

Annual Report

2023-24



The team enriching health
in millions of ways every day

NSW Ministry of Health

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The NSW Health Annual Report 2023-24 was edited, designed and coordinated within the NSW Ministry of Health by the Strategic Communications and Engagement Branch.

Cover images: 1. Maggie, Peyton, and Maverick on Country on Gumbaynggirr land, Bellwood Park Nambucca Heads. 2. Radiation therapists standing with a Siemens Somatom CT Scanner used for the planning of radiotherapy treatment at Coffs Harbour Health Campus. 3. NSW Ambulance paramedics, Fabian and Sooaad. 4. Senior oncologist from the Sydney Children's Hospitals Network sitting with Montana at The Children's Hospital at Westmead. 5. Nurse Olivia and Northern NSW Local Health District emergency department nurses. 6. Food services assistant delivering the food trolley in the Maternity Unit at Coffs Harbour Health Campus, Mid North Coast Local Health District.

Inside cover image: Gudjinburra Dance Group performing a cultural dance at the Tweed Valley Hospital official opening in the Northern NSW Local Health District.

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October 2024

NSW Health delivers safe, high-quality and compassionate healthcare to the people of NSW.

Our vision

A sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled.

NSW Health acknowledges Aboriginal people as the traditional custodians of the lands and waters of NSW and pays respect to Elders past, present and future. In this report, Aboriginal and Torres Strait Islander people are referred to as Aboriginal people in recognition that Aboriginal people are the original inhabitants of NSW.



About this report

This annual report describes the performance and operation of NSW Health during 2023–24. It has been prepared according to Parliamentary reporting and legislative requirements and is arranged in seven sections.

Section 1: Overview

Introduces NSW Health values, organisational structure and functions, and the NSW Health Executive Team.

Section 2: Strategy

Describes the strategic direction of NSW Health outlined by our Future Health strategy, and the *NSW Regional Health Strategic Plan 2022–2032*.

Section 3: Operations and performance

Summarises our performance as a health system and how it is set, monitored and assessed across NSW Health and against our strategic objectives, and other management activities.

Section 4: Management and accountability

Reports on workforce, people management, consultants, governance, risk management, information protection, and public accountability.

Section 5: Sustainability

Outlines NSW Health's progress in addressing environmental, social and governance risks, opportunities and performance.

Section 6: Financial performance

Details key financial management reporting and presents NSW Health's audited financial statements for 2023–24.

Section 7: NSW Health organisations

Presents key achievements with reports provided by statutory health corporations, specialty health networks, the Health Administration Corporation and local health districts.

Appendix

Provides additional information and data to supplement the report.

Letter to the Minister

The Hon. Ryan Park, MP
Minister for Health, Minister for Regional Health
52 Martin Place SYDNEY NSW 2000

Dear Minister

In compliance with the terms of *Government Sector Finance Act 2018*, the *Government Sector Finance Regulation 2024*, and the Treasurer's Directions, I submit the annual report and financial statements of NSW Health organisations for the financial year ended 30 June 2024, for presentation to Parliament.

The financial statements of these organisations are presented in separate volumes as Financial Statements of Public Health Organisations under the control of NSW Health 2023–24.

I am also sending a copy of the report to the Treasurer.

Yours sincerely



Susan Pearce AM
Secretary, NSW Health

Contents

| | | | |
|---|------------|---|------------|
| NSW Health snapshot | iii | Sustainability | 113 |
| Secretary's year in review | iv | Environmental sustainability | 114 |
| | | <i>Modern Slavery Act 2018</i> | 115 |
| Overview | 1 | Work health and safety | 115 |
| About NSW Health | 2 | <i>Prosecutions under the Work Health and Safety Act 2011</i> | 116 |
| Vision | 2 | Workers compensation | 116 |
| Values | 2 | Workforce diversity | 117 |
| Our Health Portfolio Ministers | 2 | Disability Inclusion Action Plan | 118 |
| NSW Health organisation structure | 3 | NSW Health LGBTIQ+ Health Strategy | 119 |
| Our charter | 3 | <i>NSW Carers (Recognition) Act 2010</i> | 119 |
| NSW Ministry of Health | 5 | | |
| NSW Ministry of Health organisation structure | 6 | Financial performance | 121 |
| NSW Ministry of Health Executive Team | 7 | Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer's report | 122 |
| | | Financial management | 123 |
| Strategy | 13 | Asset management | 123 |
| Future HealthFuture Health: Guiding the next decade of care in NSW | 14 | Non-government funding | 123 |
| Strategic outcomes and key objectives | 15 | Financial statements | 146 |
| NSW Health Regional Health Strategic Plan | 16 | Independent auditor's report | 147 |
| | | | |
| Operations and Performance | 17 | NSW Health organisations | 249 |
| Performance summary | 18 | Statutory health corporations | 250 |
| Performance information | 19 | Specialty health networks | 255 |
| Major capital works | 61 | Health Administration Corporation | 258 |
| Land disposal | 64 | Local health districts | 265 |
| Research and development | 65 | | |
| Implementation of price determination | 67 | Appendix | 283 |
| | | Health statistics | 284 |
| Management and accountability | 69 | Workforce statistics | 290 |
| Our workforce | 70 | Public hospital activity levels | 297 |
| Human resources | 71 | Mental health | 299 |
| Industrial relations claims | 72 | Compliance checklist | 303 |
| Workforce key policies | 73 | Glossary | 305 |
| Responding to bullying and complaints | 74 | | |
| Consultants | 75 | | |
| Promotion | 80 | | |
| Governance | 98 | | |
| Legal changes | 98 | | |
| Economic or other factors | 99 | | |
| Events arising after the reporting period | 99 | | |
| Other information | 99 | | |
| Information and risk management | 100 | | |
| Risk management and insurance activities | 100 | | |
| Internal audit and risk management policy attestation | 101 | | |
| <i>Privacy and Personal Information Protection Act 1998</i> | 105 | | |
| Public accountability | 106 | | |
| <i>Government Information (Public Access) Act 2009</i> | 106 | | |
| Public Interest Disclosures | 111 | | |

Snapshot

The NSW public health system is the largest public health system in Australia, providing world-class healthcare to the people of NSW.



8 million residents on 801, 150 km²



15 local health districts and **2** specialty networks



1.4 million emergency incidents responded to by NSW Ambulance



226 public hospitals



2 million inpatient episodes[†]



3.2 million emergency department attendances



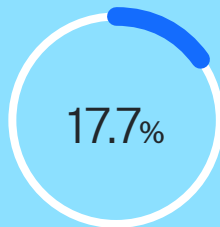
340,085 surgeries performed[†]



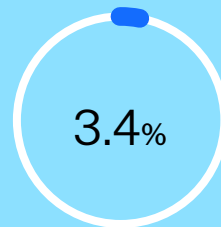
Approximately **183,000** people (142,761 full-time equivalent staff)

The NSW community

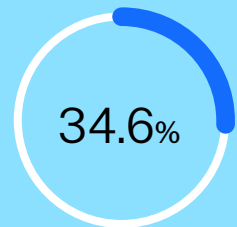
People aged **65 and over**



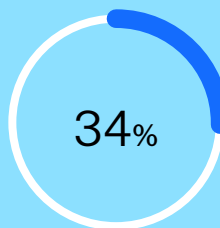
People who identify as **Aboriginal or Torres Strait Islander**



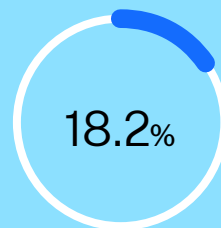
People **born overseas**



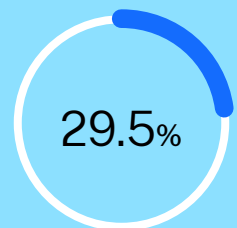
People who live in **regional NSW**



People aged **14 and under**



Households where a **non-English language is used**



In NSW public hospitals in 2023–24



67,677 babies were born in a public hospital



930,399 people were admitted



105,223 people had unplanned surgery



26 million meals were served to patients



234,862 people had planned surgery



14.3 million non-admitted patient services events



167,064 children cared for by the Sydney Children's Hospitals Network



16 million clean bed sheets supplied to public hospitals

223,000 patient transports (non-emergency) completed

860,102 dental service appointments provided

1.18 million Triple Zero (000) calls for an ambulance

Source: ABS Population data 2021. Some figures are approximate. ^{*}Includes surgeries performed in public hospitals and public patients contracted to private hospitals. [†]A patient can have multiple episodes in one hospital admission.

Secretary's year in review



As the largest health organisation in Australia, the people of NSW Health enrich the health and wellbeing of their many communities in millions of ways every day.

In every part of the health system, our exceptional workforce provides world-class experiences and outcomes of care to patients, carers and their families.

I want to convey my deepest thanks to everyone working at NSW Health. Your commitment and kindness form the bedrock of our wonderful healthcare system. Though we come from different walks of life and contribute to NSW Health in so many different ways, we are united behind a deeply rewarding purpose. Together, we strive daily to deliver the health outcomes that matter most to the communities we serve. I am immensely proud to lead, and work alongside, such dedicated, talented and caring colleagues.

The team enriching health in millions of ways

From clinical excellence, to ensuring care is culturally informed, or cutting-edge research and innovation, our people make an extraordinary difference in so many ways every day.

A well-supported and engaged workforce remains a priority and is essential in enabling us to consistently provide outstanding care. It contributes to peoples' job satisfaction, supports psychological safety, and builds collaboration, great working relationships, and friendships.

Along with celebrating our peoples' many achievements, we continue to listen and work with staff to understand their needs and aspirations.

With regard to patient care, the leadership team is keenly focused on removing obstacles for our staff and finding innovative solutions to the challenges we face.

The Health System Advisory Council is now firmly established and continues to provide expert advice to the system and help shape the delivery of frontline healthcare. They provide strategic, clinical perspectives on a range of matters and issues. This includes the establishment of the Artificial Intelligence (AI) Taskforce, the NSW Health Transformation Agenda, and the Single Digital Patient Record.

Another way that our health system is being supported is through dedicated taskforces. For example, the Surgical Taskforce and Emergency Department Taskforce brought together experts from different backgrounds and fields to address some of our system's more complex challenges, and ensure our response met the needs of our patients and staff.

NSW Health also acknowledges the importance of advocacy for improvements to the healthcare system and the working conditions of our staff. I am deeply grateful for your ongoing dedication to caring for the communities you serve while the necessary negotiations happen.

We remain committed to working with unions and the NSW Government towards achieving a positive outcome for all.

Caring takes many forms

Our vision is mapped out in Future Health – to deliver health outcomes that matter most to patients and the community, is personalised, invests in wellness, and is digitally enabled. In the past year, several initiatives have gone from strength-to-strength in addressing the needs of the diverse communities we serve.

Services like the myVirtualCare platform have supported thousands of patients, and the virtualKIDS and virtualGP services were implemented statewide. Virtual care is firmly recognised as playing an important role in delivering high-quality, more equitable and accessible healthcare across NSW. It continues to build stronger connections between metropolitan and regional teams and create more opportunities for collaboration and knowledge sharing, as reflected by the successful partnership between Far West and Sydney local health districts.

Care is also being provided in more convenient and clinically appropriate ways. There were 80,000 visits to Urgent Care Services since the roll-out began in mid-2023. These services help to ensure people who do not need emergency care receive the right care in the right place.

We continue to provide comfort and support for people and their loved ones approaching end-of-life, and in the way that best suits their needs. Voluntary assisted dying became a lawful end-of-life option in November 2023 and is now embedded into care pathways in a way that is safe, accessible and compassionate.

In September 2023, NSW Health launched the *NSW Health Child Safe Action Plan*. It outlines what initiatives we are progressing now, and need to take in future, to empower, listen and act together, ensuring a positive and safe experience for children across our health system.

The pharmacy prescribing trial expanded in NSW following its successful pilot. It means more women have access to medications and treatments for uncomplicated urinary tract infections. It also highlights the opportunities stemming from innovative models of care.

Technology shapes future healthcare

AI is already supporting the delivery of high-quality care. This includes improving wound care; simplifying complex data analyses; making more time for patient care by automating repetitive processes; and reviewing volumes of cardiology literature to aid clinical decision-making.

In 2024, NSW Health established a dedicated AI Taskforce. Comprising a diverse group of highly skilled staff, they will help inform and guide the use of AI in our health system.

The Single Digital Patient Record project will create a world-class digital health platform that meets the diverse needs of clinicians, staff, patients, and carers.

Rolling out over six years, the program will streamline access to clinical information to help create a comprehensive, single view of a patient's care journey, no matter where in the public health system they receive their care. In August 2023, the project's steering committee was established with representatives from across NSW Health, who will oversee the project.

Research and innovation are critical to improving safe and quality outcomes and realising new opportunities for NSW Health to deliver the best care possible. The Clinical Innovation and Research Division has been working on the NSW Health Research and Innovation Strategy to help guide how our work remains centred around our people and patients.

We have also engaged in extensive consultation with reputable thought leaders via the creation of a think tank, to enhance collaboration and inform our strategy's development. The insights gained will enable the strategy to be an ambitious, forward-looking plan for research and innovation in NSW.

Aboriginal health and reconciliation

NSW Health remains steadfast in its commitment to Closing the Gap by continuing to make our health services trauma-informed, culturally safe, and accessible for all Aboriginal people. While we have more work to do, I am proud of the significant progress made on a refreshed Aboriginal Health Plan, which is on track to launch in late 2024.

Teams across the state are working hard to improve Aboriginal health outcomes. The realignment of the Centre for Aboriginal Health last year to report directly to the Office of the Secretary has already improved collaboration. Enhancing the visibility of opportunities for NSW Health to further empower our people and help address the unique health needs and aspirations of Aboriginal people.

Similar to the change in reporting lines in the Ministry, Aboriginal health executives in each local health district now report directly to their Chief Executive – a practical way we have reinforced our commitment to health equity for Aboriginal people at an organisational level.

Attending the first ever Gook-int-ji-Nhunngku Gathering (women's gathering) in Bourke at the invitation of Patricia Canty, a Barkindji woman and staff member of Western NSW Local Health District, was a privilege and a significant highlight of the year. Together with Geraldine Wilson-Matenga, Executive Director of the Centre for Aboriginal Health, we heard stories of courage and strength. In Patricia's own words: "Recognising that women are the leaders in our communities and most importantly in our families, it's important that we provide a platform to upskill, inform, provide leadership opportunities, empower and acknowledge our women."

NSW Health remains deeply committed to continuing its partnership and collaboration with our Aboriginal workforce and Stolen Generation Survivors Organisations. We will continue to work to transform Aboriginal health outcomes and support reconciliation at a system-wide level.



Towards Net Zero

NSW Health has a significant role to play in tackling climate change. Healthcare is a big carbon emitter, and a healthy environment supports public health.

We continue to make strides towards the NSW Government target of achieving net zero by 2050, and our workforce keenly support environmental stewardship. Staff-led initiatives across the state include reducing the use of environmentally harmful anaesthesia gases, unnecessary plastics and gloves, refurbishing home respiratory equipment, and introducing solar power to more sites.

Regional, rural and remote healthcare

We've seen the Regional Health Division make progress in supporting the unique needs of regional, remote and rural communities, and implementing the *NSW Regional Health Strategic Plan 2022-2032*.

Some highlights include growing and strengthening our regional health workforce through the Rural Health Workforce Incentive Scheme; and the expansion of the Isolated Patients Travel and Accommodation Assistance Scheme, which provides financial support to patients travelling to access specialist treatment.

Regional infrastructure projects also continue to progress. The Tweed Valley Hospital opened in May 2024, which provides a major boost to local health services; the Rural Ambulance Infrastructure Reconfiguration program opened four Ambulance stations across regional areas; and key worker accommodation projects are taking shape as the program is delivered to support health workers in rural NSW.

Supporting our regional workforce remains a priority. It's a coordinated effort from across the whole health system to help attract, retain and upskill our regional colleagues, and address some of the challenges that they face. I want to acknowledge the tremendous work that our regional workforce does to care for their communities.

The Regional Health Division continues to progress regional health initiatives with local stakeholders to meet the needs of both our regional workforce and their communities, and support a high-performing health system for people in all corners of NSW.

Maternity care

On behalf of NSW Health, I want to again recognise and acknowledge the courage and strength of the thousands of women who shared their deeply personal and difficult experiences with the Select Committee on Birth Trauma.

NSW Health apologises to women who did not receive the high standard of maternity care that they should have. We will continue to listen to and learn from women about their birth experiences in order to deliver the best possible maternity care for women, babies and families in NSW.

We remain committed to implementing the *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW*, and have established the Maternity Expert Advisory Group and a Maternity Consumer Reference Group to guide and inform this important work.

Support in tough times

NSW communities experienced some extraordinarily tough times and dark days this past year. People have endured natural disasters, while the impacts of senseless, violent tragedies were also felt across communities.

From first responders on the frontline, to providing mental health or forensic support in the aftermath of tragedies, NSW Health teams across the state provided comfort and care to communities in the most difficult circumstances.

I want to acknowledge and thank people at NSW Health for rising to these challenges. From supporting impacted communities – which often included themselves, their own families and friends – to the way colleagues have supported each other.

The heart of NSW Health

The diversity and talent of NSW Health makes working here truly special. We are a team dedicated to delivering the best possible care. No matter individuals' role or location, we share a passion for health that unites us all. I extend my heartfelt gratitude for your contributions to our communities across NSW, and to one another. Thank you.



Susan Pearce AM
Secretary, NSW Health

Overview



About NSW Health

NSW Health is the largest and busiest public health system in Australia, providing safe, high-quality healthcare to the citizens of NSW.

By global standards the NSW Health System is high performing, delivers safe, quality care and our population is considered amongst the healthiest in the world.^{1,2}

With more than 140,000 full-time equivalent staff, 226 hospitals across 15 local health districts and 2 specialist networks, and multiple statewide health services and agencies, there are millions of ways we are enriching the health of the NSW community every day.

Our patients and consumers continue to speak positively of their experiences with clinicians and health professionals. Our dedicated workforce has shown, time and again, their outstanding ability to adapt and change to continue to deliver excellent experiences and outcomes of care for the people of NSW.

Our vision

Our vision is for a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled.

Our values

Our CORE values encourage collaboration, openness and respect in the workplace, empowering our staff members to use their knowledge, skills and experience to provide the best possible care for patients, their families and carers.

Our Health Portfolio Ministers



The Hon. Ryan Park, MP
Minister for Health,
Minister for Regional Health



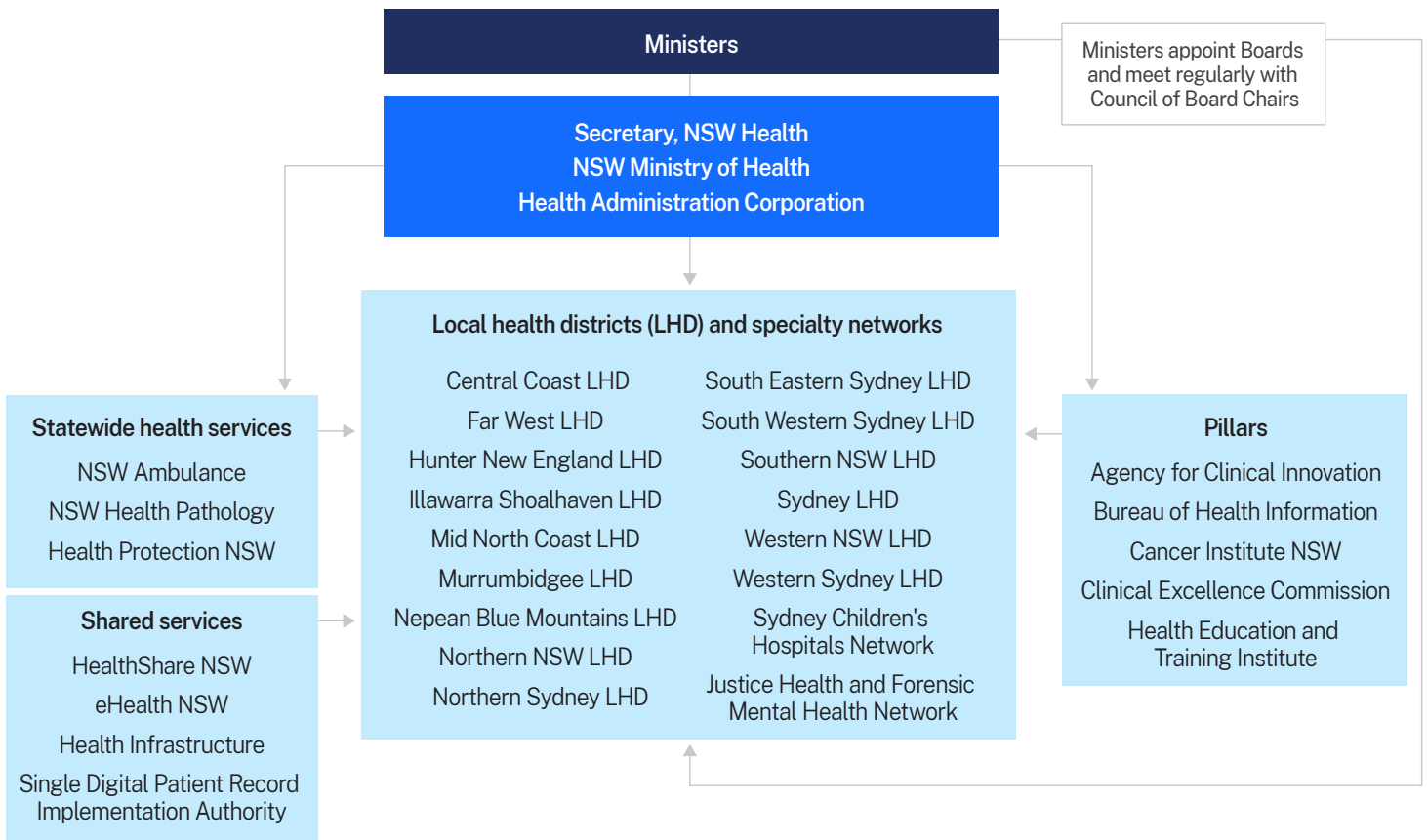
The Hon. Rose Jackson, MLC
Minister for Mental Health



The Hon. David Harris, MP
Minister for Medical Research

1. Roberts D, Parker J, and Marion G. Switching health from cost reduction to customer care models. Ernst & Young. 2018
2. CSIRO Futures. Future of Health: Shifting Australia's focus from illness treatment to health and wellbeing management. CSIRO. 2018

Our organisational structure



The NSW Ministry of Health organisation chart is on page 6. Organisation charts of local health districts, specialty health networks, statutory health corporations, and the Health Administration Corporation can be found from page 249.

Our charter

NSW Health includes the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*), local health districts, specialty health networks, and a number of statewide or specialist health services.

NSW Ministry of Health

The NSW Ministry of Health supports the roles of the health cluster and portfolio ministers to perform their executive and statutory functions. It is established under the *Government Sector Employment Act*, section 22 and Schedule One.

Role and function of NSW Health organisations

The role and function of NSW Health organisations are principally set out in two Acts, the *Health Administration Act 1982* and the *Health Services Act 1997*, and a corporate governance framework that distributes authority and accountability through the public health system, complementing these two Acts.

Health Administration Corporation

Under the *Health Administration Act*, the Secretary has corporate status as the Health Administration Corporation to exercise certain statutory functions. The Health Administration Corporation is used as the statutory vehicle to provide ambulance services and support services to the health system. The following organisations have been established under the Health Administration Corporation to provide these functions.

eHealth NSW provides statewide leadership on the shape, delivery and management of information communication technology led healthcare. eHealth NSW is responsible for establishing, implementing and ensuring compliance with eHealth NSW strategy, policy and standards across the state.

Health Infrastructure is responsible for the delivery of the NSW Government's major works hospital building program, under the auspices of a board appointed by the Secretary. The board members each offer specialised expertise in areas of health and infrastructure delivery.

HealthShare NSW provides high-quality shared services to support the delivery of patient care within the NSW Health System, including providing payroll and procurement functions, supporting patient care through food and linen services and assisting people with a disability to live and participate in the community.

Health Protection NSW is responsible for strategy and policy for the surveillance, prevention, control and response to infectious and environmental threats to the community's health. It reports to the Chief Health Officer, and works closely with local health districts, other agencies involved in protecting people's health, healthcare providers, and the community.

NSW Ambulance is responsible for providing responsive, high-quality clinical care in emergency situations, including pre-hospital care, rescue, retrieval and patient transport services.

NSW Health Pathology is a statewide clinical and scientific service that provides quality, reliable public pathology, forensic and analytical science services across NSW.

The Single Digital Patient Record Implementation Authority has been established to lead the implementation of the Single Digital Patient Record (SDPR). It is focused on a whole-of-health, collaborative approach, ensuring the program benefits from the strengths of NSW Health. It is accountable for achieving efficiency and maximum value from the resources available, and ultimately delivering SDPR while ensuring patients and people remain at the core of its delivery.

Local health districts

There are 15 local health districts that are corporate entities under the *Health Services Act*. They are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Six local health districts cover the greater Sydney metropolitan regions, with nine covering rural and regional NSW.

Statutory health corporations

Under the *Health Services Act*, three types of statutory health corporations are subject to the control and direction of the Secretary, NSW Health and the Minister for Health:

1. Specialty health networks
2. Board-governed organisations
3. Chief executive-governed organisations.

During the reporting period, the following statutory health corporations provided statewide or specialist health and health support services.

Specialty health networks

There are two specialty health networks: the Justice Health and Forensic Mental Health Network and the Sydney Children's Hospitals Network (Randwick and Westmead).

Justice Health and Forensic Mental Health Network is a statewide service that provides forensic mental health services to forensic patients as well as to adult and juvenile offenders in local courts, in custody and detention, and in the community. It also provides health services to adult offenders in police cells.

The Sydney Children's Hospitals Network incorporates The Children's Hospital at Westmead, Sydney Children's Hospital, Randwick, Bear Cottage, the Newborn and paediatric Emergency Transport Service (NETS), the Pregnancy and newborn Services Network (PSN) and the Children's Court Clinic. The Sydney Children's Hospitals Network is the largest network of hospitals and services for children in Australia. The network is committed to providing world-class paediatric healthcare in a family-focused, healing environment.

Pillar organisations

Agency for Clinical Innovation is a chief executive-governed statutory health corporation responsible for bringing clinicians, consumers and systems leaders together to design and implement innovations in healthcare that are patient-centred, clinically-led, evidenced-based, and value-driven. The Agency for Clinical Innovation is committed to improving, evolving and transforming clinical practice and patient outcomes across the NSW Health System.

Bureau of Health Information is a board-governed organisation that provides independent reports to government, the community and healthcare professionals about the performance of the NSW public healthcare system, including safety and quality, effectiveness, efficiency, cost, and responsiveness of the system to the health needs of the people of NSW.

Cancer Institute NSW is a board-governed organisation and Australia's first statewide government cancer agency. Established under the *Cancer Institute (NSW) Act 2003* to lessen the impact of cancer across the state, its statutory objectives are to reduce the incidence of cancer in the community, increase survival from cancer, and improve the quality of life for people with cancer and their carers. It is a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

Clinical Excellence Commission is a board-governed statutory health corporation, responsible for leading safety and quality improvement in the NSW public health system. It was established in 2004 to reduce adverse events in public hospitals, support improvements in transparency and review of these events and promote improved clinical care, safety and quality in health services across NSW.

Health Education and Training Institute is a chief executive-governed statutory health corporation that coordinates education and training for NSW Health staff. The institute works closely with local health districts, specialty health networks, other public health organisations, and health education and training providers to ensure that world-class education and training resources are available to support the full range of roles across the public health system, including patient care, administration and support services.

Affiliated health organisations

At 30 June 2024, there were 13 affiliated health organisations in NSW in relation to the recognised establishments or services listed in column 2 of Schedule 3 of the *Health Services Act 1997*. These organisations are managed by religious and/or charitable groups as part of the NSW public health system, and are an important part of the public health system, providing a wide range of hospital and other health services.

St Vincent's Health Network

Section 62B of the *Health Services Act* enables an affiliated health organisation to be declared a network for the purposes of national health funding. St Vincent's Hospital and the Sacred Heart Health Service at Darlinghurst have been declared a NSW Health network.

NSW Health Executive Team

The NSW Health Secretary, NSW Ministry of Health deputy secretaries, and the chief executives of local health districts, specialty health networks, statutory health corporations, and organisations established as part of the Health Administration Corporation form the NSW Health Executive Team.

The roles and responsibilities of the NSW Health Secretary are set out in the *Government Sector Employment Act*. The roles and responsibilities of chief executives of local health districts and statutory health corporations are set out in relevant legislation including the *Health Services Act*, the *Health Administration Act* and the *Government Sector Employment Act*.

Local health districts and specialty health networks

Chief executives of local health districts and specialty health networks are employed by the Health Executive Service (part of NSW Health), under section 116 of the *Health Services Act*.

The chief executive manages and controls the affairs of the local health district or network. The chief executive can commit the district contractually and legally, and is the employer delegate for all staff working in the organisation. Chief executives are, in the exercise of their functions, accountable to their board.

Statutory health corporations

Under section 51 of the *Health Services Act*, the chief executive manages the affairs of a board-governed statutory health corporation and is, in the exercise of his or her functions, subject to the direction and control of the organisation's board. As with local health districts and specialty health networks, the chief executive is also the employer delegate for staff working at the organisation.

Chief executive biographies for local health districts, specialty health networks, statutory health corporations, and organisations established as part of the Health Administration Corporation can be found from page 250. NSW Health Secretary and deputy secretary biographies can be found from page 7.

NSW Ministry of Health

The NSW Ministry of Health supports the executive and statutory roles of the Minister for Health and Minister for Regional Health, Minister for Mental Health, and Minister for Medical Research.

The NSW Ministry of Health also has the role of 'system manager' in relation to the NSW public health system. The networks, services and organisations of the NSW public health system are known as NSW Health.

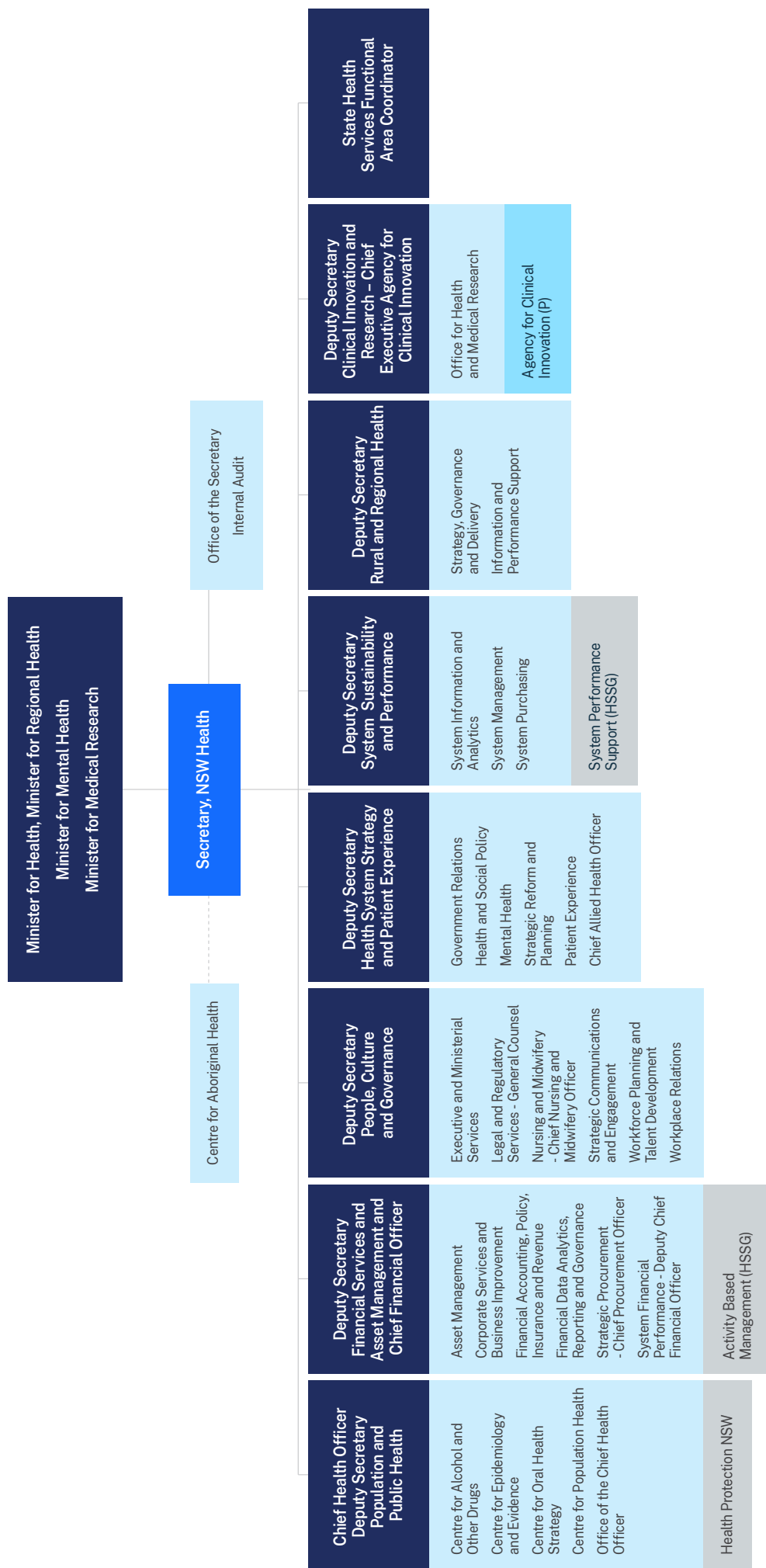
The NSW Ministry of Health guides the development of services and investments in the NSW public health system to ensure that the health priorities of the NSW Government are achieved for the community of NSW.

Combined annual reports

The NSW Health 2023-24 Annual Report consolidates reporting for all NSW Health entities. It presents annual reporting information for the NSW Ministry of Health, Health Administration Corporation, local health districts, specialty health networks and pillar organisations.

All entities combined form the NSW Health System. The *Health Services Act 1997* allows the annual reporting information for all NSW Health entities to be consolidated within the annual report of the NSW Ministry of Health.

NSW Ministry of Health organisational structure



HSSG - Health System Support Group

P - Pillar

Executive Team

Secretary

Ms Susan Pearce AM

B App Sci (Nursing) Dip Law
Secretary, NSW Health



Susan Pearce started her career in Far West Local Health District in 1991 as a registered nurse. She has extensive experience in senior leadership roles at a hospital, district, pillar and Ministry level across a range of functions including workforce and operations. She was previously NSW Health's Chief Nursing and Midwifery Officer and Deputy Secretary for Patient Experience and System Performance for more than six years.

Susan was appointed a Member of the Order of Australia for significant service to public health administration and governance in the Australia Day Honours 2023. She has qualifications in Law and was admitted to the Supreme Court of NSW as a solicitor in September 2019.

As Secretary, Susan is responsible for the management of the NSW Health System and setting the strategic direction to ensure NSW continues to provide exceptional healthcare, research and education.

Susan was appointed State Health Emergency Operations Centre Controller on 17 March 2020 to oversee the statewide health system response to the COVID-19 pandemic, including the COVID-19 vaccination rollout. She has been crucial in delivering transformational change within NSW Health, and she continues to build on the critical partnerships between all elements of the health system to ensure strong performance and accountability.

Population and Public Health

Dr Kerry Chant AO PSM

MBBS, FAFPHM, MHA, MPH
Chief Health Officer
Deputy Secretary Population and
Public Health
NSW Ministry of Health



Dr Kerry Chant, Chief Health Officer and Deputy Secretary for Population and Public Health is a public health physician.

Kerry has extensive public health experience, having held senior positions in NSW public health units since 1991. Her previous appointments include Director of Health Protection NSW, Deputy Chief Health Officer, and Director of the South Western Sydney Local Health District Public Health Unit.

She has a particular interest in blood-borne virus infections, health equity, communicable diseases prevention and control, and Aboriginal health.

Division overview

The Population and Public Health Division coordinates the strategic direction, planning, monitoring, and performance of population and public health services across the state. It also responds to the public health aspects of major incidents or emergencies in NSW, leading the statewide health protection network, and working closely with local health districts' public health units.

The division uses data and evidence to support the delivery of accessible, appropriate, and sustainable services and initiatives that deliver equitable outcomes for the community.

The division also covers a wide range of population and public health portfolios, including the following centres and branches: Centre for Alcohol and Other Drugs, Centre for Epidemiology and Evidence, Centre for Oral Health Strategy, Centre for Population Health, Health Protection NSW, and the Office of the Chief Health Officer.

Financial Services and Asset Management

Adjunct Professor Alfa D'Amato
CPA, MHSM, MPA, MPASR
Deputy Secretary Financial Services and Asset Management and Chief Financial Officer
NSW Ministry of Health



Alfa D'Amato was appointed to the role of Deputy Secretary and Chief Financial Officer in May 2022, having acted in the role since April 2021.

Alfa has held a range of leadership roles within NSW Health, including Executive Director, System Financial Performance and Deputy Chief Financial Officer; Director, Activity Based Funding; and Associate Director, Financial Operations at the South Eastern Sydney and Illawarra Area Health Service.

Alfa has extensive experience in leading and implementing sustainable financial strategies and delivering major transformation programs in a range of corporate and financial services, including procurement, banking and funding models. Alfa's specialist skills in developing and leading innovation and transformation programs delivered the implementation of the National Health Reform Agreement and its nationally consistent activity-based funding approach in NSW.

Alfa is Vice President of the Patient Classification Systems International, a member of CPA Australia and an Adjunct Professor at the University of Technology Sydney Business School.

Division overview

The Financial Services and Asset Management Division leads a range of functions, including financial performance, accounting, insurance, financial data analysis and reporting, activity-based management, strategic procurement, corporate services and business improvement, and statewide strategic asset management.

The division provides financial stewardship including governing, leading, and strengthening sustainable resource allocation within the NSW public health system to underpin the delivery of patient care and help health decision-makers access the right information at the right time.

The division's lead role includes managing and monitoring the financial performance of the NSW public health system within the NSW Health Performance Framework. It is responsible for monitoring recurrent and capital expenditure against the annual budget allocation and reporting on NSW Health's financial performance to both the Ministry executive and the government.

People, Culture and Governance

Mr Phil Minns
BEc, MEd
Deputy Secretary People, Culture and Governance
NSW Ministry of Health



Phil Minns commenced in the role of Deputy Secretary, People, Culture and Governance at the NSW Ministry of Health in November 2017. Previously, Phil was Deputy Commissioner for Public Service Commission from 2015 to 2017, and Deputy Secretary, Government, Corporate and Regional Coordination, NSW Department of Premier and Cabinet from 2012 to 2015.

He joined NSW Department of Premier and Cabinet from the Department of Defence, where he was the inaugural Deputy Secretary, People Strategies and Policy, and a member of the Defence Committee from 2008 to 2012. Phil's career has spanned senior corporate roles within the manufacturing sector and government, and consulting to private and public sector organisations on organisational strategy, cultural change, and workforce focused strategies.

Division overview

The People, Culture and Governance Division provides executive leadership and strategic direction to a diverse range of professional advisory services. This enables and supports the achievement of NSW Health's strategic objectives to meet the needs of health service management and delivery in NSW.

The division undertakes a range of functions for the effective administration of NSW Health covering comprehensive corporate governance frameworks and policy; regulation of private healthcare facilities, and the supply and administration of therapeutic goods; a comprehensive range of legal and legislative services; oversight and management of the Secretary's accountabilities as employer of the NSW Health Service, including statewide industrial matters, public health sector employment policy, workplace health and safety policy, workforce planning, recruitment and reform strategies, and strategic development of professional nursing and midwifery services; services to support Ministerial, Parliamentary and Cabinet processes, and media, marketing, and communication services for the NSW Ministry of Health.

Health System Strategy and Patient Experience

Ms Deb Willcox AM

Dip Law

Deputy Secretary Health System Strategy and Patient Experience
NSW Ministry of Health



Deb Willcox AM commenced as Deputy Secretary, Health System Strategy and Patient Experience in September 2022.

Deb's career has included roles in government and non-government organisations. Her experience spans clinical, corporate services, government departments, and research.

Deb was Chief Executive, Northern Sydney Local Health District from 2017 to 2022. She has held a range of senior executive roles including the combined role of Director Operations, Sydney Local Health District, and General Manager, Royal Prince Alfred Hospital, Director Corporate Support – Health Reform Transition Office, NSW Health, and Director, Executive and Ministerial Services, NSW Health.

Deb started her career in nursing at Royal Prince Alfred Hospital and later studied law, having been admitted to the Supreme Court of NSW as a solicitor.

In 2023, Deb was appointed a Member of the Order of Australia for significant service to health administration, and to the community.

Division overview

The Health System Strategy and Patient Experience Division provides executive leadership across government relations, health and social policy, mental health, strategic reform and planning, patient experience, and allied health.

The division sets the strategic direction across a range of policy areas including prevention and response to violence, abuse and neglect; aged care; community care and priority populations; disability; youth and paediatric health; refugee health; the National Disability Insurance Scheme; palliative care; and maternity, child and family.

The division is responsible for managing negotiations across jurisdictions and with the Commonwealth; coordinating mental health policy, strategy, and program funding; providing statewide guidance on patient experience, and providing system-wide leadership on allied health services. The division also provides leadership and support of strategic reform and planning across the system through Future Health, value based healthcare, improving planning and capital developments, and adoption of new health technologies, genomics, and precision medicine.

System Sustainability and Performance

Adjunct Professor Matthew Daly

Deputy Secretary System Sustainability and Performance
NSW Ministry of Health



Matthew Daly is the Deputy Secretary, System Sustainability and Performance at the NSW Ministry of Health. Prior to his current role, Matthew was an independent consultant predominantly supporting the health and not-for-profit sectors, and Adjunct Professor at the Faculty of Business, as well as Adjunct Clinical Associate Professor, Faculty of Health Services, at the University of Tasmania. He has also held a group executive position in financial services with a major corporate.

For more than 30 years, Matthew has held operational, executive, and strategic health management positions in NSW and Tasmania at chief executive, senior executive, and head of agency levels in the delivery of acute, primary, and community health services. Working in collaboration with Commonwealth and State Government departments, he has been responsible for the implementation of programs to support access to care and improve health outcomes.

Division overview

The System Sustainability and Performance Division leads the management of health system performance under the NSW Health Performance Framework and coordinates purchasing arrangements through annual Service Agreements with NSW public health services.

The division also leads climate risk and net zero programs to embed environmental sustainability as a core dimension of healthcare. The division is a critical interface with local health districts, specialty health networks, pillars, and other statewide health organisations, in supporting the delivery of sustainable world-class healthcare for the residents of NSW.

Its functions include overseeing at a system level, emergency access, surgery waiting lists, specialist outpatient services, Hospital in the Home, virtual care, NSW Urgent Care Services, Single Front Door, and developing collaborative partnerships with primary health providers to establish innovative models of care.

The division supports performance improvement strategies and statewide initiatives to improve service delivery. It also provides data management and analytical expertise and coordination of statewide data collections.

Rural and Regional Health

Mr Luke Sloane

BNursing, Dip Mgmt
Deputy Secretary Rural and
Regional Health
NSW Ministry of Health



Luke Sloane brings more than two decades of health experience to his role as the Deputy Secretary of the Regional Health Division of NSW Health.

Born and raised in Orange, Luke began his career in nursing. He has worked in a range of senior nursing and midwifery, safety and quality, and executive roles in the past 10 years.

He has served as NSW Health's Executive Director for System Management, which involved leading system performance, safety and quality, and support for the COVID-19 pandemic response at a system level.

Luke was the Coordinator General of the Regional Health Division during the 2022–23 financial year and was announced as Deputy Secretary, Rural and Regional Health in July 2023.

