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WORKPLACE CULTURE

The NSW Health Workplace Culture Framework outlines the characteristics of a better and more compassionate workplace culture. The Framework is supported by a Code of Conduct and together they underpin the development of a workplace that embodies the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment.

In March 2013, NSW Health undertook the second organisation-wide Health Workplace Culture Survey, *YourSay*, as an indicator of workplace culture and engagement. The results enable public health organisations to evaluate the progress made by their culture change programs. Four million dollars was allocated in 2012-13 to support NSW public health organisations to continue their culture change initiatives. The results of the 2013 *YourSay* survey will assist in refining local action plans to address issues of concern regarding workplace culture.

The statewide Anti-Bullying Advisory Network continues to meet as necessary, providing input into the ongoing development of strategies and policies for improving the management of bullying complaints and ensuring advice from the Anti-Bullying Advice Line is consistent with NSW Health policy.

All public health organisations are required to report de-identified data to the Ministry on individual complaints known to Human Resources Departments, which are assessed initially as a potential bullying complaint. The total bullying complaints received for the period 1 July 2012 to 30 June 2013 was 159. This represents 0.15 per cent of the total full time equivalent (FTE) staff in the health system (based on June 2013 FTE).

NSW HEALTH PROFESSIONALS WORKFORCE PLAN 2012-22

The NSW Health Professionals Workforce Plan 2012-22 (HPWP) was released in September 2012. The Plan was developed by a Ministerial Taskforce, chaired by Dr Anne-Marie Feyer of The George Institute for Global Health. Members represented medical, nursing and allied health professions from both metropolitan and rural health services, and they consulted extensively with health professionals, education and training providers, professional associations and health care providers.

The context for change is:

- the increase in chronic disease requiring greater emphasis on primary and preventive health care.
- expectations that health spending will nearly double between 2010 and 2050
- recognising that complex patients require generalist models of care
- that increased resources are required to provide services to an ageing population.

In the 2012-13 reporting year, eleven new specialist training positions were funded in General Surgery (2), Palliative Care (2), Medical Oncology (2), Rehabilitation Medicine (2), General Medicine and Neurology (1), Endocrinology (1) and Medical Administration(1).

The NSW Rural Generalist Program is a supported pathway to a career as a General Practitioner providing primary care in a rural community and advanced procedural services at the local rural health service. The Program commenced in 2013 with 15 positions in rural LHDs.

The Ministry also funded 30 additional pre-registration radiography and nuclear medicine positions in LHDs.

HEALTH WORKFORCE

Key Policies released in 2012-13

Key human resource and industrial relations policies released during the year include:

- **Work Health and Safety – Better Practice Procedures (PD2013_005)**
This Policy supports the implementation across NSW Health of an effective Work Health and Safety (WHS) management system that is consistent with NSW WHS legislation. It provides information to clarify the duties and responsibilities of officers and manager/supervisors in contributing to a safe and healthy work environment.
- **Injury Management and Return to Work (PD2013_006)**
This Policy assists managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and return to work.
- **Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies (June 2013)**
This Policy outlines the key aspects of personal and property security and provides standards to assist NSW Health organisations to maintain an effective security risk management program.
- **Physical Assaults Involving Staff: collection of data (PD2012_043)**
This Policy outlines the mandatory standards to be implemented across NSW Health to ensure the collection of consistent data on physical assaults involving staff.
- **Visiting Medical Officers – Remuneration Rates (PD2012_063)**
This Policy prescribes the remuneration rates for Visiting Medical Officers (VMO) engaged under the *Health Services Act 1997* effective 1 November 2012.

