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Acts administered

Acts administered

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

Legislative change

New Acts

Nil

Amending Acts

- *Mental Health (Forensic Provisions) Amendment Act 2013*
- *Drugs and Poisons Legislation Amendment (New Psychoactive and Other Substances) Act 2013*

Repealed Acts

Nil

Orders

- *Health Services Amendment (Lottie Stewart Hospital) Order 2013*
- *Health Services Amendment (Royal Rehabilitation Centre Sydney) Order 2014*
- *Public Health Amendment (HIV Infection) Order 2014*
- *Public Health Amendment (Middle East Respiratory Syndrome Coronavirus) Order 2013*

Subordinate legislation

Principal Regulations made

- *Mental Health Regulation 2013*
- *Health Services Regulation 2013*

Significant Amending Regulations made

- *Health Administration Amendment (Reportable Incidents) Regulation 2014*
- *Health Practitioner Regulation (New South Wales) Amendment (Medical Council of NSW) Regulation 2013*
- *Health Practitioner Regulation (New South Wales) Amendment (Pharmacy Council) Regulation 2013*
- *Health Services Amendment (Smoke-free Area) Regulation 2013*
- *Human Tissue Amendment (Blood Donor Certificate) Regulation 2014*
- *Mental Health Amendment (Fees) Regulation 2013*
- *Poisons and Therapeutic Goods Amendment (Continued Dispensing) Regulation 2013*
- *Poisons and Therapeutic Goods Amendment (Fees) Regulation 2013*
- *Poisons and Therapeutic Goods Amendment Regulation 2014*
- *Poisons and Therapeutic Goods Amendment (Supply by Pharmacists) Regulations No 2 2013*
- *Private Health Facilities Amendment (Fees) Regulation 2013*
- *Private Health Facilities Amendment (Reportable Incidents) Regulation 2014*
- *Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Regulation 2013*
- *Smoke-free Environment Amendment (Penalty Notice Offence) Regulation 2013*
- *Smoke-free Environment Amendment Regulation 2013*

Repealed Regulations

- *Mental Health Regulation 2007*
- *Health Services Regulation 2008*

Disability Action Plan 2009–14

The NSW Ministry of Health has developed the NSW Health Disability Action Plan, which includes action plans of other agencies within NSW Health. The NSW Health Disability Action Plan can be found on the NSW Health website.

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

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

- The legal rights of people with disability are recognised and protected.
- People with disability have equal right to employment and respect.

Achievements in 2013-14 include:

The NSW Ministry of Health continues to meet implementation and reporting obligations and to explore opportunities for continuous improvement under ongoing reforms in the disability sector, including:

- the *National Disability Strategy NSW Implementation Plan 2012-2014*
- reporting to the NSW Ombudsman regarding reviewable deaths of people with disability and the *National Disability Insurance Scheme*.

NSW Health provided input into the recently passed *Disability Inclusion Act* and has commenced disability action planning activities in line with the *Act* including:

- installation of hearing loops in NSW Ministry of Health meeting rooms occurring under current refurbishments
- services for people with intellectual disability have been implemented and are currently being evaluated.

Government Information (Public Access) Act 2009

Review of proactive release program – Clause 7(a)

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

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

Number of access applications received – Clause 7(b)

During 2013-14, the NSW Ministry of Health received 69 formal access applications under the *Government Information (Public Access) Act 2009* (GIPA Act). Two applications were withdrawn and 35 applications were transferred to other agencies. A total of 32 applications made on the NSW Ministry of Health were completed during the reporting year. Additionally 17 applications carried over from the previous year were completed. There were two applications received which were undecided as at 30 June 2014 and these have been carried forward to the next reporting period.

During the reporting period, two applications were invalid as they did not comply with the formal requirements of Section 41 of the GIPA Act. One application subsequently became a valid application.

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

Of the 32 formal access applications decided during the reporting period, the NSW Ministry of Health made six decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure). However only one application resulted in full refusal to provide the requested information which included a small amount of information covered by legal professional privilege and other information which was the business or personal information of third parties.

Five other applications involved a decision to refuse access to a small amount of information protected by statutory privilege under the Health Administration Act 1982 (two applications) or by legal professional privilege (three applications) with all other information requested being released or noted as already publicly available.

Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A-H pages 134-136.

Table A – Number of applications by type of applicant and outcome*, NSW Ministry of Health 2013-14

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

*More than one decision can be made in respect of a particular access application. If so a recording must be made in relation to each such decision. This also applies to Table B.

Table B – Number of applications by type of applicant and outcome, NSW Ministry of Health 2013-14

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm or deny whether information is held	Application withdrawn
Personal information applications*	1	0	0	2	0	0	0	1
Access applications (other than personal information applications)	12	9	2	1	2	1	0	0
Access applications that are partly personal information applications and partly other	0	1	0	0	0	0	0	1

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

Table C – Invalid Applications, NSW Ministry of Health 2013-14

Reason for invalidity	No of applications
Application does not comply with formal requirements (section 41 of the Act)	2
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	2
Invalid applications that subsequently became valid applications	1

Table D – Conclusive presumption of overriding public interest against disclosure: Matters listed in Schedule A to Act, NSW Ministry of Health 2013-14

	Number of times consideration used*
Overriding secrecy laws	2
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	4
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	1

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies to Table E.