In his position as Deputy Secretary, Luke advocates for regional, rural and remote communities in NSW. He has a key focus on community engagement, regional workforce, contribution to primary care reform, and access to transport and accommodation.

Division overview

The Regional Health Division was established in April 2022 to support the NSW Government's commitment to improving health outcomes and access to health services for people living in regional, rural and remote NSW.

In responding to the unique challenges of the regions, the division focuses on community engagement, regional workforce, primary care reform, and access to transport and accommodation.

The regional health team work across regional NSW, building and maintaining relationships with key stakeholders, and communicating in a collaborative, respectful, and culturally appropriate way.

Clinical Innovation and Research

Adjunct Professor Jean-Frédéric Levesque

MD PHD FRCP
Deputy Secretary Clinical
Innovation and Research
NSW Ministry of Health
Chief Executive, Agency for Clinical Innovation



Dr Jean-Frédéric Levesque is the Deputy Secretary, Clinical Innovation and Research Division and the Chief Executive of the NSW Health Agency for Clinical Innovation.

He is an Adjunct Professor at the Centre for Primary Health Care and Equity at the University of New South Wales. He has authored more than 150 peer reviewed publications and his seminal research on healthcare access and inequity has been cited more than 2,000 times.

Jean-Frédéric Levesque has a medical degree, a Masters in Community Health, and a Doctorate in Public Health from the Université de Montréal, Canada. He brings extensive leadership in healthcare systems analysis and improvement, combining experience in clinical practice in refugee health and tropical medicine, in clinical governance and in academic research.

Division overview

The Clinical Innovation and Research Division was established in February 2023 to provide a central point for coordination and strategy setting, and drive focus on statewide research and innovation priorities. The division leverages the experience, expertise, and networks from the Agency for Clinical Innovation and the Office for Health and Medical Research.

It plays a leadership role across the continuum of the innovation and research ecosystem, bringing together key players to foster collaboration and opportunities.

The establishment of the division means the voice of both consumers and clinicians are closer to decision-making, to support stronger and more effective relationships, and to improve patient care and delivery.

State Health Services Functional Area Co-ordinator

Mr Wayne Jones

State Health Services
Functional Area Co-ordinator
NSW Ministry of Health



Wayne has more than 40 years' experience in the NSW public health system. Wayne has held a range of clinical and general management roles in Sydney and the Northern Rivers including Chief Executive of Northern NSW Local Health District from 2016 to 2023. In 2021, Wayne was seconded to the NSW Ministry of Health as the Deputy Secretary, Patient Experience and System Performance, to support the NSW response to the COVID-19 Pandemic. During this period Wayne was also the State Health Services Functional Area Co-ordinator and responsible for leading the NSW Health response to the major flooding in communities across NSW, particularly Northern Rivers and Hawkesbury regions.

On 20 February 2023, Wayne was appointed into the role of State Health Service Functional Area Co-ordinator (HSFAC) on a full-time basis for an 18-month period. In February of this year Wayne was also asked to step into the role of Acting Commissioner, NSW Mental Health Commission, a position Wayne will hold in addition to the HSFAC position pending recruitment to the substantive Commissioner role.

Overview

The State Health Services Functional Area Co-ordinator is the Ministry Executive responsible to the Minister through the Secretary for all prevention, preparation, response, and recovery actions as outlined in the NSW HEALTHPLAN.

Centre for Aboriginal Health

Geri Wilson-Matenga

EMPA
Executive Director
Centre for Aboriginal Health
NSW Ministry of Health



Geri Wilson-Matenga is the Executive Director, Centre for Aboriginal Health at the NSW Ministry of Health.

Geri began her career as a junior secretary in a legal firm before joining NSW Health as a General Scale Stenographer in the Primary Health Care Branch in 1989. Over time, Geri has worked in various roles including aged care and rehabilitation, health services implementation, service development, and population and public health.

Holding an Executive Masters in Public Administration from the University of Sydney, Geri commenced working in Aboriginal health in 1995 and has held the roles of Director and Executive Director of Aboriginal health since 2018.

Geri is committed to leading the Centre for Aboriginal Health to enable transformation of Aboriginal Health outcomes by elevating prioritisation of Aboriginal health, moving away from a status quo deficit discourse approach to one of hope and aspirations, embedding governance and accountability structures that privilege Aboriginal voices, and making our health services culturally safe, with a zero tolerance approach to racism.

Branch overview

Under its new alignment with the Office of the Secretary, the Centre for Aboriginal Health is taking an aspirational approach to driving strategic reform across the health system to achieve the highest level of health and wellbeing for Aboriginal people and communities in NSW.

This is being achieved by working collaboratively with its partners within the NSW Ministry of Health and more broadly with local health districts, specialty health networks and pillar organisations. The strong partnership with the Aboriginal Health and Medical Research Council of NSW, reflected at the local level in partnerships between districts and Aboriginal Community Controlled Health Organisations, is key to this strategic reform.

The Centre for Aboriginal Health is committed to increasing cultural safety, eliminating racism, strengthening the Aboriginal voice in decision-making, and sharing power in system reform as the peak Aboriginal health governance structure within NSW Health.

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Strategy



Our strategic direction

The strategic direction of NSW Health is set by our Future Health strategy, NSW Government priorities, and legislative mandates, aimed at delivering the best health outcomes for the people of NSW.

Our strategic direction is underpinned by key enabling strategies and plans that guide our approach on a range of core focus areas, including workforce planning, regional health, Aboriginal health, system sustainability, and specific health conditions and priority populations.

Strategic plans for local health districts, specialty health networks, pillars, and health organisations can be found on local health websites.

Future Health: Guiding the next decade of care in NSW 2022–2032

Future Health is NSW Health's strategic roadmap, guiding how our whole health system, including all local health districts, specialty health networks, services and pillars deliver services now and into the future.

Future Health positions our health system to meet the needs of our patients, community and workforce over the next decade, while adapting to and addressing the demands and challenges facing our system.

Our NSW Health vision, and the strategic outcomes and key objectives of Future Health (see page 15), have been informed by the experiences and viewpoints of the people who work in, and who interact with, our health system.

In the 2023–24 financial year, focus areas were identified for the NSW Health System, with progress against these areas managed and overseen by strategic governance committees. Through a refined action process, we improved coordination, and increased transparency and accountability of statewide activities.



Strategic outcomes and key objectives



Patients and carers have positive experiences and outcomes that matter

People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.

- 1.1 **Partner with patients and communities** to make decisions about their own care
- 1.2 **Bring kindness and compassion** into the delivery of personalised and culturally safe care
- 1.3 **Drive greater health literacy** and access to information
- 1.4 **Partner with consumers** in co-design and implementation of models of care



Safe care is delivered across all settings

Safe, high quality, reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.

- 2.1 **Deliver safe, high quality reliable care** for patients in hospital and other settings
- 2.2 **Deliver more services** in the home, community and virtual settings
- 2.3 **Connect with partners** to deliver integrated care services
- 2.4 **Strengthen equitable outcomes and access** for rural, regional and priority populations
- 2.5 **Align infrastructure and service planning** around future care needs



People are healthy and well

Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.

- 3.1 **Prevent, prepare for, respond to and recover** from pandemic and other threats to population health
- 3.2 **Get the best start in life** from conception through to age five
- 3.3 **Make progress towards zero suicides** recognising the devastating impact on society
- 3.4 **Support healthy ageing** ensuring people can live more years in full health and independently at home
- 3.5 **Close the gap** by prioritising care and programs for Aboriginal people
- 3.6 **Support mental health and wellbeing** for our whole community
- 3.7 **Partner to address the social determinants of ill health** in our communities
- 3.8 **Invest in wellness, prevention and early detection**, which includes reducing the harmful use of drugs and alcohol, supporting healthy behaviours, and increasing our focus on prevention and early detection



Our staff are engaged and well supported

Staff are supported to deliver safe, reliable, person-centred care driving the best outcomes and experiences.

- 4.1 **Build positive work environments** that bring out the best in everyone
- 4.2 **Strengthen diversity** in our workforce and decision-making
- 4.3 **Empower staff to work to their full potential** around the future care needs
- 4.4 **Equip our people with the skills and capabilities** to be an agile, responsive workforce
- 4.5 **Attract and retain skilled people** who put patients first
- 4.6 **Unlock the ingenuity of our staff** to build work practices for the future



Research and innovation, and digital advances inform service delivery

Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.

- 5.1 **Advance and translate research and innovation** with institutions, industry partners and patients
- 5.2 **Ensure health data and information** is high quality, integrated, accessible and utilised
- 5.3 **Enable targeted evidence-based healthcare** through precision medicine
- 5.4 **Accelerate digital investments** in systems, infrastructure, security and intelligence



The health system is managed sustainably

The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.

- 6.1 **Drive value based healthcare** that prioritises outcomes and collaboration
- 6.2 **Commit to an environmentally sustainable footprint** for future healthcare
- 6.3 **Adapt performance measurement and funding models** to targeted outcomes
- 6.4 **Align our governance and leaders** to support the system and deliver the outcomes of Future Health



Nurse Willem, Murrumbidgee Local Health District

NSW Regional Health Strategic Plan 2022-2032

The *NSW Regional Health Strategic Plan* is aligned to and supports the whole of NSW Health strategy, *Future Health 2022-2032*, while addressing issues that are specific to regional, rural and remote communities.

Our vision is a sustainable, equitable and integrated health system delivering outcomes that matter most to patients and the community in regional, rural and remote NSW.

The *NSW Regional Health Strategic Plan 2022-2032* acts as a blueprint and outlines key priority areas for action including strengthening our regional health workforce, enabling better access to health services, fostering improved partnerships, and harnessing innovation to support a sustainable health system.

The plan is supported by the nine regional and rural local health districts across NSW. It is also supported by the metropolitan local health districts and specialty health networks which have patients in many regional locations.

A progress snapshot on our implementation of the plan has been published on the NSW Health website.

Operations and performance

A large, dark blue, stylized number '3' is positioned in the lower right quadrant of the page. The number is composed of two thick, curved strokes. The top stroke starts from the left, curves upwards and then downwards to the right. The bottom stroke starts from the left, curves downwards and then upwards to the right, meeting the bottom of the top stroke. The overall appearance is clean and modern.

Performance summary

NSW Health aims to help people stay healthy and to provide access to timely, high-quality, patient centred healthcare. Achieving these goals requires clear priorities, supportive leadership, and staff working together, underpinned by our CORE values.

Performance across the NSW Health System is assessed and monitored against a range of measures including the *NSW Health Performance Framework*, service agreements, and key corporate strategies such as *Future Health: Guiding the next decade of health care in NSW 2022–2032*.

The 2023–24 highlights and achievements for the NSW Health System are presented within the Operations and Performance section of this report. See pages X.

Service agreements

The NSW Ministry of Health is the system manager for the NSW Health System. Agreements are developed annually between the NSW Ministry of Health and each health entity to clearly set out the service delivery and performance expectations for funding and other support provided to them. Local health districts, specialty health networks, and NSW Ambulance sign service agreements; pillar organisations sign performance agreements; and support services sign statements of service.

Individual service agreements, performance agreements or statements of service can be found on local Health websites.

NSW Health Performance Framework

The *NSW Health Performance Framework* documents how the NSW Ministry of Health, as the system manager, monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance, and other requirements. All deputy secretaries and Ministry divisions work closely to ensure a coordinated approach is taken under the *NSW Health Performance Framework*.

The Framework clearly outlines the process of assessing the level of performance of each health service. It allows the NSW Ministry of Health to identify and acknowledge sustained high performance with the aim of sharing lessons across NSW Health.

Where underperformance is identified, the Framework sets out the process to escalate concerns and ensure support is available to remediate performance.

Where issues are identified, the NSW Ministry of Health will support health entities to remediate performance. Ministry branches, pillars, and support organisations that deliver policies or programs to achieve agreed key performance indicators, work collaboratively with organisations that have performed below targets for a sustained period in order to undertake performance recovery actions.

More information about the *NSW Health Performance Framework* is available on the NSW Health website.

Measuring Future Health

Future Health: guiding the next decade of care in NSW 2022–2032, is NSW Health's roadmap for how we deliver our services over the coming decade. Future Health is being delivered over three horizons. NSW Health completed the second year of Horizon One in June 2024, and planning is underway for Horizon Two.

The foundation for the delivery of Future Health is formed by six strategic outcomes. Ten-year roadmaps for each strategic outcome define success and guide the implementation of Future Health across all three horizons. The revised governance framework of Future Health was established in April 2023 to enable implementation, provide strategic oversight, and support decision making.

Quarterly progress reporting is conducted by the Enterprise Program Management Office on Future Health strategic outcomes. The reporting provides transparency on the implementation progress of Future Health and is also subject to quality assurance processes. Future Health actions are incorporated into the service agreements of statewide health services, shared services, and pillar organisations.

Strategic outcome 1

Patients and carers have positive experiences and outcomes that matter

People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.

1.1 Partner with patients and communities to make decisions about their own care

Delivering key insights on patients' experiences with healthcare services

The Bureau of Health Information (BHI) continued to deliver a reliable and comprehensive statewide picture of patients' experiences in NSW public hospitals – providing transparency for the public, while supporting accountability and improvements in NSW Health. In 2023–24, BHI delivered survey results faster, helped NSW Health staff make more effective use of results, and delivered insights into high-priority areas. These areas included virtual care and the experiences of rural, Aboriginal, linguistically diverse, and other priority patient populations. BHI also promoted the availability of key evidence-based patient experience measures relevant to priority Future Health topics, including discharge planning, patient safety, and health literacy.

Patient-reported measures to support personalised cancer care

The Cancer Institute NSW elevated the patient voice to further personalise cancer care through its patient-reported measures program. Patients provided insight into their outcomes and experiences, supporting timely discussions and the provision of tailored care at more than 20,000 health consultations. There are nine in-language surveys and two tailored, evidence-based tools available for Aboriginal and Torres Strait Islander people. The program is in place at 13 local health districts and 33 cancer services.

Breaking down barriers to access cancer clinical trials for the LGBTQ+ community

Through a grant from the NSW LGBTIQ+ Health Funding Pool, the Cancer Institute NSW is partnering with community organisation, ACON, to explore barriers to cancer clinical trial participation for the lesbian, gay, bisexual, transgender and queer (LGBTQ+) population. LGBTQ+ people may find it more difficult to access cancer clinical trials for a variety of reasons. The project focuses on underlying issues for researchers, clinicians, and patients in collecting data and disclosing sexual identity, with the aim of improving access and increasing opportunities for participation in cancer clinical trials.

Implementation of Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW

Published in March 2023, *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW* (the Blueprint) was developed through a public and targeted consultation process. The Blueprint aims to ensure that all women in NSW receive respectful, evidence-based, and equitable maternity care that improves experiences and health and wellbeing outcomes. NSW Health held a Blueprint implementation planning workshop with key stakeholders in October 2023.

To support implementation, the NSW Health Maternity Consumer Reference Group (MCRG) and Maternity Expert Advisory Group (MEAG) were established in November and December 2023. Initial implementation priorities have been identified by these groups. The MCRG and MEAG include midwifery and obstetric co-leaders, consumers with lived experience, and senior leaders from the NSW Ministry of Health, and pillars.

Hyperemesis Gravidarum Initiative

NSW Health in collaboration with key stakeholders implemented the Hyperemesis Gravidarum (HG) Initiative, a \$17 million commitment delivered over four years. The Initiative delivered projects focusing on evidence-based clinical care, education, research, and service integration between hospital, community, and primary care. Activities delivered in the four years included:

- publishing the first NSW Health clinical guideline for nausea and vomiting in pregnancy (NVP) and HG
- establishing and augmenting models of care in local health districts
- community packages for women with HG
- updates to HealthPathways which provide clinicians with locally agreed processes and referral information
- educating clinicians including emergency department staff, nurses, midwives, medical officers, general practitioners, rural generalists and pharmacists
- enhancing NVP/HG telephone service and dedicated website, consumer resources and campaigns to promote awareness and access to resources
- delivering innovation grants for local health districts
- awarded a research grant to determine the prevalence, impact, pathways of healthcare and costs of HG.

Engaging with consumers

The Centre for Alcohol and Other Drugs established a new Consumer Engagement Coordinator role. This role, filled in February 2024, supports the value based healthcare program of work. The role is identified for a person with lived experience of alcohol and other drug treatment.

The Alcohol and Other Drugs Your Experience of Service (YES) survey pilot has been extended until June 2025. The survey measures patient experiences in local health districts and non-government organisation services. The survey pilot is being run at 20 sites across local health districts, hospital networks and non-government organisations in NSW. Initial results suggest that the Alcohol and Other Drug YES survey is feasible and acceptable to service providers.

Consumer and public engagement – bridging western and traditional Aboriginal ways

The Agency for Clinical Innovation advanced the Finding Your Way shared decision-making model, co-designed with Aboriginal communities. It resulted in 10 key capabilities being identified, and a learning map reflecting Aboriginal 8 Ways of Learning being developed. The model, fostering culturally appropriate care, empowers Aboriginal people to make informed healthcare decisions.

Training was delivered across several health services, including the Royal Flying Doctor Service in Broken Hill, Nunyara Aboriginal Health Service in Gosford, and Royal Rehab in Sydney. The learning map was published in the *International Journal of Indigenous Health*.

Multicultural and refugee health

In 2023–24 NSW Health continued to ensure the NSW Health System is accessible and responsive to the needs of culturally and linguistically diverse (CALD) people. The *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019–2023* and *NSW Refugee Health Plan 2022–27* are statewide policies for meeting the health needs of multicultural and refugee consumers in NSW.

In 2023–24 the Health and Social Policy Branch concluded the first NSW Refugee Health Flexible Fund which provided approximately \$5 million across a three-year period for 15 initiatives. Initiatives focused on creating and improving culturally appropriate models of care; improving access to in-language health resources and information; training for NSW Health staff; and empowering refugee patients, their families and carers to be involved in their care.

The NSW Ministry of Health conducted a review of the fund which found that it had successfully addressed goals and priorities in the *NSW Refugee Health Plan*, and it resulted in numerous benefits for people from refugee backgrounds and for NSW Health services and staff.

Supporting people from refugee backgrounds

Into 2023–24, the NSW Multicultural Health Communication Service produced the *Developing health resources for people from refugee backgrounds: Best practice guide for NSW Health staff*. The Guide was published in June 2023.

By supporting NSW Health staff to develop resources that are in-language, relevant, appropriate, and culturally responsive to refugee communities, the Guide seeks to improve health outcomes for refugee communities.

This resource was a key deliverable of the Translated Health Resources for Refugee Communities Project funded by the NSW Ministry of Health to support priorities set out in the *NSW Refugee Health Plan 2022–2027*.

1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care

Elevating the patient and staff experience in emergency departments

The emergency department (ED) Patient Experience Officer is a non-clinical role that works in the ED waiting area to proactively communicate with patients and carers to keep them comfortable and informed of ED processes. Permanent funding for 86 full time equivalent roles across the state has been secured.

An independent evaluation of these roles by Charles Sturt University demonstrated that the officers:

- contribute to improved patient and staff experiences
- identify potential risks and prevent escalation of possible aggressive or violent situations
- when on shift, patients appear calmer and better able to engage with clinicians.

Your Experience of Service and Carer Experience Survey

The Your Experience of Service (YES) and Carer Experience Survey (CES) measure experience in NSW mental health services, in order to support service improvement activities. Annual reports for 2022-23 were released on the NSW Health website in November 2023. These showed that 75 per cent of consumers rated their overall experience as excellent or very good, an increase from 73 per cent in 2021-22. This increase was mainly due to improved experience in community mental health services. Sixty-seven per cent of carers reported an excellent or very good overall experience, with more positive experience reported in community settings (73 per cent) than in hospital settings (62 per cent).

New versions of the YES and CES surveys were released to include additional, more inclusive questions about gender and sexuality, and to ask about the amount of care received by telehealth. This will provide a better understanding of experience across diverse groups and further explore how the proportion of care provided by telehealth impacts experience. A YES/CES workshop was held in June 2024 to support local health districts and specialty health networks to share ideas and initiatives. Translated versions of the Community Managed Organisations version of YES were made available online in 35 community languages.

Understanding the experiences of linguistically diverse patients

The Bureau of Health Information (BHI) helped inform improvements to culturally safe care by publishing *The Insights Series – Hospital care experiences for people who mainly speak a language other than English* report. This is the first in-depth analysis of linguistically diverse patients' experiences in NSW, drawing on feedback provided by more than 22,000 patients in BHI's Adult Admitted Patient Survey and Emergency Department Patient Survey from 2017 to 2022. The analysis includes trends in linguistically diverse patients' experiences over time, comparisons with those who mainly speak English, variations across local health districts, and drivers of positive experiences.

Cultivating kindness across NSW Health

Delivering personalised, high-quality care with kindness and compassion is a priority for NSW Health. World Kindness Day is used to continue an annual conversation about kindness and compassion in healthcare, with a focused week of events to build system capability in this area. Consumer and staff feedback showed that 93 per cent of participants felt more confident to champion kind and compassionate leadership, and identified strategies for all staff to bring kindness and compassion into the delivery of personalised and culturally safe care.

Supporting staff wellbeing

The Health Education and Training Institute developed and designed a new central resource hub to equip and support leaders and managers in all phases of their management journey, to embed positive, constructive, and inclusive collaborative work practices and provide opportunities for continuous learning.

The hub houses a dedicated wellbeing section that includes resources available to help staff stay resilient, cope with adversity, and manage stress. The hub will launch in mid-to-late 2024.

Strengthening system capability

A statewide learning network comprising of 19 NSW Government departments began a three-year partnership to strengthen safety and quality capability across the NSW Health System. This includes embedding the Safety and Quality Essentials Pathway learning program. The partnership includes testing and sharing flexible and innovative approaches to make learning accessible and meaningful to diverse clinical and non-clinical roles. In 2023-24, more than 15,600 NSW Health staff completed foundational-level learning; 1,925 completed an introduction to improvement science; 1,531 completed training to lead safety and quality; and more than 100 staff graduated from the 12-month Applied Safety and Quality Program.

1.3 Drive greater health literacy and access to information

Framing our approach to accessible communications

NSW Health is committed to driving greater health literacy and access to information for everyone. To build staff capability and ensure an inclusive and consistent approach to developing accessible communications across NSW Health, an accessible communications framework was established. The framework includes the *Accessible Communications Policy*, which outlines the principal steps and key considerations for producing accessible communication materials. An online resource hub that features a suite of resources to support staff in developing these materials was developed. A working group of subject matter experts from across the NSW Health System and two consumer representatives, as well as extensive engagement with key stakeholders and NSW Health consumers, helped to further inform the policy and online resource hub.

Improving cancer health literacy

The Cancer Institute NSW supported people diagnosed with cancer to access high-quality, evidence-based, and easy to understand cancer information to make informed decisions about their care. In 2023–24, more than 119,700 users accessed online patient information in 135,000 sessions.

More than 65,151 users accessed translated print, web, and audio-visual patient information across 46 community languages.

Cancer prevention campaigns for the whole community

The Cancer Institute NSW translated public education cancer prevention campaigns into priority languages to assist in driving behaviour change across multicultural communities, including:

- BreastScreen NSW campaign – translated into Mandarin and Cantonese and includes a video of Dr Tao Geng, a Mandarin-speaking GP
- Beat the Cravings and 16 Cancers anti-tobacco campaigns – translated into Arabic, Mandarin and Vietnamese
- bowel cancer screening social media campaign – translated into Arabic, Cantonese and Mandarin. Included videos of Dr Tao Geng, a Mandarin-speaking GP, and Dr Dominic Pak, a Cantonese-speaking GP
- Every Vape is a Hit to Your Health campaign – translated into simplified and traditional Chinese, Vietnamese, Hindi and Arabic. The campaign involved influencers from Korean and Samoan backgrounds.

Support implementation of the Grants Administration Guide

NSW Health launched the Grants Administration Hub to support implementation of the *NSW Grants Administration Guide*. The Hub centrally locates policy and guideline documents and other resources to support grant managers comply with the Guide requirements.

The NSW Health Grants Administration Working Group is currently supporting the *Administration of NSW Health grant Funding for Non-Government Organisations* policy in line with the requirements of the updated Guide and other relevant policies.

1.4 Partner with consumers in co-design and implementation of models of care

Building healthcare staff capability

The Agency for Clinical Innovation's Partner Ring initiative increased staff capabilities in consumer engagement partnership. Since its launch in 2022, more than 50 sessions open to 112 staff members have been led. An evaluation of the initiative in 2023 reported participants increased essential skills for consumer partnership, adopted new mindsets, and benefitted from a supportive culture. The consumer-led approach bridged the gap between theoretical knowledge and practice to foster evidence-based and safe engagement practices.

All About Me – gathering cultural patient information

The Providing Enhanced Access to Health Services project focused on using Electronic Medical Records (eMR) data to develop solutions to improve IT systems, processes, and practices for identifying, prioritising, and improving care for Aboriginal and Torres Strait Islander children.

This led to the development of the 'All About Me' eMR tile, co-designed with Aboriginal and Torres Strait Islander patients and families. The 'All About Me' tile is a feature in the notification menu on the eMR that gathers culturally important patient information, ensuring clinicians can deliver patient-centred and culturally appropriate health care. Aboriginal Health workers enter patient details in the tile, allowing consistent communication and care delivery.

Strategic outcome 2

Safe care is delivered across all settings

Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.

2.1 Deliver safe, high quality reliable care for patients in hospital and other settings

Establishment of an Emergency Department Taskforce

In December 2023, the Minister for Health and Minister for Regional Health announced the establishment of a taskforce to address emergency department (ED) wait times, access to care, and to explore innovative solutions to divert pressure from our hospitals.

The time-limited Taskforce first met in February 2024 and continues to meet monthly. The Taskforce brings together representatives from metropolitan, rural, and regional NSW, across a range of expert clinical representatives including nursing, medical, allied health, Aboriginal health, hospital executive, and NSW Ambulance.

The Taskforce provides an opportunity to make important changes that positively transform patient care in our EDs. The priority of the Taskforce is to enhance statewide collaboration, provide cohesive leadership, and to identify improvements for EDs in NSW.

A whole of health response to winter demand

The Whole of Health Program facilitated a coordinated approach to effective winter planning across NSW Health for the predicted increased activity across health facilities.

Local health districts and networks were supported to plan, develop, and submit strategies for their winter planning, with 38 per cent of strategies focused on patient flow improvement initiatives, and 29 per cent on out of hospital care and hospital avoidance.

The NSW Ministry of Health delivered a series of winter planning knowledge sharing and capability sessions including an International Winter Forum. The Forum was held in partnership with the Agency for Clinical Innovation, and more than 240 NSW Health clinical and operational staff attended the event.

The 2023–24 approach to winter planning was further refined with the evaluation of strategies and streamlined reporting. This has assisted learnings and successes to then be shared across the system.

More patients are receiving their planned surgery on time

There has been a reduction of more than 79 per cent in the number of patients waiting longer than clinically recommended for planned surgery at the end of 2023–24, decreasing from 9,107 at 30 June 2023 to 1,859 at 30 June 2024.

NSW Health public hospitals have achieved this by:

- implementing models of care to improve surgery planning and patient flow
- establishing the Surgical Care Governance Taskforce which provided statewide leadership for surgical services in NSW
- increasing the capacity for surgery by extending theatre hours, increasing patient throughput, facilitating internal transfers and partnering with private hospitals
- formalising the process of transferring patients for their surgery between local health districts and specialty health networks
- pooling of surgical lists where same day surgery was implemented when clinically safe to do so
- providing patients with information and advice through the freecall NSW Surgery Access Line.

Urgent Care Services are helping reduce pressure on emergency departments

In partnership with primary health networks across the state, NSW Health is implementing 25 Urgent Care Services across NSW which saw more than 80,000 patients in 2023–24. These services deliver an alternative to going to an emergency department for people with urgent but not life-threatening illnesses and injuries.

Urgent Care Services are staffed by experienced healthcare professionals such as general practitioners, specialist doctors, physiotherapists and nurses. The services treat people with a wide range of illnesses and injuries in the community, so that in many cases, they avoid going to an emergency department altogether.

Allied Health COVID-19 workforce innovations reports

In response to the COVID-19 pandemic, NSW Health provided funding to support temporary allied health positions, which facilitated the development of new Allied Health-led Workforce Models. These innovations strengthened clinical care and addressed health system pressures. The models were evaluated, and two reports and a video have been delivered. The reports and video are available on the NSW Health website.

Many of the workforce models remain in place today as a result of their demonstrated value in delivering positive outcomes including improved patient flow, reduced hospital admissions, and positive patient experience.

Safety and quality indicators

The Patient Safety First Unit is liaising with specialty health networks and statewide services in their development of fit-for-purpose safety and quality indicators. Key highlights of this work included:

- drafting a suite of clinical quality metrics for 2024–25 with NSW Ambulance
- developing paediatric-sensitive measures with the Sydney Children’s Hospitals Network and the Australian Commission on Safety and Quality in Healthcare
- progressing indicators reflective of the custodial setting with the Justice Health and Forensic Mental Health Network.

Collaborating on patient safety

The Patient Safety First Unit has commenced quarterly briefings to NSW Health’s peak safety and quality committee, the Clinical Risk Action Group, on high-level trends and results from the *Healthcare Complaints Commissions (HCCC) Quarterly Performance Report* and *Quarterly Complaints Snapshot Reports*. This increased monitoring and oversight enhances the way we can learn from HCCC matters and complaints trends.

The Lumos program

The Lumos program links de-identified patient records extracted from participating general practices to other patient records held by NSW Health. As of 1 July 2024, 750 general practices were participating in Lumos, representing 30.9 per cent of practices in NSW.

New insights about patient healthcare journeys and service delivery have been produced from Lumos data, which are published on the NSW Health website, and shared extensively with general practices, primary healthcare networks, and NSW Health stakeholders. The program’s data has been a key information source for significant strategic initiatives in NSW Health such as Urgent Care Services.

Lumos is recognised as a national leader in primary and acute care data linkage and is a model for designing a similar national asset.

Safescript NSW: supporting clinical decision making and safety

SafeScript NSW continues to support more than 30,000 health practitioners by providing real-time information about a patient’s prescriptions. Delivered in partnership with the NSW Ministry of Health, SafeScript NSW was made available statewide in May 2022. Now more than 70 per cent of applications are being submitted online via the platform. An approval management functionality was introduced in November 2023, allowing prescribers to:

- easily submit approval applications online
- track progress of the approval applications
- reduce overall turnaround time, where approvals may be granted immediately in some cases
- exit or cancel existing approvals.

This enhances patient care and reduces administration burden for clinicians.

Supporting clinicians to deliver the best outcomes

The Centre for Alcohol and Other Drugs released a new *Psychosocial Interventions Practice Guide*. The Practice Guide summarises the guiding principles, professional practice, psychological processes, and psychosocial interventions used within alcohol and other drug treatment settings. It provides updated evidence on psychosocial interventions, guidance on responding to people with co-occurring concerns, and resources for education on alcohol and other drug service provision.

Piloting community access to opioid dependence treatment

A successful pilot of pharmacist administration of depot buprenorphine in community pharmacy settings during 2022–23 has increased access points for people receiving opioid dependence treatment. NSW Health partnered with the Pharmaceutical Society of Australia to provide accredited training for depot buprenorphine administration for all NSW Community Pharmacists released in August 2023. As of 30 June 2024, there were 482 enrolments and 149 completions.

Expansion of the medical and forensic workforce responding to violence, abuse, and neglect

In September 2023, the NSW Government committed almost \$53 million over four years for *Medical and Forensic Workforce Plan* enhancement funding. This new funding will establish 48 full-time equivalent roles across the state.

This will expand and provide capacity-building to the sexual assault nurse examiners and the broader violence, abuse, and neglect medical and forensic workforce. These positions will enable comprehensive service coverage across NSW, including providing 24-hour integrated psychosocial, medical, and forensic crisis responses, and follow up medical and forensic care for victims of sexual assault, child physical abuse and neglect, and domestic and family violence.

NSW Health Child Safe Action Plan 2023–2027

NSW Health launched the *NSW Health Child Safe Action Plan* in 2023. This Plan outlines the actions we will take to implement the Child Safe Standards and support the safety of children in NSW Health services.

NSW Health has commenced implementation of the Plan. This includes delivering awareness raising and capability building activities, including five Community of Practice NSW Health Forums, online training to 188 staff, and a new Child Safe Hub of key resources. Local health districts are forming local governance mechanisms to support implementation of the Child Safe Standards and have seen strong engagement from Clinical Governance Units.

NSW Health Hospital Guardianship Program

The Whole of Health Program supports the NSW Hospital Guardianship Program, a joint NSW Government initiative between the Department of Communities, NSW Trustee and Guardian and Justice, and NSW Health. The program reduces the length of time patients spend in NSW hospitals waiting for guardianship matters to be heard.

The length of stay for patients waiting for guardianship matters reduced significantly during the period of 2019–20 to 2023–24, releasing 19,300 bed days each year over the period.

In addition to bed day savings, Health Education and Training Institute guardianship training modules were attended by NSW Health staff. Training has boosted staff capability and assisted them in improving local guardianship application processes.

Supporting the Mental Health Living Longer Project

The Mental Health Living Longer Project published findings examining mental health consumers' access to surgery, cervical and breast cancer screening; and an improved method for identifying self-harm presentations to emergency departments. Cancer screening rates for mental health service users are now included in routine cancer reporting. The project provides reports and site visits to support local health districts in planning and service improvement. Data showing lower vaccination rates and more vaccine-preventable hospitalisation is being used to increase access to free vaccination for mental health consumers in the 2024 flu season. The project won the 2023 ANZ Equally Well Research Impact Award.

Mental Health Patient Flow Knowledge Sharing Program

The Whole of Health Program delivered a structured program to support hospitals to improve patient flow and access to care for people presenting with mental health problems.

A mental health patient flow self-assessment was completed by local health districts and specialty health networks with adult acute mental health inpatient units. All districts and networks received a report detailing local priorities for improvement and a statewide summary enabling them to benchmark against their peers.

Sites were supported to design and implement local solutions through the Mental Health Patient Flow Knowledge Sharing Program. The virtual program delivered eight sessions across four weeks, highlighting available resources, showcasing local innovation, and facilitating local solution design. A total of 61 patient flow improvement strategies were implemented across 21 facilities. A virtual showcase held in December highlighted the work completed by the local health districts. Successful strategies were included in the Whole of Health Program resource library.

Breaking down barriers to cervical screening

Cancer Institute NSW promoted the self-collection cervical screening test through healthcare training and public education, to break down barriers to screening and boost participation rates.

More than 70 per cent of cervical cancers occur in women and people with a cervix who have never been screened, or are not up to date with their screening. NSW data shows that 22.39 per cent of all screening tests are now self-collected, with more than half being people who are overdue.

Value based cancer care

The Cancer Institute NSW improved access to colonoscopies for people with positive bowel screening results through direct access colonoscopy services in public hospitals. There are now 19 services in NSW, with another about to take referrals shortly, giving almost 90 per cent of NSW access to this service.

The Institute also worked alongside key stakeholders to support increased access to hypofractionated radiotherapy for women with early-stage breast cancer. This supports patients' improved quality of life and health outcomes. The *2023 Reporting for Better Cancer Outcomes Program Radiation Therapy report* highlights that 96 per cent of external beam radiation therapy courses delivered in NSW public facilities for early-stage breast cancer were hypofractionated.

Cancer treatments protocols

eviQ, a program of the Cancer Institute NSW, provides free evidence-based, consensus driven cancer treatment protocols to ensure everyone with cancer receives safe, quality cancer care. In 2023–24, the program:

- had more than four million web sessions
- produced 60 new cancer treatment protocols and clinical resources
- reviewed 256 existing protocols, clinical resources and patient information resources.

eviQ's *Anticancer Drug Dosing in Kidney Dysfunction* guideline recommendations on kidney function assessment and dosing recommendations were incorporated into more than 700 eviQ drug treatment protocols, across 59 anticancer drugs. This ensures there is a standardised approach to assessing kidney function in cancer patients.

Education for oncology professionals

eviQ Education, part of the Cancer Institute NSW eviQ program, provides healthcare professionals with online learning resources which aim to standardise and promote evidence-based best practice when caring for people with cancer. The website had more than 169,880 users in 2023–24. The eviQ Education team updated eLearning resources on central venous access devices, anti-cancer drug administration, and radiotherapy in childhood cancer.

The new Paediatric Anti-cancer Drug Administration Course received endorsement from the Australian and New Zealand Children's Haematology Oncology Group, and the Pharmacy Anti-cancer Drug Course was endorsed by the International Society of Oncology Pharmacy Practitioners. eviQ Education also produced a new resource to support health professionals to provide fertility preservation care to people with cancer.

Electronic Record for Intensive Care in Neonatal and Paediatric Intensive Care wards

The rollout of the Electronic Record for Intensive Care (eRIC) in Neonatal Intensive Care Unit (NICU) and Paediatric Intensive Care Unit (PICU) wards was completed in May 2024. The program successfully deployed the solution to 342 beds across seven NICUs and three PICUs. The program delivered overall benefits through the digitisation of paper records, and also delivered measured qualitative improvements, such as:

- improved rate of documentation of patient goals and targets (up three per cent)
- reduction in adverse events due to reduction in medication prescription and administration errors (down 17 per cent and down 38 per cent respectively)
- improved utilisation of the discharge checklist (up 23 per cent).

Engage Outpatients – outpatient referral management

The Engage Outpatients program has deployed the digital referral management solution at 262 outpatient clinics spanning 14 hospitals and 6 local health districts (Sydney, Western Sydney, South Eastern Sydney, Illawarra Shoalhaven, Central Coast and Far West). The program has delivered 27 condition-specific eReferral forms, enabling general practitioners and primary care referrers to easily refer into selected NSW outpatient clinics. There have been 40,000 referrals processed through the electronic Referral Management System (eRMS), and 4 local health districts integrated the eRMS with their electronic medical record system.

Online applications for EnableNSW equipment programs

EnableNSW provides assistive technology and related services to people in NSW with specific, short term, or ongoing health needs to assist them to live safely at home. Enable Online went live in late 2023. It is a new, safe and secure self-service platform that allows NSW Health clinicians to browse more than 20,000 products in the equipment catalogue, submit equipment requests, and check the status of requests at any time.

The system has had a positive uptake, with a quarter of eligible clinicians now submitting applications online. Enable Online replaces previous paper-based and associated administrative processes, and supports more modern and flexible interactions with the EnableNSW support team.

Paediatric Service Capability Guideline released

In 2023–24 NSW Health released the new *Paediatric Service Capability (Paediatric Medicine and Surgery for Children) Guideline*. It describes the activity and complexity of clinical care that a paediatric service can safely provide in collaboration with supporting services. The new guideline assists NSW local health districts and specialty health networks to plan, design, and deliver safe, high-quality health services for children and young people across the state. All districts and networks are required to report on service capability of facilities that provide services to children and young people.

Delivered standardised nurse-initiated emergency care protocols

The Agency for Clinical Innovation launched the Emergency Care Assessment and Treatment (ECAT) program, which introduces standardised nurse-initiated emergency care across NSW. Up to June 2024, 130 emergency departments have implemented ECAT protocols, with others following shortly. The initiative included comprehensive education modules, a policy directive, and quality monitoring guides to ensure consistent best practice care. Monthly community of practice sessions supported staff to share experiences and lessons learned. The integration of ECAT protocols into electronic medical records facilitated efficient care delivery. The program has enhanced emergency care by improving patient and health staff experiences.

Voluntary assisted dying

Voluntary assisted dying became a lawful end-of-life option for eligible people in NSW on 28 November 2023. The NSW Ministry of Health worked closely with a broad range of stakeholders, including local health districts, to ensure that voluntary assisted dying is safe, accessible, compassionate, and aligns with legislation.

Patients and practitioners are supported by culturally responsive, accessible resources co-designed during implementation.

Voluntary assisted dying is accessible throughout NSW. Wherever possible, it has been embedded in usual care pathways, building on existing systems and processes to support sustainability.

2.2 Deliver more services in the home, community and virtual settings

Virtual care data framework

NSW Health recognises the importance of having a robust data framework to monitor and evaluate the effectiveness of virtual services. The *Virtual Care Data Framework* will enable us to track key performance indicators, assess patient outcomes, and identify areas for improvement. By focusing on data-driven decision-making, we can ensure that our virtual services are meeting the needs of our communities and continually enhancing the quality of care provided. This approach will also help us demonstrate the impact of our initiatives, securing ongoing support and funding for further expansion and innovation in virtual healthcare delivery.

The Single Front Door initiative

The Single Front Door is a collaboration between NSW Health and healthdirect Australia. It connects NSW consumers with an unplanned, urgent health need to clinically appropriate, timely care through a 24/7 phone assessment, triage and referral service. The use of alternative referral pathways enables consumers with non-life-threatening needs to access care and safely avoid unnecessary emergency department (ED) presentations.

More than 478,000 calls were received from NSW consumers through the Single Front Door in 2023–24. More than 346,000 callers were assessed, triaged and referred to care, or provided advice to self-care at home, and less than one third of callers were referred to the emergency department or Triple Zero (000).

In 2024, as part of the ED relief package, we will expand and enhance the NSW Single Front Door as an enabler to support the single point of advice, assessment, triage and connection to care for people in NSW with unplanned non-life-threatening healthcare needs, safely diverting avoidable ED demand.

Additional care pathways available through the Single Front Door will include:

- virtualADULTS: statewide service providing ED replacement care, from 8am to 10pm 365 days
- virtualSPECIALIST: specialist medical support for clinicians (GP, UCS, RACF) to reduce ED transfers
- Mental Health Single Front Door: streamline statewide mental health assessment and triage via one entry point that integrates with existing virtual and local mental health service.

In 2023–24, the virtualKIDS and virtualGP Urgent Care Services were implemented statewide, and the NSW Urgent Care Service GP-led clinics commenced.

Expansion of virtualKIDS

In December 2023, the virtualKIDS Urgent Care Services program expanded statewide under the NSW Urgent Care Service. This initiative now serves families across NSW, and is designed to help keep children out of emergency departments, and provide care closer to home through remote access to audio-visual assessment by experienced paediatric nurses and medical staff.

virtualKIDS also offers specialist paediatric advice to clinicians in rural and regional hospitals. The service continues to grow, and supports the increased demand on health services seen during winter.

myVirtualCare

The myVirtualCare videoconferencing platform supported more than 150,000 virtual consultations conducted during the 2023–24 financial year. The platform provides patients in NSW with an easy and convenient way to access their clinical and social care providers by using one web link on any internet-enabled device.

There were 74 new clinical rooms established in the financial year, taking the total number of clinical rooms delivering care to 1,012.

The Patient Reported Experience Measure Survey analysed 16,959 responses and showed 96 per cent of patients rated virtual care as 'very good' or 'good'.

Providing new information about virtual care

The Bureau of Health Information (BHI) reported new insights into virtual care in NSW. *Healthcare in Focus – Virtual care in NSW: Use and patients' experiences* illustrated patterns of virtual care use in recent years, including comparisons with other states and territories using Medicare Benefits Schedule data. It also explored around 20,000 patients' experiences of virtual care services with NSW public hospital outpatient clinics and general practitioners, including after discharge from hospital.

Most NSW patients had positive experiences with virtual care, and that it's helpful in key areas such as the coordination of their care. The report also shows that the more patients used virtual care, the more likely they were to rate their overall virtual care highly.

BHI will continue to survey patients through the statewide Virtual Care Survey and special questionnaire modules in other surveys, with results continuing to inform the evaluation of the *NSW Virtual Care Strategy 2021–2026*.