- **Staff Specialist Rights of Private Practice Arrangements – Medical Indemnity (PD2012_058)**
This Policy provides clarification about the availability of Treasury Managed Fund (TMF) indemnity to staff specialists, relating to the differing levels of rights of private practice arrangements that have been elected.
- **Uniforms Policy (PD2012_057)**
This Policy advises staff employed by NSW Health of provisions that apply to uniforms.
- **Staff Specialists Training, Education and Study Leave (TESL) – New Funding Entitlements 2012-2013 (PD2012_048)**
This Policy sets out the funding entitlement for staff specialists' Training, Education and Study Leave for 2012-13.
- **Remuneration Rates for non-specialist medical staff – short term/casual (locum) (PD2012_046)**
This Policy provides for the continuation of the special short term remuneration rates and related conditions applicable to non-specialist medical practitioners who are engaged as employees on a short term or casual ('locum') basis, and the conditions which are to apply where such rates are paid.
- **Staff Specialist Emergency Physicians – Remuneration Arrangements for the period to June 2014 (PD2012_045)**
This Policy sets out the remuneration arrangements that are to apply to staff specialist emergency physicians and are in addition to the terms and conditions of employment of staff specialists generally, which are set out in the Staff Specialists (State) Award and the Staff Specialists Determination.
- **VMOs in Rural Doctors Settlement Package Hospitals Indexation of Fees from 1 August 2012 (PD2012_040)**
This Policy sets out the schedule of Rural Doctors' Settlement Package (RDSP) fees effective from 1 August 2012.
- **Visiting Dental Officers – Remuneration and Contract Requirements (PD2013_013)**
This Policy advises of new Visiting Dental Officer hourly rates and superannuation contributions from 1 September 2012, 1 September 2013 and 1 September 2014, and to prescribe new Visiting Dental Officer contract requirements.
- **Chaplains Subsidy (PD2013_012)**
This Policy advises that the civil chaplain's subsidy has been increased effective 1 January 2013.
- **Engagement of Therapists on a Sessional Basis (PD2013_008)**
This Policy provides updated and revised direction and guidance about arrangements for engagement of therapists on a sessional basis as contractors or practice companies, and provides two models for service agreements/contracts for individual contractors and practice companies.

Award changes and industrial relations claims

All industrial negotiations in 2012-13 were conducted under the provisions of the *NSW Public Sector Wages Policy 2011*. The outcomes of these negotiations were increases of 2.5 per cent per annum for salaries and salary-related allowances awarded to NSW Health Service employees.

In October 2012, the Industrial Relations Commission (IRC) handed down its decision on the Health Services Union NSW (HSU) claim for a six per cent per annum pay increase over four years from July 2011. The IRC held against the HSU claim by deciding that the employee-related cost savings able to be used to fund wage increases in excess of the 2.5 per cent permitted under the *Industrial Relations (Public Sector Conditions of Employment) Regulation 2011* cannot be savings achieved prior to that Regulation coming into effect on 20 June 2011, but can only be savings achieved after that date. The decision effectively rendered the HSU's claim a nullity, as all the claimed savings arose from initiatives taken prior to June 2011. In further proceedings before the IRC in November 2012, the HSU formally discontinued its claim.

In September 2012 the HSU lodged a claim in the IRC concerning the applicability of the 'remote recall' provision of the Medical Officers' Award for duties undertaken by medical officers while they are on call. The HSU contended that telephone advice provided by a registrar is a clinical appraisal provided remotely and therefore attracts a minimum of one hour payment at overtime rates. Following arbitration in February and March 2013 the IRC made a declaration in the terms sought by the HSU. The Ministry appealed this decision, and the matter is ongoing.

In March 2013 the NSW Nurses and Midwives' Association (NSWNMA) lodged a declaration of right application with the IRC seeking an interpretation of the Nurses and Midwives' Award regarding multiple assignments. A multiple assignment arises when a staff member is appointed to more than one position. Subsequently, agreement was reached between the Ministry and the NSWNMA on a consent Award variation, made on and from 18 June 2013. The effect of this variation is that under the Award, multiple assignments in one LHD will be combined for determining entitlements under the Award for example additional days off, overtime and annual leave. Other provisions of the variation require disclosure and approval before employees can undertake new multiple assignments. Multiple assignments in different LHDs are regarded as separate for Award purposes, with minor exceptions in relation to some leave matters.

