

DISABILITY INCLUSION ACTION PLAN

2017-2020

Updated 2019



Health
Hunter New England
Local Health District

Hunter New England Local Health District Disability Inclusion Action Plan 2017-2020

Further copies of this document may be obtained from the Hunter New England Local Health District: <http://www.hnehealth.nsw.gov.au/about/Pages/Our-Plans-and-Priorities.aspx>

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HNE LHD Disability Inclusion Action Plan 2017-2020

Hunter New England Local Health District respectfully acknowledges Aboriginal people as the traditional owners and custodians of the land in which our health facilities are located, and pay respect to the Elders, community members and the community-controlled sector who partner with us to improve the health outcomes for Aboriginal and Torres Strait Islander people in our District.

[Hunter New England Health Sorry Statement](#)

CHIEF EXECUTIVE'S MESSAGE

I am pleased to present the updated Hunter New England Health *Disability Inclusion Action Plan 2017-2020*.

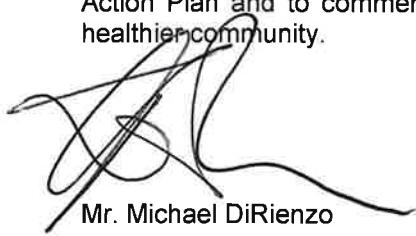
This Plan highlights our continued commitment to provide accessible and inclusive services for all people with a disability who engage with us through our services and programs and an ongoing commitment to inclusion and accessibility for staff employed by Hunter New England Health.

Hunter New England Health is committed to Excellence, to achieve high standards when providing quality, safe, innovative and consistent healthcare. We are working and planning together for this purpose.

Our values of collaboration, openness, respect and empowerment are the foundation to how we engage with staff and clients and are integral to the development of this Disability Inclusion Action Plan. Our aim is for Hunter New England Health to be accessible to, and inclusive of people with a disability as well as their family, friends and carers.

We will continue to improve our services for patients, carers and staff by strengthening our partnerships with consumers, our community, service providers and government and community agencies.

I would like to thank the many people who have contributed to the revision of this Disability Inclusion Action Plan and to commend it to our staff and the community as it will contribute to achieving a healthier community.



Mr. Michael DiRienzo
Chief Executive

Introduction

Disability affects almost one in five Australians¹. Rates of disability are increasing due to population ageing and increases in chronic health conditions, among other causes. People with disabilities often access hospitals for needs unrelated to their disability, report seeking more health care than people without disabilities, and have greater unmet needs². Hunter New England Local Health District (HNE LHD) provides an extensive range of health services from metropolitan to regional and remote areas and includes a population of more than 900,000 residents. It is responsible for ensuring all its health services and initiatives, infrastructure, facilities, recruitment processes and employment conditions are inclusive of and accessible for all people within the community, including those with a disability.

As part of a NSW wide strategy to improve inclusivity and accessibility, HNE LHD has developed a Disability Inclusion Action Plan (DIAP) 2017-2020. The HNE LHD DIAP aligns with the NSW Disability Inclusion Action Plan 2016-2019, both comprising four overarching focus areas and actions to address those focus areas.

The HNE LHD DIAP aims to identify and facilitate the implementation of strategies and recommendations across the HNE LHD to improve accessibility for staff and patients; and to ensure disability inclusion principles are embedded in planning, delivering and evaluating health services and facilities across the district.

The Hunter New England Local Health District: Context

HNE LHD encompasses a major metropolitan centre, a mix of several large regional centres and many smaller rural centres and remote communities. Services are provided through tertiary referral hospitals, mental health facilities, rural referral hospitals, district hospitals, multipurpose health services and a wide range of community based health services³. It is responsible for planning, coordinating and delivering a broad range of public healthcare services for its 900,000 residents, spanning over a region of 131,785 square kilometres⁴.

More information on HNE LHD services is available on the [Hunter New England Local Health District Internet site](#).

The Hunter New England Local Health District: Population

The HNE LHD population is widely distributed across the district, ranging from a densely populated coastal zone to smaller regional and remote communities. The district makes up approximately 12% of the total NSW population⁵. Given approximately 18% of the Australian population has a disability¹, the number of people with a disability in HNE LHD is estimated to be approximately 162 000. Data reported in the Hunter New England and Central Coast Primary Health Network 2018 Health Planning Compass⁶ indicates that approximately 75,900 people with a profound or severe disability live within HNE LHD. This represents 6.6 % of the population and is higher than the state average of 5.6%. Several Local Government Areas (LGA's) report even higher levels of profound and severe disability

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such as Mid- Coast with 8.7%, Cessnock at 7.6%, Gwydir at 7.5 and Glen Innes/Severn at 7.3%. Greater representations of profound or severe disability are found within people aged over 65 years, with 19.1% of people over 65 in NSW having this level of disability. Within HNELHD, rates of profound to severe disability in people over 65 range from 9.6% in Walcha to 20.8 % in Cessnock LGA's. In 2016, more than 125,000 (12.6%) people over the age of 15 living within HNELHD were providing unpaid assistance to a person with a disability.

Within HNE LHD there a number of Aboriginal nations such as: the Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Ganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung nations. The Aboriginal population within HNE LHD makes up approximately 6% of the district population and 20% of the total NSW Aboriginal population. Within HNELHD, the percentage of Aboriginal people is significantly higher in some local government areas, such as 21.6 % at Moree⁶. Nationally, disability prevalence rates for Aboriginal and Torres Strait Islander males and females are similar, 22.7% and 25.1% respectively¹. Approximately 24% of Aboriginal and Torres Strait Islander people living in households in 2015 reported living with a disability¹.

In HNE LHD 2015, approximately 7% of babies were born to mothers from a non-English speaking Country. The dispersion of women were from South-East Asia (1.6%), Southern Asia (1.5%), North East Asia (1.0%), Western and Northern Europe (0.5%), Eastern Europe (0.4%), Southern Europe (0.2%), Central and South America (0.2%), and Melanesia, Micronesia and Polynesia (0.2%)⁷.

The culturally and linguistically diverse population of Hunter New England continues to increase. In Newcastle, the major metropolitan centre in HNE LHD, approximately 12% of the population in 2011 had been born overseas, and over 13 000 residents spoke a second language at home. Some rural LGA's, such as Armidale, also have higher levels of cultural and linguistic diversity. Data from the HNECCPHN Health Planning Compass⁶ indicates that in 2016, 7.8% of people in Armidale were born in predominantly non – English speaking countries. Newcastle, as well as towns such as Armidale and Tamworth, continue to be a destination for humanitarian settlement and the current focus remains on countries such as Syria, Iraq and Afghanistan. Arabic speakers are currently more likely to be recent humanitarian migrants such as people from Afghanistan and the Middle East⁸.