Table E – Other public interest considerations against disclosure: Matters listed in table to Section 14 of Act, NSW Ministry of Health 2013-14

	Number of occasions when application not successful
Responsible and effective government	1
Law enforcement and security	0
Individual rights, judicial processes and natural justice	9
Business interests of agencies and other persons	3
Environment, culture, economy and general matters	1
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	1
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	1

Table F – Timelines, NSW Ministry of Health 2013-14

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	15
Decided after 35 days (by agreement with applicant)	1
Not decided within time (deemed refusal) (Note: all applications continued to be processed with the applicant receiving Notice of Decision)	16
Total	32

Table G – Number of applications reviewed under Part 5 of the Act (By type of review and outcome), NSW Ministry of Health 2013-14

	Decision varied	Decision upheld	Total
Internal review			0
Review by Information Commissioner*		**	1
Internal review following recommendation under section 93 of Act			0
Review by ADT		1	1
Total			2

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

** The result of the Information Commissioner's review is not available as at 30 September 2014 when this data was compiled.

Table H – Applications for review under Part 5 of the Act (By type of applicant), NSW Ministry of Health 2013-14

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

Multicultural Policies and Services Program

The *Multicultural Policies and Services Program* is a whole of government responsibility overseen by the Community Relations Commission. It focuses on ensuring government agencies implement the principles of multiculturalism through their strategic plans and therefore deliver inclusive and equitable services to the public. In 2013-14, the Commission's reporting requirements centred on three themes: key performance indicators and the results of evaluations; pathways between

government agencies for people from culturally and linguistically diverse backgrounds; and services for humanitarian entrants. NSW Health has chosen these themes as a basis for Program reporting in this year's Annual Report. Fifty one health services/branches were invited to contribute to NSW Health's Multicultural Policies and Services Program reporting for 2013-14.

NSW Health achievements 2013-14

Health Service	Project/Initiative	Achievement 2013-14
Local Health Districts		
Hunter New England Local Health District	Audit of Health Care Interpreter Service Utilisation	According to the audit of Health Care Interpreter Service Utilisation from December 2013 to June/July 2014 there was a 20 per cent increase in interpreter utilisation in Maitland, 10 per cent in John Hunter and 9 per cent in Belmont hospitals. The audit assessed data and compliance around patients who required, requested and received interpreters through a patient information tracking system. Interpreter usage compliance has also been measured in the emergency departments of the six major hospitals week by week over the past six years; John Hunter, Belmont, Taree, Tamworth, Armidale and Maitland have all seen increased compliance rates from 2012-13 to 2013-14.
Mid North Coast Local Health District and Northern NSW Local Health District	Women's Health Information Education Sessions	The purpose of the education sessions were to inform women from refugee backgrounds about the female anatomy, the reproductive system, contraception, pregnancy stages, childbirth, menopause, general health issues such as diet, exercise, immunisation and where to seek assistance. The sessions also included a tour of the Coffs Harbour hospital, Women's Health Centre and Women's Resource Centre. This project was organised in partnership with Coffs Harbour TAFE, the local Women's Health Centre and Health interpreters. Participants benefited from increased awareness of general female health issues and how to navigate the NSW health system.
Murrumbidgee Local Health District	BreastScreen participation rates for culturally and linguistically diverse women	The BreastScreen Service has the ability to monitor the participation of women from culturally and linguistically diverse backgrounds and where participation rates are below 70 per cent, implement specific strategies to improve screening participation rates. In 2013, the BreastScreen participation rate for culturally and linguistically diverse women in Murrumbidgee Local Health District was 35.19 per cent. To increase participation rates, culturally and linguistically diverse populations were invited to participate in a women's day information session held at the local library. Information brochures in various languages were distributed to participants and the opportunity to discuss breast screen issues with a BreastScreen Nurse Counsellor was made available. Interpreters were also present. Approximately 100 people attended.