Establishing the virtual care exchange community

The Agency for Clinical Innovation Virtual Care Network established the Virtual Care Exchange Community of Practice in 2018 to foster knowledge sharing and collaboration among healthcare professionals, and continue their commitment to the *NSW Virtual Care Strategy*. This initiative supports virtual care adoption through tools, training, and resources. In 2023–24, the Virtual Care Central site received more than 150,000 visits, and 20 local initiatives were highlighted in the Spotlight on Virtual Care series. More than 3,000 members participated in the Virtual Care Network. The quarterly Virtual Care Exchange Forums, attended by 1,280 people, provided a platform for discussing innovative virtual care integration, with recordings accessible for ongoing learning and system-wide transferability.

Virtual clinical care for patients

The NSW Ambulance Virtual Clinical Care Centre (VCCC) is a secondary triage model of care. It has continued to expand and evolve, with recruitment and on-boarding activity continuing throughout 2023–24.

The VCCC conducted more than 68,000 secondary triage assessments to help manage high Triple Zero (000) call volumes. More than 18,500 of these patients were successfully referred to other healthcare services or provided advice to safely manage their condition at home. This helped reduce demand for ambulances and emergency department treatment, and improve patient safety and operational performance.

Supporting virtual care in Aboriginal communities

In a dedicated effort to enhance virtual care for Aboriginal communities, the NSW Health Virtual Care Unit partnered with the Centre for Aboriginal Health. Between October and November 2023, they visited six local health districts to connect with local stakeholders and understand the specific challenges and opportunities for virtual care in these communities.

The findings are documented in the report *Supporting Uptake of Virtual Care in Aboriginal Communities* which outlines next steps for embedding solutions tailored to support cultural safety and uptake of virtual care modalities for Aboriginal communities.

Evaluation of virtual care services

In 2023–24, the NSW Ministry of Health completed evaluations of statewide virtual care initiatives, including:

- economic evaluation of the NSW Telestroke service which showed a benefit in terms of significantly enhanced patient outcomes supported by effective and efficient use of resources
- impact assessment of the Virtual Care Accelerator (VCA), which established solid foundations for the ongoing uptake of virtual care across NSW Health, enhancing the system's capability and capacity to deliver virtual care. Patients generally had positive experiences using the VCA, particularly those in rural and remote areas who benefitted from time savings from not having to travel to appointments
- the early impact stocktake, and analysis of Remote Patient Monitoring (RPM) found generally favourable views of RPM with opportunities to improve standardisation, integration, and identification of patients. The final report has been distributed to the Virtual Care Steering Committee for key findings to be actioned where appropriate.

The results of these evaluations have informed policy decisions on future directions of the initiatives and contributed to shaping the continued implementation of the *NSW Virtual Care Strategy*.

Uplift of Hospital in the Home services

Across the state there is an expansion of Hospital in the Home (HiTH) services which aims to enhance hospital avoidance strategies, and improve the performance of these services through the use of virtual enablers, such as video conferencing and remote patient monitoring.

Embedding virtual care into HiTH models brings significant opportunities. Developing hybrid HiTH models, where the option for virtual care is provided when it is safe and clinically appropriate, can further expand HiTH's traditional remit.

The initiative addresses system-wide challenges in transitioning existing HiTH services to virtual modalities, including the need for IT equipment, change management support, and model development, and has demonstrated capability to expand current HiTH services.

Alcohol and other drug diversion programs

The Early Drug Diversion Initiative (EDDI) provides on-the-spot fines instead of going to court for low-level drug offences, commenced on 29 February 2024 and is available statewide. Recipients of the fine can elect to complete an alcohol and other drug intervention by phone as a means of resolving their fine. NSW Health fund St Vincent's Health Network to provide the statewide EDDI health intervention service and is part of the interagency monitoring group overseeing implementation.

The Magistrates Early Referral Into Treatment (a voluntary, pre-plea program for adults in the Local Court who have issues related to their alcohol and other drug use) has been expanded to 11 additional courts, and 10 existing courts are now accepting alcohol as the principal drug of concern (as well as other drugs). Further site expansion and enhancements are in progress.

The Sydney Drug Court Program has expanded its sitting days commencing in February 2024. The Drug Court Program provides an alternative to prison for eligible participants with drug dependencies that have committed certain crimes.

Early intervention through alcohol and other drug programs

The Centre for Alcohol and Other Drugs has awarded nine grants to new youth-specific alcohol and other drug services. These include counselling and day rehabilitation in regional and rural NSW, and one residential and withdrawal management service in Newcastle under the Noffs Foundation.

New, integrated, wrap-around services to support people with harmful substance use have been funded and are being operationalised, including 12 new Alcohol and Other Drug Hubs, 5 new post-custodial support services, 3 new Safe Assessment Units, and a new child and adolescent inpatient unit.

The National Drug Alcohol Research Centre has been contracted to develop an Alcohol and Other Drug Primary Prevention and Early Intervention Framework. Adult and youth consultations are underway in regional and rural NSW on the PreVenture program and supporting adaptation from substance use. PreVenture is an evidence-based prevention program that uses brief, personality-focused workshops to promote mental health and delay substance use among youth.

Patient referral pathways

The NSW Ambulance Integrated Care Program in partnership with the NSW Ministry of Health have continued to identify priority referral pathways for development. A referral pathway supports NSW Ambulance clinicians to refer patients to a specific health service within the community or local health district, that is appropriate to the clinical need of the patient. In 2023–24, an additional 32 referral pathways went live doubling the number of formalised referral pathways to 64. An additional 21 pathways are in development.

Supporting access to cancer multidisciplinary teams

The Cancer Institute NSW supported people diagnosed with cancer to navigate the health system and find cancer care services through its online directory, Canrefer. This year, Canrefer helped more than 227,000 users find the right cancer specialist, multidisciplinary cancer care team, and treatment centres.

Increase in funding to Women’s Health Centres

The NSW Government has provided extra funding of \$34.3 million over four years to boost services at 19 Women’s Health Centres in NSW. This is in addition to the existing budget of \$45.6 million over four years. These centres support more than 50,000 women across NSW each year with person-centred healthcare. Women in vulnerable situations are supported with their physical and mental health, and sexual and reproductive health. Centres also offer preventative health classes, events and support groups.

The increased funding enables centres to:

- offer healthcare and counselling services to more women
- reduce waitlists for counselling appointments
- adapt services to emerging demographic trends and population growth
- increase staff numbers.

Streamlining care for children with behavioural issues and/or ADHD in regional NSW

In 2023–24, Hunter New England Local Health District and Western NSW Local Health District implemented an enhanced model of care for children with behavioural issues and/or ADHD. A multidisciplinary team that provides assessment and diagnosis is being trialled. Paediatricians focus on providing care where it adds most value, optimising skills of other clinicians and enabling co-management with general practitioners. The service aims to improve timeliness of assessments and treatment for children, and the capacity to see more children. The independent evaluation of these pilot sites is due in December 2024.

Enhanced employment outcomes for brain injury patients

The Vocational Intervention Program (VIP) helps people with brain injuries return to work through partnerships between community brain injury rehabilitation services and local vocational rehabilitation providers. In 2024, the Agency for Clinical Innovation released four new toolkits for clinicians, vocational providers, people with brain injuries, and employers. These toolkits support all stakeholders to make a successful return to work. VIP supports early intervention, collaboration, and tailored support, leading to improved employment and wellbeing for clients. A new community of practice brought together clinicians, vocational providers, and funders to ensure sustainable vocational rehabilitation practices across NSW.

Out of Hospital Care program

The Out of Hospital Care program is a key patient flow strategy to support NSW public hospitals. The program delivers packages of case management and home supports including ComPacks (non-clinical packages of case management and home care services for patients being discharged from a NSW public hospital), Safe and Supported at Home, and End of Life packages.

Eligible patients were provided with immediate access to care when discharged from NSW public hospitals, or when a person is identified at risk of an avoidable admission.

In the 2023–24 financial year the program delivered 25,065 packages across NSW. This included:

- 14,523 ComPacks
- 5,277 Safe and Supported at Home (SASH) packages
- 5,265 End of Life packages.

2.3 Connect with partners to deliver integrated care services

NewGen Matrix project

A 2022 review of the NSW Ambulance Patient Safety Distribution Unit identified opportunities to further enhance a system-wide approach to patient flow in an environment of increasing demand. Three of the nine review recommendations were linked to the upgrade of the NSW Health Patient Allocation Matrix.

NSW Health has begun working with stakeholders to co-design and implement a new, upgraded Statewide NSW Health Patient Allocation Matrix (called “NewGen Matrix”). It will integrate real-time data and advanced decision support. This will help empower paramedics to make even more informed choices about patient destinations; supports timely and appropriate care delivery; and improved outcomes for patients and the statewide approach to patient distribution.

NSW Primary Health Networks – NSW Health Joint Statement

NSW Health, NSW Primary Health Networks (PHN), and the Australian Government Department of Health and Aged Care continued to partner on the implementation of the NSW PHN-NSW Health Joint Statement. The Statement is a commitment to work together as one health system to deliver equitable and person-centred healthcare.

In 2023–24, the partners implemented their first priority action – implementing a joint governance mechanism for each NSW local health district and PHN partner. This will support joint planning and joint local governance; and enhance collaboration, coordination, and integration of care services.

The Specialist Trans and Gender Diverse Health Service

NSW Health provided \$4.9 million for the delivery of an evidence-based, coordinated, statewide Specialist Trans and Gender Diverse Health Service (TGD Health Service). The TGD Health Service delivers any single or combination of social, psychological, behavioural, or medical interventions designed to explore, support, and affirm an individual’s gender identity.

The TGD Health Service is delivered through two specialist hubs. The Rural and Regional Hub was opened in 2021 at Maple Leaf House by the Hunter New England Local Health District. The Sydney Metropolitan Hub operates at two sites, including The Sydney Children's Hospitals Network for young people under 16 years, and the South Eastern Sydney Local Health District's new community-based site, True Colours, for young people from 16 years (scheduled to open in mid-2024).

To support implementation, NSW Health has published the *Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years*.

2.4 Strengthen equitable outcomes and access for rural, regional and priority populations

Delivering on the NSW Regional Health Strategic Plan

The *NSW Regional Health Strategic Plan Progress Snapshot 2022–23*, published in February 2024, provided an update on work undertaken to improve health outcomes and access to healthcare for people living in rural, regional, and remote NSW.

Achievements included more healthcare staff in regional areas – including an increase in nurse practitioners; an increase of new patients accessing the Isolated Patients Travel and Accommodation Assistance Scheme; and a growing up-take of rural and regional health career scholarships.

The Plan will be evaluated at 3, 5 and 10 years. The first evaluation is planned for late 2025.

Response to Rural Health Inquiry recommendations

NSW Health has been monitoring the implementation of all 44 recommendations of the Rural Health Inquiry through ongoing engagement with branches, pillars, health organisations, and local health districts.

An independent review was commissioned to report on progress and developments of the implementation of recommendations in 2023. This review was provided to the NSW Parliament's Portfolio Committee No.2 – Health in July 2023.

Of the recommendations, 25 have been completed, with significant work underway to implement the remaining 19 recommendations. Many of the remaining recommendations are on track for completion in 2024.

Isolated Patients Travel and Accommodation Assistance Scheme Baseline Report

The *Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) Baseline Monitoring and Evaluation Report* is the baseline analysis of multiple data sources to report on the scheme's effectiveness.

The Report includes data analyses for six key evaluation questions that measure if IPTAAS is improving access to healthcare for NSW residents. The Report makes 11 recommendations for improvements to IPTAAS – many of which have been completed. These recommendations include simplifying the application process, expanding eligible services to include specialised allied health clinics, and further promotion of the scheme to targeted audiences.

Evaluation activities included: a client survey; a community awareness survey; an EnableNSW online survey.

Newly funded medical positions in regional and rural NSW

New NSW Health funding for regional and rural NSW resulted in 15 new intern positions and 7 post-graduate fellows employed across 8 regional and rural local health districts from February 2024. Fourteen intern, 3 post-graduate fellow, and 2 post-graduate second year doctor positions have already been filled. Further funding will provide an additional 30 new interns and 45 post-graduate second year 2 doctors working in regional NSW, commencing from 2025, 2026 and 2027. These positions cover a range of specialties and enhance the services and workforce available in these districts, as recommended by the Rural Health Inquiry.

Understanding the experiences of rural patients

The Bureau of Health Information (BHI) informed efforts to improve the healthcare experiences of rural and regional patients by publishing the report, *Survey results – Patients' experiences of emergency care in small rural hospitals in 2023*. More than 5,000 patients provided feedback about their care in one of 81 small rural public hospitals between January and March 2023. The results showed that 73 per cent of patients said, overall, the emergency care they received from small rural hospitals was 'very good', and 21 per cent said it was 'good'. Detailed results were published in supplementary data tables and on the BHI Data Portal.

Staff deployments

The NSW Health Central Resource Unit provides nurses, midwives, and allied health staff opportunities to travel and work at hospitals and health services that have a short-term need for their skills and experience. Deployments are between 2 and 13 weeks. The Unit was established in May 2023 to deliver a centrally coordinated strategy to assist with the COVID-19 workforce recovery program, and 154 deployments took place in the reporting year.

The Unit will continue to grow and support a pipeline of deployable health professionals across the system.

Realising significant efficiencies and better outcomes for rural, regional and priority populations.

Primary School Mobile Dental Services delivers more care to priority populations

The Primary School Mobile Dental Services is now delivered by 11 local health districts. This now includes an additional four rural, regional, and remote districts, supporting service to children disadvantaged by geographic distance from a fixed clinic.

In 2023–24, the program was offered to 90,263 students across 335 schools of which 85 per cent were schools with a high rate of disadvantage. Of the 31,217 patients treated, 3,213 were Aboriginal and 3,560 spoke a language other than English.

This program is committed to providing increased access to dental services to disadvantaged children by prioritising schools with the highest level of disadvantage. More than 55 per cent of children seen had irregular dental visiting patterns, which includes 18 per cent of children who had never seen a dentist.

Improving refugee and asylum seeker access to oral health care

The Refugee and Asylum Seekers (RAS) program is delivered by the Centre for Oral Health Strategy in collaboration with oral health services, multicultural health, and NSW refugee health services in six local health districts.

In 2023–24, the program offered 9,975 appointments to 1,496 RAS patients with 7,933 appointments attended; and 4,464 treatments and 1,478 oral health kits were provided. Four of these appointments were with interpreter services. Trauma informed care training sessions were accessed by 250 oral health staff.

This program enabled local health districts to provide appropriate support to RAS patients, considering local contexts, needs, and capacity. This resulted in better patient experience, with effective culturally appropriate dental care, increased attendance and completion rates.

Improving cancer screening awareness in refugee communities

The Cancer Institute NSW continued the Refugee Cancer Screening Project, which aims to improve cancer screening awareness in refugee communities from the Middle East and Sub-Saharan Africa. This year:

- five men and seven women trained as ‘champions’
- 20 interventions improving cancer literacy and participation were implemented, reaching more than 2,000 people
- project learnings were shared at conferences.

The Cancer Institute NSW is also supporting BreastScreen NSW Greater Southern Murrumbidgee to improve breast screening participation in Bhutanese and Congolese women. Community members have been trained as cultural navigators and 30 women have participated in breast screening since the project started.

Cancer education in multicultural communities

In 2023–24, the Cancer Institute NSW educated community members spanning 22 culturally and linguistically diverse groups about cervical, breast and bowel cancer screening; and healthy modifiable behaviours to prevent cancers. The also supported 15 multicultural community education grants to government and non-government agencies, which delivered more than 92 community education sessions.

The Cancer Institute NSW also provided cancer screening and prevention refresher training to 25 bilingual community educators and cultural support workers already delivering programs.

Improving access to cervical cancer screening for priority populations

Cancer Institute NSW continued to cover pathology costs of cervical screening tests performed by women’s health nurses, who often engage women experiencing barriers to cervical screening from priority populations.

The Cancer Institute NSW, through Family Planning Australia, provided training to 202 midwives and 87 Aboriginal health workforce members to promote cervical screening to pregnant women and Aboriginal people with a cervix.

They also hosted screenings of the World Health Organisation’s Conquering Cancer film, showing that cervical cancer is preventable. Nine events were held with 220 attendees, including health workers, and women from diverse cultural and linguistic backgrounds.

2.5 Align infrastructure and service planning around the future care needs

Effective and sustainable capital planning

The NSW Ministry of Health continues to work on strengthening service and capital planning processes focused on the future care needs of NSW communities. In 2023–24, a range of guidelines and processes were updated to improve the guidance on supporting service planning that informs capital investment proposals. These included updating guides for both early options development and analyses in service planning. The capital investment proposal template was updated with sections on service planning and recurrent cost impact to help improve the quality of submissions.

Strategic outcome 3

People are healthy and well

Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.

3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health

Partnering to make immunisation everyone's business

The *NSW Immunisation Strategy 2024–2028* was released in March 2024. The Strategy provides a framework for NSW Health and its partners to improve vaccine access and uptake, and reduce the impact of vaccine preventable diseases (VPDs) on individuals and communities in NSW. It identifies six key priority areas for action to sustain or improve immunisation rates among children, young people and adults, and emphasises the need for immunisation against VPDs through all stages of life. The Strategy highlights the need to address inequities in knowledge, access, and uptake across the population to maximise the benefits of immunisation for all.

Statewide policy development to ensure NSW Health preparedness for emergency response

The *NSW Health Services Functional Area Supporting Plan* (NSW HEALTHPLAN) was reviewed and updated to support the *NSW State Emergency Management Plan*. The Plan describes the whole of health emergency management arrangements to ensure that health resources in NSW are effectively and efficiently coordinated to prevent, prepare for, respond to, and recover from emergencies.

The NSW HEALTHPLAN was endorsed by the State Emergency Management Committee in June 2024 following extensive consultation with the health system and key partner agencies.

Emergency management strategy

NSW Ambulance established an Emergency Management Unit to ensure a coordinated capability exists in the preparation for, response to, and recovery from emergencies across the state. The Unit has incorporated a lessons management framework that seeks to build a culture of continuous improvement in emergency management across the organisation.

Public health emergency response preparedness

A public health preparedness unit and statewide public health emergency management operations network was established to support the NSW Health protection network in preparing for, responding to, and recovering from major public health incidents and emergencies. To support this, the *Public Health Emergency Response Preparedness* policy directive was published in February 2024.

An interagency avian influenza preparedness and response exercise was held in June 2024 to test coordination functions. The results helped to inform further work underway to scope emergency management capabilities and training needs for the public health network.

Critical Intelligence Unit

In September 2023, the COVID-19 Critical Intelligence Unit (CIU) transitioned to a permanent structure which provides rapid, evidence-based insights about clinical innovation. Since then, more than 50 high-level evidence-synthesis products and more than 300 evidence-based responses were produced. These products supported evidence-informed decision-making, policy and strategy development, clinical practice guidance, and responses to key parliamentary and special inquiries.

CIU maintains three living evidence tables online, focused on artificial intelligence, reducing surgical waitlists, and long COVID. The CIU weekly summary provides updates to more than 2,000 subscribers on clinical innovations that have the potential to change clinical practice and how we deliver care.

Infection Prevention and Control Response and Escalation Framework

The Clinical Excellence Commission developed the *NSW Infection Prevention and Control (IPAC) Response and Escalation Framework* to guide NSW Health facilities in mitigating COVID-19 transmission risk.

The evidence-based framework, built on pandemic and emergency response models to inform endemic controls, has been embedded to form ongoing IPAC risk management controls for communicable diseases.

The IPAC Framework adopts a foundational level approach to ensure the application of robust IPAC practices as a baseline, with the ability to escalate and enhance IPAC strategies informed by local epidemiology, experience, and risk factors. An evaluation found 97 per cent of the system uses the framework to apply local IPAC risk levels.

3.2 Get the best start in life from conception through to age five

NSW Health First 2000 Days Framework and the whole of NSW Government Brighter Beginnings initiative

In 2023–24 NSW Health continued to implement the *NSW Health First 2000 Days Framework* and the whole of NSW Government Brighter Beginnings initiative. This will improve health and development outcomes for all children, giving them the start that they need to thrive now and in the future.

NSW Health established eight additional sites of the evidence-based Sustaining NSW Families Nurse Home Visiting program; and commenced implementation of the Pregnancy Family Conferencing program in nine rural and regional local health districts. NSW Health worked with the Department of Education to provide more than 3,000 health and development checks for four-year-olds in preschool settings across NSW.

Expansion of the Newborn Bloodspot Screening Program

NSW Health currently screens 33 of the 34 target conditions agreed for screening nationally.

In 2023, NSW Health received \$8.24 million in funding over four years from the Australian Government to expand the Newborn Bloodspot Screening (NBS) Program. NSW Health is working closely with the Commonwealth, states and territories on achieving a national agreed list of conditions consistently screened by NBS programs and to include new conditions recommended for implementation by Australia's Health Ministers in the NSW program.

Reducing the impact of syphilis in pregnancy

NSW Health strengthened its syphilis response through strategic initiatives and increased sector engagement. This included collaboration with NSW Sexual Health InfoLink, public health units, and clinics to enhance case detection, partner notification, and treatment.

The new *Syphilis in Pregnancy and Newborns Policy Directive* was released in October 2023. It reaffirmed the elimination of congenital syphilis as a priority for NSW Health. The policy directive introduces a new universal antenatal syphilis screen at 26 to 28 weeks of pregnancy and other guidance for managing and treating syphilis in pregnancy. Additionally, the Centre for Population Health funded ASHM to create online training modules for midwives and clinicians, launched in September 2023.

Supporting domestic violence routine screening practices

Implementation of the *Domestic Violence Routine Screening (DVRS) Policy Directive* is well underway. Activities to promote new policy guidance and requirements, enhance the safety and efficacy of screening, and support workforce confidence have commenced.

The NSW Ministry of Health participated in the revision of the statewide DVRS training package; developed a mandatory targeting pro forma and workforce advice to implement a new statewide DVRS mandatory training flag; and provided consultation and implementation guidance to local health districts and services. The NSW Ministry of Health also engaged with and approved multiple services' opting in to deliver DVRS for the first time, including sexual health, brain injury, and dental health services.

Access to alcohol and other drug treatment and care for women, children and families in need

The Substance Use in Pregnancy and Parenting Services has been expanded in nine local health districts, and one new service was established in Northern NSW Local Health District. The service aims to improve outcomes for women and their children affected by drug or alcohol use.

Three new alcohol and other drug (AOD) day rehabilitation services for parents with dependent children commenced at The Buttery in Northern NSW; Eleanor Duncan Aboriginal Health Services on the Central Coast; and Karralika Programs in Southern NSW.

The NSW Ministry of Health released a competitive grant opportunity for not-for-profit, non-government organisations to deliver AOD treatment services to improve the health, social, and emotional wellbeing of priority populations. Access to residential treatment services for women and families has expanded with grants to Waminda to establish a new residential rehabilitation and withdrawal service for Aboriginal women and children on the NSW South Coast; and Odyssey House to deliver AOD residential services for parents with children at the Family Recovery Centre.

Reducing smoking and vaping

NSW Health continues to support a range of anti-smoking and vaping initiatives across the state, including:

- implementing the policy directive – *Reducing the effects of smoking and vaping on pregnancy and newborn outcomes*
- delivering the No Smoking means No Vaping resources to raise public awareness of smoke-free areas, including releasing Aboriginal-specific collateral and posters
- finalising and promoting the *Guide to Support Young People to Quit E-Cigarettes* in response to increasing concerns about the harms of e-cigarette use among young people
- delivering the NSW Health vaping toolkit, providing evidence-based resources to support parents, teachers and health professionals. The toolkit included animations and factsheets that were co-designed with, and for, Aboriginal young people.

3.3 Make progress towards zero suicides recognising the devastating impact on society

Delivery of Towards Zero Suicides Bilateral Agreement initiatives

The NSW Ministry of Health and the Agency for Clinical Innovation have continued to work closely with local health districts and specialty health networks to implement local suicide care pathways. This includes supporting access to Safe Havens, suicide prevention outreach teams, and aftercare services for people experiencing suicidal distress.

Using data for Towards Zero Suicides

The NSW Suicide Monitoring System (SuMS) produces data and supports partnerships aimed at reducing deaths by suicide in NSW. Actions in 2023–24 included:

- completion of an independent evaluation of SuMS to ensure that its analysis, reporting, and engagement processes met the needs of stakeholders
- development and implementation of improved reporting to districts, networks and their partner organisations involved in suicide prevention
- established the SuMS report user group to provide technical and lived experience expertise in the development of NSW suicide analysis, reporting, and communications
- held a forum in April 2024 for local health districts, specialty health networks, and partner organisations to network, share resources, and support efforts in using SuMS data for suicide prevention.

Zero Suicide in Care training

The Health Education and Training Institute completed the design and development of Zero Suicide in Care training and educational materials for NSW Health employees. The materials include tailor-built resources, eModules, and workshops developed for delivery within local health districts and specialty health networks. The training materials have been tailored to multiple stakeholder groups within NSW Health, including clinicians inside and outside of the mental health space, and non-clinical NSW Health staff, leaders, and managers.

Adult Survivors Program statewide implementation

Phase one of the statewide implementation of the Adult Survivors Program has progressed. All local health districts and the Justice Health and Forensic Mental Health Network were provided funding for key program positions. To inform the development of a statewide program model and its local implementation, eight local health districts are trialling a variety of workforce options.

To support the statewide implementation, a community of practice has been established; a workforce forum delivered; and individualised support was provided to districts in partnership with the Education Centre Against Violence.

NSW Ambulance health and wellbeing strategy

NSW Ambulance continued the rollout of the five-year strategy. The 2023–24 highlights included:

- rollout of psychological first aid training modules
- launch of the Stable Ground pilot (a portal developed with The University of Sydney to support staff with substance abuse)
- upskilling peer support officers and chaplains, including refining role accountabilities
- upskilling domestic violence referral officers.

3.4 Support healthy ageing ensuring people can live more years in full health and independently at home

Mid-term evaluation of NSW Older People's Mental Health (OPMH) Service Plan 2017–2027

NSW Health completed an independent mid-term evaluation of the *NSW Older People's Mental Health (OPMH) Service Plan 2017–2027*. The evaluation found that OPMH community and inpatient services have been successful in delivering relative equity of access to services, and high levels of consumer and carer satisfaction with OPMH services, including from culturally and linguistically diverse and Aboriginal consumers.

Key areas of progress include:

- the expansion of mental health-residential aged care partnership services
- improved access to NSW Health community living support programs
- targeted older people's suicide prevention initiatives
- and service response improvements for people with extreme behavioural and psychological symptoms of dementia.

3.5 Close the gap by prioritising care and programs for Aboriginal people

NSW Aboriginal Health Plan 2024–34

The *NSW Aboriginal Health Plan* was developed in collaboration with the Aboriginal Health and Medical Research Council of NSW. Its implementation will enable Aboriginal people in NSW to achieve the highest possible levels of health and wellbeing. The vision of the Plan is sharing power in system reform to achieve growth, transformation and sustainability. The Plan was informed by a representative Advisory Committee to support its focus on equity. The Priority Reform areas of Closing the Gap are included as enablers of its five Strategic Directions. The Plan was launched on 26 August 2024.

Central West NSW Aboriginal Mental Health and Wellbeing Program

In 2023–24 the Central West NSW Aboriginal Mental Health and Wellbeing Program received approval for funding, specifically to increase client access to local, social and emotional wellbeing supports and clinical mental health services. The funding is also to strengthen partnerships, referral pathways, and coordinated care between Aboriginal Community Controlled Health Organisations (ACCHOs) and the Western NSW Local Health District. The program is delivered through a partnership of four local ACCHOs and governed by a working group consisting of representation from participating ACCHOs, Aboriginal Peak organisations, the Western NSW Local Health District Aboriginal Health and Wellbeing Unit, the Mental Health and Drug and Alcohol Unit, and NSW Ministry of Health.

Aboriginal Mental Health and Wellbeing Model of Care grants program

The Aboriginal Mental Health Models of Care initiative provided grants to nine Aboriginal Community Controlled Health Organisations and two grants to local health districts. The grant recipients represent rural, remote, and metropolitan-based services in NSW. Projects currently underway include shared employment models, workforce development, clinical service delivery, and care navigation. Evaluation of the program is expected to begin in late 2024.

Preventing fetal alcohol spectrum disorder

The Centre for Alcohol and Other Drugs developed resources for health professionals supporting Aboriginal pregnant women to have conversations around alcohol and pregnancy. This included a resource toolkit, delivery of a webinar with a panel of experts, and a podcast developed with the Royal Australasian College of General Practitioners completed in 2023–24.

3.6 Support mental health and wellbeing for our whole community

Co-design of the Statewide Mental Health Infrastructure Program

The \$691.8 million Statewide Mental Health Infrastructure Program is supporting mental health care reform in NSW. In 2023–24 construction commenced on new Mental Health Inpatient Units at Broken Hill, Concord and Tamworth, and a Child and Adolescent Mental Health Unit at Nepean. The Freshwater Mental Health Intensive Care Unit was completed, and construction is nearing completion at Blacktown Mental Health Recovery Centre and Charlestown Residential Eating Disorder Unit – the first facility of its kind in NSW. The facilities were co-designed with consumers, their families, staff, and clinicians to meet consumer needs and create clinical spaces that feel safe, welcoming, and home-like.

These improvements will increase service capacity across NSW, and enhance the provision of therapeutic and recovery-focused services through redesigned contemporary consumer and carer-focused care.

Newly funded psychiatry positions for junior medical staff

New funding provided to support psychiatry in NSW delivered 15 new post graduate year two positions in psychiatry from February 2024. The 15 new positions provided exposure to an additional 75 prevocational doctors each year in expanded settings, including community, inpatient, and child and adolescent psychiatry across the state. These positions will enhance the services and workforce available in these districts, and support the delivery of care in mental health services in NSW. The positions will also provide increased exposure for prevocational doctors in psychiatry, with the aim to increase entry in psychiatry training.

3.7 Partner to address the social determinants of ill health in our communities

Hepatitis C testing

The Centre for Population Health partnered with NSW Health Pathology to validate Dried Blood Spot (DBS) testing for Hepatitis C and collected 1,300 samples. This data will be submitted to the Therapeutic Goods Administration in 2024.

The Centre for Population Health partnered with the Centre for Alcohol and Other Drugs to produce the *Alcohol and Other Drugs (AOD) Services Guidance Document* that provides a standardised approach for routine delivery of care in AOD settings. The *NSW HCV Testing Framework*, launched in December 2023, informs local health districts about the suite of HCV testing methods available in NSW. This includes venepuncture, DBS and point-of-care tests.

HIV prevention and testing

The Centre for Population Health delivered a campaign to raise awareness of HIV testing among overseas-born, Mandarin-speaking, non-gay identifying men who have sex with men. The campaign generated more than 16,000 visitors to an in-language webpage for HIV testing information.

In May 2024, the Centre for Population Health launched MyTest – a HIV self-testing pilot project. The project aims to increase access to community-based self-testing within greater western Sydney and regional NSW. MyTest dispenses free HIV self-test kits to those who self-identify as at-risk of HIV via vending machines, with more than 110 tests dispensed since launching.

Sexually Transmitted Infections Strategy

In collaboration with Family Planning NSW and the Sexual Health in Schools Advisory Committee, NSW Health developed a range of high-level guidance and policy documents on how to effectively deliver sexuality, and sexual health education in NSW schools.

The NSW Sexually Transmitted Infections (STI) Programs Unit implemented two social marketing campaigns: Play Safe, and Take Blaktion. The campaigns aimed to reduce the incidence of STIs among young people aged from 16 to 29 years and reached more than four million people.

MyCheck, a telehealth blood borne virus (BBV) and STI testing service, was scaled up in five sexual health clinics. The program enables asymptomatic clients to navigate BBV and STI testing directly with a pathology collection service close to where they live or work.

Supporting children and young people to develop respectful relationships

NSW Health invested more than \$1.5 million in programs to increase awareness of respectful relationships, sexual consent and safety, and to prevent child sexual abuse and domestic, family and sexual violence. These programs are aimed at building the capability and confidence of children and young people to develop and engage in respectful relationships and to negotiate consent.

As of April 2024, approximately 250 participants participated in the Full Stop Australia and National Association for Prevention Child Abuse and Neglect training. Participants spanned: NSW Health; NSW Department of Education; NSW Department of Communities and Justice; Youth Justice NSW; Aboriginal Community Controlled Health Organisations/Aboriginal Community Controlled Organisations; and early childhood and non-government sectors.

Stewardship of health, housing and homelessness interface

The Mental Health Branch leads stewardship of the NSW Health housing and homelessness portfolio through improving partnerships, integration, and best practice at the health, housing and homelessness interface.

NSW Health continues to report against the No Exits from Government Services Into Homelessness Framework and implement the Housing and Mental Health Agreement 2022 (HMHA 22), of which NSW Health is a co-signatory.

In 2023–24, NSW Health finalised the HMHA 22 Service Delivery, Governance, and Monitoring and Reporting Frameworks and commenced statewide implementation of HMHA 22 at both district and local levels.

NSW Health collaborated with Homes NSW to develop the *NSW Homelessness Strategy 2024–2034*, aimed at making homelessness brief, rare, and non-recurring. In 2023–24 Independent Community Living Association was funded \$500,000 to continue Project Embark 2 to support people with psychosocial disability experiencing or at risk of homelessness to access the National Disability Insurance Scheme (NDIS) and build the capacity of homelessness services in relation to the NDIS. Street Side Medics were funded \$200,000 to support the primary health needs of people experiencing homelessness by continuing to provide mobile clinic outreach services.

The NSW Ministry of Health continues to host the NSW Health Housing and Homelessness Community of Practice.

Charities and local community groups in health

NSW Health recognises the valuable contribution of charities and local community groups in supporting the health and wellbeing of regional, rural and remote communities. The Rural Health Inquiry called on NSW Health to actively engage with charities and local community groups to understand services they provide.

Following extensive research and consultation undertaken in 2023–24, a position paper was developed to build an understanding of charities and local community groups in regional NSW and their approaches to collaboration. The position paper, published in June 2024, shares key findings and opportunities for enhanced collaboration between charities and local community groups and NSW Health.

Vaping and young people

NSW Health developed the Guide to Support Young People to Quit E-Cigarettes. This was in response to increasing concerns about the harms of e-cigarette use among young people, and the need to support them to manage their e-cigarette dependence.

New resources for young people have been developed and include a focus on nicotine dependence, understanding signs of withdrawal, coping strategies and practical tips to quit vaping. Animations and factsheets co-designed with and for Aboriginal young people are also part of the toolkit.

Tobacco and e-cigarette compliance and enforcement

In 2023–24 NSW Health continued its comprehensive compliance and enforcement program for illegal tobacco and e-cigarettes containing nicotine. NSW Health inspectors conducted more than 2,300 retail inspections which resulted in the seizure and destruction of more than 425,000 nicotine e-cigarettes and e-liquids; 8,300,000 cigarettes; and 2,600 kilograms of other illegal tobacco.

3.8 Invest in wellness, prevention and early detection

Enhanced Get Healthy Service

The Get Healthy Service (Get Healthy) is a free, online information and health coaching service that achieves consistent and sustained reductions in weight and waist circumference, and improves healthy eating and physical activity behaviours.

NSW Health successfully re-launched Get Healthy with a new provider, Diabetes Australia, in July 2023. More than 2,500 patients continued to receive high-quality, evidence-based health coaching support. The Get Healthy relaunch now offers patients more virtual engagement options and increased flexibility. Participants can access information or resources, and receive personalised phone and online support from their own qualified health coach.

As part of the relaunch, the Aboriginal workforce was expanded and direct phone lines for in-language coaching were introduced. For clinicians, the referral process has been simplified, including integration into systems to enable easy referral and support for pregnant women attending NSW Health maternity services.

Supporting families to live active and healthy lives

The Centre for Population Health expanded and relaunched The Knockout Health Challenge, a community-led program for Aboriginal communities. The challenge now includes a whole of family approach and broader health and wellbeing outcomes. Almost 30 teams with members aged from 5 to 89 years participated in the program, self-reporting improvements across weight and mood, reduced blood pressure, and reduced sugar and alcohol intake. The social connection and sense of community that the challenge supported was universal across teams.

The Healthy Eating and Active Living campaign ran across the 2023–24 summer, promoting achievable, low-cost ways to be healthier during the holidays. The successful campaign was grounded in consumer insights, included easy recipes, ways to stay active, and tips to support wellbeing for the whole family.

Could it be sepsis?

A sepsis awareness campaign was launched in April 2024 to increase public awareness of sepsis, its symptoms, and the need to seek medical help fast. The call to action was for the public to feel comfortable asking health practitioners, “could it be sepsis?”. The campaign messaging linked with the Clinician Excellence Commission’s statewide sepsis program. A communication strategy was developed using social media and other digital platforms. The target audience was people aged 65 and older, parents and carers of children under 10 years, and young people aged 15 to 25 years, including Aboriginal and culturally and linguistically diverse communities.

Invest in prevention to reduce alcohol and other drug harms

The Centre for Alcohol and Other Drugs has engaged Monash University and partners to redevelop the 2004 Principles for Drug Education in Schools. This project is a joint initiative with the NSW Department of Education. Drug education aims to promote resilience and build on knowledge, skills, attitudes and behaviours to enable children and young people to make responsible, healthy and safe choices. The new Principles for School Drug Education is due to be completed in 2025.

Addressing preventable cancer risk factors

In 2023–24, the Cancer Institute NSW delivered several public education campaigns to change behaviour and prevent cancers:

- Beat the Cravings and 16 Cancers – anti-tobacco campaigns to encourage people aged 18 years and older who smoke to quit
- Quitting Smoking in Pregnancy – provides quitting support for pregnant women aged 18 to 34 in NSW who smoke
- Every Vape is a Hit to Your Health – anti-vaping campaign targeting people aged 14 to 24
- If You Could See UV – to encourage 18 to 24-year-olds to protect their skin from ultraviolet radiation
- Breast Cancer Doesn’t Wait – encourages women aged 50 to 74 (and Aboriginal women aged 40 to 74) to prioritise their health and book a breast screen.

Smoking and vaping cessation support

The Cancer Institute NSW enhanced its smoking and vaping cessation support for the people of NSW through its continued operation of Quitline and the iCanQuit digital platform.

In 2023–24, approximately 175,000 people accessed the iCanQuit website for smoking and vaping cessation advice.

Smoking and vaping cessation advice is accessible for everyone in the community with Aboriginal and bilingual counsellors, and access to interpreters through the Translating and Interpreter Service.

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Strategic outcome 4

Our staff are engaged and well supported

Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.

4.1 Build positive work environments that bring out the best in everyone

Creating a NSW Health Mental Health and Wellbeing Framework

In 2023 NSW Health launched the *NSW Health Mental Health and Wellbeing Framework*, which sets out an evidence-based approach to creating psychologically safe workplaces. The NSW Health Framework is founded on three key principles:

- **Protect/Prevent:** Ensure our workplaces are free from harm and hazards that impact health, safety and wellbeing
- **Promote:** Enhance the positive aspects of work and leverage the strength of individuals, teams and organisation
- **Respond:** Identify and respond early to distress or ill health regardless of cause.

This model is consistent with the SafeWork NSW *Psychological Health and Safety Strategy 2024-2026*. There are numerous statewide strategies and initiatives in place to achieve these outcomes and these are supplemented by local actions.

Embedding a priority staff wellbeing program

Schwartz Rounds is an evidence-based staff wellbeing program, focusing on human connection; the social and emotional aspects of working in healthcare; and helps support a kind and compassionate culture. The Experience team, in partnership with local health districts, expanded the program to six additional hospitals. The program is now available at 16 hospitals within 9 local health districts, and 1 specialty health network.

Aboriginal Trainee Doctors Forum

In partnership with the Australian Indigenous Doctors Association, and the Health Education and Training Institute, the Aboriginal Trainee Doctors Forum was redesigned to extend participation for all Aboriginal and Torres Strait Islander doctors in training. The forum, held in May 2024, brings together trainee doctors from across NSW Health to discuss wellbeing, training, and to provide culturally safe networking opportunities with peers.

Supporting junior medical officers

NSW Health has made significant changes to practice to support junior medical officers claiming and being paid for the hours that they are required to work. This has included orientation, communication, workshops on best practice rostering for medical officers, system enhancement and reporting.

Healthcare Safety Culture Framework

The Clinical Excellence Commission established the *Healthcare Safety Culture Framework* to support NSW Health agencies, teams and individuals in understanding their roles in enabling a system where people are, and feel, psychologically safe. The Framework takes a whole-of-system approach to supporting and connecting the work we do across NSW Health to promote a psychologically safe work environment for staff, and improved patient outcomes and experiences. The Framework comprises seven interdependent elements, promotes a shared model of the interconnected components of healthcare safety culture, and highlights the importance of compassionate leadership as an enabler.

Continue the security audit program

Staff and patient safety is a priority and NSW Health is committed to continuously improving security practices in our facilities.

A centralised auditing function was established by NSW Health to address recommendations from the *Review Improvements to Security in Hospitals (Anderson Review)*. The NSW Ministry of Health continues to undertake security audits of specific facilities across NSW Health, with a view to identifying issues to drive development of further strategies and resources. Recommendations from the audits are incorporated into local audit plans to ensure action is taken to address any areas of non-compliance.

A significant amount of work has been done across NSW Health to address the recommendations from Mr Anderson's report, with almost all (97 per cent) of the recommendations implemented.

Key Health Worker Accommodation

The availability of modern, sustainable and secure accommodation is a key factor in the recruitment and retention of healthcare workers in regional areas. NSW Health is working collaboratively with local health districts, NSW Ambulance, Homes NSW and other key stakeholders to address health worker accommodation requirements.

A number of health worker accommodation projects have been completed across regional NSW including in Balranald, Walgett and Mudgee, with more underway across regional NSW as part of an existing \$45.3 million investment as delivered by Health Infrastructure NSW. In June 2024, the NSW Government announced an additional \$200.1 million to increase key health worker accommodation across rural and regional areas as part of the 2024–25 NSW Budget.

4.2 Strengthen diversity in our workforce and decision-making

Aboriginal cultural audit

The Centre for Alcohol and Other Drugs conducted an Aboriginal cultural audit of the Centre to understand and improve cultural safety, Aboriginal inclusion, and recruitment and retention of Aboriginal staff. The report and findings are currently being reviewed for implementation.

The Centre has established and filled a new senior Aboriginal-identified position to support the Centre's engagement with the Aboriginal community. The initial focus is on finalising an Aboriginal engagement strategy for the Centre for Alcohol and Other Drugs in partnership with the Aboriginal Strategic Collaboration Group.

Aboriginal Allied Health Cadetship

In 2023–24, the Workforce Planning and Talent Development Branch expanded the Aboriginal Allied Health Cadetship program to recruit for all 23 allied health professions including those requiring a post-graduate qualification, such as clinical psychologists.

The program is supported by an intake management portal, which enables and supports actions including candidate screening, document management, and standard referral of eligible candidates to potential host sites in NSW Health agencies.

In 2023–24, the program supported 20 cadetships across 10 NSW Health agencies.

4.3 Empower staff to work to their full potential around the future care needs

NSW Health System Advisory Council

The NSW Health System Advisory Council was established in July 2023. It provides expertise and advice to help inform and shape the delivery of frontline healthcare under the authority of the Secretary, NSW Health.

The Council provides independent and impartial strategic clinical advice on key priorities and functions of the health system, as well as guides the planning and implementation of measures to drive positive change.

The Council comprises of a multidisciplinary group of clinicians that reflects the breadth and diversity of healthcare professionals across NSW Health, as well as NSW Ministry of Health executive and health system executive manager representation.

Assistants in Medicine Program

NSW Health continued to support the employment of Assistants in Medicine (AiMs) into the NSW Health workforce. AiMs are final year medical students who provide workforce support to local health districts and gain valuable practical experience that improves their preparedness for internship. In 2023–24, 405 final year medical students worked as AiMs across 13 local health districts and specialty health networks.