In 2012-13 there was an overall increase of 3,063 Full Time Equivalent (FTE) or 2.9 per cent in the total health workforce. This excludes overtime, Visiting Medical Officers and Affiliated Health Organisation staff.

June 2012 – June 2013

- Medical staff increased by 683 FTE or 7.1 per cent, excluding Visiting Medical Officers.
- Nursing and midwifery staff increased by 1297 FTE or 3.1 per cent.

- Staff represented in the clinical staff performance indicator (medical, nursing, allied health, other professionals, oral health professionals, scientific and technical and ambulance clinicians) increased by 2,523 FTE or 3.4 per cent.
- Hospital support workers increased by 504 FTE or 3.8 per cent.
- Corporate services staff comprise 4.7 per cent of total staff employed in NSW public health system and other NSW Health organisations.

Number of FTE staff employed in the NSW Public Health System

	June 2009	June 2010	June 2011	June 2012	June 2013
Medical	8,134	8,517	8,933	9,614	10,297
Nursing	39,137	39,347	40,300	42,195	43,492
Allied Health	7,932	8,084	8,672	9,019	9,297
Other Prof. and Para Professionals	3,227	3,042	3,054	3,097	3,152
Scientific and Technical Clinical Support Staff	5,618	5,618	5,738	5,820	5,965
Oral Health Practitioners and Therapists	1,133	1,106	1,083	1,170	1,233
Ambulance Clinicians	3,587	3,663	3,804	3,913	3,916
Sub-Total Clinical Staff	68,769	69,377	71,584	74,829	77,353
Corporate Services	3,792	3,678	3,793	3,960	4,157
IT Project Implementation Staff	70	143	181	247	153
Hospital Support Workers	12,211	12,411	12,645	13,129	13,633
Hotel Services	8,284	8,210	8,326	8,293	8,266
Maintenance and Trades	1,123	1,073	1,032	1,011	974
Other	368	357	364	410	406
Sub-Total Other Staff	25,848	25,870	26,340	27,049	27,589
Total	94,617	95,247	97,924	101,879	104,942

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. Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health & Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance and Albury Base Hospital. All non-salaried Staff such as Visiting Medical Officer (VMO) and other contracted Staff are excluded. 3. Staff employed at Affiliated Health Organisations are not reported in the Ministry of Health's Annual Report. Albury Hospital transferred to the management of VicHealth for from July 2009, has been included in all years for reporting consistency 4. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 5. The capacity to report on backdated FTE information, previously excluded from the reporting system, commenced from June 2012 and has been included in the reported figures from June 2012. Backdated FTE adjustments represent an estimated 1% of total FTE.