Definition of Disability

In line with the [NSW Health Disability Inclusion Action Plan 2016-2019](#) 'disability' is defined as a long-term physical, neurological, psychiatric, intellectual/cognitive or sensory impairment that, in interaction with various barriers, may hinder a person's full and effective participation in the community on an equal basis with others⁹.

Disability is a result of an individual's functional status within the physical, cultural and policy environments¹⁰. An environment that incorporates appropriate accommodations and supports can reduce the 'disability'. A coordinated approach to improve accessibility for all people to the health setting enables participation for health service users, and enables the removal of barriers experienced by people with a disability/disabilities.

Policy Background

The UN Convention on the Rights of Persons with Disabilities was ratified in 2008 by the Commonwealth government. This signified a commitment to implement the principles of the convention domestically thereby enhancing opportunities for any person with a disability to engage in all aspects of social and political life with equality and non-discrimination⁸.

The National Disability Strategy (NDS) 2010-20 is a mandate for inclusive planning across all levels of government with a focus on improving access to mainstream services for any person with a disability through adopting person-centred approaches⁸.

2014

In NSW on 2014, The International Day of People with Disability, the 3rd December, marked the commencement of the [Disability Inclusion Act 2014 \(NSW\)](#). The Act aims to ensure NSW continues to be a place where all persons with a disability/disabilities have access to mainstream services and are part of their community. It outlines how NSW will deliver services, supports and protection with a strong focus on choice and control for people with a disability/disabilities⁸.

2015

[The NSW Health Disability Inclusion Action Plan 2016 – 2019](#) (The NSW Health DIAP) was approved by the Secretary, NSW Health in December 2015. It provides a detailed summary of the policy and legislative context underpinning the NSW Health DIAP. The NSW Health DIAP operationalises the principles of the Disability Inclusion Act 2014, and is consistent with the [NSW Disability Inclusion Plan](#).

The NSW Health DIAP aims to ensure the NSW Health system provides equitable access to services and employment for people regardless of disability. It is a commitment to reducing and, where possible, eliminating discriminatory barriers for all people with a disability/disabilities, whether they are in employment, seeking employment or using health services provided by NSW Health⁸.

Guiding principles and focus areas of the HNE LHD DIAP

The HNE LHD DIAP aims to identify and facilitate the implementation of strategies and recommendations across the HNE LHD to improve accessibility for staff and patients; and to ensure disability inclusion principles are embedded in planning, delivering and evaluating health services and facilities across the district.

In alignment with the [NSW Disability Inclusion Plan](#) and the [NSW Health DIAP](#), HNE LHD has adopted the same guiding principles and focus areas to underpin local planning of actions to achieve key outcomes that demonstrate disability inclusion.

The guiding principles in the [NSW Health DIAP](#) include:

- A culture of person centred care
- Elevate the voices of people with disability, their carers and families
- Training supported by a culture of inclusion

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- Improve accountability
- A dynamic plan given the shifting landscape

The focus areas, and their specific relevance for NSW Health, are described below:

1. Promoting positive attitudes and behaviours – building disability confidence within the NSW Health system, by improving awareness of the diversity of disability and what can be done to better support service users. [Strategy 1](#) and [Strategy 2](#) address this focus area.
2. Creating liveable communities – providing equitable and dignified access for people with disability, their carers and families to health services, facilities and transport that are better integrated and welcoming. [Strategy 3](#), [Strategy 4](#) and [Strategy 5](#) address this focus area.
3. Providing equitable systems and processes – ensuring that people with disability are able to access information regarding treatment and that our processes system-wide are designed to be person centred. [Strategy 6](#), [Strategy 7](#), [Strategy 8](#), and [Strategy 9](#) address this focus area.
4. Supporting access to meaningful employment opportunities – including not only the proportion of employees with disability, but also supporting the progression of these employees within NSW Health. [Strategy 10](#) addresses this focus area.

Planning and development of the HNE LHD DIAP

The HNE LHD DIAP Working Group was established in June 2016 with a purpose to develop a HNE LHD DIAP to suit local contexts and community needs using the NSW Health Disability Inclusion Action Plan 2016 – 2019 as a guiding framework. The final draft of the plan was distributed to HNE Health and Community stakeholders for consultation and changes were made to the plan to incorporate feedback provided (Appendix 1).

In 2019, the HNELHD DIAP was reviewed and updated to reflect current trends and identified needs. Modifications in the updated plan include portfolio responsibility changes, inclusion of new resources/ pathways; inclusion of additional relevant actions, removal of obsolete actions, mapping DIAP against National Standards; and inclusion of specific actions arising from the District gap analysis from the Responding to the Needs of People with Disability During Hospitalisation policy.

Each action has been mapped to align with National Standards. Sectors or services can utilise the DIAP as evidence for National Standards.

Responsibility for implementing the HNE LHD DIAP, Governance and Monitoring

Each Action item in the HNE LHD DIAP has an Executive Lead who is responsible for implementation and monitoring. Where appropriate, other portfolios have been identified as Strategic Partners. Strategic Partners may assist with implementation of a particular action. Relevant managers will be required to report against meeting the performance indicators related to the action area through their relevant Executive Leadership Team (ELT) member.

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The HNE Health DIAP Advisory Group will be responsible for supporting the implementation of the DIAP and monitoring implementation of the actions within the HNE LHD DIAP. The HNE LHD DIAP Advisory Group will report to the Executive Director Workforce & Allied Health and will form strategic linkages with other relevant groups.

The HNE LHD DIAP will be included as an Operational Initiative in 2017-2018, 2018-2019, 2019-2020 Operational Plans and a Disability Inclusion progress report is to be included as an item on the agenda every 6 months at the HNE LHD ELT meetings.