4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce

Improving our scholarship systems and processes

The Higher Education team introduced a new, simplified scholarship process spanning the application to the awarding stage. Supporting an upgrade of the Student Management System, this has also significantly improved reporting on scholarship use and student outcomes.

Scholarships empower student engagement with the postgraduate mental health courses offered as a Tertiary Education Quality and Standards Agency accredited higher education institution.

Tertiary Health Study Subsidy Program

The Tertiary Health Study Subsidy Program was launched in January 2024. More than \$120 million is being invested to encourage and subsidise students studying towards a health qualification. The program aims to attract and retain talent in the NSW public health system, grow the health workforce in areas of need, and assist students wishing to enter health careers. The subsidies target tertiary students and, in 2024, were available to 19 health workforce groups.

Annually, financial subsidies are awarded to:

- 2,000 students commencing study, \$12,000 paid over three years
- 2,000 students graduating from study and commencing employment with NSW Health, \$8,000 paid once-off.

International Medical Graduate Clinical Readiness Program

The International Medical Graduate (IMG) Clinical Readiness Program was established to provide IMGs living in Australia with an orientation and basic clinical experience in a NSW public hospital on a voluntary basis. Working within multidisciplinary teams, they gain an understanding of communications and system processes to enable them to become work ready.

Participation in the pilot included eight local health districts, including five regional and rural local health districts. Of the 55 participants of the program, 37 (67 per cent) have been employed or are set to be employed in a medical role.

Nursing and Midwifery scholarships and grants

Postgraduate scholarships support the professional development of NSW Health nurses and midwives, including transition to speciality practice. This includes individual scholarships of up to \$10,000 for a range of practice areas, and fully-funded contracted education courses for graduate certificates in targeted clinical specialities. In 2023–24:

- more than 800 nurses and midwives took up individual scholarships offered by NSW Health
- more than 490 nurses and midwives took up an education scholarship offered by NSW Health
- more than 460 clinical placement grants of up to \$1,000 were awarded to nursing and midwifery students to support diverse clinical experiences across rural and metropolitan areas.

Continuing professional development for medical practitioners

The Medical Board of Australia sets minimum requirements for Continuing Professional Development (CPD) for medical practitioners. In December 2023, the Health Education and Training Institute gained accreditation as a CPD Home. CPD Homes are the accredited organisations that make sure doctors registered in their home meet their minimum CPD requirements. Accredited CPD Homes also audit and report CPD compliance to the Medical Board. The Australian Medical Council is the accreditation authority for CPD Homes. The Health Education and Training Institute is continuing to maintain its accreditation for the 2024–25 financial year.

Alcohol and other drug workforce training

NSW Health funded a range of new workforce training to build the skills of the alcohol and other drug workforce in local health districts and non-government services. This includes:

- 19 scholarships awarded for the Graduate Certificate in Criminology and Criminal Justice for people who work with Magistrates Early Referral Into Treatment (MERIT) and Drug Court
- 60 places funded on the TAFE alcohol and other drug skillset training
- 20 new Lyn Gardner scholarships for nurses and midwives to undertake the Graduate Certificate in Drug and Alcohol Nursing (priority was given to regional and rural applicants).

The Aboriginal Health and Medical Research Council of NSW delivered the first eight units of the Certificate IV in Alcohol and Other Drugs in rural and remote communities. Four workshops were delivered and at least 50 Aboriginal workers attended.

4.5 Attract and retain skilled people who put patients first

NSW Health Employee Value Proposition

The Workforce Planning and Talent Development branch launched an Employee Value Proposition (EVP). Designed following staff consultation, the EVP sets out the benefits and attraction of choosing to work and remain working at NSW Health. It will assist with attracting both domestic and international staff, and support employee engagement and retention.

The NSW Health EVP is ‘the team enriching Health in millions of ways every day’ with the core statement being ‘in millions of ways’ that will be used across promotional and recruitment activities, and be embedded in communications for our existing staff.

Allied Health Graduate Workforce Pipeline Project

The Allied Health Graduate Workforce Pipeline Project was undertaken to explore barriers facing the recruitment of new graduate allied health professionals, and identify the specific opportunities to improve the new graduate pipeline. A final project report has been delivered and is published to the NSW Health website, which highlights the importance of a positive student and early graduate employment experience to positively impact attraction and retention to NSW Health.

Medical workforce modelling

Medical workforce modelling (including both public and private health systems) has been completed up to 2040. Findings indicate a need to increase the NSW medical workforce to meet projected 2040 requirements.

The workforce modelling outcomes for another 35 medical speciality workforces that were modelled up to 2035 were published in July 2023. The modelling considers both the public and private sectors future workforce requirements. The outcomes are available on the NSW Health website.

The NSW alcohol and other drugs workforce

In consultation with the alcohol and other drugs sector in NSW, the Centre for Alcohol and Other Drugs developed the *NSW Alcohol and Other Drugs Workforce Strategy*, outlining activities to attract and retain a skilled and diverse workforce that reflects the communities it supports. The Strategy was published in August 2024.

Rural Health Workforce Incentive Scheme

The Rural Health Workforce Incentive Scheme was introduced in July 2022. It enables participating NSW Health organisations to offer incentives and benefits that are above award entitlements to attract, recruit, and retain health workers in positions with hard-to-fill and critical vacancies at regional, rural, and remote locations. The incentive scheme offers up to \$20,000 in incentive packages, including accommodation assistance, relocation benefits, a rural and regional health allowance, additional leave, and contributions to professional development.

As at 26 June 2024, the scheme had delivered incentives worth \$75.4 million, including the recruitment of 2,382 full-time equivalents and the retention of 8,044 full-time equivalent positions.

Rural doctors

The Rural Doctors’ Employment Arrangement Working Group is exploring a range of contract arrangements for Rural Doctors’ Settlement Package (RDSP) sites to assist with attraction and retention of doctors in regional, rural and remote areas. The aim is to provide local health districts with flexibility to engage doctors under a range of contracts most suited to their needs and preferences.

Short term objectives identified by the working group have been completed. This resulted in including three additional item numbers to the Rural Doctors Settlement Package, which were approved by the NSW Ministry of Health and came into effect on 1 February 2023.

A new item number to compensate general practitioner visiting medical officers (VMO) for supervision at RDSP sites was added to the RDSP Hospitals Indexation of Fees for VMOs on 21 June 2023.

Expanded and incremented sessional rates at RDSP sites became available from June 2024.

Recruitment of rural nurse practitioner positions

NSW Health continues to support the delivery of healthcare within our rural local health districts.

In 2023–24, recruitment of 20 rural generalist nurse practitioner positions were finalised, supporting access to care in our rural, regional and remote communities. A further 25 nurse practitioner positions were funded for rural local health districts, to be utilised in either generalist or specialty areas, based on service needs.

Enhancing the nursing and midwifery workforce across NSW

NSW Health began implementing new minimum staffing levels for nursing and midwifery.

Liverpool Hospital and Royal North Shore Hospital emergency departments were the first to commence recruiting additional staff, with the implementation of Safe Staffing Levels to occur across other hospitals and clinical areas progressively through to June 2027.

Strengthening the midwifery workforce

In NSW Health, registered nurses train to be midwives through the MidStart program. There were 231 MidStart training positions recruited across NSW Health in the 2023–24 financial year.

In 2023–24, 15 rural postgraduate midwifery student scholarships were provided to small rural maternity units. The initiative promotes a sustainable midwifery workforce in rural NSW through the 'grow your own' approach, funding local registered nurses to train as midwives.

Mentoring in Midwifery program

The Mentoring in Midwifery (MiM) program supports the attraction and retention of current and future midwives by building connection and support in the workplace between midwives and midwifery students. The MiM program is now in all 15 local health districts. More than 1,800 midwives and midwifery students have joined the program, with midwives mentoring new to practice midwives, midwifery students, and other midwives across NSW.

Graduate nurses and midwives

NSW Health continues to employ graduate nurses and midwives to ensure a sustainable workforce into the future. NSW Health coordinates the statewide graduate nurse and midwife recruitment with more than 3,500 graduates employed across the health system in 2023. More than 40 per cent of these graduates commenced in rural and regional locations.

All NSW Health Aboriginal Nursing and Midwifery Cadetship and Scholarship recipients who were interviewed were offered graduate positions.

Aboriginal nursing and midwifery cadetships and scholarships

NSW Health is committed to increasing the Aboriginal nursing and midwifery workforce by improving career development opportunities for Aboriginal people.

In 2023–24, NSW Health supported 123 Aboriginal nursing and midwifery cadets. In addition, 89 undergraduate scholarships and 28 postgraduate scholarships were awarded to support nursing and midwifery studies for Aboriginal people.

Aboriginal health practitioner commencement rate of pay

On 15 December 2024, the NSW Ministry of Health issued a Determination to support the progression of suitably qualified Aboriginal Health Workers to Aboriginal Health Practitioner positions. The Determination recognises the relevance of the skills and experience of an Aboriginal Health Worker to the Aboriginal Health Practitioner role. The Determination supports NSW Health's commitment to retaining and growing the Aboriginal health worker workforce as part of advancing and promoting cultural safety in the NSW Health System and to improving clinical outcomes for Aboriginal patients.

Celebrating and recognising our staff

To support our Future Health objective of attracting and retaining talent within the health system, NSW Health facilitates a range of award programs that recognise and celebrate staff and volunteers from across local health districts, pillars, networks and health organisations. This includes participating in NSW Government awards, like the NSW Premier's Awards, to running a robust awards program with the system-wide NSW Health Awards, Excellence in Allied Health Awards, and Excellence in Nursing and Midwifery Awards. In 2023–24, NSW Health had:

- 3 winners and 15 finalists in the NSW Premier's Awards
- 14 winners and 37 finalists in the NSW Health Awards
- 7 winners and 25 finalists in the Excellence in Allied Health Awards
- 9 winners and 29 finalists in the Excellence in Nursing and Midwifery Awards.

4.6 Unlock the ingenuity of our staff to build work practices for the future

Rural Generalist Single Employer Pathway

The Rural Generalist Single Employer Pathway was successfully implemented in 2024, with 21 doctors working in emergency departments and general practices across rural and regional NSW. A new cohort of trainees will commence in the 2025 clinical year, who are committed to continuing their careers in regional medicine.

The program provides a coordinated pathway that makes it easier and more attractive for junior doctors to train as rural generalists. Rural generalists are general practitioners who provide primary care services, emergency medicine, and have training in additional skills such as obstetrics, anaesthetics or mental health services.

This single employer model provides secure employment over the training period and ensures rural generalist trainees are being paid the same amount as their hospital-trained counterparts.

Strategic outcome 5

Research and innovation, and digital advances inform service delivery

Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.

5.1 Advance and translate research and innovation with institutions, industry partners and patients.

National Clinical Trials Governance Framework

The *National Clinical Trials Governance Framework* embeds clinical trials into routine health service provision. The Office for Health and Medical Research completed evidence banks for all local health districts, which involved compiling evidence of the district's clinical trial policies, procedures and governance documents. This evidence was used as part of the districts' clinical trial assessments. The Office supported five NSW Health public sites in successfully completing an assessment and becoming accredited to run clinical trials.

Clinical trial policy and process

As part of its accreditation assessment, the Sydney Children's Hospitals Network completed the first evaluation of its clinical trial service within the *National Clinical Trials Governance Framework* (NCTGF). The NCTGF aims to embed research into clinical care, ensuring safe, high-quality clinical trials for better health outcomes. The Network's clinical trial service was evaluated against two key standards: a clinical governance standard and a partnering with consumers standard, and achieved accreditation. A clinical trial sponsorship committee and sponsorship policy were established, outlining the review and approval process for investigator-initiated clinical trials seeking Network sponsorship. This process ensures appropriate oversight of all Network-sponsored clinical trials and includes a risk assessment process to ensure proper mitigation strategies for all trial activities.

Develop and maintain a record of clinical trials staff in NSW Health

The Clinical Trials Register of Staff (CiTRoS) has been developed by NSW Health to capture informative data about the clinical trials workforce across the state. Limited information exists about employment structures and formal clinical trial training for the clinical trial workforce within government, academic, and private institutions. The Office for Health and Medical Research completed a pilot at two local health districts, one specialty health network and one interstate local health network. The pilot showed successful data collection by users, which is the first stage of CiTRoS.

Establish Clinical Trial Support Units across NSW

Seeking to increase access to clinical trials across the state, the Office for Health and Medical Research supported the establishment of three clinical trial support units through the Rural, Regional and Remote Clinical Trial Enabling Program in Northern, Western, and Southern NSW. These units will develop clinical trial infrastructure and support clinical trial delivery across rural and regional NSW. This was achieved in partnership with ACT Health and Canberra Health Services, and through funding from the Australian Government Medical Research Future Fund. Following a merit-based grant application and independent review process, funding was allocated to establish the three clinical trial support units which became officially operational in April 2024. The Office continues to collaborate closely with the units as they work to achieve key priorities to ensure their sustainability.

Quality Recognition Scheme for early phase clinical trial sites

The Quality Recognition Scheme is part of the *Early Phase Clinical Trials Framework* and is designed to measure clinical trial units against best practice standards of clinical and research care. Across NSW, five pilot site visits have been completed at academic, private, public, regional, and paediatric locations. Clinical Trial NSW staff are completing training to become lead auditors for the next tranche of site visits.

Establish a Rural, Regional and Remote Community of Practice

Access to a dedicated Community of Practice for rural and regional clinical trial staff is limited in some areas of NSW. The Office for Health and Medical Research's Rural, Regional and Remote Clinical Trial Enabling Program established a working group of regional staff, institutions, and industry partners to develop a model for a Community of Practice. An embedded mentorship program for resource recruitment will be implemented in early 2025.

Supporting the use of data in research

In March 2024, the Office for Health and Medical Research committed \$4 million for big-data-driven health research projects that aim to improve the use of data linkage for accelerating research activities; and translating that research into health outcomes. The two projects that were prioritised to maximise the use of NSW Health's data in developing and delivering precision medicine include, securing social licence for the use of patient information, and optimising use of the statewide data lake to enable research.

Establishing program logics and standardised outcome reporting metrics

Program logic models describe how a program intends to deliver its aims by visually linking activities with outputs and short, medium and longer-term outcomes. Program logics are now in place across all grant programs run by the Office for Health and Medical Research to guide evaluation.

In February 2024, the Office for Health and Medical Research used a program logics model and standard outcome reporting metrics to evaluate the COVID-19 Research Grant program. The evaluation provided key insights into the health, social, and economic benefits of the program for NSW; and advanced knowledge relating to the COVID-19 response and recovery, policy and programs, clinical care, and community health outcomes.

This financial year the Office has also undertaken an evaluation of the Early-Mid Career Grant program and commenced evaluation of the Cardiovascular Research Capacity program.

Building system capability through healthcare redesign

The Agency for Clinical Innovation's Centre for Healthcare Redesign offered a statewide graduate certificate program aimed at supporting health staff tackle strategic healthcare challenges and foster innovation. During the past year, the program experienced high demand, admitting 116 new students who initiated 38 local projects focused on enhancing access to surgical services. The achievements of 86 students were celebrated at 3 graduation ceremonies. In partnership with the University of Tasmania, a symposium highlighted successful redesign outcomes, underscoring the program's role in advancing sustainable healthcare futures and enhancing system capability and service innovation across NSW Health.

Innovation Exchange showcases local healthcare innovations

The Agency for Clinical Innovation's Innovation Exchange highlights solutions that can be adapted to suit other local healthcare challenges without needing to duplicate work that has already been completed. During the past year, more than 60 new projects were added to the platform, offering adaptable solutions for local healthcare challenges. Themed collections to promote collaboration and knowledge sharing among health professionals were introduced. The first collection, launched in June 2024, focuses on projects that highlight care at home and in the community.

Building research capacity in NSW

To build cancer research capacity, the Cancer Institute NSW supported 42 early and mid-career researchers through fellowships. A research Fellows' Forum event was held to support collaboration, and the Institute sponsored the NSW Cancer Research conference to showcase existing and emerging strengths in cancer research across NSW and beyond. The Cancer Institute NSW also provided \$5 million annually to the sector through its support to clinical trial units across NSW. The Institute also supported 63 of the state's clinical trial workforce to attend training and education events, including representation and participation of staff from regional and rural areas.

Support early career researcher funding

Applications for round six of the Early-Mid Career Grant program opened in September 2023 and closed in December 2023. The funding focused on advanced therapeutics and prioritised researchers ready to take their career to the next stage by developing and leading a multidisciplinary team that brings clinicians and basic scientists together. In 2023–24, applications were assessed and five early to mid-career researchers were awarded \$500,000 in funding for their research in personalised and precision medicine for cancer, RNA nanomedicines, and therapeutic targeting.

Research equipment grants

In 2024, Cancer Institute NSW awarded two research equipment grants (\$1.4 million) to support multidisciplinary approaches to cancer research and world-class infrastructure to accelerate cancer research:

- Professor Georgina Long AO (Melanoma Institute Australia) was awarded funding for an imaging system that will allow researchers to spatially identify immune and tumour cells populations and their interactions across various cancer types.
- Professor Paul Timpson (Garvan Institute of Medical Research) was awarded funding for an Akoya-PhenoCycler Fusion 2.0, capable of concurrently detecting and visualising multiple biomarkers in whole patient tissue sections.

Genomics Workforce Planning Program pilot

In collaboration with the Workforce Planning and Talent Development branch, the Health Education and Training Institute successfully coordinated and delivered a Genomics Workforce Planning Program pilot in March to April 2024. The Program aimed to build workforce planning capabilities within the currently small but critical NSW Health Genomics workforce. The evaluation of the program highlighted its effectiveness in delivering valuable learning experiences and fostering skill development among the pilot cohort.

5.2 Ensure health data and information is high quality, integrated, accessible and utilised

NSW Population Health Survey

In 2023, 13,302 people participated in the NSW Population Health Survey. The survey is used to monitor key health risk factors in the community including smoking rates, alcohol use, physical activity participation, and fruit and vegetable intake. This information helps support health service planning and delivery, as well as monitoring progress on key strategic initiatives. The data are made available to the community via HealthStats NSW.

Statistics and insights on the health of the NSW population

The Centre for Epidemiology and Evidence supports HealthStats NSW, a public open data platform providing statistics and insights on the health of the NSW population. Users can explore a range of health topics, including for population sub-groups and locations, to inform and enhance local health monitoring, planning and policy activities. In 2023–24, HealthStats NSW attracted approximately 2,900 users per month, an increase from 2,200 users per month in 2022–23.

Data linkages

In 2023–24, the Centre for Health Record Linkage (CHeReL) linked and released more than six billion records from health and human services data collections, and supported more than 100 data linkage projects across NSW Health, other state government agencies and the research sector. Data released by the CHeReL this financial year enabled a wide range of projects aligned with NSW Health and broader NSW Government strategic priorities. Data linked by the CHeReL supported the evaluation of NSW Health programs, such as Towards Zero Suicides, which will improve the design and delivery of suicide prevention initiatives.

Making data accessible to researchers

The Bureau of Health Information (BHI) continued work to maximise the value and use of data through data linkage and sharing. BHI has pioneered safe data sharing by enabling appropriately skilled experts to access anonymous unit record data via a secure access environment. A number of research projects have been approved to use the NSW Patient Survey Program dataset to generate high-value insights designed to inform improvements in patients' experiences and outcomes. BHI is also creating linked data assets, bringing together concurrent admission episode information with survey responses, with a view to making them available for research.

Data to improve care

BHI undertook additional data analyses to produce new insights into average lengths of stay for patients admitted to NSW public hospitals, and the adoption and use of Hospital in the Home across local health districts. These insights were produced as part of special reporting in BHI's Healthcare Quarterly report series, which offers additional analyses of the context and main drivers for key activity and performance measures in the report, helping to identify opportunities to improve care.

Improving digital access to healthcare performance information

BHI made healthcare performance information easier to navigate by launching a new and improved website. The website organises information in a more user-friendly way and delivers custom data tools that allow exploration of detailed data, including trends and the ability to compare performance between hospitals and districts. The new website is based on extensive user research to ensure it responds to key stakeholders' needs and is part of BHI's ongoing digital-first approach to reporting.

Timely cancer statistics

The Cancer Institute NSW released an updated version of its digital dashboard, Cancer Statistics NSW. It provides access to timely cancer data and insights to enable impactful decision making and improve cancer control in NSW. Data across 29 cancer types, clinical trials, BreastScreen NSW participation, and the most common cancers among Aboriginal people in NSW is available in a user-friendly format. Specific cancer data can also be broken down by local health district and local government area levels. The Multicultural Demographics Data Explorer was also launched, providing easy access to comprehensive data on the state's multicultural community to support health planning.

Enduring Cancer Data Linkage program

Data from two new data assets are now available for researchers, on request or as part of the Enduring Cancer Data Linkage (CanDLe) program. CanDLe enables approved researchers to access data that has already been linked and can be used for ethically approved research. CanDLe now contains data from 16 NSW and ACT data collections. The new data assets include NSW data from the Prostate Cancer Outcomes Registry NSW, and data on radiotherapy treatment for notifiable cancers treated in radiation oncology centres and hospitals (All Radiotherapies Data Collection).

Improvements in financial data connectivity

Enterprise Data Management Cloud System, and Oracle Enterprise Management data application work has continued as the financial planning, reporting, forecasting, budgeting, and general ledger finance applications have transitioned to the cloud. This will enhance the financial data quality and reporting capabilities across the system. The transition has been supported by the *NSW Health Financial Data Governance* and *Master Data Management* frameworks that were released in early 2023–24.

Radiology requests in Patient Flow Portal

In 2023–24, the State Operational Data Store Program enhanced the electronic journey boards to display radiology orders and their status in the Patient Flow Portal. This assists teams across NSW Health facilities plan clinical care by including diagnostic procedures, and streamlines communication between ward and radiology department staff. The team also delivered the automatic 'Waiting for What' portal for radiology procedures that exceed an agreed timeframe threshold. This assists in identifying procedures that require action and timely management.

Single Digital Patient Record

In October 2023, eHealth NSW reached a key milestone for the Single Digital Patient Record (SDPR) and appointed a technology provider following a rigorous procurement process. Readiness assessments took place in late 2023 in partnership with local health districts and specialty health networks which confirmed the implementation plan for the SDPR. In early 2024, the core program team was established. In May 2024, the Single Digital Patient Record Implementation Authority (SDPRIA) was established to oversee the implementation of the SDPR.

Infrastructure Refresh Program

The Infrastructure Refresh Program continued to transition IT infrastructure from on-premises to the cloud. As of 31 May 2024, 60 per cent of critical eHealth NSW business applications were hosted on eHealth NSW's public cloud platform. As a result, the program saved 318,000 clinical productivity hours, achieved a 70 per cent reduction in unplanned outages and a 50 per cent reduction in maintenance windows.

Education and engagement in activity based management

The Activity Based Management (ABM) team's education strategy provides easily accessible information and training sessions at a state, local health district, and service level. This includes operational training for the ABM portal and clinical variation applications. The number of sessions in the ABM portal has increased from 13,198 in 2023 to 16,986 in 2024.

The Activity Based Management Branch continues to engage with the Independent Hospital and Aged Care Pricing Authority and National Health Funding Body, highlight the impact on National Health Reform Agreement funding on classification changes; and is working to mitigate potential funding risks.

Student clinical placement reporting

The Health Education and Training Institute facilitated more than 8.3 million placement hours for almost 47,000 students across NSW Health. The majority of placement hours covered the following disciplines in NSW Health:

- nursing placements (3.8 million hours and almost 25,000 students)
- medicine (2.3 million hours and almost 10,000 students)
- various disciplines of allied health (1.4 million hours and almost 6,500 students)
- midwifery (194,000 hours and almost 1,100 students)
- diagnostic radiography (196,000 hours and almost 1,000 students)
- dentistry and oral health (406,000 hours and almost 1,200 students).

The Health Education and Training Institute work closely with the NSW Ministry of Health and other NSW Health stakeholders and education providers as required on policies and practices regarding student workforce and how these can be supported and monitored.

Travel reporting dashboard supports sustainable spend

The Travel Reform Program was successfully launched in March 2024, consolidating 22 individual booking platforms into a unified “OneHealth” online booking dashboard. HealthShare NSW manages the new travel dashboard for directors of finance and select personnel to manage and monitor travel expenditure. The user friendly dashboard allows greater visibility and easy monitoring of travel activity against key performance indicators, allowing NSW Health to manage its travel budgets in a more efficient manner. It aims to improve policy compliance, encourage savings, facilitate staff bookings across multiple entities, and offer comprehensive insights into NSW Health's travel through consolidated reporting.

The dashboard is one of a number of user-friendly dashboards developed by HealthShare NSW to provide Health entities with a greater understanding of operational activity, expenditure and opportunities for further efficiencies.

5.3 Enable targeted evidence-based healthcare through precision medicine

NSW Health genomics

NSW Health is midway through implementation of the *NSW Health Genomics Strategy*. The Strategy aims to incorporate the benefits of genomics into the NSW Health System effectively and efficiently, and enable appropriate availability of precision medicine. In September 2023, a paper was published in the *Australian Health Review* outlining implementation of the *NSW Genomics Strategy*, embedding genomics as a mainstream component of clinical care. To support healthcare professionals with emerging responsibilities in genomics, 50 scholarships for the University of New South Wales Practical Medical Genomics short course were funded. A training package was also delivered to strengthen capabilities in workforce planning for leaders and those who support genomics services.

Therapy delivery via the Immune Effector Cell Service

Since 2020, the Agency for Clinical Innovation and NSW Ministry of Health have supported the delivery of CAR T-cell treatments in selected NSW hospitals, benefiting more than 200 patients with resistant blood cancers (80 patients were treated in the last year). The Immune Effector Cell Service ensures regulatory compliance, patient support, and treatment efficacy. The focus for 2023–24 was the expansion of treatment activity, the finalisation of state referral pathways, patient resources, and service planning. The *2023–2028 Immune Effector Cell Service Plan* supports system preparedness for safe, equitable access to cell therapies. The service aims to treat 1,000 patients over the next 5 years, adapting to emerging therapies.

Viral Vector Manufacturing Facility

A registered, independent commercial entity funded by NSW Government – the Viral Vector Manufacturing Facility Pty Ltd – was established in February 2024. The Office for Health and Medical Research supported the establishment of the new company, using existing connections to bring together key stakeholders, and seeking advice from key opinion leaders and experts. A smaller scale manufacturing suite is operational in gene therapy research and the first clinical trial to use vectors from the facility is anticipated to commence in 2025. Construction of a larger scale manufacturing suite is progressing.

Non-Animal Technologies Network

Funding of \$4.5 million for a targeted competitive grant program to reduce and replace animals in medical research was allocated to NSW Health, to the Office for Health and Medical Research in December 2023. The Office developed a plan to establish the Non-Animal Technologies Network (NATNet) and identified eight founding partner organisations, following two independent expert reviews of the Non-Animal Technologies Network proposal. The Office entered into a funding agreement with an administration organisation, University of New South Wales, to administer the funding for NATNet in June 2024. The Office supported the establishment of Australia's first Non-Animal Technologies Regulation Working Group to inform regulatory approaches for non-animal models by liaising with key stakeholders to gather advice on appropriate parties to be involved and prioritised. Terms of Reference have been co-designed with relevant regulatory agencies and research organisations including CSIRO, and were effective from March 2024. The first meeting is scheduled for August 2024.

5.4 Accelerate digital investments in systems, infrastructure, security and intelligence

Digital solutions for activity based management

The Activity Based Management (ABM) team leads the development, testing, implementation, education and training for activity based management tools. These tools provide digital solutions for NSW Health staff to access cost and activity information to provide insights into service delivery, cost and funding to support evidence-based decision making. ABM has modernised the server environment from an on-premise to cloud based solution to provide a robust platform for data processing. The team has focused on data integrity as part of NSW Health's transition from the Health Information Exchange to Enterprise Data Warehouse.

Real time dashboards

In 2023–24, the NSW Ministry of Health continued to develop and implement dashboards for administrative staff and for people managers that bring together a centralised point of access from different systems. The dashboards provide continuous monitoring of several metrics and have resulted in enhanced reallocation of software licences, more efficient onboarding and offboarding of staff and contractors, enhanced management of network access, and improved access to other employee metrics.

Statewide Data Centre Reform Program

The statewide Data Centre Reform Program continued to work with NSW Health organisations to migrate locally managed, in-scope applications and related on-premise infrastructure to the NSW Health cloud platform. The program was responsible for migrating 87 per cent of the target applications and 83 per cent of the target supporting infrastructure to the cloud. The residual migrations were handed over to the respective health organisations for completion.

ICU Discharge Performance Dashboard

In 2023–24, the State Operational Data Store Program implemented the Intensive Care Unit (ICU) Discharge Performance Dashboard in the Patient Flow Portal. The Dashboard provides visibility of ICU discharge performance, promoting a whole of hospital approach to streamline effective patient flow through the ICU.

Expanded Patient Reported Measures Program and Health Outcome Patient Experience platform

There was significant growth of the Patient Reported Measures Program. The Health Outcomes and Patient Experience (HOPE) IT platform expanded significantly. Enhancements included new surveys, improved reporting, and integration with the electronic medical record. HOPE is now used within 817 services. More than 46,000 patients and carers were engaged, and more than 119,000 surveys collected from patients about their care outcomes and experiences in the last year. The phase two launch of HOPE reinforced NSW Health's commitment to value based care, digital health enablement, and collaboration across the healthcare system.

Enhancing virtual care in NSW for clinicians and patients

In 2024, the Agency for Clinical Innovation continued to advance virtual care through education, technology integration, and consumer-focused strategies, ensuring equitable healthcare delivery statewide. The Agency for Clinical Innovation updated the *Virtual Care in Practice Guide* to a digital format providing more comprehensive support for healthcare professionals in implementing virtual care. In addition, the new Virtual Care in Palliative Care Toolkit integrates practical resources into end-of-life care practices, complementing existing clinical principles for palliative care. These initiatives enhance accessibility and quality of virtual care across NSW, supported by a consolidated resource list for clinicians, patients, and families.

Digitised remote patient monitoring guidance

Guidance on integrating Remote Patient Monitoring (RPM) for heart failure, type 2 diabetes, and chronic obstructive pulmonary disease was published by the Agency for Clinical Innovation. The comprehensive resources include patient pathways and operational models, offering clinicians and health services detailed guidance for setting up and delivering RPM services in NSW. The guide supports the integration of RPM into clinical practice, facilitating remote collection, transmission, and analysis of health data to manage patient conditions effectively. This initiative enhances virtual care delivery by providing best practices and sample care pathways tailored to specific health conditions.

Forensic Medicine Information System

NSW Health Pathology's Forensic and Analytical Science Service completed the Forensic Medicine Information System. The digital solution combined case information into single-source case records; enabled e-referral to the coroner; and supported secure transfer of information between Forensic Medicine and courts, helping to improve the experience of bereaved families.

FASS DNA Robotics

NSW Health Pathology's Forensic and Analytical Science Service (FASS) installed and began validation of a \$4 million state-of-the-art Forensic DNA robotics system. A part of the FASS Criminalistics Service, it will enable faster DNA testing for intelligence-led policing and crime disruption strategies and is due to be operational in 2025. The service is the busiest forensic DNA lab in Australasia, processing up to 100,000 DNA crime samples each year.

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Strategic outcome 6

The health system is managed sustainably

The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.

6.1 Drive value based healthcare that prioritises outcomes and collaboration

Driving strategic alignment

In 2023–24, the NSW Ministry of Health leveraged its Strategic Investment Committee to guide consideration and prioritisation of new policy proposals ahead of the 2024–25 NSW State Budget. Policy proposals were developed in collaboration with Health entities, with input from policy, finance and economic leads within the NSW Ministry of Health, and in compliance with NSW Treasury requirements. The 2024–25 submission set a new benchmark with an increased level of supporting evidence and rigour accompanying NSW Health policy proposals.

Value based healthcare for the alcohol and other drugs sector

The Centre for Alcohol and Other Drugs conducted 16 NSW Clinical Care Standards alcohol and other drug treatment workshops forums in 8 regions across NSW. Sessions brought together local health districts, non-government organisation treatment providers, and Aboriginal Community Controlled Organisations to consider the role of the standards in ensuring all people seeking alcohol and other drug treatment receive high standards of person-centred, trauma-informed care.

Value based commissioning in the Australian Health Review

In March 2024, a paper published in the *Australian Health Review* shared NSW Health's experiences in achieving value through a focus on outcomes in non-clinical and clinical support services. The article, *Taking a value based commissioning approach to non-clinical and clinical support services*, highlighted local examples from across the state. These included the Sydney Local Health District Virtual Wound Care Command Centre; the Southern NSW Local Health District Robotic Surgical Assistant; the Northern NSW Local Health District medical imaging services; and the HealthShare NSW Project CHEF (Co-Designing Healthy and Enjoyable Food) piloted at Bowral and District Hospital in Southern NSW.

Collaborative Commissioning regional partnership

Collaborative Commissioning is a partnership between local health districts and primary health networks. It addresses community health needs, helps reduce hospital visits, and promotes local autonomy and accountability for patient-centred care. The South Eastern NSW Collaborative Commissioning Partnership is between the South Eastern NSW Primary Health Network, Illawarra Shoalhaven Local Health District, and Southern NSW Local Health District. The partnership developed a local pathway, supported by local and international evidence, to care for people with chronic obstructive pulmonary disease. Implementation will begin in 2024–25.

Registry of Outcomes, Value and Experience

The Registry of Outcomes, Value and Experience (ROVE) is a virtual registry which links service and system level patient experience, outcomes, activity and clinical data. It is continually used to monitor and evaluate the impact of key NSW Health initiatives. In 2023–24, the NSW Ministry of Health enhanced ROVE by expanding it to further cohorts, including both menopause and virtual care initiatives. Options are also being scoped to upgrade the platform to improve usability and performance.

Reporting for Better Cancer Outcomes

The Cancer Institute NSW leads the Reporting for Better Cancer Outcomes program, which reports on performance and trends in cancer prevention, screening programs, treatment services, clinical trials and research. This financial year, 187 reports and resources were developed across 15 different areas of cancer control. The 2023 suite of reports included the third *Aboriginal People in NSW* report. It provides insights into cancer care for Aboriginal people compared to non-Aboriginal people, across the care continuum.

Understanding and measuring clinicians' experience of care

Co-designed with clinicians for clinicians, the NSW Ministry of Health and Macquarie University developed an innovative tool to better understand and measure clinicians' experience of care.

In 2023–24, the tool was used to inform evaluations of key NSW Health priorities including:

- the *NSW Virtual Care Strategy*
- Leading Better Value Care initiatives
- statewide diabetes initiative
- Virtual Rural Generalist Service.

Driving continuous quality improvement with collaboration

Throughout 2023–24, the Cancer Institute NSW harnessed the clinical expertise of more than 175 stakeholders across NSW and ACT, engaging in 13 cancer clinical advisory groups and consultations across 7 tumour streams. These experts assist in the effective reporting of health data through their understanding of the clinical context. The group includes a mix of clinicians, with a third representing regional or rural local health districts.

New agreement to co-fund innovative health trials

In May 2024, the NSW and the Commonwealth Governments signed a bilateral agreement to support and fund five innovative models of care being trialled between 2022 and 2025. The programs total more than \$100 million, with a Commonwealth contribution of more than \$40 million. This funding allows NSW Health to continue exploring new ways to deliver virtual and community health services to improve outcomes. During the agreement term, outcomes of the trials will be provided to Health Ministers, and the Independent Health and Aged Care Pricing Authority to inform both future innovative funding models and inclusion as part of the mainstream funded services.

Economic evaluation of Lymphoedema Early Intervention and Prevention Program

The Lymphoedema Early Intervention and Prevention Program is designed to prevent and better manage upper limb lymphoedema in patients who have undergone breast cancer surgery with lymph node removal. The NSW Ministry of Health undertook a NSW Health system-wide economic appraisal to assess the system benefits and costs arising from implementing the program. The analysis show that the initiative was cost-effective and provided benefit to patients and the system. The findings of the economic appraisal has supported decisions on future investment to continue the program across NSW beyond funding period.

Enhancing planned surgery with comprehensive improvement resources and support

In collaboration with the NSW Ministry of Health and the Surgical Care Network, the Agency for Clinical Innovation delivered a comprehensive planned surgery improvement program. The program enhanced patient outcomes, optimised resource allocation, and improved staff experience through the development of audit indicators for value based procedures. It also enhanced recovery after surgery, prehabilitation, and same-day joint replacements. Online resources support local adaptation and implementation. Tailored clinical redesign approaches were implemented at several hospitals, guided by diagnostic assessments to address local challenges, and capitalise on opportunities to improve patient care.

Statewide expansion of DeliverEASE framework

DeliverEASE is an award-winning, custom designed framework transforming the NSW Health medical consumable supply chain by optimising processes from the point of receipt of goods at the hospital dock to ward storerooms. During the last financial year, *DeliverEASE* was expanded to an additional 14 hospitals, taking the total to 40. Program extension has been approved until December 2024, including the rollout of a more tailored program for smaller and more remote sites, *DeliverEASE-Lite*.

Supply chain traceability solution implementation

The SmartChain Program (part of NSW Health Procurement Reform) aims to connect and digitise procurement and supply chain processes by delivering a series of solutions across NSW Health. Following the successful trial and implementation of the SmartChain Supply Chain Traceability solution with the Nepean Blue Mountains Local Health District, broader statewide implementation commenced. Traceability is a centralised, end-to-end solution that can track and assess item usage (including implantable devices and other products) across the supply chain at department, facility, local health district or statewide levels, improving visibility and stock management. The solution went live in 4 local health districts with high system usage of 93 per cent, and sites reporting benefits including reduction in free text orders and increases in no-touch purchase order processing.

Patient Transport Service delivers new reservations model

HealthShare NSW's Patient Transport Services trialed a new reservations model with the Hunter New England Local Health District in 2023. The model uses a 'reservations' approach to allocating trips, with greater certainty over transport times and less re-work to change and re-prioritise bookings. Results showed notable improvements across several areas including:

- **Timeliness:** 81 per cent of bookings made on time and major delays reduced from 22 per cent to less than 1 per cent
- **Flexibility:** 80 per cent of all bookings made within 4 hours of the preferred time
- **Productivity:** overtime hours reduced by 50 per cent
- **Cancellations:** dropped from 18 to 13 per cent.

A statewide expansion of the model is planned to start in late 2024.

Supporting best practice perioperative care

The Agency for Clinical Innovation launched a revised Perioperative Toolkit to support surgical services across NSW public hospitals to optimise patient care and outcomes. The toolkit offers information and resources for continuous quality improvement for perioperative structures, processes and outcomes. It also fosters knowledge-sharing and collaboration among the members of the multidisciplinary perioperative teams.

6.2 Commit to an environmentally sustainable footprint for future healthcare

NSW Health Net Zero Roadmap 2024–2030

The Climate Risk and Net Zero Unit is coordinating the development of NSW Health's first *Net Zero Roadmap 2024–2030*. The Roadmap outlines how our system is working towards the NSW Government's net zero targets of 50 per cent emissions reduction by 2030 and net zero by 2050. Statewide consultation with the public and staff concluded on 31 May 2024 with more than 2,200 contributions. The Climate Risk and Net Zero Unit has reviewed existing carbon footprint outputs to develop resources demonstrating how the system will deliver against the net zero targets. The final Roadmap is expected to launch in 2025.

Sustainability key performance indicators

The NSW Ministry of Health introduced new key performance indicators for environmental sustainability in the 2023–24 Service Level Agreements with local health districts and specialty health networks. The indicators track progress in reducing nitrous oxide (emissions per admitted patient service event), and desflurane reduction (number of vials of desflurane purchased as a percentage of all volatile anaesthetic vials). NSW Health has already observed a marked reduction in desflurane utilisation since 2019, and will continue to monitor the number of vials purchased.

Climate change adaptation

The *NSW Climate Change Adaptation Strategy* requires each NSW Government agency to appoint a climate change risk officer. This role has been established in the NSW Ministry of Health to support agencies in addressing the directions and actions of the strategy, including embedding climate change risk and adaptation across NSW Health.

Staff input into net zero

The Health Education and Training Institute – Net Zero Project partnered with the Climate Risk and Net Zero unit to internally lead the co-design, training, resource development, and delivery of 37 virtual staff sessions gathering feedback on the draft *NSW Health Net Zero Roadmap 2024–2030*.

The Sustainable Futures Innovation Fund

The Sustainable Futures Innovation Fund provides up to \$25,000 to support staff-led innovation projects that improve patient care and reduce the environmental footprint of NSW Health. In 2023–24, staff across the NSW Health System completed 17 projects. Successful project case studies will be available on the Agency for Clinical Innovation's Innovation Exchange platform from mid-2024.

The Supplier Roundtable Report

The Climate Risk and Net Zero Unit held roundtable events with NSW Health's top 20 suppliers to understand how environmental sustainability is being considered across NSW Health's supply chain. A report outlining actionable recommendations to improve supply chain sustainability, deliver high-value care, and foster sustainable partnerships was provided by the Climate Risk and Net Zero Unit to relevant stakeholders in April 2024.

The NSW Health Net Zero Leads Program

The pilot Net Zero Leads Program brought together change agents from across the NSW Health System to lead a network of like-minded peers working in partnership to develop and implement scalable, low-carbon models of care for their respective clinical areas.

In May 2024, the Agency for Clinical Innovation and Climate Risk and Net Zero Unit developed and published project case studies on the Agency's Innovation Exchange platform showing savings from these small local projects, including:

- computerised tomography switch achieving savings of 5,500 kilograms of CO₂e
- The Gloves Off! project achieved savings of 2,566 kilograms of CO₂e, diverting 260 kilograms of waste from landfill.

NSW Health's Asset Management Energy Program

NSW Health continues to roll out solar panels across the network, with seven per cent of electricity needs now being solar generated. This reduces NSW Health's electricity bill by \$10 million per annum. In the 2023–24 financial year, NSW Health increased its total solar capacity by about 9 per cent, by installing 26 new solar panel systems at both large and small sites. This includes new large-scale systems at Sydney Children's Hospital, Wyong Hospital, and Wagga Wagga Base Hospital. NSW Health continues to investigate innovative solutions to address rising energy costs and reduce carbon emissions as part of the NSW Government's net zero targets. This includes trialling the National Australian Built Environment Rating System for NSW Health facilities' benchmarking requirements.

Growing our fleet of electric vehicles

In 2023–24, NSW Health's electric fleet grew to 65 vehicles, and charging infrastructure was installed at 14 local health districts and specialty health networks. Fleet electrification and hybrid innovations are being embedded as a business-as-usual practice to support sustainable asset management and NSW Health logistics and operational requirements across metropolitan, regional and rural locations. In addition, the Comprehensive Expenditure Review program has resulted in the reduction of 357 passenger fleet vehicles during 2023–24.

A sustainable future for our children and young people

The Sydney Children's Hospitals Network has committed to net zero for scope 1 and 2 emissions by 2035, established its carbon footprint, and identified 12 emission hotspots. The Network is addressing their largest emissions source, electricity, by minimising fossil fuel use and maximising renewable integration. Two major redevelopments will be fully electrified to significantly reduce fossil fuels from building operations. A 3,200-square-metre solar installation generating 714 kilowatts of power has been installed on the new carpark at The Children's Hospital at Westmead. The installation powers 75 electric vehicle charging stations, and will support an all-electric fleet and utilise surplus energy for existing hospital infrastructure. The Network established a Sustainability Community of Practice and Net Zero Leads, to engage the clinical workforce and drive projects delivering low carbon, low waste models of care.