Health Service	Project/Initiative	Achievement 2013-14
Murrumbidgee Local Health District	Refugee Health Assessment Service	A Medicare Local Refugee Health Nurse is based in Wagga Wagga and funded via Murrumbidgee Local Health District. This service operates in collaboration between the District and Murrumbidgee Medicare Local. A clinic, held weekly, is staffed by the Refugee Health Nurse and supported by local general practitioners who have a special interest in refugee health. The clinic provides initial health assessments, pathology, vaccinations, screening and treatments for newly arrived refugees. Appropriate care pathways are then established for the patients in general practice. Ongoing care is provided by the general practitioner of the patient's choice.
Nepean Blue Mountains Local Health District	Refugee Oral Health Clinic	In response to a recent rise in the number of refugee families settling in the District and following the development of a local Refugee Health Plan, the Nepean Centre for Oral Health has worked with the District's Multicultural Health Service to develop a designated Refugee Oral Health Clinic. The Clinic provides a comprehensive course of oral healthcare in the early months of refugee settlement. A small working party, comprising staff from Oral Health and Multicultural Health, developed protocols, an appropriate referral pathway and implemented the NSW Refugee Health Service's translation tool for appointments. The centre commenced fortnightly clinics in June 2014, and has provided services to one person from Bhutan, four from Nepal, five from Iran, and four from Syria. This initiative received a Certificate of Recognition from the NSW Refugee Health Service during Refugee Week 2014.
Northern Sydney Local Health District	Oral Health Promotion	In 2013-14, the Oral Health Service in the District implemented a program in partnership with the Department of Education and Training (Chatswood and Marsden Intensive English High Schools) to improve the oral health outcomes of students and facilitate access to oral health services. The program has been developed in response to the poor oral health often experienced by newly arrived young migrants and the need for information on oral health and oral health services. During 2013-14, three education sessions were provided to a total of 340 students and 130 dental assessments were conducted. Follow up dental care was provided at either Royal North Shore Dental or Top Ryde Dental Clinic with the assistance of healthcare interpreters.
South Eastern Sydney Local Health District	Older People of Refugee Background Training Module	The <i>Older People of Refugee Background Training Module</i> aims to enhance the capacity of health staff to deliver trauma informed care to people who have experienced torture and trauma in their youth. Development of the module involved a steering committee of interested clinicians including aged care providers, psychologists and facility-based Diversity Health Coordinators. A trial presentation of the module was conducted with clinicians from across the District. Participant input contributed to the development of the final module. The module was launched at the War Memorial Hospital and has been successfully used in six hospitals with allied health and nursing staff.
Southern NSW Local Health District	Improving Access	The purpose of the project was to improve access to information and services for culturally and linguistically diverse people. Teachers of English to Students of Other Languages students at Queanbeyan TAFE were taken on a tour by a bilingual counsellor through Queanbeyan Hospital and Community Health. They were provided with language specific information and relevant contact and referral information. The initiative has resulted in many appointments being made for trauma counselling, dental services, Pap smears and women's health services and has assisted child and family health nurses to engage more effectively with families from culturally and linguistically diverse backgrounds.
Sydney Local Health District	Health Education Programs	In 2013-14 Bilingual/Bicultural Health Education Officers delivered a total of 695 group health education programs to 11,530 culturally and linguistically diverse participants. These included: <ul style="list-style-type: none"> • physical activity classes for a range of culturally and linguistically diverse groups – 98 per cent of participants reported health improvement • a Stepping On Falls Prevention program was delivered in partnership with the Sydney Local Health District Aged Care and Rehabilitation Service – 100 per cent of participants reported improvement in their strength and balance • information and health education sessions were delivered on: diabetes management; obesity and cancer prevention; promotion of BreastScreen services; screening for hepatitis B; and tobacco control. Participant evaluations indicated an 80 per cent improvement in knowledge.
Western NSW Local Health District	Blueprint for Equity in Western NSW Local Health District	The Blueprint aims to quantify the health needs of communities within Western NSW Local Health District by drawing on and assessing variables known to impact on health including: age, remoteness, low English fluency and socio-economic disadvantage. The project has informed the equitable distribution and service provision for allied health services across Western NSW Local Health District. Achievements include: <ul style="list-style-type: none"> • informing the alignment of staff relative to community need • development of new or refined models of care (telehealth, hub and spoke models) • partnering with other agencies to supply services where gaps are identified • investigation of workforce redesign opportunities.
Pillars		
Agency for Clinical Innovation	Emergency Department Factsheets	In 2013, the Agency's Emergency Care Institute translated 20 patient factsheets which provide patients with discharge advice from emergency departments, into six community languages – Arabic, Chinese, Hindi, Korean, Greek, Italian and Vietnamese. The factsheets help link patients to appropriate health services according to patient need.
Cancer Institute NSW	Go for Better Health project	Through its sponsorship program, the Cancer Institute NSW provided \$9155 to the Elizabeth Igbino Breast Cancer Foundation for the Go for Better Health project. The project aims to increase awareness of cancer, cancer prevention strategies, the importance of early detection and the availability of screening services among recently arrived African women living in Western Sydney. It was delivered in partnership with African community organisations.

