer Place to Work Training Strategy** – the Department commenced a review of the violence minimisation training strategy. A revised strategy is expected to be released in late 2010.
- **Prevention and Management of Bullying** – the Department commenced a review of the policy for the prevention and management of workplace bullying. A revised policy will be released in late 2010.

### TMF Award Winners

The Treasury Managed Fund (TMF) recognises excellence in OHS, injury management and risk management in the public sector through its annual awards program. The 2009 TMF Award winners were announced in October 2010 and NSW Health was once again successful.

- Sydney West Area Health Service won in the category for OHS risk management with its project titled '*Manual Handling Program*'.
- Greater Western Area Health Service were successful in the category for injury management with two projects '*Effective Management of Psychological Injuries*' and '*Effective Management of Body Stressing/Manual Handling Injuries*'.
- Northern Sydney Central Coast Area Health Service secured the PSRMA Risk Management Innovation Award with its project '*Solving the Problem Before it Happens*'.



- Ambulance Service of NSW and Sydney West Area Health Service were also finalists in the PSRMA innovation and OHS risk management categories respectively.

## Workers Compensation

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

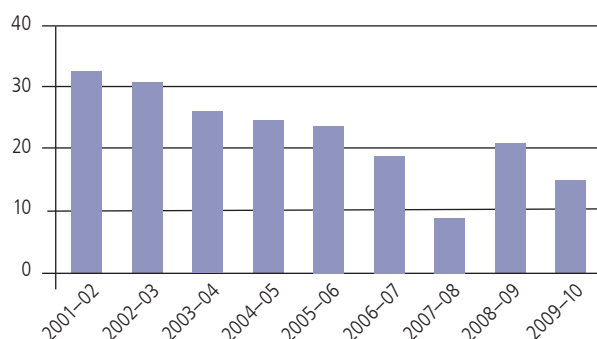
During 2009–10, 15 new claims were lodged with the NSW Department of Health’s insurer. This positive result demonstrated a decline in the number of claims from the previous year (21 in 2008–09), and the continual decline in workers compensation claims since the 2001–02 Financial Year.

The greatest number of workers compensation claims were for journey/vehicle injuries which accounted for five of the 15 claims (2 of the 21 in 2008–09) and body stress which accounted for four of the 15 claims (five of the 21 in 2008–09). A reduction was noted in the amount of slips, trips and falls which represented three of the 15 claims (eight of the 21 in 2008–09). Out of 15 claims two were declined by the insurer.

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

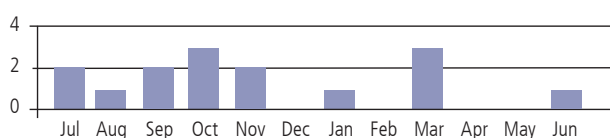
- Achievement of the actions and targets under the Working Together Public Sector Workplace Health and Safety and Injury Management Strategy 2010 – 2012.
- A focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries.
- Frequent claims reviews between the NSW Department of Health and the insurer to monitor claim activity, return to work strategies, industry performance and compensation costs.
- Ongoing commitment to promoting risk management and injury prevention strategies.

### 1. Number of New Claims Each Year from 2001–02 to 2009–10 Financial Years



YEAR	JUL 09
2001-02	33
2002-03	31
2003-04	26
2004-05	25
2005-06	23
2006-07	19
2007-08	9
2008-09	21
2009-10	15

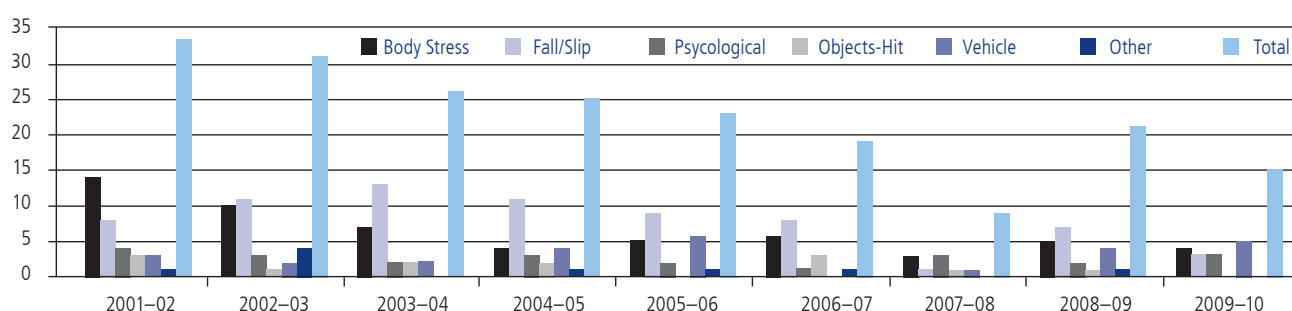
### 2. Workers Compensation Claims each month for 2009–10