Sustainable water technology for hospital kitchens

HealthShare NSW is reducing reliance on chemicals for cleaning and sanitisation in its food services operations, with the implementation of a new sustainable water technology (eWater). eWater uses a continuous supply of biodegradable electrolysed water to replace synthetic chemical-based cleaning and sanitising products, providing a safer, more sustainable, and efficient cleaning alternative. In 2023–24, eWater was implemented across 120 food service sites and 2 food production units as part of a statewide rollout. Implementation of eWater across food service sites reduces chemical usage and handling, improving staff safety and reducing reliance on single-use plastics. Direct chemical savings for the sites that have the system installed are also being tracked.

Leasing efficiencies for corporate accommodation

NSW Health continues to support and participate in Property and Development NSW's initiatives to improve leasing efficiencies for corporate accommodation. NSW Health data has been evaluated by Property and Development NSW and modelling has been presented and validated to inform and assist with NSW Government projects, including office hubs, consolidated accommodation and improved utilisation. In 2023–24 NSW Health achieved a reduction of \$5 million in corporate annual leases.

6.3 Adapt performance measurement and funding models to targeted outcomes

NSW Health Purchasing Framework

The *NSW Health Purchasing Framework* describes the processes to define the mix of services and the level of activity to be purchased each year from local health districts and specialty health networks. It is underpinned by goals and principles, a clear description of the outcomes, the measures, and targets to be used, and the expected level of performance. In December 2023, the NSW Ministry of Health held a workshop as part of the evolution of the *NSW Health Purchasing Framework*, to better align how we fund our health services with the delivery of the outcomes of Future Health. Insights from the workshop fed into the revision and improvement of the *NSW Health Purchasing Framework*.

Continued embedding whole-of-life principles in goods and services procurement processes

Health Infrastructure NSW standardised procurement processes and contracts, in line with whole-of-government commitments, fostering collaborative and sustainable capital procurement. This includes tender schedules and assessment criteria, which leverage industry expertise and innovation to drive sustainable design and delivery outcomes that address whole-of-life impacts. Health Infrastructure NSW's Statement of Participation ensures procurement pipeline visibility and transparency of tendering processes, enabling industry planning and tendering. Early contractor involvement on projects including Eurobodalla Regional Hospital Development, is yielding design and commercial benefits including increased function of site layout, improved overall building envelope, and enhanced plant room integration. Collaboration with the NSW Ministry of Health, HealthShare NSW and eHealth NSW, focused on whole-of-life costings for better value, while partnerships with Infrastructure NSW and industry enabled successful participation in whole of government initiatives including the Women in Construction program.

Category strategies

NSW Health has developed category strategies across whole of health goods and services categories. These category initiatives identify saving opportunities to meet fiscal targets, create medium to long term strategic opportunities, and aim to mitigate price risk. NSW Health, through internal shared service entities, continues to build supplier relationships, sharing information and working together to reach collaborative solutions that achieve improved value based healthcare outcomes. Collaborative supplier relationships also facilitate innovation, and can identify potential savings opportunities, while creating robust and resilient supply chain dynamics to secure continuity of critical products and services.

Education and system collaboration

The Procurement Academy was launched in March 2023 to provide training for NSW Health procurement professionals and uplift procurement capability through best practice procurement knowledge sharing. The training content from the Procurement Academy has also been customised and delivered to non-procurement professionals, delivering broad procurement knowledge to the NSW Health System. The courses, presented by procurement professionals from NSW Health, continue to be offered through the Finance, Procurement and Asset Management Academy through the Health Education and Training Institute.

Asset data-driven strategy development and decision-making

NSW Health continued its asset data-driven approach to enhancing strategy development, performance outcomes, and asset management efficiencies. Activities included:

- streamlining and consolidating data sources
- development of a data repository to enable evidence-based decision-making
- appropriate resources, such as through leasing versus capital tools, risk and cost evaluation systems, and measurement guidelines.

NSW Health transitioned to a new methodology for the prioritisation and forecasting of asset-related minor works and equipment expenditure. The approach utilised data from various health entities' asset management plans to leverage statewide aggregated procurement opportunities.

Streamlining patient billing functions across NSW to improve efficiency

NSW Health began the process of replacing 10 patient billing systems with a single patient billing system operated via a single statewide shared service business model. The implementation of a single patient billing system includes digitising certain patient admission forms to improve the patient experience and reduce environmental impacts. This will help the health system be managed more sustainably by creating efficiencies from standardising processes and automation.

Costing Transformation Project

The Costing Transformation Project commenced in 2023. Led by the Activity Based Management Team, it aims to improve how the costing of services delivered by NSW Health is performed; provide more detailed information to better inform funding models; and reduce manual input by costing teams. A review and redesign of the cost allocation structure is underway as well as the implementation of a new costing system.

National Health Reform Agreement Addendum negotiations

The Government Relations Branch has coordinated the NSW response to the National Health Reform Agreement (NHRA) negotiations following a direction by National Cabinet for Health Ministers to commence negotiations in December 2023. Parties to the agreement were tasked to consider the recommendations of the Mid Term Review of the current agreement, which has a strong focus on creating a more integrated and sustainable health system.

The Activity Based Management team has been working collaboratively with Commonwealth and State governments to assess future options within the National Health Reform Agreement and State funding models.

Supplier relationship management

The Strategic Procurement Branch participates in whole of government working groups and forums, such as the Anti-Slavery Commissioner's Modern Slavery Working Group and the Aboriginal Procurement Community of Practice. NSW Health has attended events to support the First Nations business sector, and brought stakeholders together to connect and share information, including Aboriginal suppliers and NSW Government buyers.

Ongoing collaboration with the private hospital sector

NSW Health established Statewide Purchasing Agreement contracts with private hospital operators in 2022, so that the NSW Health System had additional capacity for planned surgery to reduce the number of people who had waited longer than clinically recommended for their procedure. A review of these statewide contracts was conducted in 2023–24 and the contracts expired at the end of the financial year. Local relationships between public and private facilities will remain, enabling continued collaboration when required.

Improving timely access to emergency care

St Vincent's Health Network achieved significant and sustained improvement in timely emergency care for the community, with a focus on enhancing access to care for patients arriving by ambulance. This is demonstrated in sustained improved performance in transfer of care times, with results in the last six months consistently exceeding the state benchmark key performance indicator. As a result of this improvement, between November 2023 and March 2024, the network released more than 1,500 hours of ambulance time back into the system to improve responsiveness of paramedic care.

6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

Regional Health Ministerial Advisory Panel

The first meeting of the new Regional Health Ministerial Advisory Panel was held in October 2023 and chaired by Dr Richard Colbran, Chief Executive Officer of the Rural Doctors Network. The 10-member panel was established to advise the Hon. Ryan Park MP, Minister for Health and Minister for Regional Health, and the NSW Health Secretary on opportunities and solutions to improve healthcare and health support services in regional NSW. The panel's priorities include responding to the recommendations of the NSW Parliamentary Rural Health Inquiry, strengthening the regional health workforce, and improving health outcomes and access to care for Aboriginal people.

Implementing Future Health

Ongoing collaboration with key partners and a robust governance structure is required to achieve the key objectives for Future Health. In 2023–24 executives across NSW Health met quarterly to oversee progress across the Future Health action plans and drive work on key focus areas such as health literacy; compassionate leadership; service planning; equity; multidisciplinary workforce models; research and innovation; and outcome-focused performance measurement and funding.

Major capital works

Major works in progress, cost to date, dates of completion, significant cost overruns or delays/amendments

This section lists Health Infrastructure NSW capital works in progress or completed (to 30 June 2024), including the cost of those works to date and the estimated dates of completion.

Note: The cost to date is project expenditure until the end of the 2023–24 financial year. Dates listed are physical completion dates. Health Infrastructure NSW's website contains up-to-date project completion dates. To be confirmed (TBC) completion dates will be advised once a construction contract is awarded.

| Project description | Location | Cost to date expenditure to 30 June 2024 (\$) | Construction completion date (actual, estimated or to be confirmed) | Status |
|--|--|---|---|--------------|
| Albury Wodonga Regional Hospital | Albury Wodonga Health | 8,607,000 β | TBC | Planning |
| Cessnock Hospital Redevelopment | Hunter New England Local Health District | 5,176,000 | TBC | Planning |
| Glen Innes Hospital Upgrade | Hunter New England Local Health District | 8,832,000 | TBC | Planning |
| Manning Hospital Redevelopment Stage 2 ## | Hunter New England Local Health District | 10,792,000 | TBC | Planning |
| Moree Hospital Redevelopment | Hunter New England Local Health District | 9,768,000 | TBC | Planning |
| Muswellbrook Hospital Redevelopment Stage 3 | Hunter New England Local Health District | 4,479,000 | TBC | Planning |
| Milton-Ulladulla Hospital Upgrades | Illawarra Shoalhaven Local Health District | 4,000 | TBC | Planning |
| Temora Hospital Redevelopment | Murrumbidgee Local Health District | 4,453,000 | TBC | Planning |
| Coffs Harbour Hospital Expansion | Northern NSW Local Health District | 191,392,000 β | 2023 | Completed |
| Grafton Base Hospital Redevelopment | Northern NSW Local Health District | 4,943,000 | TBC | Planning |
| Ballina District Hospital Redevelopment Planning | Northern NSW Local Health District | 528,000 | TBC | Planning |
| Canterbury Hospital Redevelopment | Sydney Local Health District | 346,000 | TBC | Planning |
| Batemans Bay Community Health | Southern NSW Local Health District | 1,652,000 | TBC | Planning |
| Bankstown Hospital (New) | South Western Sydney Local Health District | 14,254,000 | TBC | Planning |
| Fairfield Hospital Redevelopment | South Western Sydney Local Health District | 42,000 | TBC | Planning |
| Bathurst Hospital Redevelopment | Western NSW Local Health District | 8,605,000 | TBC | Planning |
| Blacktown and Mount Druitt Hospitals – Additional Beds | Western Sydney Local Health District | 285,000 | TBC | Planning |
| Wyong Hospital Redevelopment Stage 1 | Central Coast Local Health District | 184,137,000 | 2026 | Construction |

| Project description | Location | Cost to date expenditure to 30 June 2024 (\$) | Construction completion date (actual, estimated or to be confirmed) | Status |
|---|--|---|---|--------------|
| Wyong Cancer Day Unit | Central Coast Local Health District | 1,008,000 | 2026 | Construction |
| Wentworth Health Service Redevelopment | Far West NSW Local Health District | 8,378,000 | 2025 | Construction |
| Broken Hill Hospital Emergency Department | Far West NSW Local Health District | 1,683,000 | 2025 | Construction |
| John Hunter Health and Innovation Precinct (includes car park) | Hunter New England Local Health District | 332,171,000 | 2026 | Construction |
| Gunnedah Hospital Redevelopment | Hunter New England Local Health District | 11,121,000 | 2025 | Construction |
| New Shellharbour Hospital and Integrated Services (includes car park) | Illawarra Shoalhaven Local Health District | 149,350,000 | 2027 | Construction |
| Shoalhaven Hospital Redevelopment | Illawarra Shoalhaven Local Health District | 149,758,000 | 2026 | Construction |
| Griffith Hospital Redevelopment | Murrumbidgee Local Health District | 174,812,000 | 2025 | Construction |
| Nepean Hospital Redevelopment Stages 1 and 2 | Nepean Blue Mountains Local Health District | 747,891,000 | 2026 | Construction |
| Ryde Hospital Redevelopment | Northern Sydney Local Health District | 31,697,000 | 2028 | Construction |
| Tweed Hospital and Integrated Ambulatory Services Redevelopment | Northern NSW Local Health District | 704,526,000 | 2023 | Completed |
| Royal Prince Alfred Hospital Redevelopment | Sydney Local Health District | 185,121,000 | 2028 | Construction |
| Sydney Children's Hospital, Randwick – Stage 1 Children's Comprehensive Cancer Centre | South Eastern Sydney, Sydney Children's Hospital Network | 355,381,000 | 2025 | Construction |
| Sutherland Hospital Operating Theatre Complex (including MRI) | South Eastern Sydney Local Health District | 86,569,000 | 2023 | Completed |
| The Children's Hospital at Westmead Redevelopment Stage 2 (includes car park) | Western Sydney, Sydney Children's Hospital Network | 326,077,000 | 2025 | Construction |
| Randwick Campus Reconfiguration and Expansion Stage 1 – remaining fit-out | South Eastern Sydney Local Health District | 787,505,000 | 2025 | Construction |
| St George Hospital – Ambulatory Care, Day Surgery, Sub-Acute Inpatient Building (includes car park) | South Eastern Sydney Local Health District | 182,513,000 | 2026 | Construction |
| Cooma Hospital Redevelopment*** | Southern NSW Local Health District | 22,710,000 | 2024 | Construction |
| Eurobodalla Regional Hospital Development | Southern NSW Local Health District | 67,843,000 | 2027 | Construction |
| Goulburn Hospital Redevelopment | Southern NSW Local Health District | 157,581,000 ^β | 2024 | Construction |
| Bowral and District Hospital Redevelopment Stage 2 | South Western Sydney Local Health District | 30,289,000 | 2025 | Construction |
| Liverpool Health and Academic Precinct | South Western Sydney Local Health District | 409,922,000 | 2026 | Construction |

| Project description | Location | Cost to date expenditure to 30 June 2024 (\$) | Construction completion date (actual, estimated or to be confirmed) | Status |
|--|---|---|---|--------------|
| Cowra Hospital Redevelopment | Western NSW Local Health District | 23,429,000 | 2025 | Construction |
| Viral Vector Manufacturing Facility | Western Sydney Local Health District | 28,585,000 | 2025 | Construction |
| Westmead Redevelopment Stages 1A and 1B | Western Sydney Local Health District | 801,869,000 | 2025 | Construction |
| Port Macquarie Hospital Helipad Relocation and Car Park | Mid North Coast Local Health District | 27,249,000 | 2025 | Construction |
| Concord Hospital Car Park | Sydney Local Health District | 24,084,000 | 2024 | Construction |
| Oran Park HealthOne | South Western Sydney Local Health District | # | 2025 | Construction |
| Key Health Worker Accommodation – Far Western Region | Far West NSW Local Health District | 4,451,000 | 2025 | Construction |
| Key Health Worker Accommodation – Murrumbidgee Region | Murrumbidgee Local Health District | 1,865,000 | 2025 | Construction |
| Key Health Worker Accommodation – Southern NSW Region | Southern NSW Local Health District | 2,670,000 | 2024 | Construction |
| Maitland Integrated Community and Community Mental Health Service | Hunter New England Local Health District | 710,000 | TBC | Planning |
| Integrated Mental Health Complex at Westmead | Western Sydney Local Health District | 57,867,000 | TBC | Planning |
| Broken Hill – Acute Mental Health Inpatient Unit Upgrade | Far West NSW Local Health District | * | 2025 | Construction |
| Tamworth Mental Health Unit (Banksia), Tamworth Hospital | Hunter New England Local Health District | * | 2025 | Construction |
| John Hunter Hospital – Nexus Child and Adolescent Mental Health Unit | Hunter New England Local Health District | * | 2026 | Construction |
| Nepean Hospital – Child and Adolescent Mental Health Service | Nepean Blue Mountains Local Health District | * | 2025 | Construction |
| Concord Forensic Mental Health Unit | Sydney Local Health District | * | 2026 | Construction |
| Blacktown Forensic Mental Health (Bunya Unit Relocation) | Western Sydney Local Health District | * | 2024 | Construction |
| Blayney Multipurpose Service | Western NSW Local Health District | ** | TBC | Planning |
| Jindabyne Ambulance Station | Southern NSW | † | TBC | Planning |
| North Sydney Ambulance Station | Northern Sydney | ^ | TBC | Planning |
| Berowra Ambulance Station | Northern Sydney | ^ | TBC | Planning |
| South Windsor Ambulance Station | Nepean Blue Mountains | ^ | TBC | Planning |
| Oran Park Ambulance Station | South Western Sydney | ^ | TBC | Planning |
| Fairy Meadow Ambulance Station | Illawarra Shoalhaven | † | 2024 | Construction |
| Kingscliff Ambulance Station | Northern NSW | † | 2024 | Completed |
| NSW Ambulance Relocation – Fit-out | Sydney Olympic Park | 41,617,000 β | 2024 | Construction |

| Project description | Location | Cost to date expenditure to 30 June 2024 (\$) | Construction completion date (actual, estimated or to be confirmed) | Status |
|---|---|---|---|--------------|
| NSW Ambulance Virtual Clinical Care Centre | Sydney Olympic Park | 8,416,000 | 2024 | Construction |
| Wyong Palliative Care Unit | Central Coast Local Health District | ^^ | TBC | Planning |
| Nepean Palliative Care Unit | Nepean Blue Mountains Local Health District | ^^ | TBC | Planning |
| Orange Palliative Care Unit | Western NSW Local Health District | ^^ | TBC | Planning |
| Tamworth Palliative Care Unit | Hunter New England Local Health District | ^^ | TBC | Planning |
| Westmead Palliative Care Unit | Western Sydney Local Health District | ^^ | TBC | Planning |
| Campbelltown Hospital Redevelopment Stage 2 | South Western Sydney Local Health District | 627,053,000 | 2024 | Completed |
| Central Sydney Superstation | Sydney | **** | 2023 | Completed |
| Glen Innes Ambulance Station | Hunter New England | † | 2023 | Completed |
| Woy Woy Ambulance Station | Central Coast | † | 2023 | Completed |
| Old Bar Ambulance Station | Mid North Coast | † | 2023 | Completed |
| Ambulance Infrastructure Program | N/A | 49,483,000 β | TBC | Planning |
| Extended House Childcare Centres | N/A | 2,000,000 | TBC | Planning |
| Statewide Mental Health Infrastructure Program (SWMHIP) | N/A | 217,006,000 β | Various | Various |

*Delivered as part of the Statewide Mental Health Infrastructure Program. **Delivered as part of the *Multipurpose Services Strategy*.

***Final works are being delivered by the LHD, which includes a refurbishment and expansion of existing medical imaging unit.

^ Delivered as part of the NSW Ambulance Infrastructure Program. † Delivered as part of the Rural Ambulance Infrastructure Reconfiguration program. # Delivered as part of the HealthOne Program. ## In the NSW State Budget 2024–25 (June 2024)

the Lower Mid North Coast Health Service project merged the Manning Hospital Redevelopment Stage 2 project and the Forster Tuncurry public hospital project. ^^Delivered as part of the World Class End of Life Care Program. ****Delivered as part of the *Sydney Ambulance Metropolitan Infrastructure Strategy*. β Reported spend only relates to the Health Infrastructure NSW managed component of this project.

Major problems and issues which arose from major capital works in progress

In the 2023–24 financial year, inflation and cost escalation challenged project budgets across the construction industry impacting the NSW Health capital works program. This was an industry-wide challenge, navigated by collaboration across government and industry. Projects in the procurement phase were impacted and managed by prioritising areas of clinical need in facility designs.

Land disposal

NSW Health did not dispose of any land assets in 2023–24 as a result of the NSW Government Property Audit being undertaken.

Research and development

Medical Research Support Program and associated programs

Medical Research Support Program

The NSW Government established the Medical Research Support Program to provide infrastructure funding to health and medical research organisations. The following grants were paid in 2023–24:

| Organisation | Amount (\$) |
|---|-------------|
| Black Dog Institute | 591,979 |
| Centenary Institute of Cancer Medicine and Cell Biology | 1,880,506 |
| Children's Cancer Institute Australia | 942,726 |
| Garvan Institute of Medical Research | 5,983,412 |
| Hunter Medical Research Institute | 10,379,751 |
| Ingham Institute for Applied Medical Research | 2,815,554 |
| Neuroscience Research Australia | 3,394,458 |
| The George Institute for Global Health | 7,375,313 |
| The Westmead Institute for Medical Research | 3,534,733 |
| Victor Chang Cardiac Research Institute Ltd | 1,361,439 |

Schizophrenia research

Funding was provided to support researchers undertake schizophrenia research across basic science and pre-clinical research.

| Organisation | Amount (\$) |
|-------------------------------|-------------|
| University of New South Wales | 746,872 |

Networks

Funding was provided to the following networks to support statewide research collaboration.

| Organisation | Amount (\$) |
|--|-------------|
| Australian Cardiovascular Alliance Ltd | 165,000 |
| Garvan Institute of Medical Research | 50,000 |

Motor neurone disease

Grant funding was provided to improve gaps in understanding of distribution rates of motor neurone disease in NSW regions and improve rates of early detection and referral.

| Organisation | Amount (\$) |
|----------------------|-------------|
| Macquarie University | 997,808 |
| University of Sydney | 985,515 |

Medical devices and commercialisation

Medical Devices Fund

The Medical Devices Fund is a competitive technology development and commercialisation fund which helps encourage and support investment in the development of medical devices and related technologies in NSW.

| Organisation | Amount (\$) |
|--------------------------------|-------------|
| Medlogical Innovations Pty Ltd | 2,500,000 |
| SDIP Innovations Pty Ltd | 4,065,000 |

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund was established in 2007 as an investment collaboration that supports early-stage development and commercialisation opportunities from medical research institutes and allied research hospitals in Australia. The Fund has been working with NSW institutes for the past five years to increase NSW's capacity to commercialise research discoveries. Through this funding, NSW Health gains access to expertise, training, and mentoring.

| Organisation | Amount (\$) |
|----------------------------|-------------|
| MRCF Pty Ltd | 475,000 |
| Cicada Innovations Pty Ltd | 750,000 |

Cardiovascular Research Capacity Building Program

The NSW Cardiovascular Research Capacity Building Program aims to attract and retain high-quality cardiovascular researchers in NSW to build a vibrant and highly skilled workforce, with the aim of making NSW the premier state for cardiovascular research in Australia.

| Organisation | Amount (\$) |
|---|-------------|
| Australian Catholic University Ltd | 449,826 |
| National Heart Foundation of Australia | 250,000 |
| The Heart Research Institute Ltd | 2,950,000 |
| University of New South Wales | 5,791,981 |
| University of Sydney | 2,833,881 |
| University of Wollongong | 449,262 |
| National Heart Foundation of Australia (CVRN) | 250,000 |

Early to mid-career fellowships

The Early to Mid-Career Fellowship program provides funding to promote the participation of early to mid-career researchers in high-quality research projects across a wide spectrum – from basic science through to health services and population health research.

| Organisation | Amount (\$) |
|---------------------------------------|-------------|
| Children's Medical Research Institute | 498,335 |
| Garvan Institute of Medical Research | 500,000 |
| Hunter Medical Research Institute | 500,000 |
| University of Newcastle | 478,000 |
| University of New South Wales | 499,231 |

Spinal cord injury research grants

Grant funding was provided to support NSW spinal cord injury researchers to drive cutting-edge, cure, and care related projects.

| Organisation | Amount (\$) |
|----------------------------------|-------------|
| University of New South Wales | 1,285,787 |
| University of Sydney | 1,287,207 |
| University of Technology, Sydney | 390,690 |

Translational research grants

The Translational Research Grants Scheme takes an innovative approach to funding priority-driven research led by local health districts and specialty health networks in NSW.

| Organisation | Amount (\$) |
|--|-------------|
| South Eastern Sydney Local Health District | 179,880 |
| Murrumbidgee Local Health District | 174,021 |
| Sydney Children's Hospitals Network | 443,407 |
| South Western Sydney Local Health District | 173,627 |
| Western NSW Local Health District | 148,065 |
| University of Sydney | 999,542 |

Viral vector manufacturing facility

Operational funding was provided to support a globally competitive and commercial scale viral vector manufacturing facility in the Westmead Health and Innovation Precinct.

| Organisation | Amount (\$) |
|---|-------------|
| Viral Vector Manufacturing Facility Pty Ltd | 19,000,000 |

Non-animal technologies

A targeted competitive grant helped support research projects and activities run by the Non-Animal Technologies Network (NAT-Net).

| Organisation | Amount (\$) |
|-------------------------------|-------------|
| University of New South Wales | 4,500,000 |

Ensuring sovereign manufacture of phage therapy

NSW is a world leader in the development of phage therapy and has treated patients on a compassionate basis. NSW experts are developing sovereign capabilities at the Westmead Health and Innovation Precinct. Funding is provided to scale manufacturing capabilities and ensure the sustainability of the service as phage therapy is established as a standard of care.

| Organisation | Amount (\$) |
|----------------------|-------------|
| University of Sydney | 3,597,960 |

Rural Regional and Remote Clinical Trail Enabling Program

NSW Health and ACT Health, through the Office for Health and Medical Research was awarded \$30.6 million over five years from the Commonwealth Medical Research Future Fund for the Rural, Regional, and Remote Clinical Trial Enabling Program (R3-CTEP). The aim of this program is increased and more equitable access to clinical trials for patients in rural, regional, and remote NSW and the ACT.

| Organisation | Amount (\$) |
|--|-------------|
| Canberra Health Services | 779,190 |
| Western NSW Local Health District | 774,378 |
| Hunter New England Local Health District | 873,613 |
| Southern NSW Local Health District | 174,720 |
| Murrumbidgee Local Health District | 315,404 |
| Illawarra Shoalhaven Local Health District | 143,783 |

Population health and health services research support

The Sax Institute helps policy makers find and use evidence to inform real-world decisions. In 2023–24, NSW Health provided \$2.25 million to the Sax Institute to manage several large-scale research assets and platforms; broker evidence reviews on health system priorities; and provide research and evaluation skills training and support. In 2023–24 the Centre for Epidemiology and Evidence delivered professional development workshops to more than 270 NSW Health staff on topics including: program evaluation, economic evaluation, program logic, critical appraisal of evidence, and using qualitative methods in evaluation.

The Prevention Research Support Program is a competitively funded grant scheme administered by the Centre for Epidemiology and Evidence in alignment with NSW Health priorities. Its purpose is to support research infrastructure and strategies that build research capacity and strengthen prevention and early intervention research that can be translated into policy and practice. The Program is well-established, having been implemented in four-year cycles since 2003. Round six of the Program commenced in July 2022. A total of nine organisations were funded to the value of \$12 million over four years.

Prevention Research and Support Program (year two of four)

| Grants paid in 2023–24 | Amount (\$) | Purpose |
|--------------------------------------|--------------------|---|
| University of Sydney | \$271,250 | Reproduction and Perinatal Centre |
| University of Newcastle | \$500,000 | Priority Research Centre Health Behaviour |
| University of New South Wales | \$511,250 | The Kirby Institute |
| University of New South Wales | \$525,000 | National Drug and Alcohol Research Centre |
| University of New South Wales | \$375,000 | Centre for Primacy Health Care and Equity |
| University of Sydney | \$500,000 | Prevention Research Collaboration |
| University of Sydney | \$156,250 | Edith Collins Centre |
| University of Wollongong | \$356,250 | Early Start |
| Western Sydney Local Health District | \$555,000 | Centre for Infectious Diseases and Microbiology – Public Health |
| Total | \$3,750,000 | |

Implementation of price determination

The NSW Ministry of Health Activity Based Management Branch set the State Efficient Price using the latest available cost data. This year, most new initiatives were reflected in the Budget Schedule of the Service Agreement to advance certainty, timing, and management of funding for patient care.

The NSW State Price for 2023–24 was \$5,323 per national weighted activity unit 2023 (NWAU23).

The State Efficient Price for 2023-24 was \$5,207 per NWAU23. Local health districts and specialty health networks were funded for their activity at this price, with the exception for some specific contractual funding arrangements. Both the NSW State Price and the NSW State Efficient Price are not directly comparable year on year due to changes in national weighted activity unit versions and local health districts and specialty health networks costing results.

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Management and accountability

4

Our workforce

Numbers and remuneration of senior executives

The tables below detail the headcount of public service senior executives and health service senior executives employed, and those temporarily assigned, seconded or acting in a senior executive role at the end of the reporting year.

NSW Ministry of Health

| Band | 2023 | | 2024 | |
|---------------|-----------|-----------|-----------|-----------|
| | Female | Male | Female | Male |
| Band 4 | 1 | 0 | 1 | 0 |
| Band 3 | 2 | 7 | 3 | 6 |
| Band 2 | 15 | 11 | 15 | 11 |
| Band 1 | 64 | 30 | 62 | 28 |
| Totals | 82 | 48 | 81 | 45 |
| | 130 | | 126 | |

Local health districts and specialty health networks

| Band | 2023 | | 2024 | |
|---------------|-----------|-----------|-----------|-----------|
| | Female | Male | Female | Male |
| Band 4 | 0 | 0 | 0 | 0 |
| Band 3 | 10 | 6 | 9 | 7 |
| Band 2 | 17 | 3 | 17 | 5 |
| Band 1 | 64 | 42 | 56 | 45 |
| Totals | 91 | 51 | 82 | 57 |
| | 142 | | 139 | |

Pillars

| Band | 2023 | | 2024 | |
|---------------|-----------|----------|-----------|----------|
| | Female | Male | Female | Male |
| Band 4 | 0 | 0 | 0 | 0 |
| Band 3 | 1 | 1 | 1 | 1 |
| Band 2 | 3 | 1 | 3 | 1 |
| Band 1 | 11 | 0 | 8 | 2 |
| Totals | 15 | 2 | 12 | 4 |
| | 17 | | 16 | |

Health Administration Corporation

| Band | 2023 | | 2024 | | Other |
|---------------|-----------|-----------|-----------|-----------|----------|
| | Female | Male | Female | Male | |
| Band 4 | 0 | 0 | 0 | 0 | |
| Band 3 | 2 | 3 | 4 | 1 | |
| Band 2 | 5 | 11 | 4 | 12 | |
| Band 1 | 26 | 38 | 24 | 34 | 1 |
| Totals | 33 | 52 | 32 | 47 | 1 |
| | 85 | | 80 | | |

The average remuneration by Band for public service and health service senior executives is detailed below.

NSW Ministry of Health

| Band | Range | Average remuneration | |
|--------|-------------------|----------------------|---------|
| | | 2023 | 2024 |
| | \$ | | |
| Band 4 | 509,251 – 588,250 | 623,300 | 623,300 |
| Band 3 | 361,301 – 509,250 | 476,945 | 471,567 |
| Band 2 | 287,201 – 361,300 | 328,375 | 324,216 |
| Band 1 | 201,350 – 287,200 | 235,005 | 235,996 |

Local health districts and specialty health networks

| Band | Range | Average remuneration | |
|--------|-------------------|----------------------|---------|
| | | 2023 | 2024 |
| | \$ | | |
| Band 4 | 509,251 – 588,250 | | |
| Band 3 | 361,301 – 509,250 | 434,638 | 420,338 |
| Band 2 | 287,201 – 361,300 | 313,552 | 316,434 |
| Band 1 | 201,350 – 287,200 | 248,820 | 248,511 |

Pillars

| Band | Range | Average remuneration | |
|--------|-------------------|----------------------|---------|
| | | 2023 | 2024 |
| | \$ | | |
| Band 4 | 509,251 – 588,250 | | |
| Band 3 | 361,301 – 509,250 | 416,670 | 403,833 |
| Band 2 | 287,201 – 361,300 | 343,356 | 345,164 |
| Band 1 | 201,350 – 287,200 | 246,595 | 239,718 |

Health Administration Corporation

| Band | Range | Average remuneration | |
|--------|-------------------|----------------------|---------|
| | | 2023 | 2024 |
| | \$ | | |
| Band 4 | 509,251 – 588,250 | | |
| Band 3 | 361,301 – 509,250 | 454,777 | 455,210 |
| Band 2 | 287,201 – 361,300 | 346,005 | 346,554 |
| Band 1 | 201,350 – 287,200 | 257,968 | 259,068 |

Of the NSW Ministry of Health's employee related expenditure in 2024, 16 per cent was related to public service senior executives, compared with 18 per cent in 2023*.

*Total employee-related expenses are calculated to include only the NSW Ministry of Health's portion related to Workers Compensation Insurance.

Human resources

Number of full time equivalent staff employed in the NSW public health system

| | June 2024 |
|---|------------------|
| Medical | 15,824.3 |
| Nursing | 56,549.3 |
| Allied health | 13,372.2 |
| Other professions and paraprofessionals | 3,328.1 |
| Scientific and technical clinical support | 6,591.0 |
| Oral health practitioners and therapists | 1,377.7 |
| Ambulance officers | 6,389.6 |
| Sub-total clinical staff | 103,432.1 |
| Corporate services | 6,708.1 |
| Clinical support | 22,060.7 |
| Hotel services | 9,202.0 |
| Maintenance and trades | 854.3 |
| Other | 504.1 |
| Other staff | 39,329.1 |
| Total | 142,761 |

Source: Corporate Analytics. **Notes:** **1.** Full time equivalent (FTE) staff calculated as the last fortnight in June, paid productive, non-productive and overtime hours. **2.** Includes FTE salaried staff employed with local health districts, specialty health networks, and the Health Administration Corporation. Staff not remunerated through NSW Health payroll are excluded. This differs to previous reports which reported some Health Administered Corporations in a supplementary table and therefore previous reports can not be compared. NSW Health has made this change to provide improved transparency and visibility of the whole organisation and align the terminology within our reports to their typical and plain English interpretations. **3.** Staff employed by third schedule affiliated health organisations, non-government organisations, and other service providers funded by NSW Health are not reported in the NSW Health Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** Since June 2023, allied health assistants who were previously reported under the Treasury Group 'scientific and technical clinical support staff' have been re-aligned to report under 'allied health'. **6.** Health Professionals Council Authority and Mental Health Review Tribunal are included under corporate services but do not have a breakdown in the appendices.

Historical figures for the NSW public health system

Number of full time equivalent staff employed in the NSW public health system

| | June 2021 | June 2022 | June 2023 |
|---|----------------|----------------|----------------|
| Medical | 14,548 | 15,110 | 15,578 |
| Nursing | 52,916 | 53,141 | 54,540 |
| Allied health | 12,278 | 12,406 | 12,910 |
| Other professions and paraprofessionals | 3,212 | 3,206 | 3,287 |
| Scientific and technical clinical support | 6,281 | 6,276 | 6,361 |
| Oral health practitioners and therapists | 1,330 | 1,250 | 1,295 |
| Ambulance officers | 5,258 | 5,642 | 6,134 |
| Sub-total clinical staff | 95,823 | 97,031 | 100,106 |
| Corporate services | 6,612 | 6,589 | 6,687 |
| Clinical support | 20,291 | 20,493 | 21,224 |
| Hotel services | 8,874 | 8,822 | 9,039 |
| Maintenance and trades | 894 | 873 | 844 |
| Other | 467 | 457 | 494 |
| Other staff | 37,138 | 37,234 | 38,288 |
| Total | 132,961 | 134,265 | 138,394 |

Source: Corporate Analytics. **Notes:** **1.** Full time equivalent (FTE) calculated as the last fortnight in June, paid productive, non-productive and overtime hours. **2.** FTE salaried staff employed with local health districts, specialty health networks, the Health Administration Corporation, NSW Ministry of Health, Health Professionals Council Authority and Mental Health Review Tribunal. Staff not remunerated through NSW Health payroll such as visiting medical officers and contractors are not included. This differs to previous reports which reported some Health Administered Corporations in a supplementary table and therefore previous reports can not be compared. NSW Health has made this change to provide improved transparency and visibility of the whole organisation and align the terminology within our reports to their typical and plain English interpretations. **3.** Staff employed by third schedule affiliated health organisations, non-government organisations and other service providers funded by NSW Health but not on NSW Health payroll are not reported in the NSW Health Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** Since June 2023, allied health assistants who were previously reported under the Treasury Group 'scientific and technical clinical support staff' have been re-aligned to report under 'allied health'. **6.** Health Professionals Council Authority and Mental Health Review Tribunal are included under corporate services but do not have a breakdown in the appendices.

Registered practitioners

Registered practitioners by profession with principal place of practice in NSW, as at 30 June 2024.

| Profession | NSW |
|---|----------------|
| Aboriginal and Torres Strait Islander Health practitioner | 252 |
| Chinese medicine practitioner | 1,901 |
| Chiropractor | 2,125 |
| Dental practitioner | 8,023 |
| Medical practitioner | 41,623 |
| Medical radiation practitioner | 6,524 |
| Midwife | 2,040 |
| Nurse | 121,532 |
| Nurse and midwife ¹ | 6,968 |
| Occupational therapist | 8,608 |
| Optometrist | 2,205 |
| Osteopath | 686 |
| Paramedic | 6,412 |
| Pharmacist | 10,977 |
| Physiotherapist | 12,726 |
| Podiatrist ² | 1,732 |
| Psychologist | 15,319 |
| Total 2023–24 | 249,653 |
| Total 2022–23 | 241,892 |

Notes: 1. Registrants who hold dual registration as both a nurse and a midwife. 2. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Industrial relations claims in 2023–24

Junior medical officers

On 4 March 2024, NSW Health and Maurice Blackburn reached an in-principle agreement to settle the Junior medical officers (JMO) class action for \$229.8 million, inclusive of legal and other costs including the cost of administering the settlement scheme. A Deed of Settlement was executed by the parties on 23 April 2024.

The settlement is subject to the approval of the Supreme Court of NSW. The approval application is scheduled to be heard by the Court on 12 August 2024.

NSW Health has made improvements to its systems and processes, including to enable local health districts and specialty health networks to monitor submitted claims and support governance, process management, and decision making.

NSW Health has continued to provide guidance to JMOs and their supervisors about their entitlements and responsibilities in relation to overtime worked, including introducing a comprehensive JMO Employment Arrangements Orientation Module.

Junior medical officer Award variation

A settlement was reached between NSW Health and the Australian Salaried Medical Officers Federation (ASMOF) of NSW in proceedings brought by ASMOF in the Supreme Court of NSW on behalf of 62 current or former JMOs (the Specified Employees).

In the proceedings, ASMOF claimed that NSW Health underpaid the Specified Employees their Award entitlements for unrostered overtime and missed meal breaks. The parties have reached a settlement which provides for the payment of fair compensation to the Specified Employees for their work.

The parties agreed to variations to the Public Hospital Medical Officers (State) Award that will provide new working arrangements that recognise the contemporary patterns of work being performed by junior doctors in NSW Health, including variations that will:

- ensure that doctors in their third year of training that work as registrars are appropriately compensated; and
- replace remote clinical appraisals with more generous on-call allowances, to be paid to all junior doctors that are on call.

NSW Health remains committed to ensuring that all employees are fairly and accurately paid for their work.

NSW Supreme Court decision for alleged breaches to Nursing Hours Per Patient Day

On 15 March 2023, the NSW Nurses and Midwives' Association (NSWNMA) commenced proceedings in the Supreme Court alleging that NSW Health failed to comply with the Nursing Hours Per Patient Day requirements of the *Public Health System Nurses' and Midwives' (State) Award*. The claim alleged 1,484 separate contraventions in 10 hospitals from January 2019 to October 2022.

The Supreme Court handed down its decision on 30 May 2024 and declined to interpret the award in the manner proposed by the NSWNMA, instead finding that the award required the hours to be rostered (rather than provided) in line with NSW Health's submissions.

Award reform

The NSW Ministry of Health and public health unions recognise the need for award reform. Award reform commenced with the paramedic workforce, resulting in professional pay increases ranging from 11 per cent to 29 per cent. The agreement, reached in December 2023, created a new salary structure to remove barriers to clinical innovation, a professional salary framework, and enabled opportunities to expand the scope of paramedic practice.

The NSW Ministry of Health conducted all industrial negotiations under the NSW Government's Fair Pay Policy resulting in a 4 per cent remuneration increase (in addition to the 0.5 per cent superannuation increase) to NSW Health employees for the period 1 July 2023 to 30 June 2024. An alternative remuneration increase of \$3,502 was awarded to some employees covered by the Health Services Union.

Workforce key policies

During 2023–24, NSW Health continued to review and enhance its workforce related policies, guidelines, and information bulletins to ensure they are contemporary and meet the needs of NSW Health agencies.

Key Workplace Relations' policies were released in 2023–24

- *Leave Matters for the NSW Health Service Policy Directive*: updated and published in December 2023 and includes changes to parental leave provisions to reflect the Commonwealth Paid Parental Leave Scheme.
- *Leading Performance, Development and Talent Management Policy Directive*: updated and published in December 2023 and reflects additional requirements within the *NSW Public Sector Performance Development Framework*, provision of key principles for managing under-performance, and links to the Talent Strategy.

Key Workplace Relations' information bulletins and guidelines released in 2023–24

- *Changes to Public Hospital Medical Officers Award*: an information bulletin was published in June 2024 outlining the changes to the *Public Hospital Medical Officers (State) Award*. Amendments include revision of the definition of 'Registrar'; clarification on hours of work, meal breaks and calculation of overtime and amended provisions for on-call and call-back arrangements.
- *Rural Doctors' Settlement Package Clarifications Reference Guide*: the updated *Rural Doctors' Settlement Package Clarifications Reference Guide* was published in April 2024. Updates include amendments to reflect that all Rural Doctors' Settlement Package sites listed as having a maximum of one general practitioner visiting medical officer (GP VMO) on-call are increased by one, where the second on-call is a specialist GP VMO providing on-call supervision to a GP vocational trainee.
- *Commonwealth Paid Parental Leave*: an information bulletin on Commonwealth Paid Parental leave was published in November 2023. The information bulletin provides information on key features of Commonwealth Paid Parental Leave. These provisions were changed for children born or adopted from 1 July 2023.
- *Flexible Work (More than one way to work)*: a guideline on flexible work was published in August 2023. The guideline outlines the variety of flexible work options available to the diverse range of employees and roles within NSW Health. The intent is to promote a cooperative workplace culture that embraces flexibility and reflects the NSW Government commitment to flexible work.

Responding to bullying and complaints

NSW Health agencies continued to implement localised strategies to reduce the incidence of bullying and unacceptable behavior, and enhance positive and productive workplace culture, including:

- Anti-bullying management advisors – responsible for collaborating and sharing knowledge on best practice initiatives, using an information pool to improve communication, guide future processes, and coach managers on effective bullying management strategies
- The confidential Anti-Bullying Advice Line – responsible for provision of guidance and information to employees about the complaint resolution process
- Bullying data collection – NSW Health organisations report individual complaint data to the NSW Ministry of Health, where complaints are initially assessed as potential bullying complaints
- Addressing Grievances and Concerns Managers' and Staff Portal – web portals to support managers and staff across NSW Health to address grievances and concerns at work, including bullying
- Bullying Risk Assessment Tool – launched to assist health organisations assess the potential of bullying in the workplace, and risk mitigation strategies with an aim to prevent or minimise the risk of psychological injury.

NSW Health has made a concerted effort to improve the accuracy of bullying complaint reporting. There were 178 bullying complaints between 1 July 2023 to 30 June 2024, up from 128 complaints in 2022–23. These complaints represent 0.12 per cent of the total full time equivalent staff in the NSW Health System (based on full time equivalent staff as of 30 June 2024).

The NSW Ministry of Health commenced a review of and underwent consultation on the current *Prevention and Management of Bullying in NSW Health Policy Directive*.

Feedback and complaints

At NSW Health, we listen to feedback, and encourage patients, their families and carers to share their healthcare experiences. This is to ensure we meet our commitment of value based, patient-centred care.

The NSW Health incident management system (ims+) records consumer feedback which includes complaints, compliments, and suggestions/observations received. In 2023–24 there were 15,918 complaints recorded, an increase from 14,948 in the previous year*. The top five issues related to clinical care, communication, timing and access, management of facilities, and patient rights.

*These figures exclude complaints recorded by the St Vincent's Health Network as these data are provisional and are subject to change via ongoing data verification processes.

People Matter Employee Survey

Our workplaces strive to make continuous improvement to workplace culture. Each year, NSW Health makes it a priority to track employee engagement and workplace culture. This is done through the NSW People Matter Employee Survey (PMES), the NSW public sector's annual employee opinion survey.

The survey asks employees about their experience and perceptions of a range of workplace issues and practices, including management and leadership, service delivery, employee engagement, diversity and inclusion, public sector values, and unacceptable conduct.