NSW Public Health System proportion of clinical staff

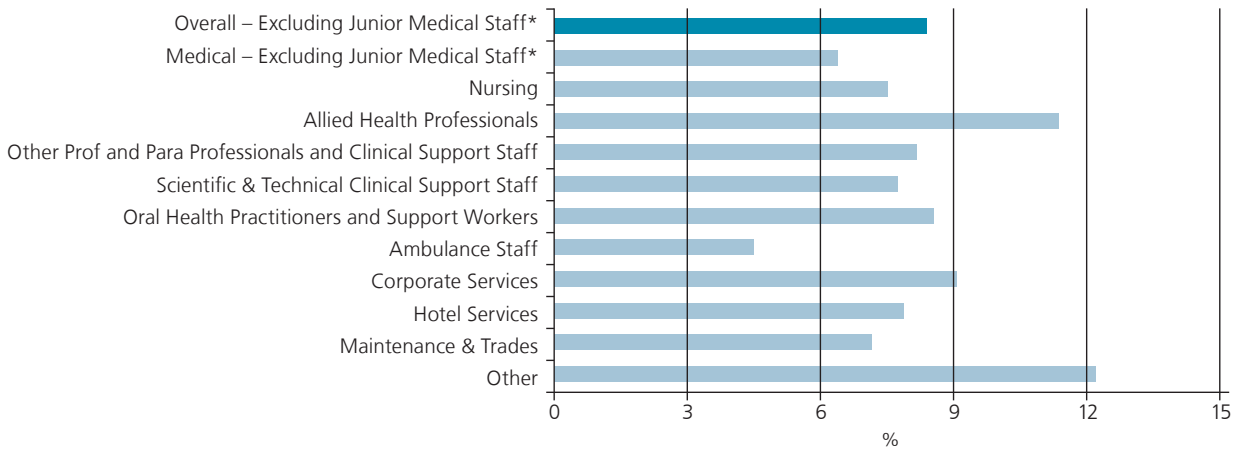
	June 2009	June 2010	June 2011	June 2012	June 2013
Medical, Nursing, Allied Health, Other Health Professionals, Scientific and Technical Officers, Oral Health Practitioners and Ambulance Clinicians as a proportion of all staff %	72.7%	72.8%	73.1%	73.4%	73.7%

Number of FTE staff employed in other NSW Health Organisations

NSW Health organisations supporting the Public Health System	June 2012	June 2013
NSW Health organisations supporting the Public Health System	712*	916**
Health Professional Councils Authority	88	75
Mental Health Review Tribunal	34	34

* June 2012 includes Clinical Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure and Ministry of Health ** June 2013 includes Clinical Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administration Corporation – Health Infrastructure and Health System Support and Ministry of Health. Source: Health Information Exchange and Health Service local data

Non-casual staff turnover rate by treasury group June 2013



Source: MOH-Health Information Exchange – Premier’s Workforce Profile Data Collection. Note: JMOs of their first two years are on a term contract. Excludes Affiliated Health Organisations. Health System Average inclusive of all Health Services, Ministry of Health, Health Pillars, HealthShare NSW, Justice Health & Forensic Mental Health Network, NSW Health Pathology, and NSW Ambulance.

Staff turnover non-casual staff separation rate

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability.

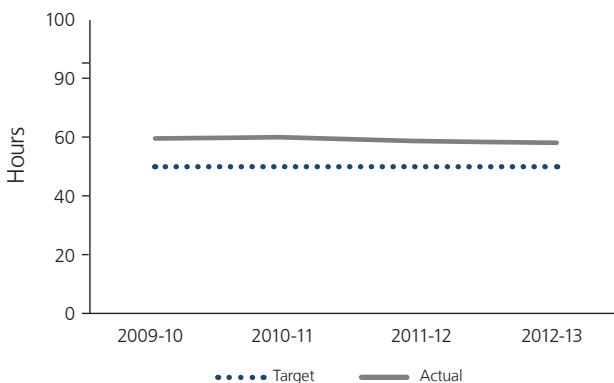
Human resources represent the largest single cost component for health services. Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover.

Sick leave annual average per FTE (hours)

The desired outcome is to reduce the amount of paid sick leave taken by staff.

Effective management and monitoring can reduce the amount of sick leave taken by staff. This in turn should reduce the need for, and additional cost of, staff replacement and reduce possible negative effects on service delivery and on other staff, where replacement staff is not readily available.

Sick leave – annual average per FTE (hours)



Source: MOH-Health Information Exchange. Note: Excludes Affiliated Health Organisations. Average inclusive of all Health Districts, Ministry of Health, Health Pillars, HealthShare NSW, Justice Health & Forensic Mental Health Network, NSW Health Pathology, and NSW Ambulance.