### 3. Categories of Workers Compensation Claims Each Month 2009–10

INJURY/ILLNESS	JUL 09	AUG 09	SEP 09	OCT09	NOV 09	DEC 09	JAN 10	FEB 10	MAR 10	APR 10	MAY 10	JUN 10	TOTAL
Body Stress							1		2			1	4
Fall/slip/trip	1			1	1								3
Psychological				2					1				3
Objects- hit													0
Vehicle	1	1	2		1								5
Other													0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>15</b>

### 4. Workers Compensation Claims by Category from 2001–02 to 2009–10



### 5. Categories of Workers Compensation Claims from 2001–02 to 2009–10

YEAR	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Body stress	14	10	7	4	5	6	3	5	4
Fall/slip	8	11	13	11	9	8	1	8	3
Psychological	4	3	2	3	2	1	3	2	3
Objects-hit	3	1	2	2	0	3	1	1	0
Vehicle	3	2	2	4	6	0	1	2	5
Other	1	4	0	1	1	1	0	1	0
<b>Total</b>	<b>33</b>	<b>31</b>	<b>26</b>	<b>25</b>	<b>23</b>	<b>19</b>	<b>9</b>	<b>21</b>	<b>15</b>

## Overseas Visits by Staff

The schedule of overseas visits is for NSW Department of Health Staff and other staff travelling on Department related activities. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require departmental approval.

**Debora Picone** – Director-General  
2009 World Health Executive Forum  
Montreal, Canada

**Clive Wright** – Chief Dental Officer and Director,  
Centre for Oral Health Strategy  
15th Scientific and Refresher Course in Dentistry  
Jakarta, Indonesia

**Julie Letts** – Principal Policy Analysts, Population Health,  
Centre for Epidemiology and Research  
Australasian Bioethics Conference  
Queenstown, New Zealand

**Wayne Smith** – Director, Environmental Health  
Food Regulation Standing Committee Working Group  
developing policy guidelines for Infant Formula  
Wellington, New Zealand

**Amanda Christensen** – TB Program Manager,  
Population Health  
7th Annual Pacific Island Tuberculosis Controllers Association  
(PITCA)  
Guam

**Sarah Thackway** – Director, Epidemiology and Research  
*World Health Organisation Global Forum  
on Mass Gatherings*  
Rome, Italy

**Jeremy McNulty** – Acting Director, Health Protection  
*World Health Organisation Global Forum  
on Mass Gatherings*  
Rome, Italy

**Sue Campbell-Lloyd** – Manager, Immunisation  
(AIDS and Infectious Diseases)  
*European Society for Paediatric Infectious Diseases*  
Nice, France

**Andrew Milat** – Manager, Strategic Research  
and Development, Centre for Health Advancement  
*6th World Congress on Prevention of Diabetes  
and its Complications (WCPD)*  
Dresden, Germany

**Gerald Kohn** – Deputy Director, Strategic Procurement  
Australian Health Infrastructure Alliance (AHIA)  
Auckland, New Zealand  
*PHARMAC*  
Wellington, New Zealand

**David McGrath** – Director, Mental Health and Drug  
and Alcohol Programs  
*53rd Session of the Commission on Narcotics Drugs*  
Vienna, Austria

**Craig Smith** – Acting Chief Information Officer,  
Strategic Information Management  
*Cerner Health Conference*  
Kansas City, US

**Deborah Willcox** – Director, Executive and Ministerial  
Services  
*Senior Executives in State and Local Government course*  
Boston, USA