Health Service	Project/Initiative	Achievement 2013-14
Cancer Institute NSW	Reporting for Better Cancer Outcomes	The Cancer Institute's <i>Reporting for Better Cancer Outcomes</i> program is a performance-based funding strategy to improve cancer control. For the first time in 2013, the Program included the biennial breast screening participation rate for culturally and linguistically diverse women as a performance indicator.
Health Networks		
Justice Health & Forensic Mental Health Network	Forensic Hospital Multicultural Service	In 2013-14, the Forensic Hospital ran 45 literacy and numeracy workshops for culturally and linguistically diverse patients including a <i>Teaching English to Speakers of Other Languages</i> workshop.
Justice Health & Forensic Mental Health Network	Trash the Ash – A Prison Guide to Quitting Smoking	As part of a comprehensive <i>Tackling Tobacco</i> program aimed at reducing very high rates of smoking and second hand smoke exposure in correctional institutions, a patient information booklet was developed, <i>Trash the Ash</i> . The resource provides useful tips on quitting and where to get further help including links to the NSW Quitline. To support smoking cessation amongst people in custody from culturally and linguistically diverse backgrounds, the resource is currently being translated (in consultation with Multicultural Health Communication Services) into the five most common languages other than English spoken by the NSW custodial population: Chinese traditional/simplified; Vietnamese; Spanish; and Arabic. The process of translation includes focus testing to ensure culturally appropriate language and terminology.
St Vincent's Health Network	Compliance with use of interpreters	A consent audit was conducted in December 2013 looking at whether patients with a language other than English who required an interpreter received an interpreter for consent. The audit included 110 medical records. Results of the audit were promoted to the Patient Safety and Quality Committee and plans were put in place to address the level of use of professional interpreters when obtaining patient consent.
The Sydney Children's Hospitals Network	Understanding the Barriers for Children from Culturally and Linguistically Diverse Backgrounds	The aim of this project was to explore early childhood development and access to services that detect developmental problems early (developmental surveillance) and provide early intervention in culturally and linguistically diverse communities. The project was a qualitative study which used in-depth interviews conducted with 13 parents from culturally and linguistically diverse backgrounds and 27 health and early childhood professionals in Sydney. The study revealed that early childhood development knowledge, community attitudes, social isolation, English language proficiency and ethnicity impacted on access to early childhood development services. Factors that impeded or facilitated access were: financial and staff resources; extended family and social support; the availability of information and interpreters; competing needs; complex service pathways; and community engagement. The information from this study will inform service development around early childhood development promotion and developmental surveillance systems so that they are accessible and culturally responsive.
Statewide		
Multicultural Health Communications Service	Organ and Tissue Donation for Multicultural Communities	In 2013-14, there were 620 surveys carried out to better understand the low levels of registration for organ donation in multicultural communities. Surveys examined knowledge of the organ donation process and the perceived barriers to becoming a donor. The Multicultural Health Communications Service in conjunction with Transplant Australia and the Organ and Tissue Donation Service undertook a twelve month campaign to increase awareness of organ donation among multicultural communities. Part of the campaign included research about the awareness of organ donation in the Vietnamese, Chinese and Arabic communities. Audio visual stories from people who had received an organ transplant (Vietnamese, Chinese and Arabic) were developed. SBS broadcasted the story on the 6:30 news.
Multicultural Health Communications Service	Measles Awareness Campaign – Filipino community	Multicultural Health Communications Service undertook a print, radio, online, digital and social media campaign for the prevention of measles in the Filipino community. Communication pathways were developed between the local Filipino community, local health services, government departments, the Filipino Consulate and the Filipino media. The Service's strong working partnership with the Filipino media and community organisations resulted in streamlined communications, increased community engagement and improved measles awareness.
Multicultural HIV and Hepatitis Service	Asian Gay Men's Community Development Project	The Asian Gay Men's Community Development Project was designed to increase HIV awareness and decrease stigma within the Asian community. It comprised a range of targeted strategies including: community education workshops; ethnic print and broadcast media campaigns; participation in community events; and film screenings. This was carried out in partnership with ACON, Sydney Local Health District, South Eastern Sydney Local Health District, University of NSW's Kirby Institute, the Multicultural HIV and Hepatitis Service and the HIV/AIDS and Related Programs Health Promotion teams. An analysis of recent NSW HIV notification data has revealed increased notification rates among culturally and linguistically diverse gay men, particularly from Asian backgrounds.
Multicultural Problem Gambling Service for NSW	Stakeholder survey	Stakeholder surveys were circulated to 250 mainstream human service providers commonly in contact with problem gamblers to determine the relative awareness of the Multicultural Problem Gambling Service and to inform improvements in service provision. These service providers included: NSW Police Multicultural Liaison Officers; Parole Officers in Corrective Services; Centrelink social workers; mainstream problem gambling and financial counselling service providers; Ethnic Community Services; Migrant Resource Centres; Community Welfare Organisations; high school counsellors; and multicultural education coordinators at TAFE colleges.

