

ENFORCEABLE UNDERTAKING

Part 11

Work Health and Safety Act 2011

The commitments in this enforceable undertaking
are offered to SafeWork NSW

by

South Western Sydney Local Health District

ABN 46 738 965 845

Privacy statement

SafeWork NSW respects your privacy and is committed to protecting personal information. The information provided on this document is for the purpose of making an undertaking to SafeWork NSW given for the purposes of part 11 of the WHS Act. This information will be managed within the requirements of the current state government privacy regime.

SafeWork NSW may publish the undertaking and the information contained in it for purposes identified in the undertaking or for other appropriate legal purposes in various publications such as newspapers and on its website. SafeWork NSW may be required to disclose personal information to other regulatory agencies in accordance with other law enforcement activities which may be conducted as part of an investigation. Further information on our privacy policy is available at www.SafeWork.nsw.gov.au

Enforceable Undertaking

Purpose

The purpose of this enforceable undertaking is to document the undertakings offered to SafeWork NSW pursuant to Part 11 of the Work Health and Safety Act 2011 (**WHS Act**) in connection with matters relating to alleged contraventions of the WHS Act or the Work Health and Safety Regulations 2011 (**the Regulations**).

Section 1 – General information

a. Details of the person proposing the undertaking

Registered Address:	South Western Sydney Local Health District Executive Office Liverpool Hospital Eastern Campus Corner of Lachlan and Hart Streets LIVERPOOL NSW 2170
Postal address:	South Western Sydney Local Health District Executive Office Locked Bag 7279 LIVERPOOL BC 1871
Telephone contact:	612 8738 6000
Email address:	[REDACTED]
Legal structure:	Body corporate established pursuant to the provisions of the Health Services Act 1997 (NSW). Governance arrangements for Local Health Districts are stated (strategically) within the Health Services Act 1997. Access via https://www.legislation.nsw.gov.au/#!/view/act/1997/154/full
Type of business:	NSW Health Service
Commencement date of the entity:	1 January 2011
Number of workers:	Full-time: 8480 Part-time: 2031 Casual: 509
Products and/or services:	SWSLHD provides a healthcare service that is patient focused, equitable and responsive to the changing and developing needs of the communities in south western Sydney. This is through six acute public hospitals, 14 major community health centres and a range of other services.

Comments:

b. Details of the alleged contravention

It is alleged by SafeWork NSW that from 16 July 2015 to 21 July 2016, South Western Sydney Local Health District (SWSLHD) failed to discharge its obligations as a person conducting a business or undertaking under section 19(2) of the WHS Act in that it did not ensure so far as reasonably practicable the health and safety of other persons, specifically babies born in an operating theatre within Bankstown-Lidcombe Hospital.

c. Details of the events surrounding the alleged contravention

In July 2015, the decision was made by SWSLHD to install piped oxygen delivery outlets to the neonatal resuscitaires in the operating theatres at Bankstown-Lidcombe Hospital, to allow for the prompt delivery of oxygen to newborns requiring resuscitation. SWSLHD engaged contractors to install, test and commission piped oxygen for the resuscitaires in the operating theatres. This work was undertaken over the evening/early mornings of 14 - 16 July 2015.

Due to an error in the work the outlet installed in one of the operating theatres was dispensing nitrous oxide instead of oxygen ("the gas error"). The gas error was not immediately discovered.

There was no requirement to use the newly installed gas outlet in the neonatal resuscitaire in the operating theatre where the gas error arose until 19 June 2016, when a newborn baby required resuscitation during an emergency delivery. The newborn was administered gas, believed to be oxygen, with an unexpected poor outcome. An investigation was commenced to find the reasons for the unexpected poor outcome. On 13 July 2016, another newborn baby required oxygen during resuscitation was also administered gas via the gas port, thought to be dispensing oxygen, in the same operating theatre. The second newborn baby tragically passed away after lengthy resuscitation attempts.

On 21 July 2016, the oxygen outlet in that operating theatre was tested and the gas error was thereby discovered. It was immediately taken out of service by SWSLHD.

d. An acknowledgement that SafeWork NSW alleged a contravention has occurred

It is acknowledged that SafeWork NSW has alleged that SWSLHD has contravened section 19 of the WHS Act.

e. The details of any injury that arose from the alleged contravention

On 19 June 2016, a baby was born in an operating theatre and required emergency resuscitation. The baby survived, but suffered significant health complications.

On 13 July 2016, a second baby was born in the same operating theatre and required emergency resuscitation. The second baby tragically passed away.

f. The details of any enforcement notices issued that relate to the alleged contravention

Were enforcement notices received?

Yes Please provide details in the table below.

Date issued	Notice type	Notice number	Contravention	Action taken in response to notice
20/12/2017	Section 155(2) Notice under the WHS Act	7-319747	Breach of Section 19 WHS Act 2011.	Documentation and answers were submitted to SafeWork as requested.
5/12/2016	Section 155(2) Notice under the WHS Act	7-299970	Breach of Section 19 WHS Act 2011.	Documentation was submitted to SafeWork as requested.
3/08/2016	Section 155(2) Notice under the WHS Act	7-294009	Breach of Section 19 WHS Act 2011.	Documentation was submitted to SafeWork as requested.
18/06/2016	Notice to produce documents.	AR 180616 - 01	Breach of Section 19 WHS Act 2011.	Documentation was submitted to SafeWork as requested.

g. A statement of assurance about future work health and safety behaviour

SWSLHD is committed to complying with its obligations under the WHS Act and ensuring, so far as reasonably practicable the health and safety of all workers and those who may be affected by its business or undertakings.

When an alleged contravention is associated with an injury/illness

h. The details of the type of workers compensation provided (if the injured person(s) is a worker of the person)

N/A

i. The details of the support provided, and proposed to be provided, to the injured person(s) to overcome the injury/illness

Does the alleged contravention involve injury to a person?

Yes The two newborns were patients in the care of SWSLHD at the time of the incident.