**Simon Leslie** – Clinical Chair of the Hospital Skills  
Program IMET  
*International Conference on Residency and Education  
(ICRE)*  
Victoria, British Columbia, Canada

**Robert Lagaida** – Director, Health Support Services  
*Meeting with PHARMAC and Procurement Branch of  
New Zealand Department of Health*  
Wellington, New Zealand

**Mike Rillstone** – Chief Executive, Health Support Service  
*Meeting with New Zealand Minister for Finance and  
Minister for Health*  
Wellington, New Zealand

**Judy Muller** – Junior Medical Officer (JMO) Manager  
(NSCCAHS)  
*British Medical Journal Career Fair*  
London, England

**Martin Mackertich** – Director, Clinical Services (SESIAHS)  
*British Medical Journal Career Fair*  
London, England

**Bruce Sanderson** – Director, Medical Services  
(NSCCAHS)  
*British Medical Journal Career Fair*  
London, England

**Robyn Burley** – Director, Workforce Development  
and Innovation  
*British Medical Journal Career Fair*  
London, England

**Greg Smith** – President, Mental Health Review Tribunal  
*26th Annual Conference of Australasian Institute of  
Judicial Administration Mental Health and the  
Administration of Justice Conference*  
Auckland, New Zealand

**Sarah Henson** – Forensic Team Leader  
*10th Annual International Association of Forensic  
Mental Health Services Conference*  
Vancouver, Canada

**Robert Leece** – Chairman, Health Infrastructure Board  
*Study Tour of the latest Health developments*  
UK and Europe

**Robert Rust** – Chief Executive, Health Infrastructure  
*Study Tour of the latest Health developments*  
UK and Europe

## Privacy Management Plan

The Department provides ongoing privacy information and support to the NSW public health system. The NSW Health Privacy Contact Officers network group met in 2009–10 and has had input into:

- Implementation of the NSW Health Online Privacy Training Program.
- Development of a protocol for distribution of the privacy leaflet and poster.
- Development of a privacy information leaflet for NSW Health staff.

The Department’s privacy contact officer has attended or presented to various groups or committees in 2009–10, including:

- Presentation in the Department of Health as part of the Biostatistical Officer Training Program in July 2009.
- Privacy Education Presentations to health services in Greater Western Area Health Service including Broken Hill, Dubbo, Orange and Bathurst late July-August 2009.
- Presentation/Information Session on Health Information Privacy Law and Regulations for Health Support Services in Dec 2009.
- Participation in the NSW Health Freedom of Information Officers’ network meetings.
- Participation in the Electronic Health Record Steering Committee meetings.
- Participation in the NSW Health and Civil Chaplaincies Advisory Committee (Memorandum of Understanding) Committee.

### Internal Review

Four applications for internal review were received by the Department in 2009–10.

1. An application was received in June 2009 and completed in August 2009. The complaint mainly related to an alleged breach of the *Privacy and Personal Information Protection Act 1998*. The application was about the alleged disclosure by a staff member of the applicant’s personal details. All complaints related to the disclosure of personal

information, therefore Information Protection Principle 11 (Disclosure) was applicable. The findings of the internal review concluded that there was no breach of Information Protection Principle 11.

2. An application was received in April 2010 and completed in June 2010. The complaint mainly related to staff access to patient medical records and the application of the *Health Records and Information Privacy Act 2002*. The Department does not hold patient medical records. Area Health Services are responsible for providing health services in their respective geographical areas. The Department advised that the application should be referred to the relevant Area Health Services.
3. Two privacy complaints relating to Healthlink were received in September and November 2009, but both complaints were later withdrawn.

## Senior Executive Service

Number of CES/SES positions at each level within the Department of Health:

SES LEVEL	AS AT 30 JUNE 2010	AS AT 30 JUNE 2009
8	1	1
7	3	3
6	3	3
5	2	2
4	8	7
3	12	13
2	6	6
1	2	2
<b>Total positions</b>	<b>37</b>	<b>37</b>

## Senior Executive Performance Statements

### Professor Debora Picone, AM

**Position Title:** Director-General

**SES Level:** 8

**Remuneration:** \$435,800

**Period in Position:** 3 years

The Minister for Health and the Director-General, Department of Premier and Cabinet have expressed satisfaction with Professor Picone’s performance during 2009–10.