Health Service	Project/Initiative	Achievement 2013-14
NSW Education Program on Female Genital Mutilation	Clinical Protocols for circumcised women on pregnancy and birthing care	The Pregnancy and Birthing Care for Women affected by Female Genital Mutilation/Cutting Clinical Guidelines were jointly developed by the NSW Education Program on Female Genital Mutilation and the NSW Ministry of Health. These statewide guidelines will be distributed and recommended for adoption by all public hospitals in NSW. They focus on the safety and welfare of the unborn child and mother and the provision of 'best practice' healthcare for pregnant women affected by female genital mutilation.
NSW Refugee Health Service	Refugee Health Nurse Program	In 2013-14, 2498 people of refugee background (or over 90 per cent of NSW refugee arrivals for the year) were seen by NSW Refugee Health Service. The Service runs a coordinated program of nurse-led health assessments for newly arrived refugees settling across metropolitan Sydney. The program provides: an initial point of contact with the health system; screening for common health conditions; referral to general practitioners; and other health services as required. Refugee Health Nurses deliver the program across a number of community-based health sites and provide a limited home visiting service.
Transcultural Mental Health Centre	Making Transcultural Mental Health a Priority	The Transcultural Mental Health Centre worked with the mental health Commission of NSW to coordinate the Leaders Forum on mental health and culturally and linguistically diverse communities. At the Forum, 58 leaders informed the Commission of the mental health service needs of culturally and linguistically diverse communities in NSW. The Forum was also used to inform the development of the draft Strategic Plan for Mental Health in NSW which is currently before Parliament. Following this consultation, the Transcultural Mental Health Centre was commended for its 20 years of service and commitment to the field.
Women's Health at Work Program	Stepping Out – Women and Work	This is a pilot project developed to provide culturally and linguistically diverse women who are looking for work for the first time since their arrival in Australia with information on government and non-government services that are relevant to their needs. Nine bilingual workers from Vietnamese, Chinese, Arabic, Indian and Kurdish backgrounds have been trained to facilitate groups from their communities. Participants explored the many ways to obtain work in NSW and were educated in the areas of work health and safety, time management skills, the principles of budgeting, preparing job applications and preparing for an interview. The project is a partnership between Women's Health at Work Program and the NSW Ombudsman, Fair Work Australia, TAFE, government and non-government women's health services.
Ministry Branches		
Oral Health Strategy	Healthy Mouth: Something To Smile About DVD	The <i>Healthy Mouth: Something to Smile About</i> DVD is an oral health promotion resource targeting refugee communities. The DVD provides information on maintaining good oral health and on accessing the NSW public dental service. The effectiveness of the DVD was evaluated and results showed that it was easy to understand, linguistically accurate and useful. Statistically significant improvements were seen in participants' knowledge of keeping teeth healthy and in understanding how to access public dental services. The evaluation suggests that a multilingual oral health DVD is effective in communicating oral health messages to newly arrived refugees. In 2013, the DVD was awarded a NSW Multicultural Health Communication Service Award and a South Western Sydney Local Health District Quality Award for <i>Keeping People Healthy</i> .

Multicultural Health Plan Implementation Group and working groups on priority areas

In October 2013, a Multicultural Health Plan Implementation Group was established and held its first meeting to lead planning and progress under the *Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-16*. The Implementation Group includes a representative from each local health district and two statewide multicultural health services. The *Prioritising, Planning and Collaborating for 2014 and beyond* statewide forum, held in November 2013, provided clear direction for the Implementation Group on four key priority areas in the State Plan to be targeted which were:

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

Accordingly, the Implementation Group has formed four working groups in 2014 to investigate barriers to improvements in culturally and linguistically diverse healthcare, evidence of best practice and opportunities for improvement in these priority areas. With this intelligence, working groups will then focus on developing practical solutions that will be presented at a future statewide forum to discuss how best to approach the rollout of improvements in 2014-15.