SWSLHD made available, and continues to make available, significant support to the families of both newborns, recognising the extremely difficult personal circumstances of both families arising from the tragic events experienced by both. This support has included open disclosure with the families of the two newborns as SWSLHD came to understand the circumstances which gave rise to the injuries to both babies, the provision of care requirements without cost, including the provision of a dedicated ongoing social work contact to provide support meetings and make ongoing enquiries with both families to the extent they are receptive to doing so, nursing support, and, in respect of the newborn who suffered ongoing health complications, but survived, multi-disciplinary support including speech pathology, physiotherapy, occupational therapy and dietetics.

j. The details of any existing work health and safety management system (WHSMS) at the workplace including the level of auditing currently undertaken

SWSLHD has an existing WHSMS compliant with AS/NZS 4801:2001.

SWSLHD adheres to the auditing process mandated by the NSW Ministry of Health. Audits are conducted across the facilities within the Local Health District by qualified Health personnel who are external to the LHD on a two-yearly cycle.

k. The details of any consultation undertaken within the workplace regarding the proposal of an enforceable undertaking

A working group has been set up in order to discuss the components of the enforceable undertaking, including an appropriate scope, timeframe and targeted outcomes.

Additionally, the enforceable undertaking is an agenda item in the District Executive Leadership Team meeting, and also the District Finance and Asset Committee (sub-board committee).

Further consultation is planned with the broader workforce through the guidance of the working group and SWSLHD's Work Health and Safety Committees.

l. A statement of regret that the incident occurred (i.e. not an admission of guilt)

SWSLHD regrets the failure to have the gas outlets in the operating theatre properly installed creating the risk to safety that resulted the tragic injury of one newborn baby and death of another.

m. Any rectifications made as a result of the alleged contravention

Description	\$ Amount
Rectification works	\$5000
Testing of all gas outlets District wide. This included all areas e.g. inpatient units, theatres, ICU across Bankstown, Liverpool, Fairfield, Campbelltown, Camden and Bowral Hospitals.	\$250,000
Working group sessions held to update the District's policy for managing the installation, refurbishment and commissioning of Medical Gas Systems	\$5000
Minor/Capital works application forms	\$2000
Revision and implementation of Contractor Management Policy	\$5000
Consultation and reconvening building works meeting into BAW committee meeting with terms and references	\$2000

TOTAL AMOUNT SPENT ON RECTIFICATIONS

\$269,000

n. A commitment that the behaviour that led to the alleged contravention has ceased and will not reoccur

SWSLHD commits that the behaviour that lead to the alleged contravention has ceased and that it will take all reasonably practicable steps to prevent recurrence of this type of incident.

o. A commitment to the ongoing effective management of work health and safety risks

SWSLHD commits that it will exercise its best endeavours to the ongoing effective management of work health and safety risks.

p. A statement of ability to comply with the terms of the enforceable undertaking

SWSLHD acknowledges that it has the financial ability to comply with the terms of this enforceable undertaking and has provided evidence with this undertaking to support this declaration.

q. The person is required to provide information regarding any prior work health and safety convictions

SafeWork NSW requests a list outlining details of any prior work health and safety convictions or findings of guilt under work health and safety legislation or work health and safety related legislation.

No SWSLHD has had no prior work health and safety convictions.

r. Statement regarding relationships with beneficiaries

SWSLHD acknowledges there are no known current relationships with any of the beneficiaries outlined in the enforceable undertaking, other than the current employees of SWSLHD.

s. Intellectual property licence

SWSLHD grants SafeWork NSW a permanent, irrevocable, royalty-free, worldwide, non-exclusive license to use, reproduce, distribute, electronically transmit, electronically distribute, adapt, and modify any materials developed as a result of this enforceable undertaking.

t. A commitment to participate constructively in all compliance monitoring activities of the undertaking

SWSLHD acknowledges that the responsibility for demonstrating compliance with this undertaking rests with the person who has given this undertaking. Evidence to demonstrate compliance with the terms will be provided to SafeWork NSW by the due date for the term.

SWSLHD acknowledges that SafeWork NSW may undertake other compliance monitoring activities to verify the evidence that is provided and compliance with the relevant term. The evidence provided to demonstrate compliance with the undertaking will be retained by the person who has given this undertaking until advised by SafeWork NSW that the undertaking has been completely discharged.

SWSLHD acknowledges that SafeWork NSW may initiate additional compliance monitoring activities, such as inspections, as considered necessary at SafeWork NSW's expense.

u. Acknowledgement of enforceable undertakings guidelines

SWSLHD has read and understood SafeWork NSW Enforceable Undertakings Guidelines and Enforceable Undertakings Customer Service Standard.

Section 2 – Enforceable Terms

a. An acknowledgement that the enforceable undertaking will be published and publicised

SWSLHD acknowledges that the enforceable undertaking will be published on SafeWork NSW's internet site and may be referenced in SafeWork NSW's publications.

SWSLHD will, within thirty (30) days of the date of acceptance of this enforceable undertaking, cause a public notice to be published in the Public Notices section of the Saturday Telegraph, which will be drafted using the script provided in Annexure 1.

b. A commitment regarding linking the strategy and promotion of benefits to the enforceable undertaking

SWSLHD is committed to ensuring that any promotion of a benefit arising from this enforceable undertaking will clearly link the benefit to the undertaking and that the undertaking was entered into as a result of the alleged contravention.

c. A commitment to disseminate information about the undertaking to workers, and other relevant parties (which may include work health and safety representatives), and in the annual report (if applicable)

SWSLHD commits that it will publish details of the enforceable undertaking and the activities that will or have been undertaken: in the first annual report due after the date the undertaking is accepted. SWSLHD's annual report is published by 8 November each year; and in the first newsletter to staff at Bankstown-Lidcombe Hospital issued after the commencement of the undertaking.