### Significant Achievements in 2009–10

- Provided high level advice to the Premier and Minister for Health on the National Health Reforms. The NSW Government signed the National Health and Hospitals Network Agreement in April 2010, which will deliver additional Commonwealth funding of \$1.07 billion to NSW over the next four years.
- Led a comprehensive consultation process on the proposed National Health Reforms. Chaired forums with key health and community stakeholders across the State, from Campbelltown to Wollongong and Westmead to Goulburn. Engaged with clinicians and community through correspondence, emails and the Director-General's blog.
- Provided leadership through the effective financial management of the \$15.1 billion Health budget. Worked co-operatively with NSW Treasury and the Department of Premier and Cabinet to improve health efficiency; further implement and refine episode funding; and, working with Health Services to guide effective management of resources, in light of continued increases in demand for services.
- Provided excellent leadership to Between the Flags; Take the Lead; Essentials of Care; Hand Washing; and Clinical Handover Strategies. Continued to lead implementation on the broader range of major government responses to Inquiries including *Caring Together: The Health Action Plan for NSW* (focus on improved patient care and greater engagement across the health system) and *Keep Them Safe* (focus on delivering an improved child protection framework).
- Oversight of the development and implementation of an enhanced Performance Management Framework across NSW Health, with improved reporting and monitoring and focus on the delivery of high quality patient care and good financial performance.
- Put in place processes to lead effective Culture Change across NSW Health.
- Led a co-ordinated response to the Pandemic (H1N1) 2009 Influenza.

- Represented NSW Health and provided strategic direction and input into a range of high level cross-jurisdictional and interagency forums including the Council of Australian Governments (COAG) and the Australian Health Ministers' Advisory Council.
- Led a comprehensive process to improve access to patient care through the achievement of Elective Surgical and Emergency Department access targets and an increase in patients enlisted in comprehensive chronic disease management programs with 1,618 patients enrolled in the Severe Chronic Disease Management Program as at June 2010.
- Led by example in building strong collaborative relationships between NSW Health and other NSW Government agencies, Non-Government Organisations and Australian Government agencies.
- Contributed to the achievement of government priorities, including leading the delivery on five NSW State Plan priorities with a focus on improving access to quality health care and promoting healthier lifestyle choices.

### Dr Richard Matthews, AM

**Position Title:** Deputy Director-General, Strategic Development

**SES Level:** 7

**Remuneration:** \$377,250

**Period in Position:** 6 years

The Director-General has expressed satisfaction with Dr Matthews' performance throughout 2009–10 in the position of Deputy Director-General, Strategic Development.

Dr Matthews achieved the performance criteria contained in his performance agreements:

### Significant Achievements in 2009–10

- Achieved responsibilities for NSW Health as outlined in *Keep Them Safe – A Shared Approach to Child Wellbeing*, including:
  - the establishment of child well being units,
  - regional intake and referral services,
  - training and change management strategy for the Health Service including mandatory reporters,

- comprehensive health assessments of children entering out of home care and
- enhancements of some Health services being provided under Keep Them Safe
- Achieved progress in implementing actions in *Caring Together: The Health Action Plan for NSW*, including:
  - The Statewide Review of Hospitals
  - Commencement of the Severe Chronic Disease Management Program
  - Implementation of NSW Kids, including establishment of The Sydney Children's Hospitals Network (Randwick and Westmead).
- Ensured the successful Statewide implementation of NSW Implementation Plans for COAG National Partnership Agreements, including Activity Based Funding and Sub-Acute Care.
- Headed NSW Health's participation in and contribution to national negotiations on health system reform, leading to the National Health and Hospitals Network (NHHN) Agreement at COAG, which includes additional funding for NSW.
- Led NSW Health planning for implementation of the NHHN Agreement, including establishment of the NSW Health NHHN Transition Office
- Progressed opportunities for improving the productivity of NSW public hospitals, through the following key projects:
  - The NSW Health Costs and Outcomes Study
  - The development of a Health Care Atlas for NSW
  - The development of the 2010–11 NSW Health Episode Funding Policy is in final draft form and will be released soon.
- Continued to drive implementation of the NSW Government's Third Drug Budget (2007–08 – 2010–11); and the new National Drug Strategy
- Continued to drive implementation of NSW Mental Health Policy (Interagency Action Plan on Better Mental Health; New Directions in Mental Health; and State Plan Priority Delivery Plan); and National Mental Health Policy
- Developed new Statewide evidence based strategic plans for improving mental health and drug and alcohol services in NSW, through improved planning processes, funding accountability, including by working with AHS, NGO sector and the community.