In 2023, more than 81,000 staff completed the survey with a participation rate of 47 per cent. Employee engagement was 63 per cent – an increase of 1 per cent from 2022.

NSW Health has continued to undertake cultural improvement initiatives supported through annual funding to support action plans in response to the PMES. Locally developed learning programs and statewide programs through the Health Education and Training Institute support capability development of NSW Health staff.

Consultants

NSW Health and its controlled entities define consultants as a person or organisation engaged to provide recommendations or professional advice to assist decision-making by management.

The work undertaken by a consultant:

- is advisory in nature
- reflects the independent view or findings of the consultant, and
- performance of the work is not, or mostly not, under the client's direct supervision and direction.

NSW Ministry of Health

| Expended Consultancies at or above \$50,000 per engagement | | Amount \$ |
|---|---|------------------|
| Mercer Consulting (Australia) Pty Ltd | Quantitative Nursing and Paramedics Benchmarking | 100,800 |
| Hatfield House Consulting Pty Ltd | Provide advice on Implementation of HMHA 22 Governance Framework | 237,125 |
| The Sax Institute | Review evidence for the Special Commission of Inquiry into the drug "Ice" | 60,000 |
| Burns Nicholas Robert | Provide advice for rehabilitation psychiatry services | 65,000 |
| Proactive Resolutions Aust Pty Ltd | Review into Concord Hospital workforce culture and organisation | 315,284 |
| McGrath David - Lilyfield | Statutory Review of the NSW Mental Health Commission | 125,000 |
| Total spend at or above \$50,000 | | 903,209 |
| Expended Consultancies under \$50,000 per engagement | | |
| The NSW Ministry of Health had 36 other consultancy engagements. Combined total spend | | 744,569 |
| Total Consultancy Operating Expenses | | 1,647,778 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| The NSW Ministry of Health had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 1,647,778 |

Central Coast Local Health District

Central Coast Local Health District had no expensed or capitalised Consultancy engagements during 2023-2024

Far West Local Health District

| Expended Consultancies at or above \$50,000 per engagement | | |
|---|--|---------------|
| Far West Local Health District had no expensed Consultancy engagements at or above \$50,000 | | - |
| Expended Consultancies under \$50,000 per engagement | | |
| Far West Local Health District had 03 other consultancy engagements. Combined total spend | | 98,300 |
| Total Consultancy Operating Expenses | | 98,300 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Far West Local Health District had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 98,300 |

Hunter New England Local Health District

| Expended Consultancies at or above \$50,000 per engagement | | |
|---|--|----------------|
| Covaris Pty Ltd | Mater Private, Public Partnership - Performance Review | 240,155 |
| KPMG | Board Governance Review | 61,704 |
| Total spend at or above \$50,000 | | 301,859 |
| Expended Consultancies under \$50,000 per engagement | | |
| Hunter New England Local Health District had 18 other consultancy engagements. Combined total spend | | 81,570 |
| Total Consultancy Operating Expenses | | 383,429 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Hunter New England Local Health District had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 383,429 |

Illawarra Shoalhaven Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | | |
|---|--|----------------|
| Jarvis Family Trust | Review of Leadership, Practice and Culture in Maternity Services | 199,771 |
| Total spend at or above \$50,000 | | 199,771 |
| Expensed Consultancies under \$50,000 per engagement | | |
| Illawarra Shoalhaven Local Health District had 07 other consultancy engagements. Combined total spend | | 29,516 |
| Total Consultancy Operating Expenses | | 229,288 |
| Capitalised Consultancies at or above \$50,000 per engagement | | |
| Illawarra Shoalhaven Local Health District had no expensed Consultancy engagements at or above \$50,000 | | - |
| Expensed Consultancies under \$50,000 per engagement | | |
| Illawarra Shoalhaven Local Health District had 10 other consultancy engagements. Combined total spend | | 142,897 |
| Total Consultancy Capital Expenses | | 142,897 |
| Grand Total Consultancy | | 372,185 |

Mid North Coast Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | | |
|--|--|---------------|
| Mid North Coast Local Health District had no expensed Consultancy engagements at or above \$50,000 | | - |
| Expensed Consultancies under \$50,000 per engagement | | |
| Mid North Coast Local Health District had 01 other consultancy engagements. Combined total spend | | 43,775 |
| Total Consultancy Operating Expenses | | 43,775 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Mid North Coast Local Health District had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 43,775 |

Murrumbidgee Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | | |
|---|--|---------------|
| Murrumbidgee Local Health District had no expensed Consultancy engagements at or above \$50,000 | | - |
| Expensed Consultancies under \$50,000 per engagement | | |
| Murrumbidgee Local Health District had 01 other consultancy engagements. Combined total spend | | 27,400 |
| Total Consultancy Operating Expenses | | 27,400 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Murrumbidgee Local Health District had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 27,400 |

Nepean Blue Mountains Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | | Amount \$ |
|--|---|----------------|
| Australian Health Services Group | Advisory and operational consulting services | 163,000 |
| Studer Group Aust Pty | Evidence Based Leadership Cultural Sustainability | 151,000 |
| Wentworth Healthcare Limited | Advice on Models of Care | 121,859 |
| Total spend at or above \$50,000 | | 435,859 |
| Expensed Consultancies under \$50,000 per engagement | | |
| Nepean Blue Mountains Local Health District had 04 other consultancy engagements. Combined total spend | | 30,670 |
| Total Consultancy Operating Expenses | | 466,530 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Nepean Blue Mountains Local Health District had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 466,530 |

Northern NSW Local Health District

Northern NSW Local Health District had no expensed or capitalised Consultancy engagements during 2023-2024

Northern Sydney Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | |
|--|---------------|
| Northern Sydney Local Health District had no expensed Consultancy engagements at or above \$50,000 | - |
| Expensed Consultancies under \$50,000 per engagement | |
| Northern Sydney Local Health District had 03 other consultancy engagements. Combined total spend | 26,850 |
| Total Consultancy Operating Expenses | 26,850 |
| Capitalised Engagements (PP&E and Intangibles) | |
| Northern Sydney Local Health District had no capitalised Consultancy engagements during 2023-2024 | - |
| Grand Total Consultancy | 26,850 |

South Eastern Sydney Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | |
|---|---------------|
| Patat Group Pty Ltd | 78,400 |
| SESLHD Community Services Design Review | - |
| Total spend at or above \$50,000 | 78,400 |
| Expensed Consultancies under \$50,000 per engagement | |
| South Eastern Sydney Local Health District had 01 other consultancy engagements. Combined total spend | (410) |
| Total Consultancy Operating Expenses | 77,990 |
| Capitalised Engagements (PP&E and Intangibles) | |
| South Eastern Sydney Local Health District had no capitalised Consultancy engagements during 2023-2024 | - |
| Grand Total Consultancy | 77,990 |

South Western Sydney Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | |
|---|---------------|
| South Western Sydney Local Health District had no expensed Consultancy engagements at or above \$50,000 | - |
| Expensed Consultancies under \$50,000 per engagement | |
| South Western Sydney Local Health District had 06 other consultancy engagements. Combined total spend | 85,689 |
| Total Consultancy Operating Expenses | 85,689 |
| Capitalised Engagements (PP&E and Intangibles) | |
| South Western Sydney Local Health District had no capitalised Consultancy engagements during 2023-2024 | - |
| Grand Total Consultancy | 85,689 |

Southern NSW Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | | Amount \$ |
|---|--|----------------|
| Michael Reid & Associates Pty Ltd | Review Multitpurpose services (Bombala and Delegate) | 84,501 |
| Nous Group Pty Ltd | Develop SNSWLHD People Strategy | 50,298 |
| Total spend at or above \$50,000 | | 134,799 |
| Expensed Consultancies under \$50,000 per engagement | | |
| Southern NSW Local Health District had 10 other consultancy engagements. Combined total spend | | 68,543 |
| Total Consultancy Operating Expenses | | 203,342 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Southern NSW Local Health District had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 203,342 |

Sydney Local Health District

Sydney Local Health District had no expensed or capitalised Consultancy engagements during 2023-2024

Western NSW Local Health District

Western NSW Local Health District had no expensed or capitalised Consultancy engagements during 2023-2024

Western Sydney Local Health District

| Expensed Consultancies at or above \$50,000 per engagement | | Amount \$ |
|---|--|----------------|
| The Northern Care Alliance | Blacktown Hospital Quality and Safety Review | 385,070 |
| Total spend at or above \$50,000 | | 385,070 |
| Expensed Consultancies under \$50,000 per engagement | | |
| Western Sydney Local Health District had 01 other consultancy engagements. Combined total spend | | 30,415 |
| Total Consultancy Operating Expenses | | 415,485 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Western Sydney Local Health District had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 415,485 |

Justice Health and Forensic Mental Health Network

| Expensed Consultancies at or above \$50,000 per engagement | | Amount \$ |
|--|--|----------------|
| Justice Health and Forensic Mental Health Network had no expensed Consultancy engagements at or above \$50,000 | | - |
| Expensed Consultancies under \$50,000 per engagement | | |
| Justice Health and Forensic Mental Health Network had 06 other consultancy engagements. | | 117,191 |
| Combined total spend Total Consultancy Operating Expenses | | 117,191 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Justice Health and Forensic Mental Health Network had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 117,191 |

Sydney Children's Hospitals Network

| Expensed Consultancies at or above \$50,000 per engagement | | Amount \$ |
|--|---|----------------|
| Jacq Hackett Consulting Pty Ltd | Sydney Children's Hospitals Network Department of Psychological Medicine Review | 110,880 |
| Total spend at or above \$50,000 | | 110,880 |
| Expensed Consultancies under \$50,000 per engagement | | |
| Sydney Children's Hospitals Network had 04 other consultancy engagements. Combined total spend | | 36,283 |
| Total Consultancy Operating Expenses | | 147,163 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| Sydney Children's Hospitals Network had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 147,163 |

Agency for Clinical Innovation

| Expensed Consultancies at or above \$50,000 per engagement | | Amount \$ |
|---|--|--------------|
| The Agency for Clinical Innovation had no expensed Consultancy engagements at or above \$50,000 | | - |
| Expensed Consultancies under \$50,000 per engagement | | |
| The Agency for Clinical Innovation had 01 other consultancy engagements. Combined total spend | | 8,700 |
| Total Consultancy Operating Expenses | | 8,700 |
| Capitalised Engagements (PP&E and Intangibles) | | |
| The Agency for Clinical Innovation had no capitalised Consultancy engagements during 2023-2024 | | - |
| Grand Total Consultancy | | 8,700 |

Bureau of Health Information

The Bureau of Health Information had no expensed or capitalised Consultancy engagements during 2023-2024

Cancer Institute NSW

Cancer Institute NSW had no expensed or capitalised Consultancy engagements during 2023-2024

Clinical Excellence Commission

The Clinical Excellence Commission had no expensed or capitalised Consultancy engagements during 2023-2024

Health Education and Training Institute

The Health Education and Training Institute had no expensed or capitalised Consultancy engagements during 2023-2024

Health Administration Corporation

| Expensed Consultancies at or above \$50,000 per engagement | | Amount \$ |
|--|---|------------------|
| ConnellGriffin Pty Ltd | Aeromedical contract advice for NSW Ambulance | 53,686 |
| Deloitte Touche Tohmatsu | Review of the governance and performance monitoring framework for NSW Ambulance's Swift Program | 157,027 |
| Ernst & Young | eHealth Statewide CIO Operating Model | 487,387 |
| Lendlease | Provide advice on Tweed Valley Anatomical Pathology Design | 75,475 |
| McKinsey Pacific Rim Inc | Identify short and long term innovation strategies for Health System Support Group to implement | 225,000 |
| Scyne Advisory | Advising NSW Ambulance on State-Wide Rostering and Staff Development practises | 191,951 |
| Total spend at or above \$50,000 | | 1,190,525 |
| Expensed Consultancies under \$50,000 per engagement | | |
| The Health Administration Corporation had 02 other consultancy engagements. Combined total spend | | 34,375 |
| Total Consultancy Operating Expenses | | 1,224,900 |
| Capitalised Consultancies at or above \$50,000 per engagement | | |
| The Health Administration Corporation had no expensed Consultancy engagements at or above \$50,000 | | - |
| Expensed Consultancies under \$50,000 per engagement | | |
| The Health Administration Corporation had 02 other consultancy engagements. Combined total spend | | 28,610 |
| Total Consultancy Capital Expenses | | 28,610 |
| Grand Total Consultancy | | 1,253,510 |
| NSW Consolidated Total Consultancy Spend | | 5,375,316 |
| <i>includes Capitalised Consultancy Spending</i> | | |

Promotion

Overseas visits

The schedule of overseas visits is for NSW Health entity employees. The reported instances of travel are funded by the entity within the 2023–24 financial year.

NSW Ministry of Health

| Name | Position | Reason for travel | Location |
|---------------------------|---|---|--------------------------|
| Natalie Klees | Senior Career Medical Officer, Population and Public Health | Attended the 2023 Australasian College of Medical Administrators Conference | New Zealand |
| Andrew Davison | Chief Allied Health Officer, Health System Strategy and Patient Experience | Attended the Healthcare Jobs Fair | United Kingdom |
| Cassandra Walton | Director, Workforce Operational Strategic Unit, Workforce Planning and Talent Development | Attended the Healthcare Jobs Fair | United Kingdom |
| Phillip Bannon | Principal Advisor, Centre for Aboriginal Health | Attended the ANZOG Executive Master of Public Administration Course | New Zealand |
| Dr Jean-Frédéric Levesque | Deputy Secretary, Clinical Innovation and Research Division | Attended the Quebec City Healthcare Industry Forum Conference | Canada |
| Laura Collie | Senior Medical Advisor, Office for Health and Medical Research | Attended the BIO Convention | United States of America |
| Anne O'Neill | Director, Enterprise and International Partnerships, Office for Health and Medical Research | Attended the BIO Convention | United States of America |

Local health districts

Central Coast Local Health District

| Name | Position | Reason for travel | Location |
|-----------------------|---|--|--------------------------|
| Benjamin Zwan | Physicist | Attended the American Association of Physicists in Medicine Annual Meeting | United States of America |
| Emily Searle | Physicist | Attended Engineering and Physical Sciences in Medicine conference | New Zealand |
| Chris Lee | Chief Physicist | Attended Engineering and Physical Sciences in Medicine conference | New Zealand |
| Rebecca Cone | Radiation Therapist | Attended ESTRO Conference 2024 | New Zealand |
| Christy Kim | Advanced Trainee Gastroenterology | Attended Digestive Disease Week Conference | United States of America |
| Wendy Stanbrook-Mason | District Director Nursing and Midwifery | Recruitment | New Zealand |

Far West Local Health District

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023–24 | | | |

Hunter New England Local Health District

| Name | Position | Reason for travel | Location |
|-----------------------------|---|--|-----------------------------|
| Elizabeth Grist | Executive Director, Clinical Services Nursing and Midwifery | Nurse recruitment | United Kingdom Ireland |
| Suzanne Buckman | Senior Nurse Manager Nursing and Midwifery | Nurse recruitment | United Kingdom Ireland |
| Michelle Keir | Director of Nursing and Midwifery | Nurse recruitment | United Kingdom Ireland |
| Sandra Carlson | Flu Tracking Manager | Meeting with Ministry of Health partners | Fiji |
| Kevin Picton | Chief Technologist, Nuclear Medicine | Attended Radiological Society of North America Conference | United States of America |
| Stacey Walters | Cardiothoracic Clinical Nurse Specialist | Attended Australian and New Zealand Society of Cardiac and Thoracic Surgeons meeting 2023 | New Zealand |
| Joanna Stockings | Dietitian | Attended Australian and New Zealand Society of Nephrology Annual Conference | New Zealand |
| Kevin Picton | Chief Technologist, Nuclear Medicine | Attended Australian and New Zealand Society of Nuclear Medicine Annual Conference | New Zealand |
| Danielle Nelson | Nuclear Medicine Technologist | Attended Australian and New Zealand Society of Nephrology Annual Conference | New Zealand |
| Tahne Watson | Nuclear Medicine Technologist | Attended Australian and New Zealand Society of Nephrology Annual Conference | New Zealand |
| Nicole Kearney | Chief Nuclear Medicine Technologist | Attended Australian and New Zealand Society of Nephrology Annual Conference | New Zealand |
| Brooke O’Kane | Nuclear Medicine Scientist | Attended Australian and New Zealand Society of Nephrology Annual Conference | New Zealand |
| Jacqueline Boyle | Clinical Nurse Specialist | Presented at World Congress on Genetic Counselling | United Kingdom |
| Rebecca Jensen (Ceccato) | Data Manager and Clinical Trials Officer | Attended Children’s Oncology Group conference | United States of America |
| Vicki Maltby | Medical Laboratory Scientist | Attended European Committee for Treatment and Research in Multiple Sclerosis conference | Italy |
| Bianca Da Silva | Paediatric Physiotherapist | Attended World Federation of Haemophilia Congress | Spain |
| Anne Vertigan (Aldrich) | Speech Pathology Service Manager | Presented at the 6th International ILO, Upper and Lower Airway Conference | United States of America |
| Jennifer Mackney | Physiotherapist/ Respiratory Medicine Hospital Scientist | Attended Evidence Based Perioperative Medicine World Congress, and Hospital Study Visits | United Kingdom |
| Jaeleah Skehan | Service Director, Everymind | Presented at International Association for Suicide Prevention World Congress | Slovenia |
| Jamil Ahmad | Social Work Manager | Observership at Mount Sinai Hospital under International Enhancement of Social Work Leadership Program | United States of America |

Illawarra Shoalhaven Local Health District

| Name | Position | Reason for travel | Location |
|-----------------------|---------------------------|--|--------------------------|
| Padmini Pai | Project Manager | Attended the British Indian Psychiatric Association Annual Conference presented the SEED Program | United Kingdom |
| Professor Kate Curtis | Clinical Nurse Consultant | Attended the International Conference of Emergency Medicine | Netherlands |
| Professor Kate Curtis | Clinical Nurse Consultant | Attended the Emergency Nursing 2023 Conference and other meetings. | United States of America |

Mid North Coast Local Health District

| Name | Position | Reason for travel | Location |
|--------------------|--|---|----------------|
| Sandra Tulloh | Registered Nurse | Attended International Conference on Cancer Nursing | Scotland |
| Mark Gordon | Registered Nurse | Attended International Conference on Cancer Nursing | Scotland |
| Gareth Livingston | Radiation Therapist | Visited Cho Ray Cancer Centre | Vietnam |
| Mahesh Chandroth | Medical Physicist | Visited Cho Ray Cancer Centre | Vietnam |
| Lauren Chamberlain | Radiation Therapist | Visited Cho Ray Cancer Centre | Vietnam |
| Sumie Namba | Radiation Therapist | Presented at ESTRO Annual Meeting | Scotland |
| Brett Waller | Medical Physicist | Attended ICRP Conference | Japan |
| Dr Alan Tankel | Executive Director, Coffs Harbour | Attended the Emergency Life Support International Courses | Tonga |
| Dr Natalie Woo | Senior Medical Officer | Attended the Emergency Life Support International Courses | Tonga |
| David McKiernan | Nurse Practitioner | Attended the Emergency Life Support International Courses | Tonga |
| Rebecca Davidson | Clinical Nurse Educator | Attended the Emergency Life Support International Courses | Tonga |
| Shaun Loone | Nurse Unit Manager | Interview panel for overseas recruitment drive | United Kingdom |
| Chantel Baker | Deputy Director Nursing | Interview panel for overseas recruitment drive | United Kingdom |
| Jo Campbell | Acting Coordinator Hastings Macleay Clinical Network | Interview panel for overseas recruitment drive | United Kingdom |
| Janette Mills | Nurse Manager | Interview panel for overseas recruitment drive | United Kingdom |

Murrumbidgee Local Health District

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023–24 | | | |

Nepean Blue Mountains Local Health District

| Name | Position | Reason for travel | Location |
|---------------------------------------|----------------------------|---|--------------------------|
| Isabelle Bogard | Physiotherapist | Attended 18th International Forum for Back and Neck Pain Research | Netherlands |
| Robyn May Daniel | Nurse Medical oncologist | Attended IASLC World Cancer Conference | Singapore |
| Dr Christopher Fraser Chris Duncan | Resident | Attended Barts Heart Advanced Echo Conference | United Kingdom |
| Wendy Hau | Senior Radiation Therapist | Attended Advanced Treatment Planning Course | Portugal |
| Dr Emily Hibbert | Clinical Academic | Attended Endocrine Society ENDO 2024 conference | United States of America |
| Dr Emily Hibbert | Clinical Academic | Attended Endocrine Society ENDO 2024 conference 2023 | United States of America |
| Prajith Jeyaprakash | Clinical Academic | Attended Japanese Society Conference | Japan |
| Prajith Jeyaprakash | Clinical Academic | Attended American Society of Echocardiography 2022 Seattle | United States of America |
| Prajith Jeyaprakash | Clinical Academic | Attended European Society of Cardiology Conference 2022 | Spain |
| Katharine Kolarik | Senior Radiation Therapist | Attended ESTRO Advanced Planning Course | Portugal |
| Christine Madronio | Clinical Academic | Attended European Society of Cardiology Congress 2023 | Netherlands |
| Dr Sachin Mathew Makil | Specialist Physician NEC | Attended New Zealand Society of Geriatric Medicine Annual Scientific Meeting 2024 | New Zealand |
| Dr Kazuaki Negishi | Clinical Academic | Attended Philippine Society of Echocardiography ECHO Asia 2024 | Philippines |
| Dr Kazuaki Negishi | Clinical Academic | Attended European Society of Cardiology Congress 2024 | United Kingdom |
| Dr Kazuaki Negishi | Clinical Academic | Attended European Society of Cardiology Congress 2023 | Netherlands |
| Dr Kazuaki Negishi | Clinical Academic | Attended Japanese Circulation Society Education Session | Japan |
| Dr Kazuaki Negishi | Clinical Academic | Attended American College of Cardiology conference 2024 | United States of America |
| Dr Christopher Yu | Clinical Academic | Attended American College of Cardiology conference 2022 | United States of America |
| Dr Christopher Yu | Clinical Academic | Attended Global Cardio-Oncology Summit 2022 | Canada |
| Esnath Zhungu | Registered Nurse Aged Care | Attended Aged Care Conference Bali 2024 | Bali |
| Wendy Hau | Senior Radiation Therapist | Attended Advanced Treatment Planning Course | Portugal |
| Robyn Daniel | Nurse Medical Oncologist | Attended IASLC World Cancer Conference | Singapore |
| Vanessa Clements | District Director Planning | Attended Hardy Group Executive training | New Zealand |

Northern NSW Local Health District

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023-24 | | | |

Northern Sydney Local Health District

| Name | Position | Reason for travel | Location |
|------------------------|---|---|--------------------------|
| Abdella Ahmed | Radiation Oncologist | Attended the 2023 American Association of Physicists in Medicine conference | United States of America |
| Robin Hart | Diagnostic Radiographer | Attended the ASEAN Congress of Neurol Surgery | Thailand |
| David Chapman | Respiratory Investigations Unit Manager | Attended the European Respiratory Society Congress | Italy |
| Maegan Stewart | Medical Physics Specialist | Attended the SIEMENS Research Symposium | Germany |
| Jeremy Booth | Head of Medical Physics | Attended the SIEMENS Research Symposium | Germany |
| Phillip Johnson | Intensive Care Unit Senior Hospital Scientist | Visited Vanderbilt University Medical Centre | United States of America |
| Frances Bass | Intensive Care Unit Research Manager | Visited Vanderbilt University Medical Centre | United States of America |
| Naomi Hammond | Intensive Care Unit Research Manager | Visited Vanderbilt University Medical Centre | United States of America |
| Jeremy Booth | Head of Medical Physics | Attended the American Society for Radiation Oncology meeting | United States of America |
| Laura Baker | Radiation Therapist | Attended the American Society for Radiation Oncology Meeting | United States of America |
| Joanne Glinsky | Physiotherapist | Attended the International Spinal Cord Society Annual Scientific Meeting | Scotland |
| Karin Aubrey | Senior Hospital Scientist | Attended Saints-Pères Paris Institute for Neurosciences | United Kingdom France |
| Elizabeth O'Brien | Nurse practitioner | Attended the American Stroke Association International Stroke Conference | United States of America |
| Jeremy Booth | Head of Medical Physics | Attended the European Society for Radiotherapy and Oncology conference | Scotland |
| Ryan Brown | Medical Physics Specialist | Attended the European Society for Radiotherapy and Oncology conference | Scotland |
| Sheila Jala | Clinical Nurse Consultant | Attended the European Stroke Conference 2024 | Switzerland |
| Hari-Prakash Sritharan | Advanced Trainee | Attended the EuroPCR Interventional Cardiology Course 2024 | France |
| Roshini Nadarajah | Physiotherapist/ researcher | Attended Digestive Diseases Week | United States of America |
| Mark Molloy | Professor and Heads of Bowel Cancer Research | Attended the American Society for Mass Spectrometry | United States of America |
| Kim Brian | PHD student | Attended the Northwest University – MSK Biomotion Laboratory Visit | United States of America |

South Eastern Sydney Local Health District

| Name | Position | Reason for travel | Location |
|-------------------------------|---|--|-----------------------------|
| Belinda Vangelov | Oncology Researcher | 45th Espen Congress on Clinical Nutrition and Metabolism | France |
| Jay Flack | Chief Scientist Respiratory Medicine | European Respiratory Society Congress | Italy |
| Helen McCarthy | Director, Nursing and Midwifery Services | Nursing and Midwifery Recruitment Campaign | United Kingdom Ireland |
| Karen Tuqiri | Director, Nursing | Nursing and Midwifery Recruitment Campaign | United Kingdom Ireland |
| Roisin Murphy | Nurse Manager | Nursing and Midwifery Recruitment Campaign | United Kingdom Ireland |
| Lauren Nelson (Sturgess) | Director, Nursing and Midwifery | Nursing and Midwifery Recruitment Campaign | United Kingdom Ireland |
| Chevonne Cowell (Carswell) | Nurse Manager | Nursing and Midwifery Recruitment Campaign | United Kingdom Ireland |
| Hiba Sayed (Hadla) | Radiation Therapist | Astro 2023 Annual Conference | United States of America |
| Gina Koletti | Radiation Therapist | Astro 2023 Annual Conference | United States of America |
| Ainslie McLean (Burnie) | Senior Nurse Manager | Nursing Recruitment Campaign | United Kingdom Ireland |
| Julie Alexandra Duncan | Senior Nurse Manager | Mental Health Nursing Recruitment Campaign | United Kingdom Ireland |
| Emily Debrot | Radiation Therapist | 2023 Engineering and Physical Sciences in Medicine Conference | New Zealand |
| Anna Ralston | Senior Medical Therapist | World Association Eye Hospital 17th Annual Meeting | New Zealand |
| Paul White | Medical Physics Specialist | Engineering and Physical Sciences in Medicine Conference 2023 | New Zealand |
| Okan Gulal | Radiation Oncologist | Engineering and Physical Sciences in Medicine Conference 2023 | New Zealand |
| Simon Downs | Director Medical Physics | Engineering and Physical Sciences in Medicine Conference 2023 | New Zealand |
| Eddie Randall Medrano | Mental Health Nurse | Patient repatriation | New Zealand |
| Razak Joseph Baktou | Mental Health Nurse | Patient repatriation | New Zealand |

South Western Sydney Local Health District

| Name | Position | Reason for travel | Location |
|------------------------------|-----------------------------------|--|--------------------------|
| Shrikant Deshpande | Senior Medical Physics Specialist | Attended and presented at the Annual European Society for Radiotherapy and Oncology Congress 2024 | United Kingdom |
| Professor Yves De Deene | Medical Physics Specialist | Attended and presented at the 2024 International Society for Magnetic Resonance in Medicine, Inc. and International Society for MR Radiographers and Technologists Annual Meeting and Exhibition | Singapore |
| Sankar Arumugam | Senior Medical Physics Specialist | Attended and presented at the American Association of Physics in Medicine Annual Meeting and Exhibition | United States of America |
| Kamlesh Gupta | Medical Physics Specialist | Attended and presented at the American Association of Physics in Medicine Annual Meeting and Exhibition | United States of America |
| Aitang Xing | Senior Medical Physics Specialist | Attended and presented at the American Association of Physics in Medicine Annual Meeting and Exhibition | United States of America |
| Professor Sellappa Prahalath | Director, Medical Services | Attended the Singapore Trauma and Acute Care Conference 2023 | Singapore |
| Jarrad Begg | Medical Physics Specialist | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine | New Zealand |
| Vasilis Kondilis | Medical Physics Registrar | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine Summer School | New Zealand |
| Georgio Katsifis | Medical Physics Registrar | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine | New Zealand |
| Zoe Moutrie | Medical Physics Specialist | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine | New Zealand |
| Daniel Al Mouiee | Radiotherapy Computer Scientist | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine | New Zealand |
| Anthony Espinoza | Medical Physics Specialist | Attended and presented an abstract at the Australasian College of Physical Scientists and Engineers in Medicine Summer School | New Zealand |
| Vaughan Moutrie | Medical Physics Specialist | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine | New Zealand |
| Amy Walker | Medical Physics Specialist | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine | New Zealand |
| Aitang Xing | Medical Physics Specialist | Attended and presented at the Australasian College of Physical Scientists and Engineers in Medicine | New Zealand |

Southern NSW Local Health District

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023–24 | | | |

Sydney Local Health District

| Name | Position | Reason for travel | Location |
|--------------------|---------------------------------------|--|-----------------------------|
| Hee-Eun Yeo | Registered Nurse | Visited clinical research facilities | United Kingdom Ireland |
| Daniel Cordas | Advance Trainee | Attended the 25th World Congress of Dermatology | Singapore |
| Mathew Gullotta | Clinical Psychologist | Attended the International Society for the Study of Individual Differences 2023 | United Kingdom |
| Claudia Quinn | Health Manager | Attended the Breast Cancer Trial Annual Scientific Meeting 2023 | New Zealand |
| Sharon Thomas | Clinical Nurse Specialist | Attended the Breast Cancer Trial Conference | New Zealand |
| John Thompson | Clinical Academic | Attended the 15th Brazilian Melanoma Conference | Brazil |
| Rajan Rehan | Honorary Medical Officer | Attended the European Society of Cardiology Congress 2023 and Meeting with Dr De Silva at St Thomas Hospital | Netherlands |
| Charlotte Vernall | Researcher – Clinical Psychologist | Attended the World Congress of Paediatric Cardiology and Cardiac Surgery Conference | United States of America |
| Heidi Buhr | Clinical Nurse Consultant | Attended the Australian and New Zealand Intensive Care Society Clinical Trials Group 13th Winter Research Forum 2023 | New Zealand |
| Leigh Seccombe | Senior Hospital Scientist | Visited the Royal Brompton Hospital laboratory and attended the European Respiratory Society Congress 2023 | United Kingdom |
| Tracey King | Clinical Nurse Consultant | Attended the International Myeloma Foundation Nurse Leadership Board | United States of America |
| Elmira Hooshmand | Trials Coordinator | Attended the 2023 World Conference in Lung Cancer | Singapore |
| Marina Kennerson | Hospital Scientist Team Leader | Attended the Third International Pan-Asian Consortium for Treatment and Research in ALS Congress and Attended Collaboration Meeting University of Malaya | Malaysia |
| Steve Vucic | Clinical Academic | Attended the Third International Pan-Asian Consortium for Treatment and Research in ALS Congress | Malaysia |
| Ramesh Narayanan | Senior Hospital Scientist | Attended the Third International Pan-Asian Consortium for Treatment and Research in ALS Congress | Malaysia |
| Anthony Cutrupi | Senior Hospital Scientist | Attended the Third International Pan-Asian Consortium for Treatment and Research in ALS Congress | Malaysia |
| Amer Mitchell | Registrar | Attended the European Society of Neuroradiology Annual Meeting | Austria |
| Dana Kim | Health Worker | International Symposium on IGA Nephropathy | Japan |
| Ivy Gough | Clinical Nurse Consultant | Attended the 15th Asian Pacific Hospice Palliative Care Conference | South Korea |
| Grace Edwards | Clinical Nurse Consultant | Asian Pacific Hospice Conference | South Korea |
| Nicole Lai | Dietitian | Attended the Merck 0616-015 Investigator Meeting for Asia Pacific Region | Malaysia |
| Eugenie Macfarlane | Senior Hospital Scientist | Attended the American Society for Bone and Mineral Research Annual Meeting 2023 | Canada |

| Name | Position | Reason for travel | Location |
|----------------------|--|--|--------------------------|
| Qi (Tina) Lin | Clinical Nurse Specialist | Attended the Genentech Moonscape Asia Pacific Investigator Meeting | Singapore |
| Carly Barton | Clinical Nurse Specialist | Attended the Genentech Moonscape Asia Pacific Investigator Meeting | Singapore |
| Rachel Molloy | Radiographer | Attended the International Society of Ultrasound in Obstetrics and Gynaecology World Congress | South Korea |
| Sarah Gray | Radiographer | Attended the International Society of Ultrasound in Obstetrics and Gynaecology World Congress | South Korea |
| Kelly Lewis | Clinical Nurse Consultant | Attended the International Society for Organ Donation and Procurement | United States of America |
| Amy Li | Clinical Nurse Consultant | Attended the Investigators Meeting for the Clinical Trial for Patients with Pulmonary Hypertension Meeting | Thailand |
| Terri Chu | Clinical Nurse Specialist | Attended the Investigators Meeting for the Clinical Trial for Patients with Pulmonary Hypertension Meeting | Thailand |
| Tegan Picone | Health Manager | Attended the Reimagine 2 Study Investigator Meeting | Germany |
| Vasi Naganathan | Clinical Academic | Attended the Australian and New Zealand Society of Geriatric Medicine | New Zealand |
| Chalotte Verrall | Researcher - Clinical Psychologist | AHA Scientific Sessions | United States of America |
| Katherine Espino | Clinical Nurse Specialist | Attended the Epilepsy Society Australia Scientific Annual Meeting | New Zealand |
| Maricar Senturias | Clinical Nurse Consultant | Attended the Epilepsy Society of Australia Conference | New Zealand |
| Mohamed Cader | Research Manager | Attended the Asian Pacific Association of Medical Toxicology Conference 2023 | Sri Lanka |
| Vasikaran Naganathan | Clinical Academic | Attended the Fourth Vietnam National Geriatric Conference | Vietnam |
| Yu Ting Chan | Registered Nurse | Attended the 25th Australasian Gastro-Intestinal Trial Group Annual Scientific Meeting | New Zealand |
| Carrie Tsai | Dental Specialist | Attended the Australian and New Zealand Society Paediatric Dentistry 21st Biennial Congress 2023 | New Zealand |
| Kerry Kearins | Registered Nurse | Attended the Merck 0616-015 Investigator Meeting for Asia Pacific Region | Malaysia |
| Nicole Lai | Dietitian | Attended the Merck 0616-015 Investigator Meeting for Asia Pacific Region | Malaysia |
| Jon Gowdy | Executive Director, Capital Infrastructure and Engineering | Attended and presented in the New Zealand Institute of Health Care Engineering | New Zealand |
| Anthony Mikhail | Project Administrator | Attended and presented at the New Zealand Institute of Health Care Engineering | New Zealand |
| Meenal Sharma | Project Administrator | Attended and presented at the New Zealand Institute of Health Care Engineering | New Zealand |
| Xinsheng Ju | Senior Hospital Scientist | Attended the Annual Scientific Meeting of the Australian and New Zealand Society for Immunology | New Zealand |
| Ostoja Vucic | Clinical Academic | 34th International Symposium on ALS/MND | Switzerland |
| Tracy King | Clinical Nurse Consultant | Attended the Global MM Pitch-A-Thon Meeting | United States of America |
| Daniel Lightowler | Clinical Nurse Consultant | Attended the New Zealand Society of Gastroenterology Annual Scientific Meeting 2023 | New Zealand |

| Name | Position | Reason for travel | Location |
|---------------------------|---------------------------|---|--------------------------|
| Jody Bell | Senior Hospital Scientist | Attended the ALOFT-IPF/PPF IM027-068/1015 North American Investigator Meeting | South Korea |
| Jessica Rhodes | Clinical Nurse Consultant | Attended the Investigator Meeting for New Clinical Trial, Icheon South Korea | South Korea |
| Eva Breidenbach | Project Administrator | Attended the Inaugural Summit to Establish a Life Lab Global Community of Practice in Southampton | United Kingdom |
| George Johnson | Manager | Attended the Inaugural Summit to Establish a Life Lab Global Community of Practice in Southampton | United Kingdom |
| Genevieve Fong | Project Administrator | Attended the Lupus Clinical Research Studies Investigator Meeting | Japan |
| Cor Angeli Garde-Fillarca | Registered Nurse | Attended the Lupus Clinical Research Studies Investigator Meeting | Japan |
| Collette Menadue | Physiotherapist | Respiratory Failure and Mechanical Ventilation Conference | Germany |
| Jamie Burrows | Advance Trainee | Teaching at Hoc Mai Advanced Course in Medical Education and Research and Blue Dragon Foundation Visit | Vietnam |
| Kylie Radford | Clinical Psychologist | Attended the International League Against Epilepsy and Research Meeting | France |
| Sau Chi Cheng | Clinical Psychologist | Attended the International League Against Epilepsy and Research Meeting | France |
| Maria Constantino | Data Manager | Attended the Advanced Technologies and Treatments for Diabetes Conference | Italy |
| Connie Luo | Nurse Practitioner | Attended the Advanced Technologies and Treatments for Diabetes Conference | Italy |
| Sameer Bhole | Dental Specialist | Attended the International Association for Dental Research Conference 2024 | United States of America |
| John Thompson | Health Worker | Attended the Society of Surgical Oncology Annual Cancer Symposium | United States of America |
| John Chetwood | Health Worker | Attended and presented at the 2024 Annual Congress of the Korean Association for the Study of Intestinal Diseases | South Korea |
| Glen Lockwood | Researcher | Attended and presented at the 2024 Liver Sinusoid Meeting | United States of America |
| Joshal Mehta | Dental Officer | Attended the International Team for Implantology Symposium | Singapore |
| Muhammad Khan | Dental Officer | Attended the International Team for Implantology Symposium | Singapore |
| Delyse Lam | Dental Officer | Attended the International Team for Implantology Symposium | Singapore |
| Mitul Shah | Dental Officer | Attended the International Team for Implantology Symposium | Singapore |
| Wisam Kamil | Dental Officer | Attended the International Team for Implantology Symposium | Singapore |
| Michael Atzemidakis | Dental Officer | Attended the International Team for Implantology Symposium | Singapore |
| Wensy Leung | Dental Officer | Attended the International Team for Implantology Symposium | Singapore |
| Qing Lan | Clinical Nurse Specialist | Attended the Investigator Meeting for New Clinical Trial DevPro/SNDX-6352-0506 | Germany |

| Name | Position | Reason for travel | Location |
|--------------------|-----------------------------------|---|--------------------------|
| Tracy King | Clinical Nurse Consultant | Spoke at the Hematology Society of Australia and New Zealand Branch Conference | New Zealand |
| Rajan Rehan | Honorary Medical Officer | Attended and presented at the European Association of Percutaneous Cardiovascular Interventions Fellows Course | France |
| Rosilene Ribeiro | Dietitian | Attended the GECKO Consortium Conference | France |
| Peter Bradhurst | Advance Trainee | Attended the Ragon Institute of MGH, MIT and Harvard in Boston United States of America to complete five weeks of Intensive Research Training Program | United States of America |
| Vasi Naganathan | Clinical Academic | Presented at the Australian and New Zealand Society for Geriatric Medicine Annual Scientific Conference Meeting | New Zealand |
| Harleen Kumar | Dental Specialist | Attended the American Academy of Paediatric Dentistry Conference | Canada |
| Seshika Ratwatte | Registrar | Attended and presented at the Congenital Heart Disease in the Adult Annual Conference | United States of America |
| Kenelm Kwong | Dental Specialist | Attended the International Congress in Oral Pathology and Medicine | Mexico |
| Michelle Kang | Dental Specialist | Attended the International Congress in Oral Pathology and Medicine | Mexico |
| Danqing Min | Senior Hospital Scientist | Attended the 12th International Workshop on the CCN Family of Genes: Cell-Matrix Communication and Functions in Health and Disease | Norway |
| Stephen Twigg | Clinical Academic | Attended and presented at the 12th International Workshop on the CCN Family of Genes | Norway |
| Luigi Fontana | Clinical Academic | Engaged in lecturing, research meetings and collaborations with various colleagues and institutions | Italy |
| Alexander Crumpton | Senior Nuclear Medicine Scientist | Attended the 54th Annual Scientific Meeting of the Australian and New Zealand Society of Nuclear Medicine | New Zealand |
| Holly Spooner | Nuclear Medicine Scientist | Attended and presented at the 54th Annual Scientific Meeting of the Australian and New Zealand Society of Nuclear Medicine | New Zealand |

Western NSW Local Health District

| Name | Position | Reason for travel | Location |
|--------------------|------------------------------|---|--------------------------|
| Karen Beattie | Registered Nurse | Regional Congress of the International Society of Blood Transfusion | Sweden |
| Richard Hawksworth | Medical Officer Respiratory | European Respiratory Society International Congress 2023 | Italy |
| Kisoth Arasaratnam | Registrar Haematology | American Society of Hematology Conference | Canada |
| Amie Warren | Social Worker | Mental Health Patient Escort | New Zealand |
| Irene Chan | Medical Laboratory Scientist | American Society of Haematology conference | United States of America |
| Timothy Lynch | Nurse Manager | Mental Health Patient Escort | New Zealand |
| Diane Gardner | Nurse | Northern Hemisphere Winter Planning Strategy Learnings | United Kingdom |
| Sara Tulevu | Registered Nurse | Northern Hemisphere Winter Planning Strategy Learnings | United Kingdom |

| Name | Position | Reason for travel | Location |
|-----------------|-----------------------------------|--|--------------------------|
| Marisa Murray | Nurse | Northern Hemisphere Winter Planning Strategy Learnings | United Kingdom |
| Nicole Weston | Dietitian | Northern Hemisphere Winter Planning Strategy Learnings | United Kingdom |
| Jenna West | Occupational Therapist | Northern Hemisphere Winter Planning Strategy Learnings | United Kingdom |
| Annaleigh Moore | Registered Nurse | American Society of Nephrology Conference | United States of America |
| Lillyan O'Dea | Registered Nurse | American Society of Nephrology Conference | United States of America |
| Gemma Ryan | Registered Nurse | American Society of Nephrology Conference | United States of America |
| Bronwyn Andrew | Pharmacist | British Oncology Pharmacy Association Conference | United Kingdom |
| Stephen How | Physicist | Engineering and Physical Sciences in Medicine annual meeting | New Zealand |
| Wenlong Hsieh | Physicist – Radiation Oncology | Engineering and Physical Sciences in Medicine Annual meeting | New Zealand |

Western Sydney Local Health District

| Name | Position | Reason for travel | Location |
|---------------------|---|---|----------------|
| Jeffrey Barber | Senior Medical Physicist | Presented at Engineering and Physical Sciences in Medicine Conference | New Zealand |
| Dr Catherine Farrow | Scientific Director | Presented at Thoracic Society of Australia and New Zealand, Australian and New Zealand Society of Respiratory Science Annual Scientific Meeting | New Zealand |
| Dr Julie Ahn | Advanced Trainee | Attended the World Conference on Lung Cancer | Singapore |
| Dr Yousif Yousif | Radiation Oncology Medical Physicist | Attended Engineering and Physical Sciences in Medicine Conference | New Zealand |
| Suma Sukumar | Staff Specialist Oral Health | Attended European Association of Oral Medicine Conference | United Kingdom |
| Alison Brown | Advanced Practitioner Radiation Therapist | Attended Leading the way in Radiography and Radiotherapy Advanced Practice Conference | Singapore |
| Laura Adamson | Radiation Therapist | Attended Quality Management in Radiotherapy, Risk Management and Patient Safety Course and site visit to Denmark Hospital | Denmark |
| Dr Jonathan Sykes | Radiation Oncology Medical Physicist | Attended Particle Therapy Co-Operative Group 2024 Annual Scientific Meeting | Singapore |