Strategies that will deliver benefits to the workplace, industry and the community

Strategies that will deliver workplace benefits

1. SWSLHD Rollout of an electronic contractor registration kiosk in "acute facilities"

The acute facilities (hospitals) are: Liverpool, Fairfield, Bankstown, Campbelltown, Camden and Bowral.

Please see attached in support of this strategy the specific detail of outcomes and deliverable components at **Annexure 2**.

Scope:

The WHS Regulations specify obligations relating to managing contractors, including requirements to ensure a system is in place for managing and consulting with contractors within SWSLHD work areas.

The implementation of an electronic sign in and out kiosk (hardware and software) for Capital Works and Infrastructure and Biomedical Engineering contractors will support these obligations to ensure contractor compliance and safety, as well as the safety of staff, patients and the community.

The implementation of the kiosk system will allow SWSLHD to track activity in real time across hospitals, supporting contractor management capabilities by:

- Improving transparency regarding processes, roles and responsibilities across SWSLHD in engaging and managing external contractors from a work engagement perspective;
- Ensuring up to date license and insurance details for all contractors is saved and actively monitored in a centralized system;
- Provision of mandatory documentation before approval to commence work is provided;
- Providing the ability to generate automatic "push" notifications to staff and contractors on site when signing in or out on a variety of issues, including hazards and/or workplace incidents of which contractors need to be aware;
- Ensuring compliance with SWSLHD policies by requiring confirmation that material has been read before sign off to commence work is given; and

- Having the functionality to automatically generate push notification warnings for contractors when signing in to complete works in areas that have specific requirements / hazards. For example, in a mental health ward or where hazardous materials (i.e. asbestos) exist.

The effectiveness of the kiosk system implementation will be measured through:

- Monthly compliance reports (e.g. contractor documentation is complete and up to date within system);
- Formal bi-annual internal audit to assess contractor management compliance and the use of the kiosk units;
- Recording instances of refusing to allow contractors on site to complete work due to non-compliance with documentation uploaded to kiosk; and
- Peer review with Sydney LHD and Central Coast LHD, in order to foster shared knowledge and evaluate the effectiveness of each District's approach to contractor management.

Target issue:

A central feature of the contraventions alleged by SafeWork NSW is a failure by SWSLHD to have an adequate contractor management system or policy in place to ensure adequate oversight of the contractors engaged to perform the relevant works. The kiosk system proposed by SWSLHD represents a significant step forward in the provision of such a system and, crucially, training of both staff and contractors in that system to provide comprehensive oversight and approval of works being undertaken, contractor status and alerts will assist SWSLHD in meeting its primary duty to ensure the health and safety of both workers and other persons by having a rigorous system of checks prior to the commencement of works and a detailed record of works undertaken to identify points of fault.

Tangible outputs / deliverables:

- Compliance with (but not limited to):
 - o SWSLHD Work Health and Safety Policy
 - o SWSLHD Contractor Management Policy
 - o NSW WHS Act 2011 (specifically section 19)
 - o State Records Act 1998
- Improved transparency and consistency in reporting (e.g. for WHS committees);
- Reporting that allows a real time view as to who is on site for security and evacuation;
- Greater financial controls – track activity against expenditure / contract agreements;
- Electronic alert/s and notification/s to SWSLHD and contractor to prevent issues. For example:
 - o When contractor workers' compensation insurance expires within 1 month, notification is sent to both SWSLHD and the contractor
 - o In the case of a workplace incident where staff and contractors need to be contacted, a notification can be sent to everyone on site
 - o Contractors signing in to complete works in areas that have specific requirements / hazards
- Electronic data retention in line with State Records Act 1998;
- Removal of carbon copy sign in books and the paper-based archiving (improving SWSLHD's ability to prevent non-compliant contractors from signing in);
- Ability to manage the safety of afterhours contractors and staff via push notification to the on-call Engineer; and
- Improved operational efficiency for after-hours switch board operators as the kiosk signs in / out contractors completing works after-hours. This allows the admin staff to focus on their core business whilst improving their own health and safety as they can remain in their secure office space.

Audience / beneficiaries:

- Staff, visitors and patients;
- Community;
- Various service providers;
- Disaster excavation teams such NSW Fire; and
- Departments/Services within SWLSHD:
 - o Engineering
 - o Capital Works
 - o Fire
 - o Biomedical Engineering

Strengthen SWSLHD ability to comply with Section 19 of the NSW WHS Act 2011.

Delivery method:

A dedicated project officer will be appointed to plan, consult, source, implement, train and monitor rollout of hardware and software across SWSLHD. Duties of the project officer will include:

- Consult and develop a document that clearly identifies the system and organisational requirements;
- Evaluate selected systems that may meet requirements;
- Developing a phased rollout plan across SWSLHD sites;
- Complete all training, documentation and educational training across facility; and
- Monitor usage and where required implement continuous improvement framework.

Timeframes:

The strategy will take approximately 6 to 12 months and will commence following the acceptance of the enforceable undertaking.

Work health and safety outcome:

The successful delivery of this strategy will improve SWSLHD's contractor management capabilities and, by extension, the management of WHS risks arising from the engagement of contractors, through improved visibility, accountability and compliance. This improved governance provides many benefits for our patients, community, staff and contractors as it supports the District's oversight of contractors engaged to perform the relevant works in a safe and appropriate manner. Once implemented, the system will then be available to other Local Health Districts.

Cost Breakdown:

Description	\$ Amount
18 kiosk units across 6 acute facilities, at \$6,000 per unit (including installation costs). The facilities:	\$108,000
- Liverpool Hospital	
- Fairfield Hospital	
- Bankstown Hospital	
- Campbelltown Hospital	
- Camden Hospital	
- Bowral Hospital	
A temporary appointment of 1FTE Project Officer for planning, consultation, installation, commissioning and training for rollout of system (HSM 2 employee and on costs)	\$120,000

Anticipated cost of employee time allocated to training, set up, powering and management of the system. This also includes training and upskilling current contractors used by SWSLHD to make use of the system	\$43,000
0.2 FTE Admin LVL 3 for ongoing maintenance of the systems data upload and management	\$12,064 (annual operational cost)
Bi-annual internal audit of compliance	\$5,000

Total estimated cost: \$288,000

Total estimated cost of workplace benefits: \$288,000

d. Strategies that will deliver industry benefits

2. Implementation of a Risk Information system (CAMMS Cycle) across all departments in SWSLHD and dissemination of learnings and experience of implementing system throughout NSW Health entities

Please see attached in support of this strategy the specific detail of outcomes and deliverable components at **Annexure 2**.