- Finalised NSW Health response to the Community Health Review (CHR) in the context of *Caring Together*.

## Dr Kerry Chant

**Position Title:** Deputy Director-General, Population Health and Chief Health Officer

**SES Level:** 6

**Remuneration:** \$331,500

**Period in Position:** 18 months

The Director-General expressed satisfaction with Dr Chant's performance in 2009–10 in the position of Deputy Director-General, Population Health and Chief Health Officer. Dr Chant achieved the performance criteria contained in her performance agreement.

### **Significant Achievements 2009–10**

- Participated in strategic initiatives and policy development within the Australian Health Ministers' Advisory Council sub-committees – the Australian Health Protection.
- Committee and the Australian Population Health Development Principal Committee (APDHPC); and chaired the Blood Borne Viruses and Sexually Transmissible Infections Strategy sub-committee of APHDPC.
- Chairs the National Oral Health Plan Monitoring Group.
- Represents NSW on the National Health and Medical Research Council.
- Led the NSW Health response to pandemic (H1N1) 2009 influenza and the implementation of the pandemic H1N1 influenza 2009 vaccination program in NSW.
- Led implementation of the *Public Health (Tobacco) Act 2008*, which commenced on 1 July 2009, and introduced significant reform to the regulation of sale and promotion of tobacco products in NSW.
- Strengthened the NSW Get Healthy Information and Coaching Service, providing free and independent healthy lifestyle advice and personalised coaching for adults in NSW, the first Statewide service of its kind in Australia. ACT and Tasmania will join the service in 2010–11.
- Implemented the Go 4 Fun parenting program in NSW, supporting families to make healthy lifestyle choices with their children.

- Led the development of initiatives under the National Partnership Agreement on Preventive Health between the Australian Government and NSW, with more than \$100 million for healthy lifestyle activities for NSW communities.
- Established pertussis outbreak control strategies to reduce community transmission of pertussis and protect children too young to be fully vaccinated in response to an increase in pertussis notifications in NSW.
- Successfully developed and implemented a television, print and digital prevention campaign, '*Get Tested, Play Safe*', to raise awareness and promote testing for sexually transmissible infections among young people. The campaign achieved excellent recall and impact.
- Led the planning and establishment of a new Aboriginal Sexual and Reproductive Health Program, in partnership with the Aboriginal Health and Medical Research Council and funded through the COAG 'Closing the Gap' National Partnership Agreement on Indigenous Early Childhood Development. The five year Program aims to strengthen sexual health literacy and improve sexual health outcomes for Aboriginal young people.
- Successfully led the Statewide implementation of the recommendations of the Review of Hepatitis C Treatment and Care Services, resulting in a 57% increase in the number of patients accessing antiviral therapy and a 140% increase since 2005–06 in the number of public sites from which treatment is available.
- Successfully implemented the first phase of the NSW pilot of initiation of hepatitis C antiviral therapy by general practitioners, thus expanding the clinical workforce available to provide treatment and management of chronic hepatitis C.
- Led the enhancement of activity within the Needle and Syringe Program to expand coverage across the public program by 8% in 2009–10.
- Oversaw the design and implementation of a new, Statewide, database to support surveillance and control of notifiable communicable diseases.
- Critically evaluated the Aboriginal Housing for Health program, showing a 40% reduction in hospitalisations for infectious diseases among Aboriginal people living in residences where the intervention was implemented.
- Successfully partnered with other departments in implementation and planning for evaluation of the NSW Aboriginal Water and Sewerage program.
- Evaluated the Aboriginal Environmental Health Officer Training program, to demonstrate a successful program that has increased the Aboriginal workforce in environmental health from virtually nil to 17% of the NSW Health environmental health workforce.
- Led the system-wide reforms of ethical and scientific review of research within NSW Health to improve efficiency, enhance the safety of participants in research and increase clinical research activity.
- Developed a framework to improve research governance at the Area Health Service level to ensure appropriate risk management, financial and ethical accountability.
- Developed strategies for 'Conflict resolution in end of life settings'.
- Strengthened Public Health Real Time Emergency Department Surveillance System (PHREDSS) to be operational in 56 Emergency Departments.
- Strengthened record linkage in NSW, with 30.7 million health records linked via the Centre for Health Record Linkage.
- Published the School Survey and the Adult Health Survey Reports.
- Led the implementation of community water fluoridation in the councils/shires of Coffs Harbour, Menindee and Richmond Valley (Casino).
- Oversaw the publication of the findings of the NSW Child Dental Health Survey 2007.
- Oversaw the introduction of new Public Dental Personnel Awards (2009).
- Implemented the Aboriginal Oral Health (Sydney Dental Hospital Hub and Spoke) Program under the National Partnership Closing the Gap Agreement partnership. A \$6 million project over four years.