Specialty health networks

Justice Health and Forensic Mental Health Network

| Name | Position | Reason for travel | Location |
|--------------------|-------------------------|--|----------|
| Van Victor Rentuza | Nursing Unit Manager | Patient repatriation | Taiwan |
| Anthony Merrick | Clinical Nurse Educator | Patient repatriation | Taiwan |
| Clare Mayoh | Social Worker | Patient repatriation | Taiwan |
| Marina Mansour | Occupational Therapist | Patient repatriation | Taiwan |
| Wendy Hoey | Chief Executive | Attended and presented at the International Corrections and Prisons Association conference | Belgium |

St Vincent's Health Network

| Name | Position | Reason for travel | Location |
|------------------------|---|---|--------------------------|
| Professor Bryce Vissel | Program Head, Clinical Neurosciences and Degenerative Medicine Research Program | Attended the Alzheimer's Association International Conference | Netherlands |
| Dr Lauren Christie | Senior Research Fellow, Allied Health | Attended the KU Leuven Upper Limb Stroke Rehabilitation Conference | Belgium |
| Dr Pamela Blaikie | Research Office Manager | Attended the annual conference on Advancing Ethical Research | United States of America |
| Professor Bryce Vissel | Program Head, Clinical Neurosciences and Degenerative Medicine Research Program | Meeting with collaborators and potential funders for research program | United States of America |
| Lisa Singleton | Clinical Trials Co-Ordinator | Attended a sponsored Clinical Trial site investigator meeting for Pulmonary Hypertension | Singapore |
| Danielle Austin | Incident Response Manager | Attended the National Association Healthcare Security Annual Conference to deliver keynote presentation | United Kingdom |
| Kazuo Suzuki | Senior Hospital Scientist | Attended the Symposium of 37th Annual Japanese AIDS meeting | Japan |
| Carmen Herrera | Clinical Trials Co-Ordinator | Attended a sponsored Clinical Trial site investigator meeting for Cardiology | Greece |
| David Connor | Post Doctoral Scientist | Attended and provided the opening presentation at the World Congress of the International Union of Phlebology | United States of America |
| Gonzalo Aguirrebarrena | Emergency Staff Specialist | Attended Mary Aikenhead Ministries Pilgrimage | Ireland |
| Carmen Herrera | Clinical Trials Co-Ordinator | Attended a sponsored Clinical Trial site investigator meeting for Cardiology | Taiwan |
| Professor Bryce Vissel | Program Head | Research collaborator and fundraising meeting for research program | United States of America |
| Luc Charmet-Mougey | Research Assistant | Attended International Neurology Conference (Aarhus Excitability Conference 2024) | Denmark |
| Erin Longbottom | Nurse Unit Manager | Attended Mary Aikenhead Ministries Pilgrimage | Ireland |
| Karen Brown | Clinical Trial Co-Ordinator | Attended a sponsored Clinical Trial site investigator meeting in Pulmonary Hypertension | Singapore |
| Leonie Wilcox | Manager ANZCT Registry | Attended the Transplantation and Cellular Therapy Meetings of ASTCT and CIBMTR, the combined annual meetings of the American Society for Transplantation and Cellular Therapy and Center for International Blood and Marrow Transplant Research | United States of America |
| Jonathan Montemayor | Clinical Trial Study Co-Ordinator | Attended the investigator meeting for HIV Research | United States of America |
| Cindy Lau | Antimicrobial Stewardship Pharmacist | Attended and presented a paper at International Association of Therapeutic Drug Monitoring and Clinical Toxicology Conference | Canada |

Sydney Children's Hospitals Network

| Name | Position | Reason for travel | Location |
|----------------------|---------------------------|---|--------------------------|
| Andrew Holland | Clinical Academic | Attended the 2024 John A Boswick Maui Burn and Wound Care Symposium | United States of America |
| Susan Russell | Clinical Academic | Attended the American Society of Paediatric Haematology and Oncology | United States of America |
| Russell Clive Dale | Clinical Academic | Attended the Association of Sri Lankan Neurologists and Neurology Masterclass on Epilepsy for Sri Lankan Neurologists | Sri Lanka |
| Phuong Phan | Clinical Nurse Consultant | Attended the Advanced Technologies and Treatments for Diabetes 2024 | Italy |
| James Allan Vitnell | Health Services Manager | Attended the funeral of a patient | New Zealand |
| Felicity Anne Byrnes | Clinical Nurse Educator | Attended the Critical Care Nephrology in Children Conference | United Kingdom |
| Zoe Croker | Student | Attended the 13th International Society for Pneumonia and Pneumococcal Diseases Conference | South Africa |
| Sanjay Jayasinghe | Health Services Manager | Attended the 13th International Society for Pneumonia and Pneumococcal Diseases Conference | South Africa |
| Laurel Helen Mimmo | Clinical Nurse Consultant | Attended the European Academy of Childhood Disability meeting | Belgium |
| Laurel Helen Mimmo | Clinical Nurse Consultant | Attended the European Society of Paediatric and Neonatal Intensive Care Paediatric and Neonatal Intensive Care Congress | Italy |
| Laurel Helen Mimmo | Clinical Nurse Consultant | Attended the Great Ormond Street Hospital for Children | United Kingdom |
| Michael Doumit | Physiotherapist | Attended the European Cystic Fibrosis Conference | Scotland |
| Jack Luxford | Registrar | Attended the International Society for Heart and Lung Transplantation Conference | Czech Republic |
| Farajana Alfroz | Researcher | Attended the Investigators and Study Coordinator meeting for the Clinical Trial Project Dyne Therapeutics DYNE251-DMD-201 | Greece |
| Kapoor Neeru | Researcher | Attended the Investigators and Study Coordinator meeting for the Clinical Trial Project Dyne Therapeutics DYNE251-DMD-201 | Greece |
| Andrew Holland | Clinical Academic | Attended the 57th Annual Pacific Association of Paediatric Surgeons Meeting | Hong Kong |
| Nadine Griffiths | Clinical Nurse Consultant | Presented at the Perinatal Society of Australia and New Zealand conference | New Zealand |
| Nadine Griffiths | Clinical Nurse Consultant | Delivered educational workshop at the Perinatal Society of Australia and New Zealand conference | New Zealand |
| Andrew Holland | Clinical Academic | Attended the Royal Australasian College of Surgeons Annual Scientific Congress | New Zealand |
| Kristine Macartney | Staff Specialist | Scoping Work for Adverse Events Following Immunisation, Concept Note on Twinning | Philippines |
| Kristine Macartney | Staff Specialist | Meeting at the Woolcock Institute and National Institute of Hygiene and Epidemiology | Vietnam |
| Sarah Sheridan | Staff Specialist | Project planning and meetings for HPV vaccine introduction | Cambodia |

| Name | Position | Reason for travel | Location |
|--------------------|-------------------------|--|-------------------------|
| Wedyan Meshreky | Health Services Manager | Attended consultation sessions for Pacific Islands Countries and Areas needs assessment and scoping for National Immunisation Technical Advisory Group support | Fiji Samoa Tuvalu |
| Wedyan Meshreky | Health Services Manager | Attended consultation sessions for Pacific Islands Countries and Areas needs assessment and scoping for National Immunisation Technical Advisory Group support | Cook Islands |
| Wedyan Meshreky | Health Services Manager | Attended consultation sessions for Pacific Islands Countries and Areas needs assessment and scoping for National Immunisation Technical Advisory Group support | French Polynesia |
| Sarah Sheridan | Staff Specialist | Consultation sessions for Pacific Islands Countries and Areas needs assessment and scoping for National Immunisation Technical Advisory Group support | French Polynesia |
| Kristine Macartney | Staff Specialist | Delivered HPV Vaccine Introduction Workshop | Cambodia |
| Aditi Dey | Health Services Manager | Delivered HPV Vaccine Introduction Workshop | Cambodia |
| Sarah Sheridan | Staff Specialist | Delivered HPV Vaccine Introduction Workshop | Cambodia |
| Tonia Marquardt | Staff Specialist | Attended the Expended Program on Immunisation Review | Solomon Islands |
| Aditi Dey | Health Services Manager | Attended the Expended Program on Immunisation Review | Solomon Islands |
| April Murphy | Health Services Manager | Attended the Expended Program on Immunisation Review | Solomon Islands |
| Tonia Marquardt | Staff Specialist | Attended meeting with Gavi Alliance and partners and orientation of new staff member | Solomon Islands |
| Sarah Sheridan | Staff Specialist | Attended meeting with Ministry of Health to discuss serosurveillance activities for Vaccine Preventable Diseases | Kiribati |
| Tonia Marquardt | Staff Specialist | Attended meeting with Ministry of Health to discuss serosurveillance activities for Vaccine Preventable Diseases | Kiribati |
| Sarah Sheridan | Staff Specialist | Attended the National Immunisation Technical Advisory Group World Health Organization staff and Partners' meeting | Turkey |
| Sarah Sheridan | Staff Specialist | Attended the National Immunisation Technical Advisory Group Workshop | Laos |
| Sarah Sheridan | Staff Specialist | Attended the National Immunisation Technical Advisory Group Workshop 2 | Laos |
| Karina Stamef | Health Services Manager | Coordinated and attend Pacific Island Countries National Immunisation Technical Advisory Group Workshop | Fiji |
| Kristine Macartney | Staff Specialist | Coordinated and attend Pacific Island Countries National Immunisation Technical Advisory Group Workshop and Gavi Middle Income Countries meetings | Fiji |
| Sarah Sheridan | Staff Specialist | Attended Pacific Island Countries National Immunisation Technical Advisory Group Workshop and Gavi Middle Income Countries meetings | Fiji |
| Ann Burton | Health Services Manager | Attended Pacific Island Countries National Immunisation Technical Advisory Group Workshop and Gavi Middle Income Countries meetings | Fiji |

| Name | Position | Reason for travel | Location |
|--------------------|-------------------------|---|-------------|
| April Murphy | Health Services Manager | Attended Pacific Island Countries National Immunisation Technical Advisory Group (NITAG) Workshop and Gavi Middle Income Countries (MICs's) meetings | Fiji |
| Patrick Cashman | Health Services Manager | Attended Pacific Island Countries National Immunisation Technical Advisory Group Workshop and Gavi Middle Income Countries meetings | Fiji |
| Kristine Macartney | Staff Specialist | Facilitated National Immunisation Technical Advisory Group (NITAG) vaccinology training | Timor-Leste |
| Aditi Dey | Health Services Manager | Facilitated National Immunisation Technical Advisory Group (NITAG) vaccinology training | Timor-Leste |
| Genevieve Foster | Health Services Manager | Facilitated National Immunisation Technical Advisory Group vaccinology training | Timor-Leste |
| Ketaki Sharma | Staff Specialist | Facilitated National Immunisation Technical Advisory Group vaccinology training | Timor-Leste |
| Nicholas Wood | Staff Specialist | Facilitated National Immunisation Technical Advisory Group vaccinology training | Timor-Leste |
| Sarah Sheridan | Staff Specialist | Facilitated National Immunisation Technical Advisory Group vaccinology training | Timor-Leste |
| Ann Burton | Health Services Manager | Undertook planning and fieldwork for the Expanded Program on Immunisation Review (EPI) and for a project on Continuous Immunisation Provider Education program | Timor-Leste |
| Sarah Sheridan | Staff Specialist | Supported Expanded Program on Immunisation Review, high level meetings with Timor-Leste NSW Ministry of Health, Department of Foreign Affairs and Trade, United National Children's Fund, and World Health Organization. Planning meeting with Timor-Leste National Immunisation Technical Advisory Group | Timor-Leste |
| Kristine Macartney | Staff Specialist | Attended the Vietnam National Immunization Technical Advisory Group workshop | Vietnam |
| Ketaki Sharma | Staff Specialist | Attended the Vietnam National Immunization Technical Advisory Group workshop | Vietnam |
| Catherine Tran | Health Services Manager | Attended the Vietnam National Immunization Technical Advisory Group workshop | Vietnam |
| Zoe Joo | Health Services Manager | Attended the Vietnam National Immunization Technical Advisory Group workshop | Vietnam |
| Suzanne Nevin | Researcher | Attended the World Association for Infant Mental Health 18th World Congress Recipient of Wolf Dalton Scholarship | Ireland |

Pillars

Agency for Clinical Innovation

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023-24 | | | |

Bureau of Health Information

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023-24 | | | |

Cancer Institute NSW

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023-24 | | | |

Clinical Excellence Commission

| Name | Position | Reason for travel | Location |
|-----------------------------------|-----------------|--|-------------|
| Adjunct Professor Michael Nicholl | Chief Executive | Attended the 2023 International Symposium on Performance Science | Poland |
| Adjunct Professor Michael Nicholl | Chief Executive | Attended the 39th International Conference of International Society for Quality in Health Care | South Korea |

Health Education and Training Institute

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023-24 | | | |

Health Administration Corporation

eHealth NSW

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023-24 | | | |

Health Infrastructure

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023–24 | | | |

HealthShare NSW

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023–24 | | | |

NSW Ambulance

| Name | Position | Reason for travel | Location |
|--------------------------------|----------|-------------------|----------|
| Nil overseas visits in 2023–24 | | | |

NSW Health Pathology

| Name | Position | Reason for travel | Location |
|----------------------|--|---|--------------------------|
| Trevor Baillie | Senior Hospital Scientist | Education and laboratory planning | Papua New Guinea |
| Vanessa Thomson | Director Scientific and Technical Strategy | Attended the New Zealand Institute of Medical Laboratory Science South Pacific Congress Conference and laboratory visits | New Zealand |
| Renfen Chen | Principal Scientist/Lab Manager | Attended the Australasian Cytometry Society Conference | New Zealand |
| Irene Luo | Hospital Scientist | Attended the Australasian Cytometry Society Conference | New Zealand |
| Esther Aklilu | Senior Hospital Scientist | Attended the Australasian Cytometry Society Conference | New Zealand |
| Thomas Tran | Senior Medical Lab Scientist | Attended the International Microscopy Congress | South Korea |
| Jacqui Macham | Technical Officer | Attended the International Microscopy Congress | South Korea |
| Catriona Halliday | Principal Scientific Officer | Deliver lectures and practical sessions at a workshop on fungal infections, diagnosis and treatment at Hanoi Medical University | Vietnam |
| Candice Clarke | Senior Scientist | Attended the National Society for Histotechnology Convention | United States of America |
| Nina Hoang | Technical Officer | Attended the National Society for Histotechnology Convention | United States of America |
| Shailendra Gune | Senior Scientist | Attended the European Congress of Cytology | Hungary |
| Julie Hetherington | Clinical Nurse Consultant | Attended the International Congress of Endocrinology | Dubai |
| Rathna (Nisha) Singh | Principal Scientist | Attended the Australasian Society of Diagnostic Genomics 2024 Interim Scientific Meeting | New Zealand |
| Corrina Cliffe | Senior Hospital Scientist | Attended the Australasian Society of Diagnostic Genomics 2024 Interim Scientific Meeting | New Zealand |
| Geoffrey Kershaw | Senior Hospital Scientist | Attended the Annual Conference of the International Society of Thrombosis and Haemostasis | Thailand |
| Diem Nguyen | Haematology Registrar | Attended the Annual Conference of the International Society of Thrombosis and Haemostasis | Thailand |
| Jonathan Cheng | Haematology Advanced Trainee | Attended the Annual Conference of the International Society of Thrombosis and Haemostasis | Thailand |

Governance

NSW Health comprises the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*) and the various NSW Health organisations making up the NSW public health system, including local health districts and specialty health networks (see NSW Health organisational chart on page 3). The Ministry is the system manager for NSW Health.

NSW Health organisations are governed by an accountable authority – either a board or a chief executive, or both. The Corporate Governance and Accountability Compendium outlines the governance requirements that apply to the organisations that form part of NSW Health and sets out the roles, relationships and responsibilities of each organisation. A copy is available at health.nsw.gov.au.

Clinical governance

To protect patients from harm and ensure high-quality care, all public health services in NSW are required to comply with the requirements of the Australian Health Service Safety and Quality Accreditation Scheme. Compliance with the Scheme requires accreditation by assessment against the National Safety and Quality Health Service Standards. From 1 July 2023, assessments to the Standards transitioned to a mandatory short notice assessments program. The introduction of short notice assessments ensures the assessment outcomes reflects day-to-day practice, identifies gaps, and supports organisations to improve safety and quality systems and process.

Legal Changes

Acts administered

- Abortion Law Reform Act 2019 No 11
- Anatomy Act 1977 No 126
- Assisted Reproductive Technology Act 2007 No 69
- Cancer Institute (NSW) Act 2003 No 14
- Centenary Institute of Cancer Medicine and Cell Biology Act 1985 No 192
- Drug and Alcohol Treatment Act 2007 No 7
- Drug Misuse and Trafficking Act 1985 No 226, Part 2A, jointly with the Minister for Police
- Fluoridation of Public Water Supplies Act 1957 No 58
- Garvan Institute of Medical Research Act 1984 No 106
- Health Administration Act 1982 No 135
- Health Care Complaints Act 1993 No 105
- Health Care Liability Act 2001 No 42
- Health Practitioner Regulation (Adoption of National Law) Act 2009 No 86 and the Health Practitioner Regulation National Law (NSW) (except parts, the Attorney General)
- Health Professionals (Special Events Exemption) Act 1997 No 90
- Health Records and Information Privacy Act 2002 No 71
- Health Services Act 1997 No 154
- Human Cloning for Reproduction and Other Prohibited Practices Act 2003 No 20
- Human Tissue Act 1983 No 164
- Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No 37
- Lunacy (Norfolk Island) Agreement Ratification Act 1943 No 32
- Medicines, Poisons and Therapeutic Goods No 73
- Mental Health Act 2007 No 8
- Mental Health and Cognitive Impairment Forensic Provisions Act 2020 No 12, Parts 5 and 7, and Part 9 jointly with the Attorney General, remainder, the Attorney General
- Mental Health Commission Act 2012 No 13
- Poisons and Therapeutic Goods Act 1966 No 31
- Private Health Facilities Act 2007 No 9
- Public Health Act 2010 No 127
- Public Health (Tobacco) Act 2008 No 94
- Research Involving Human Embryos (New South Wales) Act 2003 No 21
- Royal Society for the Welfare of Mothers and Babies' Incorporation Act 1919 No 52, jointly with the Minister for Women
- Saint Vincent's Hospital Act 1912 No 5
- Smoke-free Environment Act 2000 No 69
- Voluntary Assisted Dying Act 2022 No 17

Public Health Act Section 130A

- Section 62: Making of public health orders relating to person with Category 4 or 5 condition or contact order condition (cf 1991 Act, s23)
- Condition: Human Immunodeficiency Virus (HIV) infection (Category 5)
- Number of Section 62 public health orders: 1

Legislative Changes

Amending Acts

- Health Legislation Amendment (Miscellaneous) Act 2024
- Health Practitioner Legislation Amendment Act 2024
- Human Tissue Amendment (Ante-mortem Interventions) Act 2024
- Health Legislation Amendment (Miscellaneous) Act 2023

Amending Regulations

- Mental Health Amendment Regulation 2024
- Poisons and Therapeutic Goods Amendment (Prescription Database) Regulation 2024
- Poisons and Therapeutic Goods Amendment (Voluntary Assisted Dying Substances) Regulation 2023
- Private Health Facilities Amendment (Psychedelic-Assisted Therapy) Regulation 2023
- Health Practitioner Regulation (Adoption of National Law) Regulation 2023
- Health Legislation Amendment (Fees) Regulation 2023
- Health Records and Information Privacy Amendment Regulation 2023

Significant Orders

- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Order 2023
- Health Services (St Joseph's Hospital) Order 2023

Economic or other factors challenging our system

In 2023–24, the NSW Health System continued to embrace the challenge of pivoting back from the impact of the COVID-19 pandemic. Considerable success has been observed in reducing elective surgery waiting lists back to pre-COVID levels through in-house and outsourced care. Annual leave balances of staff that accumulated during the pandemic have declined through a range of workforce expansion and support strategies.

Challenges remain, in particular, the geographical nursing and medical workforce markets where premium rates are being charged. NSW Health is implementing a number of strategies to address this including study subsidies, incentives, and accommodation to support key workers. High levels of inflation nationally during the year and cumulative from prior years, have impacted costs of medical consumables and equipment.

Events arising after the end of the annual reporting period

No other events have arisen subsequent to the end of the annual reporting period that would have a significant effect on financial operations, other operations and clientele and the community that would require the annual report to be amended.

Other Information

The NSW Health Annual Report follows the *NSW Treasury Annual Reporting Guidelines* by preparing the report at the lowest possible cost. The NSW Health 2023–24 Annual Report was produced internally within the NSW Ministry of Health Strategic Communications and Engagement Branch. Due to the physical size of the annual report, it must be printed by a professional, external print company. There is a budget of \$1,500 for printing the NSW Health 2023–24 Annual Report.

Information and risk management

Risk management and insurance activities

Audit and risk management

NSW Health policy requires public health organisations to maintain effective, independent audit frameworks and corporate governance practices consistent with NSW public sector best practices. Enterprise-wide risks are managed through continuous monitoring and risk control (policy, procedures and guidelines), which are reflected in the *NSW Health Enterprise-wide Risk Management Policy*.

Audit and risk management committees

Each public health organisation must establish an audit and risk management committee, which is a key component in the public health organisation's corporate governance framework. It oversees:

- internal controls and internal audit
- enterprise risk management
- business continuity plans
- disaster recovery plans
- corruption and fraud prevention
- external accountability and external audit
- compliance with applicable laws and regulations.

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (TMF), of which the NSW Ministry of Health (and its controlled organisations) is a member agency. The Health portfolio is a significant proportion of the TMF and is identified as an independent pool within the TMF Scheme.

NSW Treasury provides funding to NSW Health via a benchmark process. NSW Health pays deposit contributions to icare for workers compensation, motor vehicle, liability, property, and miscellaneous lines of business.

Workers' compensation and motor vehicle contributions are actuarially determined and include an experience factor. The aim of the deposit contribution funding is to allocate deposit contributions across the TMF with reference to benchmark expectations of relative claims costs for the agencies in the TMF, and to provide a financial incentive to improve injury and claims management outcomes.

icare NSW, in administering the TMF, implemented the agency performance adjustment (APA), replacing the workers compensation hindsight adjustments. The APA is an opportunity for NSW Health entities to influence impacts by proactively managing workers compensation performance. An unfavourable result \$13.6 million was declared in 2023–24.

NSW Treasury Managed Fund

| 2023–24 | Contributions paid to iCare (\$000) | Funding from NSW Treasury (\$000) | Variance (\$000) |
|----------------------|-------------------------------------|-----------------------------------|------------------|
| Workers compensation | 336,338 | 330,485 | (5,853) |
| Motor vehicle | 13,202 | 12,620 | (582) |
| Property | 30,191 | 30,117 | (74) |
| Liability | 407,534 | 401,177 | (6,357) |
| Miscellaneous | 1,035 | 1,035 | - |
| Total TMF | 788,300 | 775,434 | (12,866) |
| VMO | 73,119 | 71,783 | (1,336) |
| Sub-total | 861,419 | 847,217 | (14,202) |

Internal audit and risk management policy attestation



Internal Audit and Risk Management Attestation Statement for the 2023-2024 Financial Year for the NSW Ministry of Health

I, Ms Susan Pearce, Secretary, NSW Health, am of the opinion that the Ministry of Health has internal audit and risk management processes in operation that are, excluding the exemptions or transitional arrangements described below, compliant with the six of the seven Core Requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*, specifically:

| Core Requirements | Compliant / Non-Compliant / In Transition |
|---|--|
| Risk Management Framework | |
| 1.1 The Accountable Authority shall accept ultimate responsibility and accountability for risk management in the agency. | Compliant |
| 1.2 The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018. | Non-compliant <i>Non-compliance for 2023-24 is limited to internal reporting processes. The Ministry has been reviewing its risk management reporting framework in 2023-24 and a new model has been developed for implementation in 2024-25 which addresses all requirements.</i> |
| Internal Audit Function | |
| 2.1 The Accountable Authority shall establish and maintain an internal audit function that is appropriate for the agency and fit for purpose. | Compliant |
| 2.2 The Accountable Authority shall ensure the internal audit function operates consistent with the International Standards for Professional Practice for Internal Auditing. | Compliant |
| 2.3 The Accountable Authority shall ensure the agency has an Internal Audit Charter that is consistent with the content of the 'model charter'. | Compliant |
| Audit and Risk Committee | |
| 3.1 The Accountable Authority shall establish and maintain efficient and effective arrangements for independent Audit and Risk Committee oversight to provide advice and guidance to the Accountable Authority on the agency's governance processes, risk management and control frameworks, and its external accountability obligations. | Compliant |
| 3.2 The Accountable Authority shall ensure the Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'. | Compliant |

Membership

The Chair and members of the Risk Management and Audit Committee are:

- Ms Jan McClelland, Independent Chair (23 April 2024- to 22 April 2028)
- Ms Carolyn Walsh, Independent Chair (23 March 2020 to 22 March 2024)
- Mr Greg Rochford, Independent Member (23 June 2021 to 22 June 2025)
- Ms Rhonda Wheatley, Independent Member (9 December 2021 to 9 December 2025)

Departures from Core Requirement

I, Ms Susan Pearce, Secretary, NSW Health, advise that the internal audit and risk management processes for the Ministry of Health depart from the Core Requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*.

The circumstances giving rise to the departure have been determined by the Responsible Minister and the Ministry of Health is implementing the following practicable alternative measures to meet the Core Requirements

| Departure from Policy/Procedure | Reason for departure and description of practicable alternative measures implemented / being implemented |
|---|--|
| <p>Core Requirement 1.2</p> <p>The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018.</p> | <p>In response to the requirements of TPP20-08, the Ministry of Health prioritised its system manager role to develop and implement the <i>NSW Health Enterprise-wide Risk Management Policy Directive (PD2022_023)</i> for all NSW Health organisations. This work was completed during the transitional period following implementation of TPP20-08.</p> <p>As a second stage of work, the Ministry has been reviewing its internal risk management reporting processes in 2023-24 to ensure full compliance. A new internal reporting model for the Ministry has been developed for implementation in 2024-25, consistent with the requirements of TPP20-08 and industry standards.</p> |

I, Ms Susan Pearce, Secretary, NSW Health, declare that this Internal Audit and Risk Management Attestation is made in respect of the consolidated accounts, verified through an annual attestation statement submitted to the Ministry of Health by the Chief Executive, of the following controlled entities:

| | |
|--|---|
| <p>Central Coast Local Health District</p> <p>Far West Local Health District</p> <p>Hunter New England Local Health District</p> <p>Illawarra Shoalhaven Local Health District</p> <p>Justice Health & Forensic Mental Health Network</p> <p>Mid North Coast Local Health District</p> <p>Murrumbidgee Local Health District</p> <p>Nepean Blue Mountains Local Health District</p> <p>Northern NSW Local Health District</p> <p>Northern Sydney Local Health District</p> <p>South Eastern Sydney Local Health District</p> <p>South Western Sydney Local Health District</p> <p>Southern NSW Local Health District</p> <p>Sydney Local Health District</p> | <p>The Sydney Children’s Hospitals Network</p> <p>Western NSW Local Health District</p> <p>Western Sydney Local Health District</p> <p>Agency for Clinical Innovation</p> <p>Ambulance Service of NSW</p> <p>Bureau of Health Information</p> <p>Cancer Institute NSW</p> <p>Clinical Excellence Commission</p> <p>eHealth NSW</p> <p>HealthShare NSW</p> <p>Health Education and Training Institute</p> <p>Health Infrastructure</p> <p>NSW Health Pathology</p> |
|--|---|

Departures from Local Policy

I, Ms Susan Pearce, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the policy requirements outlined below, as set out in the *NSW Health Internal Audit* policy directive (PD2022_022) and the *NSW Health Enterprise-wide Risk Management* policy directive (PD2022_023).

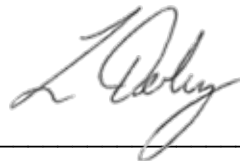
The circumstances giving rise to these departures have been determined by the Secretary, as system manager, as an exception, and the following practicable alternative measures to meet the core requirements have been implemented.

| Departure from Policy/Procedure | Reason for departure and description of practicable alternative measures implemented / being implemented |
|---|---|
| <p>Local Procedure: PD2022_022 3.1.1 Appointment of a Chair</p> <p>The Chair of the Audit and Risk Committee is to be appointed for a single term only, of at least three years and not greater than five years.</p> <p>The total period of membership on the Committee must not exceed eight years.</p> | <p>One NSW Health Organisation sought that the Chair be appointed to the Committee for a single term of less than three years.</p> <p>The prior Chair declined an extension and to retain knowledge within the Committee, proposed offering the position to an existing member of the Committee. As the member was experienced with six years already on the Committee, to ensure the total membership did not exceed eight years, appointment under the three-year term was granted exception.</p> <p>One NSW Health organisation sought to extend the term of a Chair which would exceed the eight-year total membership.</p> <p>The extension allowed the transfer of knowledge to a new member of the Committee who would succeed as Chair.</p> |

These processes, including the practicable alternative measures implemented, demonstrate that the Ministry of Health has established and maintained frameworks, including systems, processes and procedures for appropriately managing audit and risk within the Ministry of Health.



 Susan Pearce AM
Secretary, NSW Health
 Date: 25/10/2024



 Louise Derley
Chief Audit Executive, Ministry of Health

NSW Ombudsman

The NSW Ombudsman convenes and supports the Child Death Review Team (CDRT). The CDRT's purpose is to prevent or reduce the likelihood of deaths of children in NSW through the exercise of its functions under Part 5A of the *Community Services (Complaints, Reviews and Monitoring) Act 1993*. NSW Health is represented on the CDRT by Dr Matthew O'Meara, Chief Paediatrician NSW Ministry of Health.

NSW Child Death Review Team Annual Report 2022–23 was tabled in Parliament on 30 October 2023. These reports contain rolling recommendations and is monitored by the NSW Ombudsman. NSW Health provides regular updates on the status of implementation of those recommendations.

The NSW Ombudsman's *Biennial report of the deaths of children in New South Wales: 2020 and 2021* was tabled in Parliament on 27 November 2023. This report contains two supplementary reports:

- *Reviews of deaths of children in care and certain other children – reviewable deaths in 2020 and 2021*
- *Infant deaths from severe perinatal brain injury in NSW, 2016–2019: key thematic observations.*

NSW Health provided a progress report on the implementation of recommendations made by the CDRT and NSW Ombudsman which are included in the above two publicly available reports.

Auditor-General of NSW

The NSW Audit Office fulfils its external independent oversight functions undertaking performance audits, financial audits, and compliance audits each year of NSW Health. In addition to the three types of audits, the Auditor-General also tables special reports on internal controls.

In 2023–24, the Auditor-General tabled two audits on NSW Health:

1. *Health 2023 Financial Audit*
2. *Ambulance Services in Regional NSW (performance audit)*

NSW Health has accepted the Auditor-General's recommendations and will report back to the Public Accounts Committee of Parliament on their implementation.

Public Accounts Committee of Parliament

The Public Accounts Committee reviews the Auditor-General's reports to ensure that agencies respond appropriately to the Auditor-General's recommendations. The Public Accounts Committee during the 2023–24 period has reviewed two Auditor-General's performance audit reports that relate to NSW Health:

1. *COVID-19 Vaccine Rollout in NSW*
2. *Coordination of the response to COVID-19 (June to November 2021).*

The Committee noted NSW Health's contribution for both reports and had no further recommendations.

Privacy and Personal Information Protection Act 1998

NSW Health is committed to protecting personal and health information in accordance with the *Privacy and Personal Information Protection Act 1998* (PPIP Act) and the *Health Records and Information Privacy Act 2002* (HRIP Act). In accordance with section 33 of the PPIP Act, NSW Health has published a *Privacy Management Plan* (PMP) that outlines the policies and procedures for managing personal and health information. The NSW Health Privacy Manual for Health Information further supports NSW Health's compliance with the HRIP Act, detailing the legislative obligations and necessary steps to handle health information appropriately.

During the 2023–24 financial year, NSW Health implemented several initiatives to strengthen privacy protections for patients and staff. Key activities included:

- providing online training via the Health Education and Training Institute website to NSW Health staff, with a mandatory requirement for all staff to complete the eLearning module, *Privacy – It's Yours to Keep*
- updating NSW Health's intranet website to provide staff with improved access to privacy resources, including new materials for handling privacy internal reviews and complying with the Mandatory Notification of Data Breach Scheme
- conducting privacy audits on key information systems, both proactively and reactively
- completing privacy impact assessments for core in-house systems, new programs, or when required by the *Privacy and Security Assurance Framework*
- issuing a policy directive about *Data Breaches Involving Personal or Health Information* in accordance with the Mandatory Notification of Data Breach Scheme
- updating the *NSW Health Privacy Management Plan* to align with the Mandatory Notification of Data Breach Scheme
- ongoing review of the NSW Health Privacy Manual for Health Information with a new edition expected to be published in the first half of the 2024–25 financial year
- establishing the NSW Health Privacy Contact Officer Community of Practice meetings
- supporting the Information and Privacy Commission's Privacy Awareness Week campaign with a range of promotional activities, including articles published on the NSW Health Intranet to raise staff awareness about the importance of patient privacy.

Internal Review

The PPIP Act outlines a formal process for handling privacy complaints related to both the PPIP Act and the HRIP Act. This process is known as 'privacy internal review'.

During the 2023–24 period, NSW Health received 40 internal review applications concerning privacy issues. Of these, breaches of health privacy or information protection principles were identified in 12 cases. No breaches were found in 23 cases, while 5 applications are still awaiting a final decision. Additionally, 10 of these internal reviews were escalated to the NSW Civil and Administrative Tribunal. Of these, one case resulted in the Tribunal finding a privacy breach by NSW Health, four cases concluded with no breach, and five cases remain pending a Tribunal decision.

Public accountability

Government Information (Public Access) Act 2009

The NSW Ministry of Health regularly reviews information on its website and routinely uploads information that may be of interest to the public. This includes a wide range of publications and resources including reports, factsheets, brochures, and pamphlets. Information is also available in other languages from the NSW Multicultural Health Communication Service website.

During 2023–24 the NSW Ministry of Health received 128 formal access applications under the *Government Information (Public Access) Act 2009* (the GIPA Act) including six applications and three appeals carried over from the 2022–23 reporting year. Of the 128 applications received, 27 applications were transferred to other agencies for completion. During this reporting year, 24 applications were initially assessed as invalid, for not complying with the formal requirements of section 41 of the GIPA Act, with 11 applications subsequently becoming valid requests. A total of 95 formal applications were decided within the reporting period. There were a further six applications received that were un-decided as of 30 June 2024.

In addition, there were 59 informal GIPA requests, 57 external third-party consultation requests, as well as 6 disclosure log requests received and finalised within the 2023–24 reporting period.

Two internal reviews were conducted in 2023–24, with six external reviews completed by the Information Commissioner and the NSW Civil and Administrative Tribunal in this same period. Of the total of eight reviews finalised during this reporting year, the original decision was upheld in seven. There were an additional three applications under review as of 30 June 2024 that have yet to be decided.

Of the 95 formal access applications completed in 2023–24, the NSW Ministry of Health made one decision to refuse access to information referred to in Schedule 1 of the GIPA Act, where there was a conclusive presumption of overriding public interest against disclosure.

13 decisions were made to release information in full, with 2 decisions made to refuse access to part of the information requested. A further five applications resulted in a full refusal of access to some, or all, the information requested. There were a further 41 decisions made that the information requested was not held by the NSW Ministry of Health, and 11 decisions were made that the information is already available to the applicant. In addition, 20 decisions were made to refuse to deal with the application in full or in part, and 4 applications were withdrawn by the applicant.

Statistical information regarding formal access applications received during 2023–24 is provided in the following tables. Please note that the following figures are for the NSW Ministry of Health only, and that each NSW Health organisation publishes their individual GIPA Annual report on their website each year.

The Information and Privacy Commission NSW (IPC) monitors the compliance of NSW public sector agencies with the GIPA Act. They periodically publish compliance reports evaluating agencies' compliance with the GIPA Act which include the statistical information of GIPA applications for all of NSW Health (NSW Ministry of Health and all health agencies combined). Their consolidated report is called the *Report on the Operation of the Government Information (Public Access) Act 2009*. These reports can be found on their website: <https://www.ipc.nsw.gov.au/information-access/gipa-compliance-reports>

Table A: Number of applications by type of applicant and outcome*

| | Access granted in full | Access granted in part | Access refused in full | Information not held | Information already available | Refuse to deal with application | Refuse to confirm/deny whether information is held | Application withdrawn |
|---|------------------------|------------------------|------------------------|----------------------|-------------------------------|---------------------------------|--|-----------------------|
| Media | 1 | 0 | 1 | 10 | 3 | 8 | 0 | 2 |
| Members of Parliament | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Private sector business | 1 | 0 | 2 | 3 | 1 | 4 | 0 | 0 |
| Not for profit organisations or community groups | 6 | 0 | 1 | 0 | 2 | 1 | 0 | 0 |
| Members of the public (application by legal representative) | 0 | 0 | 0 | 14 | 1 | 0 | 0 | 1 |
| Members of the public (other) | 5 | 2 | 1 | 14 | 4 | 6 | 0 | 1 |
| Total | 13 | 2 | 5 | 41 | 11 | 20 | 0 | 4 |

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

Table B: Number of applications by type of application and outcome

| | Access granted in full | Access granted in part | Access refused in full | Information not held | Information already available | Refuse to deal with application | Refuse to confirm/deny whether information is held | Application withdrawn |
|--|------------------------|------------------------|------------------------|----------------------|-------------------------------|---------------------------------|--|-----------------------|
| Personal information applications* | 0 | 0 | 0 | 17 | 0 | 0 | 0 | 1 |
| Access applications (other than personal information applications) | 11 | 1 | 4 | 23 | 9 | 16 | 0 | 2 |
| Access applications that are partly personal information applications and partly other | 2 | 1 | 1 | 1 | 2 | 4 | 0 | 1 |
| Total | 13 | 2 | 5 | 41 | 11 | 20 | 0 | 4 |

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

Table C: Invalid applications

| Reason for invalidity | Number of applications |
|---|------------------------|
| Application does not comply with formal requirements (section 41 of the Act) | 24 |
| Application is for excluded information of the agency (section 43 of the Act) | 0 |
| Application contravenes restraint order (section 110 of the Act) | 0 |
| Total number of invalid applications received | 24 |
| Invalid applications that subsequently became valid applications | 11 |

Table D: Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the Act

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

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

Table E: Other public interest considerations against disclosure: matters listed in table to section 14 of the Act

| | Number of occasions when application not successful |
|--|---|
| Responsible and effective government | 6 |
| Law enforcement and security | 0 |
| Individual rights, judicial processes and natural justice | 1 |
| Business interests of agencies and other persons | 2 |
| Environment, culture, economy and general matters | 0 |
| Secrecy provisions | 0 |
| Exempt documents under interstate Freedom of Information legislation | 0 |

Table F: Timeliness

| | Number of applications |
|--|------------------------|
| Decided within the statutory timeframe (20 days plus any extensions) | 80 |
| Decided after 35 days (by agreement with applicant) | 14 |
| Not decided within time (deemed refusal) | 1 |
| Total | 95 |

Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

| | Decision varied | Decision upheld | Total |
|--|-----------------|-----------------|----------|
| Internal review | 0 | 2 | 2 |
| Review by Information Commissioner* | 0 | 3 | 3 |
| Internal review following recommendation under section 93 of Act | 0 | 0 | 0 |
| Review by NSW Civil and Administrative Tribunal | 1 | 2 | 3 |
| Total | 1 | 7 | 8 |

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

Table H: Applications for review under Part 5 of the Act (by type of applicant)

| | Number of applications for review |
|---|-----------------------------------|
| Applications by access applicants | 8 |
| Applications by persons to whom information the subject of access application relates (see section 54 of the Act) | 0 |

Table I: Applications transferred to other agencies under Division 2 of Part 4 of the Act (by type of transfer)

| | Number of applications transferred |
|-------------------------------|------------------------------------|
| Agency-initiated transfers | 27 |
| Applicant-initiated transfers | 0 |

Additional information for informal access applications

| | Number of informal access applications |
|--|---|
| Received by the Agency in the reporting period | 59 |
| Decided by the Agency in the reporting period | 59 |
| Decided within 20 business days of receipt | 46 |
| Decided and notice in writing given to the applicant | 59 |
| | Number of informal access requests decided by outcome |
| Access granted in full | 6 |
| Access granted in part | 7 |
| Access refused in full | 0 |
| Referred to a formal access application | 46 |
| Conditions imposed | 0 |
| | Number of informal access requests decided by information type |
| Personal information of the requestor | 46 |
| Personal information of another person | 0 |
| Business information | 11 |
| Financial information | 0 |
| Other | 2 |
| | Number of informal access requests decided by type of condition imposed |
| Period of time to access information condition | 0 |
| View access only condition | 0 |
| Limited on use of information condition | 0 |
| Other | 0 |
| Information released informally was then proactively released publicly by the Agency | 0 |

Public Interest Disclosures

Reporting serious wrongdoing

A strong ‘speak up’ culture that encourages staff to report wrongdoing is important for ensuring the integrity of the NSW Health System. An integral part of that ‘speak up’ culture is having a framework in place that facilitates the reporting of serious wrongdoing. This includes protecting those who speak up from detriment, taking active steps to maintain the confidentiality of reports, and imposing duties on health entities who receive reports of wrongdoing to take appropriate action to investigate or otherwise deal with them.

In NSW, that framework is the *Public Interest Disclosures Act 2022* (the PID Act). When a public official reports suspected or possible wrongdoing in the public sector, their report will be a public interest disclosure if it has certain features which are set out in the PID Act.

To support the implementation of the PID Act in October 2023, the NSW Ministry of Health arranged training for people managers and for disclosure officers to be added on NSW Health’s eLearning platform, *MyHealth Learning*. Tools and resources were developed to assist those receiving a report of suspected or possible wrongdoing. Information was added on the NSW Health intranet available to all staff, and information was also added on the NSW Health website. The NSW Ministry of Health also updated the NSW Health Policy Directive *Public Interest Disclosures*, which outlines the key obligations for NSW Health entities under the PID Act.

Across NSW Health, a report of serious wrongdoing can be made to the staff member’s manager, or to a disclosures officer. As at 30 June 2024, there were more than 11,000 people managers and more than 1,180 staff who are disclosures officers under the PID Act.

Further information about public interest disclosures is available on the NSW Health website.

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Sustainability

5

Environmental sustainability at NSW Health

We are transitioning towards a low-carbon and climate resilient health system alongside our ongoing focus of delivering outstanding patient care.

Extreme climate events, including heatwaves and floods, can impact health both directly and indirectly. These events are becoming increasingly frequent and severe due to climate change, which will put pressure on our health system and disproportionately affect our rural communities and vulnerable populations.

Our health system also contributes to climate change, producing waste, fossil fuel air pollution, and greenhouse gas emissions. The NSW health sector is responsible for a considerable proportion of the NSW economy’s waste (8 per cent!) and greenhouse gas emissions (6.6 per cent!).

The NSW Government has set a target of reaching net zero by 2050. The Climate Change (Net Zero Future) Act 2023 legislates the NSW Government’s approach to addressing climate change. NSW Health and its controlled entities are committed to significantly reducing our emissions, aiming to achieve a 50 per cent reduction by 2030 and net zero by 2050 in line with the *Net Zero Future Act*.