Scope:

SWSLHD identified a business need to replace RiskMan (current risk information management system) 18 months ago for the following reasons:

- Currently, Microsoft Excel, Word and other database systems are used to record and report on these functions;
- The disparity of systems requires considerable manual input, time, and effort to consolidate and tabulate information so that it is viable for monitoring, reporting and decision making;
- RiskMan only has capacity to report at the facility and service level, therefore risks at department level are not always captured, are inconsistent and lacks visibility and integration at a department level. This results in scattered reporting; and
- The system does not have the capacity to integrate planning, performance (against the Service Agreement between the Ministry of Health and SWSLHD), internal audit, and legislative compliance.

Therefore, a working group was formed to identify the District's requirements for a risk management system and whether a vendor could deliver this. Following a tender process, the CAMMS 'Cycle' platform was approved and finalised in late 2018. CAMMS Cycle is an information system which integrates enterprise risk, planning, service agreements KPIs, internal audit and legislative compliance. The CAMMS Cycle system has capacity to:

- Provide a consistent risk register format / reporting format;
- Document risk registers at the department level on a live platform (including WHS risks);
- Provide a consistent escalation process that can be filtered from the department, to facility to District level;
- Reduce the reporting load and improve governance of risk registers. This is through transparent and consistent reporting capabilities, including compliance reports to measure usage whilst providing evidence for WHS audits and accreditation. Improved reporting provides greater oversight for the District risk & governance committee;
- Pilot the integration of reporting across planning, risk, audit, compliance and performance;
- Improve consistency of identifying, assessing and managing risks at the department level;

- Complete a real time data upload so District executive staff can access real time issues, which supports prioritisation and trending issues;
- Integrates planning, performance, audit and legislative compliance on one platform. Therefore, a holistic approach to risk can be maintained.

This strategy proposal takes the implementation of CAMMS Cycle a step beyond what was otherwise being considered by SWSLHD, ensuring the allocation of resources to implement the system across all departments within the LHD. The project will allocate a Project Officer to deliver training and implementation support to over 300 managers across the LHD in the risk identification, risk assessment and documentation of risks within the system. This system will include WHS risk registers as well as broader enterprise risks.

Following implementation, SWSLHD will deliver a presentation to the NSW Health Enterprise Risk Forum and Health Risk Management Liaison Committee on the learnings and experience of implementing the CAMMS Cycle across all departments in SWSLHD.

Target issue:

Addresses the alleged deficiencies highlighted in SWSLHD's risk assessment/risk management system, by implementing a risk identification system which is at the forefront of such systems used in the NSW Health Cluster.

Ensures a proactive response to identified risks, as well as dissemination of detail relating to specific risks to a far broader range of workers than the system presently in place.

Tangible outputs / deliverables:

The implementation of CAMMS Cycle will deliver an electronic risk register down to department level. This represents a consistent way to document the identification, assessment and management of department risks, including WHS risks. This is a change from the current use of various local processes using Word or Excel to document department risk registers. Currently SWSLHD uses RiskMan (risk information management system) to document its risks down to Facility (Hospital) and Service level, however it does not go down to department level. The CAMMS Cycle system will allow for the recording and escalation of WHS and other risks across the LHD to strengthen our existing systems and processes.

A post implementation review will be undertaken to assess the implementation and uptake of use of the department risk registers. Audits of the use of department risk registers will support this process, through the systems reporting capabilities. The business as usual approach will involve consistent reporting to local risk governance committees.

The sharing of learnings with NSW Health through the development and delivery of a presentation will assist in ensuring a consistent industry understanding and approach to risk and, in particular, WHS related risk and its association with other key business components throughout the broader cluster.

Audience / beneficiaries:

All managers and staff across SWSLHD would benefit from the use of the enhanced system to be able to consistently document and manage WHS and other risks.

The implementation of the comprehensive system will improve the delivery of safe services to all users of the LHD services.

More broadly, the presentation on learnings would provide benefit to the broader industry of the NSW Health cluster, but specifically to WHS, Injury Management and risk management professionals across all agencies.

It will strengthen SWSLHD ability to comply with Section 19 of the NSW WHS Act 2011.

Delivery method:

The appointment of a Project Officer (HM2) would lead the consultation, further configuration and implementation of the CAMMS Cycle department risk registers across the LHD.

The project would commence with consultation with key groups across the organization through focus groups and workshops. Once the configuration is finalized the project would then deliver training and support to managers on a service by service basis to implement the system. The Governance over the broader project currently sits under the organisation Enterprise Risk Management Committee and Project Steering Group.

Timeframes:

SWSLHD would commence the project from early 2020 and the project would run through to mid 2021 (18 months).

Presentations in late 2020/ early 2021 following implementation of the CAMMS Cycle system.

Work health and safety outcome:

The project would promote and enhance the standardised identification and documentation of risks across the organization down to front line staff.

The project would result in SWSLHD being the leading agency in implementing electronic risk registers to all departments in an LHD. There are no other LHDs integrating risk with planning, performance, legislative compliance and internal audit in one system. Sharing the experience will allow other LHDs to see the benefit and consider their current systems and a potential system going forward.

Link to Work Health and Safety Roadmap for NSW 2022:

Action Area II – Focus on key priority areas. Strategic outcome - Workers in specified high risk sectors will be significantly safer and healthier (this includes Health care and social assistance).