HNE LHD DISABILITY INCLUSION ACTION PLAN

Focus Area 1: Promoting positive attitudes and behaviours

STRATEGY 1: Communicate and reflect on the importance of a culture of disability inclusion in HNE LHD						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
1.1	Implementation of HNE LHD DIAP 2017-2020 included in the HNE LHD 2019-2020 Operational Plan, district and local operational plans	NS 1: Clinical Governance - Governance, Leadership and culture 1.1	July 2017 & ongoing	Executive Director Workforce & Allied Health	All Executive Directors	Implementation of HNE LHD DIAP 2017-2020 included in District Operational Plans
1.2	Disability inclusion is included as an Agenda item on HNE LHD Executive Leadership Team (ELT) meeting every 6 months to discuss actions and/or detail progress.	NS 1: Clinical Governance - Governance, Leadership and culture 1.1	July 2017 & ongoing	Executive Director Workforce & Allied Health	All Executive Directors	Evidence in meeting minutes that DIAP actions and deliverables have been discussed
1.3	Modify the existing Disability Inclusion Planning Tool into an electronic format and develop reporting mechanism for use of Disability Inclusion Planning Tool	NS 5: Comprehensive Care - Integrating clinical governance 5.1	April 2020	Executive Director Workforce & Allied Health	All Executive Directors	Evidence that electronic planning tool has been developed
1.4	Utilisation of the HNE LHD Disability Inclusion Planning Tool during, but not limited to: - The planning of Capital Works projects - Development of new policies, procedures or guidelines	NS 5: Comprehensive Care - Integrating clinical governance 5.1	December 2017 & ongoing	Executive Director Infrastructure and Planning	All Executive Directors	Audit to evidence completed Disability Inclusion Planning Tools

STRATEGY 1: Communicate and reflect on the importance of a culture of disability inclusion in HNE LHD						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
1.5	The Disability Inclusion Planning Tool will be used in new and revised HNE LHD Policy, Procedure & Guidelines (PPGs), where required, to ensure that PPGs have been developed to consider the needs of people with a disability; - Develop guide for authors of PPG's to assist in determining if Disability Inclusion Planning Tool is required Inclusion Planning Tool is required Develop list of existing PPGs which should require completion of the tool.	NS 5: Comprehensive Care - Integrating clinical governance 5.1	April 2020	Executive Director Workforce & Allied Health	Executive Director Clinical Governance	Evidence that Disability Inclusion Planning Tool has been used in new and revised PPGs to ensure the needs of people with a disability are considered, using reporting mechanism included in electronic format
1.6	Promote the importance of a culture of disability inclusion by identifying positive stories of patients/employees who have disabilities, and acknowledging and celebrating key dates across the system including International Day of People with Disability. - International Day of PWD to be acknowledged annually - Register of other disability specific days to be compiled and publicised, such as Global Accessibility Awareness Day	NS 1: Clinical Governance - Governance, Leadership and culture 1.1 Diversity and high risk groups 1.15	Ongoing	Executive Director Workforce & Allied Health	Executive Director Strategic Relations & Communications	Evidence that disability inclusion has been included in HNE publications such as CE News and Health Matters

STRATEGY 1: Communicate and reflect on the importance of a culture of disability inclusion in HNE LHD						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
1.7	<p>Development of HNE LHD disability inclusion internet and intranet page that houses information such as:</p> <ul style="list-style-type: none"> - HNE LHD's DIAP progress - Key dates regarding disability awareness - Links to HNE recruitment and EEO pages - Training available for staff - Updated facility access information for HNE sites - Innovative access to services, such as telehealth - Link to Carer's page 	<p>NS 1: Clinical Governance</p> <ul style="list-style-type: none"> - Governance, Leadership and culture 1.1 - Diversity and high risk groups 1.15 	December 2019	Executive Director Workforce & Allied Health	Executive Director Strategic Relations & Communications	Evidence of information available on HNE LHD internet and intranet pages

STRATEGY 2: Review, amend and develop training resources to build disability confidence in HNE LHD staff						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
2.1	HNE LHD frontline staff are encouraged and supported to complete the following online training courses: - 'Let's Talk Disability' - Intellectual Disability and Mental Health - Partnering with Carers - Understanding Guardianship - Cognitive Disability and the Criminal Justice System - MHPOD: Dual Disability Employment- People with Disability disABILITY AWAREness	NS 2: Partnering with Consumers Partnerships in healthcare governance, planning, design measurement and evaluation: 2.11, 2.14 NS 5: Comprehensive Care: Integrating Clinical Governance 5.1	June 2018 & ongoing	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Completion rates are monitored across the LHD. Incremental increase in number of HNE LHD staff who have completed training.
2.2	Organisational Development & Learning (OD&L) will: - Promote existing and new disability training available - Scope opportunities and methods to deliver staff education about disability inclusion, myths, communication tips - Provide reports on disability related training completion rates in line with DIAP reporting - Regularly update training available via HETI - Disability Inclusion to be considered as component of course review process - Review and update Behavioural Interviewing course content and embed key disability inclusion principles to support applicants with a disability.	NS 2: Partnering with Consumers Partnerships in healthcare governance, planning, design measurement and evaluation: 2.11, 2.14 NS5: Comprehensive Care: Integrating Clinical Governance 5.1	June 2018 & ongoing	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Completion rates are monitored across the LHD. Incremental increase in number of HNE LHD staff who have completed training.

STRATEGY 2: Review, amend and develop training resources to build disability confidence in HNE LHD staff

REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
2.3	HNE LHD volunteers are encouraged and supported to complete the following online training courses: - 'Let's Talk Disability' - Intellectual Disability and Mental Health - Partnering with Carers	NS 5: Comprehensive Care: - Integrating Clinical Governance 5.1	July 2017 & ongoing	Executive Director Clinical Services, Nursing & Midwifery	Executive Director Workforce & Allied Health	Completion rates are monitored across the LHD. Incremental increase in number of HNE LHD volunteers who have completed training.
2.4	Identify opportunities to promote Disability Inclusion through site/role checklists incorporating links to intranet resources such as the HNE DIAP page and online training including: - 'Let's Talk Disability' - Intellectual Disability and Mental Health - Partnering with Carers - Understanding Guardianship	NS 5: Comprehensive Care: - Integrating Clinical Governance 5.1 Collaboration and Teamwork 5.5	December 2018	Executive Director Workforce & Allied Health		Evidence of disability inclusion in corporate/site orientation products
2.5	HNE LHD to provide information and training to support staff throughout the transition to the National Disability Insurance Scheme (NDIS)	NS5: Comprehensive Care: - Collaboration and Teamwork 5.5	July 2017 & ongoing	Executive Director Workforce & Allied Health		Evaluation surveys to evidence training completion, increased knowledge, and confidence in relation to the NDIS
2.6	Maintain a governance framework to support HNE LHD to manage the transition to the NDIS across the District, including a NDIS feedback system	NS 1: Clinical Governance: - Organisational Leadership 1.3, 1.5	July 2017 & ongoing	Executive Director Workforce & Allied Health		Evidence of internal NDIS governance framework
2.7	Specialised Intellectual Disability Health Team in HNELHD will complete needs assessment to identify capacity building opportunities and develop an action plan to build disability confidence in HNELHD staff	NS 5: Comprehensive Care: - Designing systems to deliver comprehensive care 5.4 - Collaboration and Teamwork 5.5	June 2020	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Team is in place with positions filled and capacity building activities of the team agreed to.