- Strengthened the effective operation of the NSW Aboriginal Health Partnership and developed the NSW Aboriginal Health Partnership Protocols.
- Developed governance structures and frameworks for the implementation of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes.

### Dr Tim Smyth

**Position Title:** Deputy Director-General, Health System Quality, Performance and Innovation

**SES Level:** 7

**Remuneration:** \$373,428

**Period in Position:** 20 months

Dr Smyth achieved the performance criteria contained in his performance agreement.

#### **Significant Achievements in 2009–10**

- Establishment of the new Clinical Safety, Quality and Governance Branch
- Successful establishment of the Bureau of Health Information
- Introduction of the revised Performance Management Framework for health services
- Commencement of the Surgery Futures project
- Support of key elements of the *Caring Together* Action Plan
- Major reduction in numbers of patients waiting longer than national benchmark times for planned surgery
- Contribution to the national patient safety and quality agenda through role of Commissioner, Australian Commission on Safety and Quality in Health Care
- Effective financial management of Division

### Karen Crawshaw

**Position Title:** Deputy Director-General, Health System Support

**SES Level:** 7

**Remuneration:** \$377,250

**Period in Position:** 2 years 9 months

Ms Crawshaw has achieved the performance criteria contained in her performance agreement, which focus on strategic leadership in workforce, corporate and business services, assets and procurement, corporate governance, risk management, legal services and the Health Legislative Program. The Director-General has expressed satisfaction with Ms Crawshaw's performance throughout this period.

#### **Significant Achievements in 2009–10**

- Led Statewide improvements in financial management and efficiency improvements to achieve a satisfactory Net cost of Service result for NSW Health and improved creditor management.
- Oversight of the NSW Health Capital Program to achieve Budget targets.
- Led and oversighted significant industrial negotiations and arbitrations including the 2010 nurses' wages and conditions bargaining, proposals to increase charges for private use of official motor vehicles and to oppose a claim by the Nurses Association for increased night shift penalty rates.
- Finalised implementation of a Statewide system to better manage medical locums and casual medical vacancies in NSW hospitals.
- Launch of NSW Health's recruitment branding and marketing campaign to attract health professionals to NSW including national and international online and print media and an associated microsite with information about NSW Health and current vacancies.
- Led the development and implementation of a program of activities to improve organisational culture and strengthen local decision-making as part of the implementation of *Caring Together: the Health Action Plan for NSW*, including:
  - development of a Workplace Culture Framework for NSW Health



- strengthening of NSW Health's anti-bullying strategies
- development and implementation of new role of Clinical Support Officer.
- Oversight of the Health Legislative Program including:
  - the Health Practitioner Regulation (NSW) National Law and Regulation to support the new national health practitioner registration framework in NSW
  - Commencement of the Assisted Reproductive Technology Act and Regulation including establishment of donor conception registers for the benefit of children conceived through donor ART
  - Commencement of new Private Health Facilities Act and Regulations to provide more comprehensive licensing standards
  - amendments to improve the operation of provisions governing the root cause analysis of serious adverse clinical events in the health system.
- New employment screening procedures for NSW Health staff to improve efficiency and timeliness.
- Strategic oversight of NSW Health's Shared Services Program, including food, linen, warehousing and logistics, employee services, payroll, and accounts payable, and its contribution to improved efficiency and value for many health system operations.