Link to NSW Government Work Health and Safety Sector Plan:

Action Area I – Embedding a health and safety landscape. Objective – Organisational safety capability and practices. Deliverables – all agencies demonstrate a robust risk management approach.

Cost Breakdown:

Description	\$ Amount
The appointment of a Project Officer (HM2) to oversee implementation of the system (including on costs)	\$120,000
The laptop and on boarding costs associated with the Project Officer	\$8,200
The cost associated with the two-hour training provided for over 300 managers across the LHD in the risk identification, risk assessment and documentation of risks within the system	\$34,000
Backfill for training x 150 managers across the LHD	\$27,000

The preparation and presentation to the NSW Health cluster on the learning from implementation of the system (share learnings with other health entities in NSW)	\$5,000
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Total estimated cost: \$194,200

Total estimated cost of industry benefits \$194,200

Further project related costs which were either already expended or committed by the District can be seen in the following tables:

The table below illustrates the costs already incurred by SWSLHD associated with CAMMS Cycle Implementation. **Note: does not include EU estimated costs outlined above.**

		Yr1 (includes implementation)
CAMMS	Vendor cost (project implementation)	\$60,600 as at end March 2019 (Total quote \$187,200 for Jan – July project)
	Vendor User license	\$108,469
Total		\$169,069 as at end March 2019 \$295,669 total by end July 2019

The following table illustrates the committed cost by SWSLHD associated with CAMMS Cycle Implementation **Note: does not include EU estimated costs outlined above.**

		Yr1 (includes implementation)	Yr2	Yr3
CAMMS	Vendor cost (project implementation)	\$187,200		
	Vendor User license	\$108,469	\$137,750	\$137,750
	Vendor Customer Care (5% of user license)	Free of charge	\$6887.50	\$6887.50
Total		\$295,669	\$144,637.50	\$144,637.50
Grand total over 3 years		\$584,944		

e. Strategies that will deliver community benefits

- SWSLHD Health Literacy program for prominent Culturally and Linguistically Diverse (CALD) communities in the District (Arabic, Assyrian and Vietnamese speaking backgrounds)**

Please see attached in support of this strategy the specific detail of outcomes and deliverable components at **Annexure 2**.

Scope:

It is known CALD communities will often have low levels of health education, whilst facing language and communication barriers. This evidently disadvantages their ability to maximize a healthy lifestyle, attend work in a better state of health, increase their awareness of personal health and its impact on work, identify health problems in a preventative rather than reactive manner and reduce negative WHS outcomes.

To address the issues raised above, a Health Education Program will be implemented, consisting of 8 topics which will be delivered monthly over a 2.5 - 3 year period (as seen in the table below). The education sessions will be delivered by Multicultural Health staff and bilingual community educators (BCEs), which supports the delivery of messages in a culturally acceptable and effective manner. Each education session will be assessed in a qualitative manner, through pre and post questionnaire surveys. SWSLHD will present the education session plans to the District Consumer and Community Participation committee in order to maximise its validity and effectiveness.

The rollout of the proposed Community Education Program will aim to increase knowledge amongst the Arabic, Assyrian and Vietnamese communities in regards to the issues listed above. This will be achieved through:

- Delivering the Community Education Program in an appropriate location for the CALD community group in order to maximise attendance;
- Tailoring the education package to increase awareness of risk factors and health issues specific to the CALD group, preventative measures, and self-management of chronic health conditions and support services. Additionally, information will be provided regarding the Australian Aged care system, Planning Ahead, Safe work practices at home and manual handling; and
- Incorporating Work Health Safety topics to the community education package, for which the Bilingual Community educators will be trained.

Community Education Program – Safety for You and Your Family - Proposed delivery

Community Education program - Safety for You and Your Family		
Subject	Subject	Subject
Training Peer Educators/Bilingual Community Educators		
<p>1.Training manual for WHS sessions</p> <ul style="list-style-type: none"> - Research contents - Compile training manual including case studies and scenarios. - Develop evaluation surveys - Focus test training package with CALD consumer groups (2 groups) - Adjust training package based on feedback - Recruit peer educators and prepare for training - Train peer educators - Supervise practice sessions <p>2.Training manual for other education sessions</p> <ul style="list-style-type: none"> - Review education program - Edit/update - Recruit peer educators and prepare for training - Re-train peer educators and supervision 	<p>1.Training manual for WHS sessions</p> <ul style="list-style-type: none"> - Research contents - Compile training manual including case studies and scenarios. - Develop evaluation surveys - Focus test training package with CALD consumer groups (2 groups) - Adjust training package based on feedback - Recruit peer educators and prepare for training - Train peer educators - Supervise practice sessions <p>2.Training manual for other education sessions</p> <ul style="list-style-type: none"> - Review education program - Edit/update - Recruit peer educators and prepare for training - Re-train peer educators and supervision 	<p>1.Training manual for WHS sessions</p> <ul style="list-style-type: none"> - Research contents - Compile training manual including case studies and scenarios. - Develop evaluation surveys - Focus test training package with CALD consumer groups (2 groups) - Adjust training package based on feedback - Recruit peer educators and prepare for training - Train peer educators - Supervise practice sessions <p>2.Training manual for other education sessions</p> <ul style="list-style-type: none"> - Review education program - Edit/update - Recruit peer educators and prepare for training - Re-train peer educators and supervision
Delivery to community groups	Delivery to community groups	Delivery to community groups
8 sessions delivered on monthly basis to the Arabic community group	8 sessions delivered on monthly basis to the Assyrian community group	8 sessions delivered on monthly basis to the Vietnamese community group
Session details – Session 1		
Your Health care rights and responsibilities	Your Health care rights and responsibilities	Your Health care rights and responsibilities

Session details – Session 2		
Safe work practices and Manual handling	Safe work practices and Manual handling	Safe work practices and Manual handling
Session details – Session 3		
Reducing Hazards	Reducing Hazards	Reducing Hazards
Session details – Session 4		
Breast screening and Breast care	Breast screening and Breast care	Breast screening and Breast care
Session details – Session 5		
Cervical screening	Cervical screening	Cervical screening
Session details – Session 6		
Bowel Screening	Bowel Screening	Bowel Screening
Session details – Session 7		
The Australian Aged care system	The Australian Aged care system	The Australian Aged care system
Session details – Session 8		
Introduction to Planning Ahead	Introduction to Planning Ahead	Introduction to Planning Ahead

Note: Development of training manual and training Bilingual staff refers to session 2 and 3 only. Trained BCEs are presently available to facilitate other education sessions.