Focus Area 2: Creating liveable communities

STRATEGY 3: Embed disability inclusion as a priority in the design of new refurbished facilities						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
3.1	HNE LHD designers will continue to utilise the Australasian Health Facility Guidelines (AHFG) and the Building Code of Australia (BCA) to consider the needs of people with disability in planning of new facilities and refurbishment	NS 2: Partnering with Consumers: - Partnerships in healthcare governance, planning, design and measurement: 2.11	Ongoing	Executive Director Infrastructure and Planning		Infrastructure plans meet the AHFG and BCA, or exceptions affecting disability inclusion are documented and approved
3.2	HNE LHD standards related to design and planning reflect contemporary practice through implementation and monitoring of: - <u>Disability Access – Guidelines on the Implementation of Premises Standards</u> - <u>Disability Access Guidelines – Exemption Regarding Compliance with Premises Standards</u> - <u>Health Facility Guidelines – Australasian Health Facility Guidelines</u>	NS 1: Clinical Governance: - Safe Environment 1.29, 1.30, 1.31 NS 2: Partnering with Consumers - Partnerships in healthcare governance, planning, design and measurement: 2.11	Ongoing	Executive Director Infrastructure and Planning		Contemporary guidelines and practices in use by Capital Works and evidence available on request

STRATEGY 4: Elevate the voices of people with disability, their carers and families in facility design and planning processes						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNER	PERFORMANCE INDICATOR
4.1	Capital Works to ensure people with disabilities are represented through consultation with consumer groups: - If/when a Post-Occupancy Evaluation (POE) is undertaken for HNE LHD projects under \$10m - For new builds and refurbishments under their management	NS 2: Partnering with Consumers - Partnerships in healthcare governance, planning, design and measurement: 2.11	Ongoing	Executive Director Infrastructure and Planning		Audit showing proportion (%) of including people with disabilities of POEs completed; Planning documents provide evidence of consultation with people with disabilities.
4.2	Establish and maintain ongoing engagement with a consumer group including people with disability and their carers to provide input into facility planning and review of access.	NS 2: Partnering with Consumers - Partnerships in healthcare governance, planning, design and measurement: 2.11	December 2019	Executive Director Allied Health and Workforce	Executive Director Infrastructure and Planning; Executive Director Partnerships Innovation and Research	Active group exists with variety of people with disability from across LHD

STRATEGY 5: Identify and address key shortfalls in facility design identified by people with disability						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
5.1	Capital Works to utilise Health Infrastructure (HI) wayfinding consultancy during the planning and design phase of new builds and utilise the Wayfinding for Healthcare Facilities Guideline (GL2014_018) as a resource for design and planning in master planning.	NS 2: Partnering with Consumers - Partnerships in healthcare governance, planning, design and measurement: 2.11	Ongoing	Executive Director Infrastructure and Planning		Audit to evidence wayfinding reports on completed builds
5.2	Improve current wayfinding information available about HNE LHD sites/services through: - Investigation of apps for wayfinding - Formalising a monitoring system for auditing wayfinding strategies	NS 1: Clinical Governance Safe Environment 1.31 NS 2: Partnering with Consumers- Communication that supports effective partnerships 2.8, 2.10	December 2019	Executive Directors of: Infrastructure and Planning;	Information, Communication & Technology; HNE LHD Operational Executive Directors	Audit of number of complaints received regarding wayfinding
5.3	Provide information on disabled parking and disabled access at HNELHD facilities through: - Ensuring information is added to online HNE LHD site/services pages	NS 1: Clinical Governance - Safe Environment 1.31 NS 2: Partnering with Consumers - Partnerships in healthcare governance, planning, design and measurement: 2.11	July 2020	HNE LHD Operational Executive Directors	Executive Director Strategic Relations and Communications	Evidence of information included for each site in online information page
		NS 1: Clinical Governance Safe Environment 1.31				

STRATEGY 5: Identify and address key shortfalls in facility design identified by people with disability

REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
5.4	Capital Works to consider <u>Changing Places</u> in funded refurbishments and major capital works	NS 1: Clinical Governance - Safe Environment 1.29, 1.31	Ongoing	Executive Director Infrastructure and Planning	HNE LHD Operational Executive Directors	Evidence of consideration of Changing Places documented in planning documents.
5.5	All facilities' signage is in line with AHFG by: - Car park attendants and facility managers including audit of access and signage in current safety walk procedures. - Audit of signage and access to include consumers with disability and /or carers - Evidence of car park upgrades for better accessibility and signage for people with a disability occurring as opportunities arise	NS 1: Clinical Governance - Safe Environment 1.31 NS 2 Partnering with Consumers - Communication that supports effective partnerships 2.8, 2.10	July 2019 & ongoing	Executive Director Infrastructure and Planning	HNE LHD Operational Executive Directors	Car park attendants and facility managers include audit of access and signage in current safety walk procedures. Evidence of car park upgrades for better accessibility and signage for people with a disability occurring as opportunities arise