## David Gates

**Position Title:** Chief Procurement Officer

**SES Level:** 6

**Remuneration:** \$300,800

**Period in Position:** 14 Years

### *Significant Achievements*

- Co-ordinated the Capital Investment of \$740 million with full achievement against the 2009–10 Budget Paper targets.
- Managed the Capital Program review and approval processes, including submission of the 2010 Total Asset Management Plan and endorsement to the forward 10 year Capital Investment Strategic Plan.
- Managed the update of the Health Service Asset Strategic Plans and disposal of assets surplus to need.

- Directed the 2009–10 Procurement Program focussing on achievement of cost avoidance targets to health care services.
- Renewed Goods and Services Procurement accreditation for NSW Health including agreement to the Procurement Framework and development of a Procurement Portal as the key tool to share procurement policy, risk management and practise guidelines.
- Managed the NSW Health Sustainability Strategy targeted at Fleet, Water and Energy usage reductions and the introduction of new sustainability initiatives.
- Managed business efficiency and research institute governance projects in support of Health Services

## John Roach

**Position Title:** Chief Financial Officer,  
Health System Support

**SES Level:** 6

**Remuneration:** \$297,485

**Period in Position:** 1 year

Mr Roach achieved the performance criteria contained in his performance agreement.

### *Significant Achievements in 2009–10*

- Provided effective financial management and control of the NSW Health Budget with the actual Net Cost of Service result within NSW Treasury tolerance benchmark.
- Proactive financial leadership through improved NSW Health creditor performance and achievement of a nil result for trade creditors ready for payment over 45 days.
- Timely allocation of annual budgets to Health Services with strengthened budget control and reporting framework ensuring effective control and monitoring of core recurrent and capital expenditure and recurrent revenue budgets.
- Undertook monthly performance review meetings with Health Service Chief Executives to provide financial leadership and direction to ensure compliance with financial benchmarks and targets were being monitored and remedial actions were being implemented where required.

- Implemented an efficiency and revenue improvement program to identify and focus on key budget controls and initiatives being undertaken to improve liquidity and budget performance of Health Services.
- Improved the financial analysis, reporting and cash management of the NSW Health Capital Program to ensure direct correlation between approved sources and applications of capital funds.
- Implemented improved reporting of NSW Health's financial performance to NSW Treasury.
- Co-ordination of system wide financial information required by NSW Treasury for annual Maintenance of Effort budget requirements.

## Annie Owens

**Position Title:** Director,  
Workplace Relations and Management

**SES Level:** 5

**Remuneration:** \$242,661

**Period in Position:** 2 years

Ms Owens achieved the performance criteria contained in her performance agreement.

### **Significant Achievements in 2009–10**

- Management of NSW Health's ongoing negotiations over the 2010 nurses' wages and conditions bargaining.
- Management of new memorandums of understanding with the Skilled Trades group of NSW Health unions and the Barrier Industrial Council in relation to Broken Hill, including the making of new awards and the monitoring of wages offsets to complete the 2008–09 bargaining round.
- Management of ongoing negotiations for a memorandum of understanding with the Health Services' Union in relation to the paramedic workforce for 2010 bargaining.

- Development of a new Operations Control Centre Award in conjunction with the Ambulance Service, in preparation for major industrial case arbitration for this workforce.
- Effective management of significant arbitrations in the Industrial Relations Commission including arbitration to progress Health's proposals to increase charges for private use of official motor vehicles and to oppose a claim by the Nurses Association for increased night shift penalty rates.
- Directed the creation of the Anti Bullying Advice Line in Health Support Services and the creation of the Anti Bullying Management advisor positions in Health Services in response to *Caring Together* recommendations.
- Development of a Statewide reporting system for bullying complaints with consistent criteria for reporting and capacity for analysis of data on a Statewide basis.
- Established and managed an interim appeals mechanism for the NSW public sector within the Workplace Relations and Management Branch as part of the transitional arrangements following the wind-up of HealthQuest.
- Effective support of Health Services in relation to staffing issues associated with improvements in efficiency and budget controls.
- Completed review of the OHS and Injury Management Profile tool as part of a process of continuous improvement.