Target issue:

The contravention alleged by SafeWork NSW is, at its core, a failure in the delivery of a crucial service to the LHD's end users, being the members of the public (and, specifically, the newborn babies) in need of medical treatment. Rollout of the Health Education Program goes directly to addressing the alleged contravention by strengthening SWSLHD's relationship with these end users through:

- Working closely with the users to build community confidence to use health care system;
- Improving the working relationships of consumers with hospital staff through a bolstered understanding of the services available to the consumers and processes of engagement; and
- Implementing targeted sessions regarding Work Health Safety related topics, improving the community's awareness and understanding of their rights and responsibilities.

Tangible outputs / deliverables:

The Community Education Program's impact will utilise a qualitative measure for each education session through pre and post session questionnaires. These qualitative results will provide an additional benefit to the Public Health Unit, by providing the unit with additional information from which it may be able to inform future educational decisions and programs delivered to the public.

The Community Education Program will aim to achieve:

- Consumers engaging actively with preventative health rather than curative health;
- Increased awareness regarding musculoskeletal injuries and Occupational Overuse syndrome caused by unsafe work practices;
- Increased awareness regarding preventable injuries caused by unsafe work practices and wrong manual handling techniques;
- Increased awareness re Fire and chemical hazards;
- Improved and appropriate access to health services;
- Increased knowledge about breast cancer and screening services;

- Increased knowledge about cervical cancer and screening services;
- Increased knowledge about Bowel cancer and screening services;
- Increased knowledge about the new aged care system to empower individuals to access the service;
- Increased awareness about the importance to plan ahead for financial, lifestyle and health care issues; and
- Overall improvements in health and well-being.

Audience / beneficiaries:

The community accessing health services provided by SWSLHD and, specifically, culturally and linguistically diverse communities from Arabic, Assyrian and Vietnamese speaking backgrounds.

Each session will be limited to 30 participants to ensure a positive learning experience for participants.

Delivery method:

SWSLHD Multicultural Health staff and Bilingual community Educators will roll out the following health education initiatives:

- Community education – 8 education sessions delivered monthly to each targeted community group (8 sessions x 3 language groups = 24 sessions);
- All education sessions will be promoted using ethnic media, through local community organisations e.g. Core Community Services, Western Sydney Migrant resource Centre, Settlement services International, NAVITAS, MTC and other ethno-specific organisations such as Assyrian resource Centre, Lebanese Muslim Association, Vietnamese Women Association; and
- Participation will also be encouraged through religious organisations and existing community groups.

Timeframes:

The strategy will take approximately 30 months and will commence following the acceptance of the enforceable undertaking.

Work health and safety outcome:

- Improved confidence by end users to access health services, leading to an improved working relationship between the patients, community and SWSLHD;
- Less aggression and anxiousness amongst the communities while accessing health care services; and
- Improved health of workers and awareness of safe work practices.

Link to Work Health and Safety Roadmap for NSW 2022

Credibility:

- Develop authentic and productive engagement approaches with the NSW community.
- Innovation:
- Strong engagement with relevant peak bodies; and
- Associations, and community leaders.

Cost Breakdown:

Description	\$ Amount
Training (Developing new training manuals and updating/adjusting existing), Bilingual educators (casual staff), incidentals	\$18,400
Printing training manuals and handouts, translation of handouts	\$5,000

Promotion, recruitment, venue, refreshment, Multicultural Health Staff / BCE (where Multicultural Health Staff are not available)	\$1,000 per program (24 sessions x \$1000) Total = \$24,000)
Evaluation of Programme	\$7,000

Total estimated cost: \$54,400

Total estimated cost of community benefits \$54,400

TOTAL ESTIMATED VALUE OF THE UNDERTAKING \$536,600

f. A commitment to establish and maintain (or maintain if a system already exists) a WHSMS

SWSLHD is committed to ensuring their existing WHSMS complies with the principles of AS/NZS 4804: 2001 Occupational health and safety management systems – General guidelines on principles, systems and supporting techniques and ensuring compliance from the date the enforceable undertaking is accepted.

SWSLHD acknowledges that the WHSMS will be maintained in accordance with the standard.

g. A commitment to ensure the WHSMS is audited by third party auditors

SWSLHD commits to completing the NSW Ministry of Health (MoH) WHS audit process as per the MoH WHS Audits Policy Directive (PD2016_017). This includes WHS audits conducted across all facilities and services within the District on a two yearly cycle. Audits are conducted to determine the effectiveness of management systems, to identify the strengths and opportunities for improvements and to ensure compliance with the Work Health & Safety Act (WHS Act) 2011 and Work Health & Safety Regulation 2011 (WHS Legislation), the Safe Work Australia Codes of Practice, and NSW Health work health and safety policies and procedures (including the MoH WHS Better Practice Procedures which aligns with the requirements of AS/NZS 4801: 2001 Occupational Health and Safety Management Systems – Specification with guidance for use).

SWSLHD will continue to ensure that (as per MoH WHS Audits Policy Directive PD2016_017):

- The appropriate level of resources is available to undertake audits, which may involve the appointment of auditors from outside of the organisation to undertake audits.
- Auditors have the following Public Sector Training Package Advanced Diploma Units of competency, or equivalent:
 - o PSHOHS608A – Conduct an OHS Audit
 - o PSHOHS609A – Evaluate an Organisations OHS Performance.
- Auditors are independent of the activity they are auditing.
- Auditors undertake at least two audits during the two-year audit cycle in order to maintain their skills.