Focus Area 3: Providing equitable systems and processes

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.1	<p>Identify, introduce and consistently utilise resources to support disability inclusion and equitable access to information for people with disabilities, their families and carers attending all facilities, such as:</p> <ul style="list-style-type: none"> - ACI resources under the 'Say Less. Show more' banner; - Educational videos on HNEkidshealth YouTube channel; - Inclusion of links to resources / factsheets in patient correspondence; - making reasonable adjustments and using accessible communication strategies to better support people with disability, their carers and families; - Ensuring that video resources also include Auslan interpreter translation 	<p>NS1: Clinical Governance:</p> <ul style="list-style-type: none"> - Diversity and High-Risk Groups. 1.15 <p>NS 2: Partnering with Consumers</p> <ul style="list-style-type: none"> - Communication that supports effective relationships 2.8, 2.9, 2.10 <p>NS5: Comprehensive Care:</p> <ul style="list-style-type: none"> - Partnering with Consumers 5.3 <p>NS6: Communicating for Safety:</p> <ul style="list-style-type: none"> - Partnering with Consumers 6.3 	Ongoing	HNE LHD Operational Executive Directors	Executive Director Clinical Services, Nursing & Midwifery, Allied Health and Workforce	Development of resources to support Inpatients with intellectual, physical and communication disabilities, their families and carers Evidence of visits to HNEkidshealth website and YouTube channel
6.2	HNE LHD to promote NDIS and disability services and resources through the Patient Health Information and Health Pathways Portal	<p>NS 2: Partnering with Consumers</p> <ul style="list-style-type: none"> - Communication that supports effective relationships 2.8 	July 2018 & ongoing	Executive Director Partnerships, Innovation and Research	Executive Director Workforce & Allied Health	Evidence of disability services and resources in Patient Health Information and Health Pathways Portal
6.3	Incorporate the newly established Specialist Intellectual Disability Health Team into Community Health Pathways	<p>NS 2: Partnering with Consumers</p> <ul style="list-style-type: none"> - Communication that supports effective relationships 2.8 	December 2020	Executive Director Workforce & Allied Health	Executive Director Partnerships, Innovation and Research	Specialist Intellectual Disability team added to Health Pathways

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.4	<p>HNE LHD demonstrates contemporary practice in line with current policies related to disability through implementation and monitoring of:</p> <ul style="list-style-type: none"> - <u>PD2017_044_Interpreters-Standard Procedures for Working with Health Care Interpreters</u> - <u>NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023</u> 	<p>NS 1: Clinical Governance:</p> <ul style="list-style-type: none"> - Policies and Procedures 1.7 <p>NS 2 Partnering with Consumers:</p> <ul style="list-style-type: none"> - Communication that supports effective partnerships 2.8, 2.9, 2.10 	July 2017 & ongoing	Executive Director Clinical Services, Nursing & Midwifery		Multicultural Health Unit reporting to record usage of Auslan interpreters by number of appointments and across facilities
6.5	<ul style="list-style-type: none"> - Develop self-assessment tool to ensure compliance with <u>PD2017_001 Responding to Needs of People with Disability During Hospitalisation</u> - Establish reporting and monitoring for compliance with policy; - Develop tools to assist staff to make reasonable adjustments for patients with disability as per policy 	<p>NS 1: Clinical Governance:</p> <ul style="list-style-type: none"> - Policies and Procedures 1.7 <p>NS 5 Comprehensive Care:</p> <ul style="list-style-type: none"> - Designing Systems to deliver comprehensive care 5.4 - Collaboration and Teamwork 5.5, 5.6 	December 2019 and ongoing	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Monitoring to include reporting on frequency of presentations at hospital for PWD
6.6	<p>Implement and utilise self-assessment tool to ensure compliance with <u>PD2017_001 Responding to Needs of People with Disability During Hospitalisation</u>;</p>	<p>NS 1: Clinical Governance:</p> <ul style="list-style-type: none"> - Policies and Procedures 1.7 <p>NS 5 Comprehensive Care:</p> <ul style="list-style-type: none"> - Designing Systems to deliver comprehensive care 5.4 	Jun 2020 and ongoing	HNE LHD Operational Executive Directors	Executive Director Workforce & Allied Health	Evidence that self-assessment tool has been completed across facilities, with local action plan developed to address gaps

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.7	<p>HNE LHD demonstrates contemporary practice in line with current policies related to disability through implementation and monitoring of:</p> <ul style="list-style-type: none"> - <u>PD2011_027_EnableNSW - Assistive Technology for Communication, Mobility, Respiratory Function & Self-Care</u> - develop supports to enable the district to apply this policy in new NDIS environment 	<p>NS 1: Clinical Governance:</p> <ul style="list-style-type: none"> - Policies and Procedures 1.7 <p>NS 5 Comprehensive Care:</p> <ul style="list-style-type: none"> - Designing Systems to deliver comprehensive care 5.4 - Collaboration and teamwork 5.5 - Using the comprehensive care plan 5.14 	July 2019 and ongoing	Executive Director Workforce & Allied Health	Executive Director Rural & Regional Health Services	Policy Contact Officer to provide Executive Director for Workforce & Allied Health indicators via the annual audit by Clinical Governance such as the Risk, implementation and compliance data collection tool
6.8	<p>HNE LHD develops supports to enable the district to comply, within the current NDIS environment, with the implementation and monitoring of:</p> <ul style="list-style-type: none"> - <u>GL2013_001_NSW Health & Ageing and Disability and Home Care (ADHC) Joint Guideline</u> 	<p>NS 1: Clinical Governance:</p> <ul style="list-style-type: none"> - Policies and Procedures 1.7 <p>NS 5 Comprehensive Care:</p> <ul style="list-style-type: none"> - Designing Systems to deliver comprehensive care 5.4 - Collaboration and teamwork 5.5 - Using the comprehensive care plan-5.14 	July 2017 & ongoing	Executive Director Workforce and Allied Health	Executive Director Workforce and Allied Health	Policy Contact Officer to provide Executive Director for Workforce & Allied Health indicators via the annual audit by Clinical Governance such as the Risk, implementation and compliance data collection tool

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.9	Better support people with a disability to access the right health care in the right place at the right time by exploring the opportunities to reduce avoidable ED presentations and admissions.	NS 5 Comprehensive Care: - Developing the comprehensive care plan 5.12, 5.13 NS 6 Communicating for Safety: - Clinical Handover 6.7,6.8 - Communicating Critical Information 6.9, 6.10	April 2020	Executive Director Workforce & Allied Health	Executive Director Research, Innovations & Partnerships; Executive Director Clinical Services, Nursing & Midwifery; HNE LHD Operational Executive Directors	Evidence that options have been explored with key stakeholders
6.10	Identify/develop a tool to ensure that reasonable adjustments are made for people with disability	NS 2 Partnering with Consumers - Healthcare rights and informed consent 2.5 - Sharing decisions and planning care 2.6, 2.7	June 2020	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Availability of tool