Medical workforce

NSW Health undertook a number of strategies in 2012-13 to increase and enhance the medical workforce including the following events and initiatives:

National Medical Intern Summit

The NSW Minister for Health and Medical Research convened the National Medical Intern Summit on 22 February 2013 in Sydney. Over 100 participants from the health and education sectors attended and there was goodwill, enthusiasm and collaboration demonstrated by all. The focus was to look at developing long term solutions to manage the intern recruitment process. The Summit demonstrated a commitment by all stakeholders to ensure that the future health workforce meets the future needs of the community.

Intern training

NSW LHDs established a record 927 intern training positions for 2013.

Rural preferential recruitment

The Rural Preferential Recruitment (RPR) Scheme allows doctors to spend the majority of their first two years training in a rural location. Eighty-nine interns commenced their prevocational training under the RPR Scheme in 2013.

Senior hospitalist initiative Master of Clinical Medicine

This new training program, particularly targeted towards non-specialist doctors, enrolled its second year of new students in 2012-13. This program equips doctors with advanced clinical leadership and care co-ordination skills to improve the quality and efficiency of patient care in our facilities. NSW Health provides up to 15 scholarships annually for candidates in this program.

Annual Junior Medical Officer recruitment

The annual junior medical officer recruitment campaign was successfully conducted, recruiting over 3000 junior medical officers who commenced in the clinical year. The campaign involved 50,334 applications within 39 specialties, including Endocrinology, Haematology, Medical Oncology, Nephrology and Paediatrics.

Aboriginal workforce

A priority for NSW Health is the *Aboriginal Environmental Health Officer Training Program*. This is a six year program supporting Aboriginal people to complete an Environmental Health degree by distance-learning and full-time employment as a Trainee Environmental Health Officer with NSW Health or in local government. Ten Aboriginal Trainee Environmental Health Officers participated in the Program in 2012-13, including two newly established trainee positions. One trainee graduated bringing the total number of program graduates to 12. Since the program began in the late 1990s Aboriginality in the NSW Health Environmental Health workforce has gradually increased to 17 per cent.

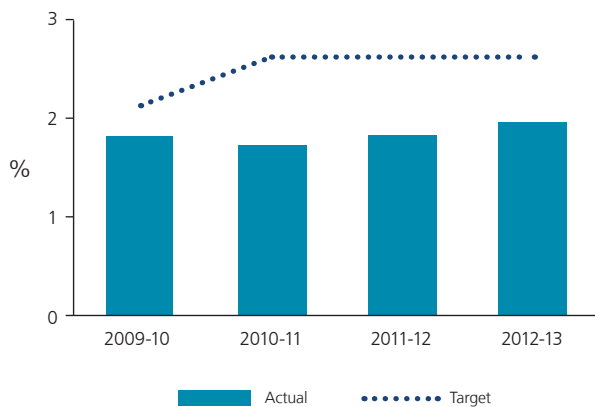
Aboriginal staff as a proportion of total

NSW Health is committed to excellence in the provision of health services for Aboriginal people to assist in closing the health gap and improving the overall health and wellbeing of Aboriginal people.

To achieve this, NSW Health has identified the significance of achieving current and future benchmarks in the recruitment and retention of Aboriginal staff and is working to further develop programs and initiatives to enhance the Aboriginal workforce outcomes over time.

The desired outcome is to meet and exceed the government's policy of 2.6 per cent representation of Aboriginal staff in the NSW Health workforce by 2015.

Aboriginal staff as a proportion of total (per cent) against target.



Source: Public Service Commission EEO Report Note: NSW Public Health System Excludes Affiliated Health Organisations FY 2010/11 updated to reflect Public Sector Commission EEO Report.

Interpretation

There has been a slight increase in the proportion of the NSW Aboriginal health workforce, from 1.8 per cent to 1.9 per cent of the total NSW Health workforce for 2012-13 using the Public Service Commission estimated Equal Employment Opportunity (EEO) data reports.

Nursing and midwifery workforce

There are now over 47,500 nurses and midwives (by head count) working in NSW Health. In 2013, over 2000 graduate nurses and midwives were employed in the public health system in NSW. In addition, 175 postgraduate student midwife places were offered, continuing to boost the midwifery workforce.