Following the audit, a report is received and WHS audit improvement plans are developed in order to implement all recommendations.

SWSLHD acknowledges that the WHS audits will be undertaken according to the table seen below. As stated, a further audit will be completed in a similar manner in two years in line with the Ministry of Health two yearly cycle.

2019 Audit Dates	SWSLHD Department / Facility / Service
5 - 6 September	Bankstown Hospital
26 - 27 September	Mental Health Services
17 - 18 October	Fairfield Hospital
31 Oct - 1 November	Drug Health Service
28 - 29 November	Bowral Hospital
5 - 6 December	Primary & Community Health Services
2020/21 dates	Will be advised by the MoH when determined

h. A commitment to provide a copy of each finalised WHSMS audit report to SafeWork NSW

SWSLHD acknowledges that audit reports received from the auditor will be sent to SafeWork NSW, within 2 months of the audit along with a letter certifying that the report has not been altered from the copy provided to the person by the auditor.

SWSLHD acknowledges that within 8 weeks of receipt of the auditor's written report, SafeWork NSW will be advised of the intended action in addressing each of the report's recommendations.

SWSLHD will audit the implementation of the specified strategies and provide a copy of the audit and a letter certifying that it has been audited along with comments from the SWSLHD on any further action arising from the audit.

i. A commitment to implement the recommendations from these audits (unless otherwise negotiated with SafeWork NSW)

SWSLHD commits to fully implementing the intended actions arising from the audit within 6 months (where reasonably practicable) from receiving the audit report from the WHS auditor unless otherwise agreed by SafeWork NSW.

The SWSLHD Chief Executive will ensure the results of audits and recommendations are reported to SWSLHD Board (where applicable) and/or a committee of the Board (the Audit and Risk Committee) as required as part of established regular WHS reporting mechanisms.

Section 3 – Offer of undertaking

As a duly authorised person of SWSLHD, I offer this undertaking and commit to the t

Signed:

[Duly authorised person]

Name:

Position: Chief Executive, SWSLHD

Dated at Liverpool this 19 day of September, 2019

Section 4 – SafeWork NSW's acceptance of undertaking

The duration of an enforceable undertaking is determined by the content of the agreed terms. An enforceable undertaking commences and is enforceable once accepted by SafeWork NSW. The enforceable undertaking will be concluded on written advice from SafeWork NSW when all requirements of the undertaking have been satisfactorily executed.

I accept this undertaking as an enforceable undertaking under section 216 of the WHS Act.

Signed:

Name: Anthony Williams

Position: Executive Director, Operations, SafeWork NSW

Dated at Gosford this 23rd day of September 2019
[suburb] [month] [year]

Annexure 1 – Public Notice of SafeWork NSW's acceptance of undertaking

Notice of Acceptance of an Enforceable Undertaking under Part 11 of the Work Health and Safety Act 2011.

Between June and July 2016, one newborn delivered at Bankstown-Lidcombe Hospital was seriously injured and another tragically died when, during resuscitation attempts, they were administered nitrous oxide instead of oxygen. A subsequent investigation of the Hospital's gas delivery outlets identified a cross-connection between the relevant gasses arising due to work performed on the delivery system by contractors in July 2015.

SafeWork NSW investigated the incident and subsequently alleged that South Western Sydney Local Health District contravened section 19(2) of the Work Health and Safety Act 2011.

This notice has been placed under the terms of an enforceable undertaking and acknowledges acceptance of an undertaking, that is enforceable under the Act, from South Western Sydney Local Health District, ABN: 46 739 965 845 as finalisation of the abovementioned alleged contravention.

The undertaking requires the following actions:

- the rollout of an electronic contractor registration kiosk at key LHD sites, to ensure the effective oversight and management of contractors engaged to perform works and associated health and safety risks;
- the implementation of a new Risk Information system across all departments in the LHD and dissemination of learnings and experience of implementing the system, to ensure sector-leading approach to the identification of risks to workers and patients; and
- the delivery of a Health Literacy program for prominent Culturally and Linguistically Diverse (CALD) communities in the District, with a focus on a number of health and safety topics designed to both increase community confidence in the health system and reduce safety risks through education of safe work practices.

The full undertaking and general information about enforceable undertakings is available at www.safework.nsw.gov.au.

Annexure 2 – Details of the specific outcomes and deliverables for each strategy

SWSLHD EU Strategy 1: Rollout of an electronic contractor registration kiosk in "acute facilities"

The facilities:

- Liverpool Hospital
- Fairfield Hospital
- Bankstown Hospital
- Campbelltown Hospital
- Camden Hospital
- Bowral Hospital

This initiative will commence within 4 weeks of acceptance of the enforceable undertaking and be completed within 12 months of commencement. Timeframes are only indicative as some stages can progress simultaneously.

Marked (*) deliverables and expenditure reporting will be provided to SafeWork within 1 month of the milestone completion period. Marked (^) deliverables will be endorsed by the working party.

Step	Stage	Description	Timeframe	Cost Estimate
1	Planning	<p>Determine and document the overall project objectives and requirements.</p> <p>Outputs / Deliverables:</p> <ul style="list-style-type: none"> • Establish a working party of stakeholders with an aim to: <ol style="list-style-type: none"> 1.1. Consult, clarify, and define the objectives of the project 1.2. Develop a preliminary scope of works based on a needs analysis/system requirements[^] 1.3. Develop evaluation criteria prioritised by objective e.g. 'Minimum Requirement', 'Good to have', 'Can be omitted' ^{**} 	1 month	\$5,000
2	Planning	<p>Recruit / Engage Project Officer</p> <p>Outputs / Deliverables:</p> <ul style="list-style-type: none"> • Develop Project Officer position description[^] • Advertise & Appoint to role[*] 	3 months	\$120,000
3	Planning	<p>Consult on the rollout requirements for the kiosk including training needs and timeframes.</p> <p>Outputs / Deliverables:</p>	2 months	\$5,000