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.11	<p>HNE LHD demonstrates contemporary practice, within the NDIS environment, in line with current policies related to disability through implementation and monitoring of:</p> <ul style="list-style-type: none"> - <u>PD2011_001_Provision_of_Services_to_People_with_an_Intellectual_Disability_&_Mental_Illness - MOU & Guidelines</u> - <u>Memorandum of Understanding and Guidelines between Ageing, Disability and Home Care, Department of Human Services NSW, and NSW Health In the Provision of Services to People with an Intellectual Disability and a Mental Illness by:</u> <ul style="list-style-type: none"> - Developing relationships with individual Community managed Organisations (CMO's) - Establishing Statements Of Co-operation with CMO's - Developing joint forums and collaborative spaces with CMO's 	<p>NS 1: Clinical Governance:</p> <ul style="list-style-type: none"> - Policies and Procedures 1.7 - NS 5 Comprehensive Care: - Designing Systems to deliver comprehensive care 5.4 - Collaboration and teamwork 5.5 - Using the comprehensive care plan-5.14 	July 2017 & ongoing	Executive Director Mental Health		Policy Contact Officer to provide Executive Director Mental Health indicators via the annual audit by Clinical Governance such as the Risk, implementation and compliance data collection tool
6.12	<p>Improve experience of patients/clients with a disability by making reasonable adjustments and using accessible communication strategies when implementing Patient Care Essentials</p>	<p>NS 1: Clinical Governance</p> <ul style="list-style-type: none"> - Diversity and High Risk Groups 1.15 - Feedback and complaints management 1.13 - NS 6: Communicating for Safety - Integrating Clinical Governance 6.1 	Ongoing	Executive Director Clinical Services, Nursing & Midwifery	HNE LHD Operational Executive Directors	Gather feedback regarding patient experience from patient/clients with a disability through Excellence Tactics such as follow-up phone calls, rounding

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system

REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.13	<ul style="list-style-type: none"> - Embed the REACH program at all facilities for use with people with disability and/or significant communication limitations - Ensure patient, family/carer awareness of, and access to the REACH program - Ensure staff respond to concerns raised by patients, family and carers through REACH 	<p>NS 2 Partnering with Consumers:</p> <ul style="list-style-type: none"> - Communication that supports effective relationships 2.8, 2.9, 2.10 <p>NS 6 Communicating for Safety:</p> <ul style="list-style-type: none"> - Communicating Critical Information 6.9, 6.10 <p>NS 8 Recognising and Responding to Acute Deterioration:</p> <ul style="list-style-type: none"> - The health service organisation has processes for patients, carers or families to directly escalate care8.7 	Ongoing progress reviewed annually in November	HNE LHD Operational Executive Directors	Executive Director Clinical Governance	<p>QARS REACH audit demonstrates patients/family /carers:</p> <ul style="list-style-type: none"> -Are informed about the REACH Program, and have the opportunity to escalate clinical concerns - needs were met during and after a REACH call
6.14	<ul style="list-style-type: none"> - Localise resources developed as part of the <i>Admission 2 Discharge Together</i> Project and trial use of MyNetCare to improve communication and care coordination for people with an intellectual disability admitted to HNELHD facilities from supported living houses: - Conduct pilot of "Transfer of Care from Supported Living to Hospital" with community partner at one HNELHD facility and evaluate; - Review results of the pilot trial and consider roll out to other facilities 	<p>NS 2 Partnering with Consumers:</p> <ul style="list-style-type: none"> - Communication that supports effective relationships 2.8, 2.9, 2.10 	October 2020 and ongoing	Executive Director Workforce & Allied Health	<p>Directors of:</p> <ul style="list-style-type: none"> - Research, Innovations & Partnerships; - Rural & Regional Services; Greater Metropolitan Health Services; - Mental Health 	Evaluation report of pilot.

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system

REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.15	Support uptake of clinical telehealth in HNE LHD facilities to improve access to services for people with a disability	NS 5 Comprehensive Care: - Designing systems to deliver comprehensive care 5.4	Ongoing	Executive Directors of: Information & Communication Technology	HNE LHD Operational Executive Directors	Specific examples provided of telehealth being utilised to support people with a disability, and how this has impacted the service and the person and their family.
6.16	Establish, develop specialised Intellectual Disability Health Team and delivery of clinical services to people with an intellectual disability with unmet complex health needs living across HNELHD and CCLHD.	NS 5 Comprehensive Care: - Designing systems to deliver comprehensive care 5.4 - Collaboration and teamwork 5.5, 5.6 - Planning for Comprehensive Care 5.7 - Screening of Risk 5.10 - Clinical Assessment 5.11 - Developing the comprehensive care plan 5.12, 5.13	Ongoing	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Team is established; monitoring of clinical performance indicators reported to Ministry of Health

STRATEGY 6: Provide support to consistently improve disability inclusion and extend existing good practice in delivering person centred care to people with disability across the system

REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
6.17	Review PD 2011_015 Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals and local PCPs to ensure implementation of this policy and related PCPs incorporates specific considerations for people with a disability including but not limited to : - Provision of information in an accessible format - Pre-admission clinic offered - Development of plan for disability support whilst in hospital	NS 5 Comprehensive Care: - Developing the comprehensive care plan 5.13	June 2020	Executive Director Clinical Services, Nursing & Midwifery	Executive Director Workforce & Allied Health	Evidence that specific considerations for people with disability are included in implementation of policy and related PCPs

STRATEGY 7: Service delivery organisations will engage meaningfully with people with disability, their carers and families and relevant key partner agencies						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
7.1	HNELHD to strengthen consumer input from people with disabilities and ensure there is a focus on disability inclusion, including facilitating co-designed projects with Local Health Committees (LHCs)	NS 2: Partnering with Consumers: - Partnerships in healthcare governance, planning, design, measurement and evaluation 2.11	December 2020	Executive Director Partnerships, Innovation and Research	Executive Director Workforce & Allied Health	Co-designed projects with a disability inclusion focus across HNELHD to be included on agenda at bi-annual LHC forums
7.2	Establish a group of consumers with a range of disabilities as well as families and carers to provide input into relevant initiatives, and review key documents and resources to ensure the need of people with a disability are considered.	NS 2 Partnering with Consumers: - Communication that supports effective partnerships 2.8; 2.9,2.10	December 2019	Executive Director Workforce & Allied Health;	Executive Director Partnerships, Innovation and Research	Evidence of increasing involvement in initiatives in review of documents by consumers with disability
7.3	HNELHD will develop relationships with key partner agencies and establish regular opportunities for engagement	NS 2 Partnering with Consumers: - Communication that supports effective partnerships 2.8; 2.9,2.10	July 2019 and ongoing	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Evidence of regular interagency meetings occurring
7.4	Explore opportunities to evaluate HNELHD's engagement with People with Disability (PWD) and their families/carers	NS 2 Partnering with Consumers: - Partnerships in healthcare, governance, planning, design, measurement and evaluation 2.11, 2.12	December 2020	Executive Director Workforce & Allied Health	Executive Director Partnerships, Innovation and Research	Evidence that options have been explored with key stakeholders and appropriate options progressed.