In 2013 ten scholarships were provided to rural registered nurses to enable them to undertake the Graduate Diploma of Midwifery. This initiative supports the ongoing sustainability of rural maternity units, allowing these nurses to remain in their local communities while undergoing their studies, and with a guaranteed permanent position upon completion.

Enrolled nurses are a critical and valued part of the nursing workforce and this year the NSW Government awarded 300 Diploma of Enrolled Nursing scholarships. The NSW Aboriginal Nursing and Midwifery Strategy continues in its commitment to increasing the Aboriginal Nursing and Midwifery workforce across NSW. Through this commitment the Cadetship program has expanded to support 47 Aboriginal cadets with 20 cadets due to graduate in 2013.

NSW Health continues to fund a range of other initiatives to both grow the nursing and midwifery workforce and assist nurses and midwives to increase their skills and knowledge.

The Essentials of Care Program (EOC) is aligned to the CORE values by using the strategies of collaboration, inclusiveness, participation and person-centred care. These strategies identify and provide evidence-based care which is fundamental to patients' health and wellbeing. EOC is now a feature of almost 600 wards, units and services across the state.

In relation to professional development for nurses and midwives 375 were awarded postgraduate scholarships in 2013. There are 211 Nurse Practitioner positions across NSW in aged care, palliative care, mental health, chronic and complex care and emergency departments.

ClinConnect

ClinConnect is a web-based application built to assist LHDs/Networks and education providers to manage clinical placement demand and capacity for nursing and midwifery, dental and oral health, allied health and medical students. It is a single portal for organising and managing clinical placements across NSW Health facilities, enhances clinical placement efficiency and visibility and assists with meeting national reporting obligations for Health Workforce Australia (HWA). ClinConnect is used for all university and vocational education and training programs in the target professions that require placements in NSW Health facilities since 1 January 2013.

The NSW Health Education and Training Institute is the administrator for ClinConnect.

Allied health workforce in NSW

There were 9297 FTE allied health professionals working in full, part-time and casual positions across NSW Health.

In 2012-13, NSW Health undertook a number of initiatives to recruit and enhance the skills of the allied health workforce:

- Expanded the number of pre-registration radiography and nuclear medicine positions, with the NSW Government committed funding of \$900,000 for 2012-13 and \$1.8 million per annum on a recurrent basis. Six positions have been funded in rural LHDs to date.
- Development of a robust, rigorous and consistent approach to clinical governance of Allied Health Assistants through a framework that builds on outcomes achieved over the last five years in training and employment of Allied Health Assistants. This included an online training module developed in conjunction with the Health Education and Training Institute (HETI) targeted at therapists and providing a practical guide to the eight components described in the framework.

REGISTERED HEALTH PROFESSIONALS IN NSW

PROFESSION	NO. OF REGISTRANTS AS AT 30 JUNE 2013 ¹
Aboriginal & Torres Strait Islander Health Practitioner ²	21
Chinese Medicine Practitioner ²	1,649
Chiropractor	1564
Dental Practitioner	6204
Medical Practitioner	30,333
Medical Radiation Practitioner ²	4,575
Registered Nurse	83,741
Registered Nurse and Midwife ³	10,713
Registered Midwife	447
Occupational Therapist ²	4,264
Optometrist	1,589
Osteopath	515
Pharmacist	8,460
Physiotherapist	7191
Podiatrist	1001
Psychologist	10,289

Source: Australian Health Practitioner Regulation Agency, June 2013.

Notes: 1. Data is based on registered practitioners as at 30 June 2013 whose principal place of practice is in New South Wales. 2. Regulation of four new professions, Aboriginal & Torres Strait Islander, Chinese Medicine, Medical Radiation and Occupational Therapy practitioners, commenced on 1 July 2012.