		<ul style="list-style-type: none"> Develop a project plan that outlines refined scope, timeframes, responsibilities, milestones, budget, and risks^{*^} Develop change management plan to include: Training, Communications, Business Processes, Role impacts^{*^} 		
4	Planning	<p>Evaluate the systems available on the market</p> <p>Outputs / Deliverables:</p> <ul style="list-style-type: none"> Test market against scope of works and needs analysis Develop evaluation report and recommend an option^{*^} Develop training plan for LHD for staff and contractors ^{*^} 	1 month	\$5,000
5	Procurement	<p>Procurement of the system chosen by the working party</p> <p>Outputs / Deliverables:</p> <ul style="list-style-type: none"> Engage vendor under contractual agreement ^{**^} Procure system, equipment, and installation services in line with NSW Government Procurement Policies 	1 month	\$65,000
6	Implementation	<p>Physical installation of system in phases across SWSLHD facilities</p> <p>Outputs / Deliverables:</p> <ul style="list-style-type: none"> Rollout and commissioning of system 	4 months	\$48,000
7	Implementation	<p>Develop and deliver training to SWSLHD staff and contractors in the kiosk system</p> <p>Outputs / Deliverables:</p> <ul style="list-style-type: none"> Initial evaluation of training material effectiveness Training of LHD staff and contractors – Training attendance sheets* Evaluation of training with refinements and re-training (if required)^{*^} 	4 months	\$30,000
8	Evaluation	<p>Evaluation of implementation & usage of kiosks</p> <p>Outputs / Deliverables:</p> <ul style="list-style-type: none"> Evaluation of system against needs analysis/system requirements and evaluation criteria^{*^} 	1 month	\$5,000

		• Refinements/Changes (if required)*^		
9	Monitoring/ Continual Improvement	Close out of project and implementation of reporting requirements. Outputs / Deliverables: <ul style="list-style-type: none"> • Establish and document baseline to evaluate against *^ • Develop and produce reporting regime to monitor compliance & usage of kiosks *^ • Determine evaluation methods (e.g. collect contractor feedback) • Formal bi-annual audit to assess contractor compliance *^ • Produce final evaluation report on implementation of system *^ 	12 months	\$5,000
Total				\$288,000

SWSLHD EU Strategy 2: Implementation of a Risk Information system (CAMMS Cycle) across all departments in SWSLHD and dissemination of learnings and experience of implementing system throughout NSW Health entities

This initiative will commence within 12 weeks of acceptance of the enforceable undertaking and be completed within 18 months of commencement.

Marked (*) deliverables and expenditure reporting will be provided to SafeWork within 1 month of the milestone completion period.

Description	Timeframe	Cost Estimate
Determine and document the overall project objectives and requirements Outputs / Deliverables: <ul style="list-style-type: none"> • Develop a project plan that outlines scope, timeframes, responsibilities, milestones, budget, risks * 	1 month	\$5,000
Grade/ Recruit / Engage Project Officer Outputs / Deliverables: <ul style="list-style-type: none"> • Position description / requirements document * • Advertisement / placement confirmation of PO role * 	3 months (includes Laptop)	\$128,200
Consult on the system requirements for CAMMS Cycle rollout, including and documenting & evaluating those system requirements Outputs / Deliverables: <ul style="list-style-type: none"> • Consultation on system requirements via Risk Champions Group (User Consultation records available * • System requirements document * • Evaluate system options by Project Steering Group. • Tender process (if applicable) * 	2 months	\$5,000

<ul style="list-style-type: none"> Contract with vendor (if applicable) * 		
Develop and deliver training to SWSLHD department managers in the CAMMS Cycle system Outputs / Deliverables: <ul style="list-style-type: none"> Develop training material for system (facilitator, staff) Evaluate training material effectiveness Training material produced (User Guide)* Develop training plan for LHD for staff, inclusive of the number of training sessions to be provided, and anticipated attendance * Training delivered across LHD – training attendance sheets confirming individual attendance * 	12 months	\$51,000
Evaluation of implementation & usage of CAMMS Cycle Outputs / Deliverables: <ul style="list-style-type: none"> Establish and document baseline to evaluate against * Develop and produce reporting regime to monitor compliance & usage of CAMMS Cycle * Determine evaluation methods (e.g. surveys) Formal bi-annual audit to assess compliance * Produce final evaluation report on implementation of system * 	12 months	\$5,000
Total		\$194,200.00

SWSLHD EU Strategy 3: SWSLHD Health Literacy program for prominent Culturally and Linguistically Diverse (CALD) communities in the District (Arabic, Assyrian and Vietnamese speaking backgrounds)

This initiative will commence within 8 weeks of acceptance of the enforceable undertaking and be completed within 30 months of commencement.

Marked (*) deliverables and expenditure reporting will be provided to SafeWork within 1 month of the milestone completion period.

Description	Timeframe	Cost Estimate
Determine and document the overall project objectives and requirements Outputs / Deliverables: <ul style="list-style-type: none"> Develop a project plan that outlines scope, timeframes, responsibilities, milestones, budget, risks * 	1 month	\$2,000
Develop training material Outputs / Deliverables: <ul style="list-style-type: none"> Develop training material for system (facilitator, staff) Evaluate training material effectiveness Training material produced, including focus on further content for presentations relating to safe work practices and reducing hazards * 	2 months	\$23,400

<ul style="list-style-type: none"> Develop training plan for LHD * 		
Deliver training to SWSLHD community Outputs / Deliverables: <ul style="list-style-type: none"> Training delivered across LHD – training attendance sheets * 	24 to 30 months	\$24,000
Evaluation of Health Literacy programme Outputs / Deliverables: <ul style="list-style-type: none"> Establish and document baseline to evaluate against * Develop and produce reporting regime to assess impact of education sessions * Determine evaluation methods (e.g. collect participant feedback) Follow up telephone surveys to assess impact* Produce final evaluation report on impact of Training * 	12 months	\$5,000
Total		\$54,400.00