NSW Health planned initiatives 2014-15

Health Service	Project/Initiative	Planned Initiatives
Local Health Districts		
Central Coast Local Health District	Multicultural Health Plan 2014-2017 Rollout	Through the <i>Central Coast Local Health District Multicultural Health Plan 2014-2017</i> , the District plans to achieve progress against target measures including: <ul style="list-style-type: none"> • increase percentage of OOS of interpreter usage • increase percentage of staff undertaking cultural awareness and competency training • development of measurable outcomes for specific programs (e.g. Better Health Self-Management and Partnering with Carers initiatives) • development of a register of partnerships, service level agreements and memorandums of understanding.
Hunter New England Local Health District	Talking Tactics	In 2015, the <i>Talking Tactics</i> program will be rolled out in African communities in Newcastle. It is a community awareness and education program relating to the potential harm and dangers of alcohol abuse and its impact on the user, their families and their communities. The program was developed by Drug and Alcohol Educators in Wollongong in consultation with African communities.
Illawarra Shoalhaven Local Health District	GP Guidelines for newly arrived refugees in the Illawarra	The Guidelines will provide general practitioners with guidance and support in the health screening and management of newly arrived refugees. Refugees will benefit from a comprehensive health assessment on arrival to ensure individual health needs are identified and health issues managed. The Guidelines are being developed in partnership with the District's Multicultural Health Service, Sydney Children's Hospital and the NSW Refugee Health Service.
Mid North Coast and Northern NSW Local Health Districts	Refugees in Coffs Harbour and the Rural Healthcare System	This research project will evaluate if humanitarian refugees 5-10 years after arrival: <ul style="list-style-type: none"> • have health problems which have manifested since arrival • have difficulties navigating the health system (public and private) • have financial difficulties which prohibit them from accessing medical attention. <p>The objective of the study is to identify issues the refugee community is having when accessing mainstream healthcare and what can be done in their initial settlement phase to improve subsequent health outcomes.</p>
South Eastern Sydney Local Health District	Collaborative Partnership with Primary and Chronic Care Organisations	The Chronic Diseases Unit and Multicultural Health in the District have a commitment to work with Medicare Locals, general practitioners and clinicians within the Regional Partnership Framework, to provide a collaborative and integrated approach to improving chronic care services for people from culturally and linguistically diverse backgrounds. In 2014-15, under the Framework a joint strategy will be undertaken to: <ul style="list-style-type: none"> • increase the reach of culturally appropriate diabetes education programs • improve pathways to Pulmonary Rehabilitation for Greek and Chinese communities • review self-management strategies for chronic illnesses.
South Eastern Sydney Local Health District	Refugee Camp in my Suburb	During Refugee Health Week the <i>Refugee Camp in my Suburb</i> exhibition will be set up for one to two days at each major hospital in the District. <i>Refugee Camp in my Suburb</i> is a simulation of a refugee camp and aims to create awareness of the vulnerabilities faced by refugees and displaced people who have been forced to flee their homes. This interactive experience will also feature the documentary <i>Mary meets Mohammad</i> .
South Western Sydney Local Health District	Filling the Gap	<i>Filling the Gap</i> aims to reduce tooth decay in 0-12 year olds by increasing knowledge and practice of correct oral hygiene procedures in migrant and refugee families. The program focuses on assisting parents and carers to encourage children to establish good dental and nutritional habits from an early age. Pre and post session evaluation surveys will be carried out to assess increased awareness and/or any change in behaviour/attitude.
Western Sydney Local Health District	Mainly Non-English Speaking Background Women and Intimate Partner Violence during the Perinatal Period Research Project	The <i>Mainly Non-English Speaking Background Women and Intimate Partner Violence During the Perinatal Period Research Project</i> is a partnership project between University of NSW and Blacktown Hospital Maternity Services. Pregnancy is a particular period of vulnerability for all women and there is evidence that the risk of intimate partner violence increases during pregnancy. This study will be the first clinic-based epidemiological study worldwide to identify the risk and protective factors for intimate partner violence among refugee and mainly non-English speaking background women during pregnancy and the post-partum period. The project will also examine associations between intimate partner violence, mental health and the woman's capacity to adapt to the resettlement environment.
Western Sydney Local Health District	Western Sydney Local Health District Maternity Liaison Officer's Led Antenatal Group Education Models Evaluation Project	Pregnancy group education models led by Maternity Liaison Officers provide culturally and linguistically appropriate information, education and support to women of culturally and linguistically diverse communities. The evaluation of the project is based on measuring the impact of antenatal group education on the experience and birth outcomes for culturally and linguistically diverse women. The evaluation will assess improvements in safety, birth outcomes, women's experience and satisfaction levels. It will also examine midwifery staff cultural competency, women's length of stay and medical intervention case rates. A similar evaluation plan will be developed and implemented to measure the effectiveness of the Multicultural Labour and Parenting Classes.

Health Service	Project/Initiative	Planned Initiatives
Pillars		
Clinical Excellence Commission	Health Literacy Online Resource	A statewide health literacy online resource is to be developed. The resource will support health services by promoting strategies and tools for early engagement with culturally and linguistically diverse patient populations and address health service access issues.
NSW Kids and Families	Female Genital Mutilation/Cutting: Talking with Families – an Educational Resource	Previously, NSW Kids and Families worked with the NSW Education Program on female genital mutilation to develop Clinical Guidelines on Pregnancy and Birthing Care for Women affected by Female Genital Mutilation/Cutting. A specialist group of clinicians and educators is guiding the development of an education resource to accompany the Guidelines. The resource will take the form of an illustrated flipchart designed to support clinicians in their antenatal conversations with women affected by female genital mutilation and their families. It is anticipated the flipchart will be available for distribution by the end of 2014.
Health Networks		
St Vincent's Health Network	Data Fields in New Patient Admission System	Working to develop a new patient admission system at St Vincent's Hospital. This system will build in mandatory fields for country of birth, language spoken and interpreter needed. It will also have flag alerts for patients needing interpreters.
Sydney Children's Hospitals Network	Early Childhood Development and Surveillance: Everyone's Business	Rolling out a 'train the trainer' pilot model to improve early identification and early referral of developmental problems. The model involves training non-health child and family service providers working with children under five from culturally and linguistically backgrounds. It aims to better integrate care between child and family health nursing, community child health and child and family service providers in the Botany Bay local government area non-government sector.
Statewide Services		
Multicultural HIV and Hepatitis Service	NSW Hepatitis B Community Alliance	Chronic hepatitis B is a significant health issue affecting the culturally and linguistically diverse communities and in particular those from refugee backgrounds. In 2013, the Multicultural HIV and Hepatitis Service called on the leadership of the communities most affected to come together and form the NSW Hepatitis B Community Alliance. Most of the communities affected are currently represented on the Alliance, which aims to strengthen culturally and linguistically diverse communities' capacity to address hepatitis B issues. The Alliance will work to raise awareness, inform the community, encourage community members to get tested and to seek regular monitoring for those infected. The Alliance will achieve this by working in partnership with the media, community organisations, health services and community members in a way that is culturally appropriate and relevant to each of the communities affected.
Ministry Branches		
Health Protection	Immunisation	Plan to improve vaccination coverage of recent immigrants and children from culturally and linguistically diverse backgrounds through the provision of free catch up vaccination for students enrolled in Intensive English Centres and the development of primary school immunisation enrolment information for parents which will be translated into 23 community languages.
Health System Planning and Investment	NSW Rural Health Plan	The NSW Rural Health Plan is scheduled for release in late 2014. The Plan will strengthen the capacity of NSW rural health services to provide connected and seamless care across the healthcare continuum as close to regional, rural and remote NSW communities as possible. Key initiatives in the Plan include: <ul style="list-style-type: none"> • undertaking health literacy activities to help culturally and linguistically diverse communities use health services • strengthening training and development to increase the capacity of the health workforce to respond to the health needs of culturally and linguistically diverse groups.