3. Although the number of separately registered nurses and midwives has increased during this period, the number of registrants holding dual registration as a nurse and midwife have decreased since 2011-12. AHPRA's registration requirements have made it more difficult for those holding dual qualifications to renew one or both professions.

OVERSEAS VISITS BY NSW MINISTRY OF HEALTH STAFF

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

Zoran Bolevich – Director, Health System Information and Performance Reporting, System Purchasing and Performance. *Executive Development Program Learning Set meeting.* Wellington, New Zealand.

Mary Foley – Director General

- *World Executive Forum – Healthcare Systems*, Canada
- Accompanied the Minister for Health and Minister for Medical Research on a *Study trip of Health Care Services and Facilities*, UK, Hong Kong and Singapore
- NSW Government nominee for participation in the *Australian and New Zealand School of Government – China Reciprocal Leadership Program*, China

Marianne Goodwin – Associate Director, Nursing and Midwifery, Governance, Workforce and Corporate. *Overseas Nursing and Midwifery Recruitment Campaign.* United Kingdom.

Linda Macpherson – Medical Advisor, Workplace Planning and Development, Governance, Workforce and Corporate. *BMJ Careers Fair.* United Kingdom.

David McGrath – Director, Mental Health and Alcohol Programs, System Purchasing and Performance. *The 56th Session of the United Nations Commission on Narcotic Drugs.* Vienna, Austria.

Anne O'Neill – Associate Director, Office of Health and Medical Research. *Israeli Life Science and Technology Week. 2nd International Medical Devices and HIT Conference.* Tel Aviv, Israel.

WORKPLACE HEALTH AND SAFETY

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, which was implemented on 1 January 2011, the NSW Ministry of Health maintains its commitment to the health, safety and welfare of workers and visitors to its workplaces.

Highlights

The following ongoing Work Health Safety (WHS) initiatives continued during 2012-13:

- quarterly WHS Committee meetings 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 Ministry's *Get Healthy* information and coaching service was made available to employees aiming to improve health and achievement of health-related goals
- WHS awareness strategies included bi-monthly induction presentations, WHS workplace assessments, the Safe Work Week promotion, Seasonal Influenza vaccination program, Australian Red Cross Blood donations and Workstation Clean-Up Days
- Ministry supported and promoted campaigns by the WorkCover Authority of NSW (Hazard A Guess, young workers' injury prevention, and Homecomings, emphasizing the importance of workplace safety for workers, family and other members)
- recertification in Apply First Aid and Automated External Defibrillation
- decrease of 24 reportable injury/illness incidents from last year
- the Ministry continued to conduct building emergency evacuation tests and emergency training sessions for fire wardens.

Strategies to improve work health and safety include

- the development and implementation of WHS: Better Practice Procedures, and Injury Management (IM) & Return to Work (RTW) policy frameworks
- ongoing commitment to the Ministry's WHS Mission Statement
- ongoing promotion of *Healthy Lifestyle* campaign to staff and managers on general health and well-being strategies.

Workers compensation

In accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998* including the changes to the Act which were implemented by the NSW Government on 1 October 2012, the Ministry provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury.

During 2012-13, 13 new workers compensation claims were lodged with the NSW Ministry of Health of which 10 were accepted (15 new claims were accepted in 2011-12).

Eight of the accepted workers compensation claims were for body stress related injuries. The remaining claims related to slips, trips and falls related injuries. A direct link to the reduction in claims during this year was due to the abolition of Journey claims from the *Workers Compensation Act*.

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

- a focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries
- frequent claims reviews between the Ministry and the TMF Claims Managers to monitor claim activity, return to work strategies, industry performance and compensation costs
- ongoing commitment to promoting risk management and injury prevention strategies including conducting workplace assessments, ergonomic information available on the intranet, investigating and resolving identified hazards in a timely manner.