STRATEGY 8: Deliver enhanced services and build greater accountability by improving our data collection and reporting on disability inclusion						
REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
8.1	Identify people with a disability in HNELHD data systems through: - Implementation of NDIS Alerts in CHIME and i.PM - Using existing and new data fields for admitted and non-admitted clients with a disability (IB 2016-039) - Inclusion of NDIS related questions in adult planned procedure booklet and Adult Inpatient Admission and Risk Assessment Form	NS 1 Clinical Governance: - Diversity and High-risk groups 1.15 NS 5 Comprehensive Care: - Developing the comprehensive care plan 5.12	December 2017 & ongoing	Executive Director Workforce & Allied Health;	Executive Director Information & Communication Technology; Executive Director Clinical Services, Nursing & Midwifery	Incremental increase in number of NDIS Alerts entered into HNE LHD data systems
8.2	Increase utilisation of intellectual disability alert in i.PM, including adding alerts for all clients of Specialist Intellectual Disability Health Team	NS 1 Clinical Governance: - Diversity and High-risk groups 1.15 NS 5 Comprehensive Care: - Developing the comprehensive care plan 5.12	December 2017 & ongoing	Executive Director Workforce & Allied Health	HNE LHD Operational Executive Directors	Increase in number of intellectual disability alerts entered
8.3	Improve data collection and monitoring of services provided to people with disability through the use of: - QlikApp to monitor health service utilisation trends for NDIS participants; - Waiting4What data for people with NDIS related delay-status;' - Monitoring correct use of SASH financial class for people not eligible for NDIS who require disability supports from HNELHD; NDIS Alerts	NS 1 Clinical Governance: - Diversity and High-risk groups 1.15	July 2019 and ongoing	Executive Director Workforce & Allied Health	Executive Director Clinical Services, Nursing & Midwifery	Report developed with an increase in the data reported

STRATEGY 9: Ensure all service users have the same access to information regarding their treatment and care					
REF	ACTION	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
9.1	HNELHD to investigate ways to achieve website compliance with W3C Web Content Accessibility Guidelines (WCAG) level 'AA'	NS 2 Partnering with Consumers - Communication that supports effective partnerships 2.8; 2.10	Ongoing	Executive Director Strategic Relations & Communications	Executive Director Workforce & Allied Health
9.2	HNELHD websites to provide information in accessible formats including consideration to: - Developing alternative formats such as audio information on intranet page and consideration of readability / literacy scales	NS 2 Partnering with Consumers - Communication that supports effective partnerships 2.8; 2.10	December 2018 & ongoing	Executive Director Strategic Relations & Communications	Alternative formats available for information such as audio, readability of information simplified
9.3	Provide advice on appropriate templating of written materials to ensure they are in easy to read format/ have accessible readability score, meet Health literacy levels, and in multiple languages other than English	NS 2 Partnering with Consumers - Communication that supports effective partnerships 2.8; 2.10	December 2019 & ongoing	Executive Director Partnerships, Innovation and Research	Evidence that documents meet appropriate readability levels.
9.4	Services utilise tools to develop accessible information for PWD and incorporate PWD into review and development of resources	NS 2 Partnering with Consumers - Communication that supports effective partnerships 2.8; 2.10	Ongoing	HNE LHD Operational Executive Directors	Evidence that consumers with a disability have been engaged in reviewing brochures

STRATEGY 9: Ensure all service users have the same access to information regarding their treatment and care					
REF	ACTION	TIMEFRAME	LEAD	STRATEGIC PARTNERS	PERFORMANCE INDICATOR
9.5	<p>Review HNELHD complaints mechanism to ensure:</p> <ul style="list-style-type: none"> - Standardisation of information across all methods of communication (i.e. brochures, website) - Complaints mechanisms are accessible to people with disability - District's complaints management guidelines and resources support staff to manage complaints relevant to disability access and treatment in HNE LHD in a timely and effective way - Monitor complaints processes for issues related to disability and develop appropriate action plans 	<p>NS 2 Partnering with Consumers:</p> <ul style="list-style-type: none"> - Communication that supports effective partnerships <p>2.8; 2.10</p> <p>NS 1 Clinical Governance:</p> <ul style="list-style-type: none"> - Feedback and Complaints Management <p>1.1.4</p>	<p>December 2018 and ongoing</p> <p>Executive Director Strategic Relations & Communications;</p>	<p>Executive Director Clinical Services, Nursing & Midwifery</p> <p>Executive Director Workforce & Allied Health</p>	<p>Evidence that consumers with a disability have been engaged in testing revised HNE LHD complaints process</p>

Focus Area 4: Supporting access to meaningful employment opportunities

STRATEGY 10: Review our recruitment practices to support inclusion and increased employment of people with disability, and support our employees with disability to advance their careers within NSW Health

REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNER	PERFORMANCE INDICATOR
10.1	Support recruitment opportunities for people with a disability through: <ul style="list-style-type: none"> - Making reasonable adjustments available for workers with disability - Provision of information available online regarding recruitment, e.g. 'Opportunities for People with a Disability' Factsheets include information about reasonable adjustments 	NS 2 Partnering with Consumers: <ul style="list-style-type: none"> - Partnerships in healthcare, governance, planning, design, measurement and evaluation 	December 2018 and ongoing	Executive Director Workforce & Allied Health		Audit to evidence available information online regarding Factsheets, EEOs in HNE LHD, Reasonable adjustments
10.2	Develop a manager resource for supporting employees with a disability through identifying and linking with appropriate services, mentors, or 'buddies' from internal staff or external service providers. <ul style="list-style-type: none"> - Ensuring managers are aware of resources such as JobAccess 	NS 2 Partnering with Consumers: <ul style="list-style-type: none"> - Partnerships in healthcare, governance, planning, design, measurement and evaluation 	December 2019	Executive Director Workforce & Allied Health		Audit to evidence if resources added to 'Tools for Managers'
10.3	Support career development and advancement for employees with a disability through promoting the use of traineeships and apprenticeships such as: <ul style="list-style-type: none"> - Australian Apprenticeships and Traineeships - School based traineeships - Training Services NSW Assistance for People with Disabilities - Training Services NSW Smart and Skilled funding - Identifying opportunities for financial support, Supported Wage System 	NS 2 Partnering with Consumers: <ul style="list-style-type: none"> - Partnerships in healthcare, governance, planning, design, measurement and evaluation 	Ongoing	Executive Director Workforce & Allied Health		Monitor % of staff employed who have a disability