NSW Carers (Recognition) Act 2010

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

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

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

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

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

In 2013-14, implementation of the *Act* continued across NSW Health including managers, administrators and staff working in support services and service delivery.

Key action is being undertaken to ensure that NSW Health employees understand who is a carer and the principles of the *Charter*. NSW Health agencies including the Cancer Institute NSW, Justice Health & Forensic Mental Health Network, NSW Ambulance and Health Infrastructure now include carer specific information in their staff orientation, induction and training materials.

Information in relation to carers, the *Act* and the *Charter* has been promoted across NSW Health including the Agency for Clinical Innovation and Health Infrastructure newsletters; presentations to Strategic Relations and Communications, Health Protection NSW and the Bureau of Health Information; and updated carer specific information on local health district and pillar websites.

The eLearning Program has been developed to increase awareness and understanding by NSW Health staff of the needs of carers, as clients and colleagues. Since its launch in May 2013 over 500 NSW Health employees have completed the Health Education and Training Institute Online Learning Centre carer eLearning program, *Creating a Carer Culture in NSW Health*. In 2013-14, over 265 employees completed the modules. Nursing, medical, allied health and management staff as well as hotel services, corporate services, hospital support and technical support staff across the local health districts and other agencies completed the carer modules.

Privacy Management Plan

Compliance summary

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

- publication of online privacy training materials in partnership with the Health Education and Training Institute
- creation of the Patient Privacy webpage via NSW Health website providing information and resources to members of the public and staff regarding privacy management in NSW Health
- participation in the development of a privacy guide to the implementation of Patient Journey Boards
- delivery of two special privacy training sessions open to all Ministry staff with guest speakers from *NSW Privacy and Information Commission* to promote the themes of Privacy Awareness Week. Both sessions were well attended by a range of staff from across the Ministry
- drafting of a revised privacy policy for NSW Health involving extensive consultation with all NSW Health organisations.

The Ministry's Privacy Officer has attended or presented to various groups or committees in 2013-14, including:

- Privacy Training for Public Health Trainees, NSW Ministry of Health
- Health Chaplaincy Liaison Group, NSW Ministry of Health
- Privacy Training, Southern NSW Local Health District, Queanbeyan Hospital

- Human Research Ethics Committee Executive Officer & Research Governance Officer Roundtable Meeting
- Many Mobs: Building Strength and Connections – 2014 Statewide Aboriginal Health Conference
- Out of Home Care Coordinator Meeting, NSW Ministry of Health.

The NSW Health Privacy Contact Officers network group met in November 2013. This group provides excellent feedback about local privacy issues for the Ministry and professional development opportunities for relevant staff in relation to:

- development of privacy policy for NSW Health
- sharing of a privacy training modules and other compliance resources
- clarification of the impact of changes to federal privacy laws on NSW Health
- discussion of specific privacy and consent issues, such as disclosure of patient information to Ex-Service Organisations, Accredited Chaplains and pastoral care workers
- review of applications for internal review and discussion of suggested compliance actions resulting from breaches of privacy.

Internal review

The *Privacy and Personal Information Protection Act 1988* provides a formalised structure for managing privacy complaints relating to this Act and the *Health Records and Information Privacy Act 2002*. This process is known as 'Internal Review'.

During 2013-14, the NSW Ministry of Health received one application for Internal Review.

1. An internal review application was received in April 2014 alleging that the NSW Ministry of Health had breached several of the Health Privacy Principles relating to the collection, security, accuracy, access, use and disclosure of the applicant's personal health information. The review considered the relevant principles in the *Health Records and Information Privacy Act 2002* and no breach was identified.