NSW Ministry of Health – Workers compensation claims by category 2012-13

INJURY/ILLNESS	TOTAL
Body stress	8
Fall/slip	2
Psychological	2
Objects-hit	0
Vehicle	0
Other	1
Total	13

NSW Ministry of Health – Number of new claims each year from 2001-02 to 2012-13 financial years

YEAR	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Claims	33	31	26	25	23	19	9	21	15	19	17	13

NSW Ministry of Health – Workplace injuries by category 2012-13

INJURY/ILLNESS	TOTAL
Body Stress	11
Fall/slip/trip	18
Psychological	2
Objects – hit	6
Vehicle	1
Other	28
Hazards	1
Total	67

EQUAL EMPLOYMENT OPPORTUNITY: NSW MINISTRY OF HEALTH

The NSW Ministry of Health has a strong commitment to EEO and recruits and employs staff on the basis of merit.

EEO activities for 2012-13 included:

- The Ministry of Health commemorated National Aborigines and Islanders Day Observance (NAIDOC) week 2013 in the period 7-14 July with the theme *We value the vision: Yirrkalá Bark Petitions 1963*. NAIDOC celebrations increase awareness of issues affecting Aboriginal and Torres Strait Islander people and highlight the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW.
- National Sorry Day is an Australia-wide observance held on May 26 each year. It gives people the chance to come together and share the steps towards healing for the Stolen Generations, their families and communities. Sorry Day was commemorated by the Ministry on Friday 24 May in 2013
- The Ministry's Disability Action Plan demonstrates how it contributes to a society in which people with disability participate as full citizens with optimum quality of life and independence

- The NSW Aboriginal Health Plan 2013-23 is an election commitment of the NSW Government. This 10 year plan was developed in partnership with the Aboriginal Health and Medical Research Council of NSW. The Plan sets the framework using six key strategic directions to close the gap in Aboriginal health outcomes, by spreading responsibility for achieving health equity for Aboriginal people in NSW across all NSW Health operations.
- NSW Health Aboriginal Workforce Strategic Framework 2011-15 was released as a policy directive in July 2011. The framework focuses on addressing health workforce skill gaps as well as supporting the economic and social wellbeing of Aboriginal people. The key priorities of the Framework are to:
 - increase the representation of Aboriginal employees to 2.6 per cent across NSW Health
 - increase the representation of Aboriginal people working in all health professions
 - develop partnerships between the health and education sectors to deliver real change for Aboriginal people wanting to enter the health workforce and improve career pathways for existing Aboriginal staff
 - provide leadership and planning in Aboriginal workforce development
 - provide employment to Aboriginal university graduates in health professions
 - build a NSW health workforce which closes the gap in health outcomes between Aboriginal and non-Aboriginal people by providing culturally safe and competent health services.

EQUAL EMPLOYMENT OPPORTUNITY MANAGEMENT PLAN 2013-14

The following initiative is proposed for the 2013-14 EEO Management Plan

- to improve and increase employment opportunities for people with a disability in accordance with the state government EmployABILITY strategy and the *Ready Willing and Able* program.

A. NSW Ministry of Health – Trends in the representation of EEO groups

EEO Group	Benchmark or target	% OF TOTAL STAFF			
		2010	2011	2012	2013
Women	50%	64%	61%	61%	64%
Aboriginal people and Torres Strait Islanders	2%	1.17%	1.00%	1.17%	1.24%
People whose first language was not English	20%	18.5%	10.32%	13.21%	11.14%
People with a disability	12%	2.75%	2.61%	2.46%	1.38%

B. NSW Ministry of Health – Trends in the distribution of EEO groups

EEO Group	Benchmark or target	DISTRIBUTION INDEX			
		2010	2011	2012	2013
Women	100	95%	93%	94%	97%
Aboriginal people and Torres Strait Islanders	100	94%	100%	94%	100%
People whose first language was not English	100	86%	92%	98%	86%
People with a disability	100	93%	97%	100%	91%

Note: Staff numbers are as at 30 June and exclude casual staff. 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.