STRATEGY 10: Review our recruitment practices to support inclusion and increased employment of people with disability, and support our employees with disability to advance their careers within NSW Health

REF	ACTION	NATIONAL STANDARD	TIMEFRAME	LEAD	STRATEGIC PARTNER	PERFORMANCE INDICATOR
10.4	Review results from People's Employment Matters Survey for staff who have identified as having a disability and identify issues and develop an action plan	NS 2 Partnering with Consumers: Partnerships in healthcare, governance, planning, design, measurement and evaluation 2.11, 2.14	December 2019	Executive Director Workforce & Allied Health	Action plan developed	
10.5	Improve rates of staff who identify as having a disability by identifying the most appropriate method for notification		June 2020	Executive Director Workforce & Allied Health		Increase in percentage of staff identifying as having a disability
10.6	Explore opportunities to increase rate of employment of people with disability within HNELHD.		June 2025	Executive Director Workforce & Allied Health		Increase in percentage of staff identifying as having a disability, to reach target set by NSW government.

HNE LHD Disability Inclusion Action Plan 2017-2020

Appendix 1: Consultation Process

The first draft of the HNE LHD DIAP was developed by the HNE LHD DIAP Working Group established in June 2016. The following people contributed to the development of the draft plan through the HNE LHD DIAP Working Group:

Kim Nguyen, Executive Director Workforce & Allied Health	Workforce & Allied Health
Clare Daley, Allied Health Team Leader/Project Officer	Workforce & Allied Health
Julie Smith, Manager Aboriginal Employment	Workforce & Allied Health
Karen Hayes, Senior Consultant	Workforce & Allied Health
Rebecca Brady, Senior Consultant	Workforce & Allied Health
Sarah Dowe, Project Officer	Workforce & Allied Health
Lauren Kendall, Communication Officer	Strategic Relations & Communications
Nicole Gerrand, Manager Research Ethics and Governance	Lived Experience
Deborah Lawson, Manager Health Services Planning	Finance
Jenny Martin, Director of Allied Health	Children Young People & Families Services
Margo Carberry, Narrabri Community Health Manager	Rural & Regional Services
Sue Buckman, Director Multicultural Health Services	Nursing & Midwifery Services
Kane Wyborn, Manager Projects and Partnerships	Nursing & Midwifery Services
Lisa Shaw, Program Support	Research, Innovation & Partnerships
Angela Morgan, Program Support	Research, Innovation & Partnerships
Derene Anderson, General Manager of Community and Aged Care Services, Greater Newcastle Sector	Greater Metropolitan Health Services
Jonathan Holt, Director Allied Health & Community Service Manager of Community and Aged Care Services, Greater Newcastle Sector	Greater Metropolitan Health Services
Maria Baxendale, Mental Health & Intellectual Disability CNC	Mental Health Services
Kim Lane, Executive Leader- Innovation Performance and Engagement	Mental Health Services

First Draft Broader Internal and External Community Consultation

The first draft of the HNE LHD DIAP was distributed to community stakeholders including key agencies that provide services to people with disabilities, as well as other internal HNE LHD staff members and through HNE LHD Clinical Networks and Streams for targeted internal consultation. The draft of the HNE LHD DIAP was then finalised incorporating feedback received.

Revised HNELHD DIAP Consultation

In 2019, the HNELHD DIAP was revised to reflect current trends and identified needs. The following people contributed to the revised plan through the HNE LHD DIAP Advisory Group:

Kim Nguyen, Executive Director Workforce & Allied Health	Workforce & Allied Health
Clare Daley, Allied Health Manager – District Services	Workforce & Allied Health
Julie Smith, Manager Diversity	Workforce & Allied Health
Jenyfer Locke, Consultant	Workforce & Allied Health
Helen Malcolm, Project Officer	Workforce & Allied Health
Kristen Wattus, Deputy Director	Strategic Relations & Communications
Nicole Gerrand, Manager Research Ethics and Governance	Lived Experience
Agnes Tam, Patient Safety Officer	Lived Experience

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Scott Pascoe, Facility Planner
Brodie Hughes, A/Director of Allied Health

Margo Carberry, Narrabri Community Health Manager
Ashley Young, A/Director Multicultural Health Services
Lisa Shaw, Program Support
Chris Catchpole, A/Director Allied Health & Community Service Manager of Community and Aged Care Services, Greater Newcastle Sector
Matthew Coves, Mental Health & Intellectual Disability CNC
Sue Buckman, A/Nurse Manager

Infrastructure & Planning
Children Young People & Families Services
Rural & Regional Services
Nursing & Midwifery Services
Research, Innovation & Partnerships
Greater Metropolitan Health Services

Mental Health Services
Nursing & Midwifery Services

Appendix 2: Abbreviations

ABS	Australian Bureau of Statistics
ADHC	Ageing, Disability & Home Care
AHFG	Australasian Health Facility Guidelines
BCA	Building Code of Australia
CAP	Clinical Applications Portal
CE News	Chief Executive news – <i>an electronic newsletter/portal in HNE LHD</i>
CHIME	Community Health Information Management enterprise – <i>the electronic medical notes record system used in Community Health facilities</i>
CYP&F	Children, Young People and Families
DAP	Disability Action Plan
DIA	Disability Inclusion Act - <i>State legislation that commenced in 2014 in replacement of the Disability Services Act 1993</i>
DIAP	Disability Inclusion Action Plan
ELT	Executive Leadership Team
FACS	Department of Family and Community Services
HETI	Health Education and Training Institute
HI	Health Infrastructure
IIMS	Incident Information Management System
i.PM	Patient Manager records – <i>an electronic patient administration system</i>
LHC	Local Health Committees
ODL	Organisational Development and Learning
NDIS	National Disability Insurance Scheme
NDS	National Disability Strategy 2010-2020 – <i>a 10 year National policy framework aiming to address the challenges faced by people with disability</i>
NSW Health DIAP	New South Wales Health Disability Inclusion Action Plan - <i>a State-wide Disability Inclusion Action Plan developed by the NSW Ministry of Health</i>
NSW State Disability Inclusion Plan	The NSW Government's plan to address disability inclusion
POE	Post Occupancy Evaluation
PWD	People with Disability
RAP	Reporting Access Portal
WCAG	Web Content Accessibility Guidelines

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