Public Interest Disclosures

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

During the 2013-14 reporting period, 77 public officials made Public Interest Disclosures to NSW Health organisations (21 in the course of their day to day functions, and 56 falling into the category of all other Public Interest Disclosures). In total, NSW Health organisations have received 81 Public Interest Disclosures over the reporting period (19 made by officers in the course of their day to day responsibilities, 3 made in accordance with a statutory obligation and the remaining 52 falling into the category 'all other Public Interest Disclosures'), with 42 Public Interest Disclosures finalised during the 2013-14 period.

The majority of Public Interest Disclosures related to reports of corruption (74), with a small number of maladministration Public Interest Disclosures (5) and two Public Interest Disclosures relating to government information contravention. This represents an increase in Public Interest Disclosures from the 2012-13 reporting period which is partly attributable to legislative amendments which have broadened the Public Interest Disclosures criteria to clarify the inclusion of reports of

wrongdoing made by a staff member in the course of their day-to-day responsibilities, provided the report meets the Public Interest Disclosure criteria. Increased Public Interest Disclosure awareness across Health may also be a factor in the increase in Public Interest Disclosures.

Public Interest Disclosure co-ordinators from across NSW Health met with representatives from the NSW Ombudsman Public Interest Disclosure Unit at the NSW Ministry of Health in April 2014 for the annual NSW Health Public Interest Disclosure Forum to discuss issues in Public Interest Disclosure management across NSW Health.

During 2013-14, Public Interest Disclosure co-ordinators for NSW Health organisations have continued to implement tailored staff awareness strategies to suit their organisational needs. Awareness strategies utilised by NSW Health organisations include training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning and training provided to new employees as part of the induction procedure. Information about Public Interest Disclosures is provided on organisation intranet sites and some organisations have provided information via newsletters, posters and surveys to increase awareness about Public Interest Disclosures in their organisations.

Senior executive service

NSW Ministry of Health – Number of CES/SES positions at each level:

Band	Ministry of Health	
	Female	Male
Band 4	1	
Band 3	2	3
Band 2	11	7
Band 1	36	25
TOTALS	50	35
	85	

NSW Ministry of Health – Average remuneration for CES/SES positions

Band	Average Remuneration
	Ministry of Health
	\$
Band 4	531,100
Band 3	434,570
Band 2	272,388
Band 1	180,552

Note: Of NSW Ministry of Health expenditure in 2014, 22.56% was related to senior executives. The above data reflects executives in their respective bands (including acting arrangements).

Environmental sustainability

NSW Health has a strong commitment to ensuring that our operations are sustainable. The NSW Health *Environmental Sustainability Strategy 2012-15* sets out the NSW Health planned actions and targets for greenhouse gas reductions, waste reduction and water management.

NSW Health is committed to participating in broader sustainability programs, which includes being an active member of CitySwitch and participation in Earth Hour and Mobile Muster.

Energy management

The table below shows the rolling three year energy cost and consumption for NSW Health (State 777 contracts):

Rolling Three Year Energy Cost and Consumption for NSW Health

Year	Count of Contract Account ID	Total kWh	Energy Cost \$	Total Electricity Bill \$
2011-12	427	714,655,201	\$38,212,458	\$98,241,883
2012-13	422	799,863,755	\$37,019,132	\$119,451,769
2013-14	429	739,837,254	\$39,758,680	\$125,744,994

Key achievements 2013-14

- Four applications were approved under the Sustainable Government Investment Program and \$3.2 million was invested in energy efficiency projects. Projects included replacement of two chillers at Port Macquarie Hospital; and installation of new high efficiency air cooled chillers and variable speed drives on chilled water pumps at Coffs Harbour Hospital.
- NSW Health and Office of Environment and Heritage's partnership continued with 66 additional sites currently developing a range of energy savings projects.
- In June 2013, the Auditor General's Office undertook a Performance Audit of Building Energy Use in NSW Public Hospitals. The report noted that Health had reduced its energy consumption by 2 per cent despite increases in hospital activity. As a result of its recommendations, NSW Health:
 - has brought all small sites onto the whole of Government contract
 - is developing an Energy Management Strategy that is seeking to better work with the energy management sector including more appropriate bundling of projects and implementation of new technologies, particularly around sub metering
 - in consultation with Treasury is looking at ways to improve the availability of finance for energy management projects
 - has developed a hospital energy and water benchmarking tool in partnership with the Office of Environment and Heritage. This tool allows energy consumption to be benchmarked against service delivery across similar facilities. It is being tested across a range of hospitals and rollout is expected by September 2014
 - is implementing annual reporting by local health districts on progress against their energy implementation plans.

Waste reduction and purchasing policy

NSW Health has shown commitment to recycling, reusing and providing education in the area of waste reduction and procurement. A stationery review was undertaken within the NSW Ministry of Health with the view to reduce the number of items purchased and to incorporate sustainable items in the products contracted. The total number of products has been reduced by over 50 per cent and the cost over a 12 month period has been reduced by 28 per cent. A sustainable products purchase average of 26 per cent was achieved. This initiative is now being implemented by several local health districts.