Our Future Health Strategy has made our sustainable goals clear and will be supported by our *Net Zero Roadmap 2024–2030*.

Our first Net Zero Roadmap

The Climate Risk and Net Zero unit is coordinating the development of NSW Health’s first *Net Zero Roadmap 2024–2030*. The Roadmap will provide a blueprint for how our system is working towards NSW Government’s net zero targets. Its development follows 2,200 contributions on the draft Roadmap from public and staff consultation. The launch is expected during the next reporting period.

Involving our people in climate solutions

Our 2023 People Matter Employee Survey results show that the overwhelming majority of our staff support improved environmental sustainability at NSW Health. We also recognise that NSW Health staff have innovative and impactful ideas that can improve the sustainability of our health system.

The Sustainable Futures Innovation Fund provides up to \$25,000 to support staff-led innovation projects that improve patient care and reduce the environmental footprint of NSW Health.

In 2023–24, staff from across the NSW Health System completed 17 projects following the first round of funding. In March 2024, staff were invited to apply to the second round of the Sustainable Futures Innovation Fund and 11 local sustainability initiatives were chosen for funding in June 2024.

This financial year, we also introduced the Environmental Sustainability Award category to the annual NSW Health Awards. This award recognises the achievements of our health system and workforce to reduce our environmental footprint, whilst continuing to deliver high-quality healthcare and patient experience.

Reducing the use of desflurane

Anaesthetic gases account for approximately five per cent of greenhouse gas emissions, with desflurane and nitrous oxide having a significant global warming potential. Desflurane is also an expensive anaesthetic agent. In March 2024, the NSW Medicines Formulary Committee has removed desflurane from the NSW Medicines Formulary, noting the availability of alternatives, and concerns about desflurane’s financial and environmental impacts. NSW Health has already observed a marked reduction in desflurane utilisation since 2019 and will continue to monitor its use.

Energy management and environmental sustainability

Rising electricity prices continue to impact NSW Health spend at large sites. Consumption was approximately 4.7 per cent higher than the previous year due to activity and high summer temperatures. Demand, higher prices for electricity, and environmental objectives are key drivers of energy management.

Energy contract use

| Year | LPG (Non-automotive) Volume tonnes | Natural Gas Use (TJ)* | Electricity Use (GWh) | Total Electricity bill \$ million** |
|---------|------------------------------------|-----------------------|-----------------------|-------------------------------------|
| 2023–24 | 7,747 | 1,576 | 810 | \$152.8 |
| 2022–23 | 8,881 | 1,266 | 773 | \$129.9 |
| 2021–22 | 6,595 | 1,278 | 786 | \$120.5 |

*Malik, Padget, Carter et al. Environmental impacts of Australia’s largest health system. Resources, Conservation & Recycling. 2021; 169: 105556. *Natural gas includes large and small site usage and cost ** Includes GST

Modern Slavery Act 2018 reporting

There were steps taken to ensure that goods and services procured by and for the agency during the financial year, then ended, were not the product of modern slavery.

NSW Health reported against its requirements under the *Modern Slavery Act 2018* (Commonwealth) on behalf of local health districts. In the Commonwealth report, NSW Health outlined several activities that were relevant to its requirements under the *Modern Slavery Act 2018* (NSW). These activities are ongoing and aimed to address modern slavery risks in the operational and supply chain contexts. Activities included risk assessments, stakeholder engagement, education and training, and operational process changes.

NSW Health is a member of the Shared Implementation Plan Working Group which was established by the NSW Anti-slavery Commissioner for NSW government agencies to work with the Commissioner's office to develop an implementation plan for the reporting requirements under the reasonable steps outlined by the Commissioner.

Actions taken by NSW Health in relation to issues raised by the Anti-slavery Commissioner

The NSW Anti-slavery Commissioner raised issues around modern slavery training and the policies and guidelines to prohibit the viewing of inappropriate material on information and communication technologies (ICT) platforms. NSW Health has policy measures in place to govern the appropriate use of its ICT platforms. NSW Health has also implemented a priority action plan that involved due diligence and training for internal staff and suppliers.

Work health and safety

In 2023–24, NSW Health continued to enhance its policy framework to ensure a best practice approach to health and safety.

The NSW Health Mental Health and Wellbeing Framework

In August 2023, the NSW Ministry of Health released the *NSW Health Mental Health and Wellbeing Framework*. The Framework was developed to ensure our people are supported to deliver safe, reliable, person-centred care driving the best outcomes and experiences for patients and staff. This is achieved by ensuring organisational psychosocial risks are identified, assessed, managed, and minimised as far as reasonably practicable.

The Framework is an evidence-informed, integrated approach for creating a mentally healthy and safe workplace. It is underpinned by collaboration, communication, and consultation, and assists NSW Health organisations to comply with their legislative requirements to protect the physical and psychological health, safety, and welfare of all workers at work.

The Framework reflects three integrated and overlapping elements:

- **Protect/Prevent:** ensure our workplaces are free from harm and hazards that impact health, safety and wellbeing.
- **Promote:** enhance the positive aspects of work and leverage the strength of individuals, teams and the organisation.
- **Respond:** identify and respond early to distress or ill health regardless of the cause.

Rehabilitation, recovery and return to work

The *Rehabilitation, Recovery and Return to Work* policy and supporting template, sets out the legislative and NSW Health requirements for the creation and implementation of best practice return to work programs.

Controlling exposure to surgical plume

The *Work Health and Safety – Controlling Exposure to Surgical Plume* guideline provides information for NSW Health organisations to manage the risks associated with surgical plume. It provides information for a risk management approach to minimise exposure of workers and patients to surgical plume, and to meet their duties and responsibilities under the Work Health and Safety legislation.

Management of patients with bariatric needs

The *Management of Patients with Bariatric Needs* guideline provides best practice information to assist facilities and services in identifying and implementing risk controls to ensure the appropriate management of patients with bariatric needs, and the safety of staff who provide care to them.

Blood and body substances occupational exposure prevention

The *Blood and Body Substances Occupational Exposure Prevention* guideline focuses on the prevention of risk to workers of occupational exposure to contaminated blood, body substances, and needle stick and sharps injuries. It supports NSW Health agencies in their primary duty of care obligations under the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2017*.

Workers compensation

NSW Health supported its workplaces with a range of practice guides to continue to improve rehabilitation, injury management, and recovery. The NSW Ministry of Health continues to progress strategies to:

- facilitate opportunities to enhance recovery at work through the identification and sharing of suitable duties
- identify and mitigate psychosocial issues for workers following a workplace injury
- reduce risk associated with Work Injury Damages claims.

Overall reportable workers compensation claims decreased from the previous financial year, both including and excluding COVID-19 related claims. Claims against most mechanisms of injury were reduced for 2023–24.

NSW Ministry of Health – Categories of reportable workers compensation claims

| Injury or illness | 2021–22 | | 2022–23 | | 2023–24 | |
|-----------------------------------|----------|------------|-----------|------------|----------|------------|
| | No. | % | No. | % | No. | % |
| Body stressing | 1 | 25.0 | 4 | 33.4 | 4 | 50.0 |
| Psychological | 2 | 50.0 | 4 | 33.4 | 2 | 25.0 |
| Fall, trips and slips of a person | 0 | 0.0 | 1 | 8.3 | 2 | 25.0 |
| Motor vehicle | 1 | 25.0 | 1 | 8.3 | 0 | 0 |
| Biological factors | 0 | 0.0 | 1 | 8.3 | 0 | 0 |
| Other | 0 | 0.0 | 1 | 8.3 | 0 | 0 |
| Hitting objects | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| Total | 4 | 100 | 12 | 100 | 8 | 100 |

NSW Health – Categories of reportable workers compensation claims

| Mechanism of injury | 2021–22 | | 2022–23 | | 2023–24 | |
|---|--------------|------------|--------------|------------|--------------|------------|
| | No. | % | No. | % | No. | % |
| Body stressing | 1,943 | 35.0 | 1,913 | 31.1 | 1,861 | 32.5 |
| Biological factors | 1,016 | 18.3 | 1,494 | 24.2 | 1,068 | 18.6 |
| Mental stress | 701 | 12.6 | 768 | 12.5 | 757 | 13.2 |
| Fall, trips and slips of a person | 787 | 14.1 | 813 | 13.2 | 753 | 13.1 |
| Being hit by moving objects | 551 | 9.9 | 629 | 10.2 | 711 | 12.4 |
| Vehicle incidents and other | 126 | 2.3 | 163 | 2.6 | 262 | 4.6 |
| Hitting objects with a part of the body | 216 | 3.9 | 215 | 3.5 | 180 | 3.1 |
| Heat, electricity and other environmental factors | 51 | 0.9 | 48 | 0.8 | 57 | 1.0 |
| Chemicals and other substances | 111 | 2.0 | 75 | 1.2 | 46 | 0.8 |
| Sound and pressure | 54 | 1.0 | 42 | 0.7 | 41 | 0.7 |
| Total | 5,556 | 100 | 6,160 | 100 | 5,736 | 100 |

Source: icare TMF Dashboard – reportable claims by date reported and entered into the Claims Managers system as at June 2024.

Note: Reportable claims for the NSW Ministry of Health, local health districts, specialty networks, pillars and support services. Reportable claim data is accurate as at the time of extraction. The total claim numbers can increase from year to year when a previously non-reportable claim becomes a reportable claim after the data is extracted. The tables can not be compared to previous annual reports.

Prosecutions under the Work Health and Safety Act 2011

This reporting information sets out notifiable incidents and prosecutions that reached a conclusion in 2023–24. Details of notifiable incidents and prosecutions under the *Work Health and Safety Act 2011* for NSW Health entities that have been reported through the NSW Ministry of Health in 2023–24 are as follows:

- the NSW Ministry of Health is not aware of any prosecutions, under the *Work Health and Safety Act 2011*, that were concluded in 2023–24
- the NSW Ministry of Health has been advised of 225 notifiable incidents to Safework NSW for NSW Health in 2023–24.

Workforce diversity

Trends in the representation of workforce diversity groups

| Workforce Diversity Group | Benchmark | 2022 | 2023 | 2024 |
|---|-----------|--------|--------|--------|
| Women | 50% | 74.50% | 74.50% | 74.50% |
| Aboriginal and/or Torres Strait Islander People | 3.30% | 2.90% | 2.90% | 2.90% |
| People whose first language spoken as a child was not English | 23.20% | 24.00% | 25.40% | 26.40% |
| People with disability | 5.60% | 1.70% | 1.80% | 1.80% |
| People with disability requiring work-related adjustment | N/A | 0.40% | 0.40% | 0.40% |

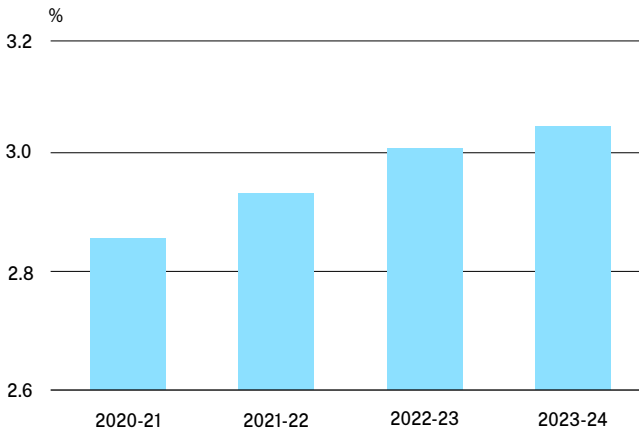
Note: 1. The benchmark of 50 per cent for representation of women across the sector is intended to reflect the gender composition of the NSW community. **2.** The *NSW Public Sector Aboriginal Employment Strategy 2019–2025* takes a career pathway approach in that it sets an ambitious target of 3 per cent Aboriginal employment at each non-executive grade of the public sector by 2025. **3.** A benchmark from the Australian Bureau of Statistics (ABS) Census of Population and Housing has been included for People whose First Language Spoken as a Child was not English. The ABS Census does not provide information about first language, but does provide information about country of birth. The benchmark of 23.2 per cent is the percentage of the NSW general population born in a country where English is not the predominant language. **4.** In December 2017 the NSW Government announced the target of doubling the representation of people with disability in the NSW public sector from an estimated 2.7 per cent to 5.6 per cent by 2027. More information can be found at online at [Jobs for People with Disability: A plan for the NSW public sector](#). The benchmark for 'People with Disability Requiring Work-Related Adjustment' was not updated.

Trends in the distribution index for workforce diversity groups

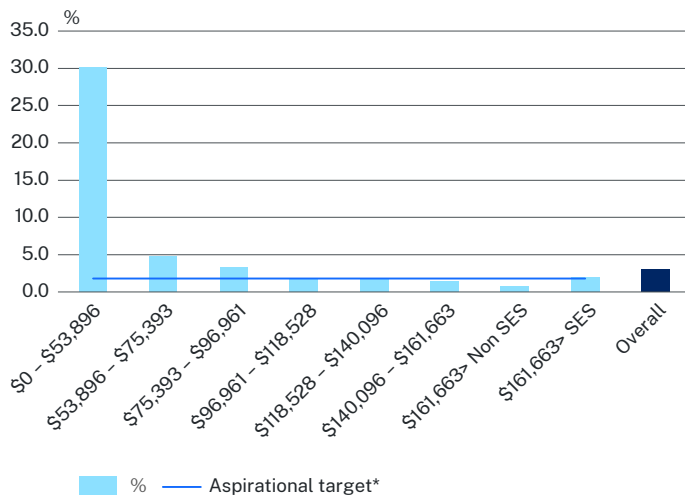
| Workforce Diversity Group | Benchmark | 2022 | 2023 | 2024 |
|---|-----------|------|------|------|
| Women | 100 | 92 | 93 | 93 |
| Aboriginal and/or Torres Strait Islander People | 100 | 77 | 77 | 78 |
| People whose first language spoken as a child was not English | 100 | 96 | 95 | 95 |
| People with disability | 100 | 88 | 86 | 86 |
| People with disability requiring work-related adjustment | 100 | 88 | 88 | 87 |

Note: 1. A Distribution Index score of 100 indicates that the distribution of members of the workforce diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the workforce diversity group tend to be more concentrated at lower salary bands than is the case for other staff. The more pronounced this tendency is, the lower the score will be. In some cases, the index may be more than 100, indicating that members of the workforce diversity group tend to be more concentrated at higher salary bands than is the case for other staff. **2.** The distribution index is not calculated when the number of employees in the workforce diversity group is less than 20 or when the number of other employees is less than 20.

Aboriginal staff as a proportion of workforce



Aboriginal staff by salary band



Source: Public Service Commission data collection 2023–24.

Note: 1. NSW Public Health System. **2.** Excludes third schedule facilities. **3.** Workforce total excludes staff that do not disclose Aboriginal/non-Aboriginal status. **4.** Salary bands are NSW Health specific bands and cannot be compared to Public Service Commission salary bands.

*Note from the Public Service Commission Diversity Report 2020 – *The NSW Public Sector Aboriginal Employment Strategy 2014–17* introduced an aspirational target of achieving 1.8 per cent Aboriginal staff for each of the sector’s salary bands by 2021. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent. (Original overall target is 2.6 per cent).

Disability Inclusion Action Plan

The *NSW Health Disability Inclusion Action Plan 2016–2019* (DIAP) continued to support improved access to quality healthcare and employment for people with disability during 2023–24. The DIAP supports delivery of the *NSW Disability Inclusion Plan* which identifies key focus areas for NSW agencies and local government to promote and enable full participation and inclusion of people with disability in the community.

The period of our DIAP has been extended pending completion of key national and state reviews including Australia’s Disability Strategy and the *NSW Disability Inclusion Plan*. The current NSW Health DIAP meets requirements under the *NSW Disability Inclusion Act 2014*. NSW Health plans to publish our next DIAP in 2025, to align with the updated *NSW Disability Inclusion Plan*.

Key achievements in 2023–24 included:

- further integration of specialist health care for people with an intellectual disability. The NSW Health Intellectual Disability Health Service saw 1,180 clients in 2023 – a 25 per cent increase from the previous year
- delivery of the Disability Inclusive Practices in Health project in Ryde, St George, Auburn and Bankstown hospitals, supporting improved healthcare for people with disability
- implementation of the Hospital Discharge Exemplar Project in three local health districts to improve the hospital journey of National Disability Insurance Scheme (NDIS) participants and improve the confidence of NSW Health staff working with people with disability. The project introduced models such as early and active involvement of hospital liaison officers and support coordinators in the multidisciplinary team to facilitate timely discharge from hospital.

NSW Health LGBTIQ+ Health Strategy 2022–2027

The *NSW LGBTIQ+ Health Strategy 2022–2027* provides direction to all NSW Health organisations and staff, so that collectively the system can deliver the best care to LGBTIQ+ people and work with them to achieve optimal health and wellbeing.

Delivery of the strategy is supported by an implementation plan and guided by a committee comprising representatives from: NSW Health, primary health networks, St Vincent’s Hospital Sydney, the University of Sydney, the University of NSW, and community organisations including BlaQ Aboriginal Corporation, ACON, The Gender Centre, Twenty10, Trans Pride Australia, and Intersex Human Rights Australia.

In the first two years of implementation, achievements include:

- Supported development and passage of the *Conversion Practices Ban Act 2024* in collaboration with the Department and Communities of Justice.
- Revised the LGBTIQ+ Inclusive Health Care module for healthcare staff and commenced development of a *LGBTIQ+ Workforce Education and Training Strategy*.
- Implemented the NSW LGBTIQ+ Health Flexible Funding Pool to kickstart 21 local projects across the health system in 2023–24 and 2024–25 to support implementation of the strategy.
- Funded non-government organisations to deliver mental health and suicide prevention initiatives including a statewide Trans Mental Health Wellbeing Service that provides counselling, peer support, and peer navigation services to trans adults in NSW.
- Provided specialist multidisciplinary health services for trans and gender diverse young people and their families through a statewide service, including releasing the *Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years*.
- Completed a project to investigate how NSW Health collects data on gender, sexuality, intersex variations, and other variables. The project resulted in recommendations to enhance systems, policy, governance, and other areas to inform future data collection to support better health outcomes and clinical decision making.
- Provided LGBTIQ+ inclusion training to more than 550 staff at NSW Health.
- Updated the LGBTIQ+ pages on the NSW Health website to provide information and resources for the community and health professionals.

The partnerships built with communities and non-government organisations have been key to the strategy’s implementation. These relationships acknowledge the depth of lived experience, trauma, resilience, passion, pride, and possibilities.

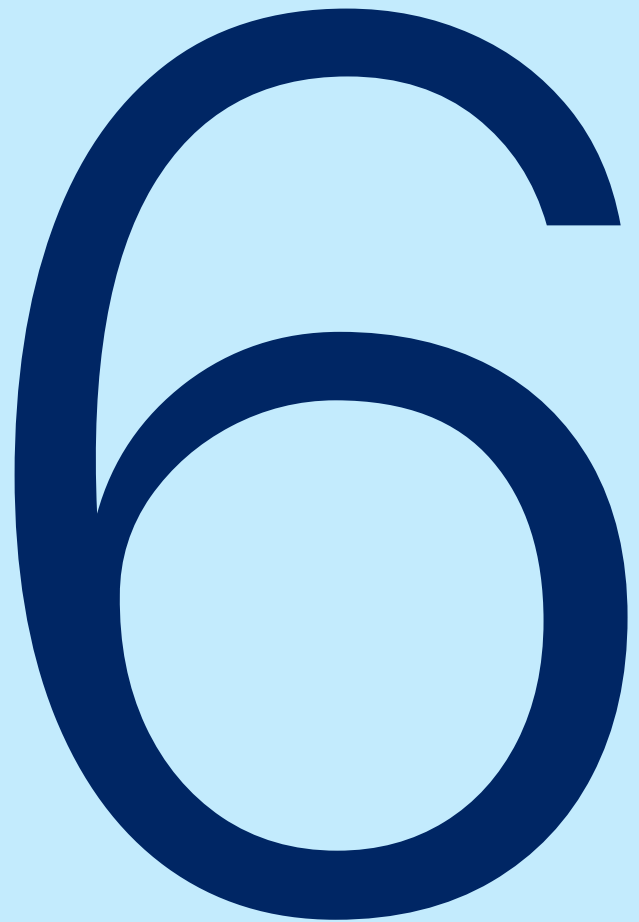
NSW Carers (Recognition) Act 2010

NSW Health is committed to improving the experience of carers who come into contact with, or work for, NSW Health. To guide specific initiatives a survey was undertaken with local health districts and specialty health networks to understand how carers are supported across the health system. Support for carers was consistent across the state, and opportunity for improvement in consistency of data collection, monitoring and reporting was identified. Initiatives to address this are in development.

The *NSW Health Recognition and Support for Carers: Key Directions 2024–2028* has been reviewed and is due to be published in mid-2024. The updated document has been informed by system-wide consultation, with input from NSW Health entities, members of the community and non-government organisations. This document will provide a framework for addressing carers’ needs across the NSW health system.

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Financial performance



Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer's report

Expenses

NSW Health is a provider of patient-centred healthcare services. Approximately \$20.1 billion (64 per cent) of costs incurred during 2023–24 were labour related, including the costs of employee salaries and contracted visiting medical officers. Other operating and financing costs include approximately \$2.1 billion in pharmaceutical, medical, and surgical supplies; and \$667 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health related services totalled approximately \$1.8 billion in 2023–24, including payments of \$860 million in operating grants being paid to affiliated health organisations.

Revenue

Key revenue items include a range of fees for medical services rendered, consisting of the Department of Veterans' Affairs, private health funds for privately insured patients, workers compensation and non-patient fees (\$1.3 billion); the sales and recoveries of pharmaceutical supplies, mainly the recoup of costs from the Commonwealth through Medicare for highly specialist drugs (\$444 million); and compensable payments received from motor vehicle insurers for the costs of people hospitalised or receiving treatment as a result of a motor vehicle accident (\$192 million).

Commonwealth Payments as part of the National Health Reform Agreement are receipted under grants and contributions (\$8.3 billion).

NSW Health's full year capital expenditure for 2023–24 (excluding capital expensing) was \$2.2 billion for works in progress and completed works. The total spent on capital in 2023–24 represents 7.2 per cent of the total Property, Plant, Equipment and Intangibles asset base.

Net assets

NSW Health's net assets at 30 June 2024 are \$28.9 billion. This is made up of total assets of \$36.8 billion, netted off by total liabilities of \$7.9 billion. The net assets are represented by accumulated funds of \$16.6 billion and an asset revaluation reserve of \$12.3 billion.

The audited financial statements for the NSW Ministry of Health are provided in the report. Audited financial statements have also been prepared in respect of each of the reporting entities controlled by the NSW Ministry of Health. These statements have been included in a separate volume of the 2023–24 Annual Report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

Adjunct Professor Alfa D'Amato

Deputy Secretary, Financial Services and
Asset Management and Chief Financial Officer
NSW Health

Financial management

Asset management

Key asset management investment initiatives include the Critical Asset Maintenance Program and NSW Health Key Worker Accommodation Program.

The *NSW Health Asset Management Strategy 2024–2028* was launched to enhance and accelerate NSW Health's asset management function, including focus on asset management governance/organisation, information systems and continuous improvement. NSW Health is advancing the health system *Asset Management Plan* to a digital solution. This will enable a more efficient approach to centrally collating live-to-date data from the system to support forward planning and management of NSW Health's assets.

NSW Health Asset Management continues to embed environmental sustainability through investigating innovative solutions to rising energy costs, aligning with the NSW Government's net zero target. Solar power generation capacity across NSW Health continues to increase. The solar target in the *Government Resource Efficiency Policy* was achieved by NSW Health as a cluster. NSW Health produces seven per cent of the organisational electricity needs through solar generation. This resulted in a reduction in NSW Health's electricity bill costs in 2023–24. NSW Health continues to progress the electric fleet program. To support electric vehicles, charging infrastructure has been installed at 14 local health districts and specialty health networks in 2023–24. More information about NSW Health's energy management can be found in the Sustainability section of this report.

Non-government funding

Each year, NSW Health allocates funding to non-government organisations (NGOs) to deliver community-based services supporting health and wellbeing, particularly for vulnerable or hard-to-reach populations. Aboriginal health; aged care; children; youth and families; chronic care and disability; community transport; drug and alcohol; mental health; palliative care; population health; and women's health are among the services for which NSW Health provides funding.

Partnerships for health funding allocated to non-government organisations by the NSW Ministry of Health in 2023–24

Centre for Aboriginal Health

| Grant recipient | Amount \$ | Description |
|---|-----------|---|
| Aboriginal Health and Medical Research Council NSW (AH&MRC) | 2,850,500 | Peak body for Aboriginal Community Controlled Health Services in NSW. Its core activities include building the capacity of member services in priority areas, such as governance, financial management and business processes, and workforce development. Funding supports the AH&MRC to contribute to NSW Health policy and program development processes aimed at improving the health outcomes of Aboriginal people across NSW and to be a formal partner with NSW Health on Aboriginal health issues. |
| Aboriginal Medical Service Co-Operative Ltd | 770,100 | Provision of population health and chronic care primary health services. Provision of drug and alcohol services for the Aboriginal community in the Sydney region. |
| Albury Wodonga Aboriginal Health Service | 252,800 | Provision of population health and chronic care primary health services to the Aboriginal community in the Albury Wodonga area. |
| Armajun Health Service Aboriginal Corporation | 335,900 | Provision of population health and chronic care services to the Aboriginal community in the Armidale, Glen Innes, Inverell, Tenterfield and Tingha regions. |
| Awabakal Ltd | 867,600 | Provision of population health, chronic care, and drug and alcohol primary care services. Provision of ear health and family health services for the Aboriginal community in the Newcastle region. |

| Grant recipient | Amount \$ | Description |
|--|-----------|--|
| Biripi Aboriginal Corporation Medical Centre | 491,600 | Provision of population health, chronic care, and drug and alcohol primary health services, and provision of family health services for the Aboriginal community in the Taree area. |
| Bourke Aboriginal Corporation Health Service | 426,700 | Provision of population health, chronic care, and drug and alcohol primary health services, and provision of family health services for the Aboriginal community in Bourke and surrounding areas. |
| Bulgarr Ngaru Medical Aboriginal Corporation | 715,200 | Provision of population health and chronic care primary health services, and provision of family health services in the Richmond and Clarence valley regions. |
| Bullinah Aboriginal Health Service Ltd | 270,300 | Provision of population health and chronic care primary health services to the Aboriginal community in the Ballina region. |
| CatholicCare Wilcannia-Forbes Ltd | 224,000 | Provision of family health services in Narromine and Bourke. |
| Condobolin Aboriginal Health Service Inc | 270,300 | Provision of population health and chronic care primary health services to the Aboriginal community in the Condobolin area. |
| Coomealla Health Aboriginal Corporation | 212,900 | Provision of population health and chronic care primary health services to the Aboriginal community in the Dareton and Wentworth area. |
| Coonamble Aboriginal Health Service | 893,200 | Provision of population health and chronic care primary health services, and provision of family health services in the Coonamble, Dubbo and Gilgandra regions. |
| Cummeragunja Aboriginal Corporation | 215,500 | Provision of population health and chronic care primary health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas. |
| Dubbo Neighbourhood Centre Inc | 116,100 | Provision of family health services for communities in the Dubbo area. |
| Durri Aboriginal Corporation Medical Service | 646,000 | Provision of population health, chronic care, and drug and alcohol primary health services for the Aboriginal communities in the Kempsey, Nambucca Valley area. |
| Galambila Aboriginal Health Service Inc | 372,800 | Provision of population and chronic care primary health services for Aboriginal communities in the Coffs Harbour area. |
| Griffith Aboriginal Medical Service Inc | 270,300 | Provision of population health and chronic care primary health services to the Aboriginal community in the Griffith and Hay region. |
| Illaroo Co-operative Aboriginal Corporation | 75,100 | Personal care worker for the Rose Mumbler Retirement Village. |
| Illawarra Aboriginal Medical Service | 409,500 | Provision of population health, chronic care, and drug and alcohol primary health services for the Aboriginal community in the Illawarra area. |
| Intereach Ltd | 136,200 | Provision of family health services in the Deniliquin area. |
| Katungul Aboriginal Corporation Community and Medical Services | 397,500 | Provision of population health, chronic care, and ear health primary health services for Aboriginal communities of the Far South Coast region and Bega. |
| Maari Ma Health Aboriginal Corporation | 469,700 | Provision of population health and chronic care primary health services, and family health services in Broken Hill and across Far West NSW. |
| Ngaimpe Aboriginal Corporation | 248,500 | Residential drug and alcohol treatment and referral program providing statewide services, located in the Central Coast area. |
| Orana Haven Aboriginal Corporation | 206,300 | Residential drug and alcohol treatment and referral program providing statewide services located near Brewarrina. |
| Orange Aboriginal Medical Service | 335,900 | Provision of population health and chronic care primary health services for Aboriginal communities in the Orange area. |
| Pius X Aboriginal Corporation | 215,000 | Provision of population health and chronic care primary health services to the Aboriginal community in the Moree area. |
| Riverina Medical and Dental Aboriginal Corporation | 626,300 | Provision of population health, chronic care, drug and alcohol, and ear health primary health services, and provision of family health services for the Aboriginal community in the Riverina region. |
| South Coast Medical Service Aboriginal Corporation | 313,700 | Provision of population health, chronic care, and drug and alcohol primary health services for the Aboriginal community in the Nowra area. |

| Grant recipient | Amount \$ | Description |
|---|-------------------|--|
| South Coast Women's Health and Welfare Aboriginal Corporation (WAMINDA) | 593,700 | Provision of population health and chronic care primary health services, and provision of family health services to Aboriginal women and their families in the South Coast region. |
| Tamworth Aboriginal Medical Service Inc | 306,400 | Provision of population health and chronic care primary health services to the Aboriginal community in the Tamworth area. |
| Tharawal Aboriginal Corporation | 429,600 | Provision of population health, chronic care, and drug and alcohol primary health services for the Aboriginal community in the Campbelltown area. |
| The Oolong Aboriginal Corporation | 277,800 | Residential drug and alcohol treatment and referral program providing statewide services located in the Nowra area. |
| Tobwabba Aboriginal Medical Service | 313,800 | Provision of population health and chronic care primary health services, and provision of family health services for the Aboriginal community in Forster and surrounding areas. |
| Ungooroo Aboriginal Corporation | 270,300 | Provision of population health and chronic care primary health services to the Aboriginal community in the Singleton and Muswellbrook areas. |
| Walgett Aboriginal Medical Service | 523,900 | Provision of population health, chronic care, and drug and alcohol primary health services, and provision of family health services for the Aboriginal community in the Walgett, Brewarrina and surrounding areas. |
| Weigelli Centre Aboriginal Corporation | 103,700 | Residential drug and alcohol treatment and referral program providing statewide services located in the Cowra area. |
| Wellington Aboriginal Corporation Health Service | 1,444,800 | Provision of population health, chronic care, and drug and alcohol primary health services, and provision of family health services for the Aboriginal communities around Wellington and Greater Western Sydney. |
| Werin Aboriginal Corporation | 270,300 | Provision of population health and chronic care primary health services to the Aboriginal community in the Port Macquarie area. |
| Eleanor Duncan Aboriginal Services Ltd | 488,600 | Provision of population health, chronic care, and ear health primary health services, and provision of family health services for the Aboriginal communities in the Central Coast area. |
| Yoorana Gunya Family Healing Centre Aboriginal Corporation | 501,900 | Provision of population health and chronic care primary health services, and provision of family health services for the Aboriginal community in Forbes and surrounding areas. |
| Total | 19,160,300 | |

Aboriginal maternal and infant health

| Grant recipient | Amount \$ | Description |
|--|----------------|--|
| Durri Aboriginal Corporation Medical Service | 258,700 | Employment of a community midwife and an Aboriginal health worker to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies. |
| Maari Ma Health Aboriginal Corporation | 387,600 | Employment of a community midwife and an Aboriginal health worker to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies. |
| Walgett Aboriginal Medical Service | 258,700 | Employment of a community midwife and an Aboriginal health worker to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies. |
| Total | 905,000 | |

HIV, blood-borne viruses and sexually transmitted infections

| Grant recipient | Amount \$ | Description |
|--|-------------------|--|
| Aboriginal Health and Medical Research Council NSW | 145,800 | Delivery of education and training in primary health care (sexual health) and specialised short courses and skill set training covering HIV, hepatitis C and B, and sexually transmissible infections (STI) to support Aboriginal health workers in Aboriginal Community Controlled Health Services and local health districts to implement the NSW HIV, STI, hepatitis C and hepatitis B strategies. |
| ACON Health Ltd | 13,402,400 | ACON is a statewide community-based organisation providing HIV prevention, education, and support services to gay and other homosexually active men at risk of and living with HIV. Services and programs include HIV prevention; health promotion, education and community engagement programs for gay and homosexually active men to increase access to HIV testing, treatment and prevention. |
| ASHM Health | 755,700 | ASHM provides: <ul style="list-style-type: none"> • general practitioner (GP) engagement and delivery of training for authorisation as required for prescription of drugs used in the treatment of HIV and hepatitis B • training that supports GPs involved with patients who have HIV and sexually transmitted infections (STI) • sexual health and viral hepatitis training for nurses • HIV, STI and viral hepatitis training content and materials for GPs and other health care providers. |
| Bobby Goldsmith Foundation | 2,129,600 | Provision of client-centred services across NSW for HIV positive people with complex care needs to support client stability, and address barriers to retention in care and target service gaps in partnership with specialist HIV community services. |
| Diabetes NSW | 2,833,725 | Provision of syringes and pen needles at no cost to NSW registrants of the National Diabetic Services Scheme, and the promotion and education for safe sharps disposal. |
| Hepatitis NSW Inc | 2,309,000 | A statewide community-based organisation that provides information, support, referral, education, and advocacy services for people in NSW affected by hepatitis C and hepatitis B. |
| NSW Users and AIDS Association Inc (NUAA) | 1,791,000 | Statewide community-based organisation that provides HIV and hepatitis C prevention education, harm reduction, access to testing and treatment, advocacy and resources, referral and support services for people who inject drugs. |
| Positive Life NSW Inc | 1,151,600 | Statewide community-based health promotion and education, advocacy, and implementation of policy and programs which affect people living with HIV. |
| Sex Workers Outreach Project Inc | 1,587,900 | Statewide peer-based health education and outreach services to sex industry workers to prevent the transmission of HIV, viral hepatitis and sexually transmissible infections. |
| Total | 26,106,725 | |

Aged care, disability and community care

| Grant recipient | Amount \$ | Description |
|------------------------------------|----------------|---|
| Cystic Fibrosis Community Care Ltd | 340,000 | Cystic Fibrosis Community Care Ltd provides counselling, support and assistance to people with Cystic Fibrosis and their families. It also delivers community outreach and works to improve equitable delivery of services and multidisciplinary engagement. |
| Palliative Care NSW Inc | 112,700 | Palliative Care NSW provides information and education to healthcare professionals and the general public to raise awareness and enable informed choices about quality palliative and end of life care. The organisation designs and delivers strategies and policies to support the growth and uptake of palliative care in NSW, and assists primary and specialist health professionals who provide palliative care in the community. |
| Parkinson's NSW Ltd | 33,000 | Parkinson's NSW supports people living with Parkinson's disease, their families and carers. It provides essential services through the Parkinson's NSW InfoLine, counselling services, network of Support groups, Parkinson's nurse specialists in regional NSW, and education and information programs. |
| Total | 485,700 | |

Community services

| Grant recipient | Amount \$ | Description |
|--|------------------|---|
| Albury Wodonga Aboriginal Health Service (AWAHS) | 293,200 | This organisation provides child and family health services, including the provision of child health and development checks. |
| Association for the Wellbeing of Children in Healthcare (AWCH) | 240,100 | AWCH coordinates and supports the AWCH Ward Grandparent Program in NSW public hospitals, and advocates for the needs of children and young people through education, policy development, awareness raising and partnerships. |
| Centre For Disability Studies Ltd | 255,200 | This organisation provides a complex care service for adults with intellectual disability and complex health needs, working with the person's general practitioner to ensure high quality healthcare. They provide multidisciplinary health assessments, healthcare plans advice and referrals. |
| NSW Council of Social Service (NCOSS) | 326,400 | This organisation provides capacity building activities that increase sustainability in health-related activities that promote the development of health policies, strategies, service design and delivery to better address the health needs of disadvantaged people. |
| Health Consumers NSW Inc | 480,800 | This organisation provides a voice for patients, their family members and carers, patient leaders and health consumer representatives in NSW, as well as health consumer organisations representing specific disease and population groups. Key activities include support for consumer representative networks, and training and education for consumers and NSW Health staff. |
| United Hospital Auxiliaries of NSW Inc | 247,000 | Funding supports delivery of administrative and communications support to the affiliated hospital auxiliaries and volunteers located in public hospitals, multi-purpose services, community health centres, day care services and other public health facilities across NSW. |
| Womens Health NSW Inc | 277,800 | This organisation is the peak body for non-government, community-based, women's health centres in NSW. It is responsible for promoting a coordinated approach to policy and planning, service delivery, staff development, training, education, and consultation between members, NSW Health and other government and non-government agencies. |
| Total | 2,120,500 | |

Community services – NSW children, youth and families

| Grant recipient | Amount \$ | Description |
|---|-----------|--|
| Australian Breastfeeding Association (NSW Branch) | 190,700 | This organisation promotes, protects and supports breastfeeding by advocating for and creating an awareness in the community of the importance of human milk. It provides peer support to women and families and supports health professionals with resources, workshops and seminars. |
| Australian Red Cross Society | 413,400 | Residential program that builds the capacity of young pregnant women over 20 weeks gestation with complex needs, and newly parenting young men and women aged 12 to 25 to live and parent independently and respond appropriately to the needs of their children. |
| CatholicCare Sydney Trust | 105,900 | This organisation recruits and trains personnel to deliver natural fertility planning (NFP) and family life education (FLE) services. The organisation also supports ongoing learning and professional development of NFP and FLE educators. |
| Red Nose Saving Little Lives (formerly SIDS and Kids NSW) | 209,300 | This organisation provides bereavement support to NSW families who experience the death of their baby or child during pregnancy, birth and infancy, including miscarriage, ectopic pregnancy, termination of pregnancy, stillbirth, neonatal and infant death and sudden death of a child. |
| Royal Far West Children's Health Scheme | 4,615,100 | The Paediatric Developmental Program at Royal Far West provides specialist comprehensive multidisciplinary assessment, diagnosis, planning, review and treatment for rural and remote children up to age 12 with complex developmental and behavioural issues. The program includes support for parents and carers. The service targets the needs of families residing north of Taree, west of Lithgow and south of Nowra, who cannot access the services they need locally. |

| Grant recipient | Amount \$ | Description |
|-----------------|------------------|--|
| Youth Action | 152,300 | Youth Action is the peak body for young people and youth services in NSW. Youth Action has received funding to develop and implement the NSW Youth Health Literacy Project. This aims to improve the health outcomes of young people aged 12 to 24 years old through promoting their health literacy and access to healthcare. |
| Youthsafe | 227,300 | Youthsafe works with schools, workplaces and community organisations to provide information, build capacity and deliver programs to prevent unintentional injury of young people aged 12 to 26 years in different settings, including on the road, at work, while playing sport and when out socialising with friends. |
| Total | 5,914,000 | |

Drug and alcohol

| Grant recipient | Amount \$ | Description |
|---|------------------|--|
| Aboriginal Health and Medical Research Council of NSW | 211,000 | Develop capacity of NSW Aboriginal Community Controlled Health Organisations to identify and respond to alcohol and other drug related harm. |
| Aboriginal Medical Service Co-Operative Ltd | 365,400 | Delivery of alcohol and other drug treatment and support services for Aboriginal people in Redfern. |
| Odyssey House NSW | 900,100 | Works with people from a range of culturally and linguistically diverse (CALD) communities, primarily in Western and South Western Sydney. Delivery of alcohol and other drug prevention, community development, treatment and research services for people and communities with cultural and linguistic diversity, primarily in Western and South Western Sydney. |
| Network of Alcohol and Other Drugs Agencies (NADA) | 1,837,000 | Represent and develop capacity of NSW non-government organisations delivering alcohol and other drug prevention, harm minimisation, and treatment services. |
| The Oolong Aboriginal Corporation Inc | 402,600 | Alcohol and other drug residential rehabilitation in Nowra primarily for Aboriginal men, with priority access for Magistrates Early Referral Into Treatment program participants. |
| Uniting (NSW.ACT) | 4,851,150 | Medically supervised injecting centre. |
| Total | 8,567,250 | |

Health promotion

| Grant recipient | Amount \$ | Description |
|------------------------------|------------------|---|
| Asthma Australia Ltd | 608,900 | Asthma Australia aims to provide services and access to evidenced based information to improve the health and wellbeing of people with asthma to enable them to lead active and productive lives. |
| Family Drug Support | 434,300 | Provides a 24-hour 7 days telephone service, information, support and referral to families affected by alcohol and other drug issues. |
| Healthy Kids Association Inc | 325,000 | Delivery of key activities in relation to the NSW Healthy School Canteen Strategy, and activities associated with the Centre for Population Health's Healthy Eating Active Living in schools portfolio. |
| Kidsafe NSW Inc | 294,800 | Kidsafe NSW undertakes public awareness campaigns and provides information, training and advice on child injury prevention to key stakeholders and the community. |
| Life Education NSW Ltd | 2,536,400 | Delivers alcohol and other drugs and healthy lifestyle related education to primary school children in NSW. |
| Total | 4,199,400 | |

Mental health

| Grant recipient | Amount \$ | Description |
|--|-----------|--|
| Aboriginal Health and Medical Research Council NSW | 225,100 | Mental Health statewide coordination to support and develop the capacity of Aboriginal Community Controlled Health Organisation to deliver mental health and wellbeing services and provide strategic advice to NSW Health on key issues affecting mental health and wellbeing service delivery in the Aboriginal Community Controlled sector. |
| Aboriginal Medical Service Co-Operative Ltd | 372,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Albury Wodonga Aboriginal Health Service (AWAHS) | 113,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Awabakal Ltd | 127,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Black Dog Institute | 1,827,700 | Education and training programs for health professionals, schools and school communities. The Black Dog Institute Clinic is a psychiatric assessment clinic receiving referrals from GPs and psychiatrists who are seeking diagnosis and treatment planning for patients who have already unsuccessfully undertaken pharmacological and psychological interventions for their mood disorder. |
| Bulgarr Ngaru Medical Aboriginal Corporation | 130,500 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| CatholicCare Wilcannia-Forbes Ltd | 984,400 | NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. |
| Coomealla Health Aboriginal Corporation | 127,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Cummeragunja Aboriginal Corporation | 127,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Galambila Aboriginal Health Service Inc | 113,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Katungul Aboriginal Corporation Community and Medical Services | 120,200 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Lifeline Australia | 3,858,600 | Support for Lifeline Centres in NSW to provide the Lifeline crisis support telephone service. |
| Mental Health Coordinating Council Inc | 719,000 | NSW mental health peak organisation funded to support the mental health community managed organisation sector to provide quality services. |
| Mission Australia | 975,500 | NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. |
| Peer Support Australia | 332,600 | School based, peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people. |
| Riverina Medical and Dental Aboriginal Corporation | 113,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Schizophrenia Fellowship of NSW Ltd (One Door Mental Health) | 3,061,600 | NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. |

| Grant recipient | Amount \$ | Description |
|--|-------------------|--|
| Schizophrenia Fellowship of NSW Ltd (One Door Mental Health) | 551,100 | One Door Mental Health Core Grant to provide support, referral, advocacy and information to people experiencing mental health issues. |
| South Coast Medical Service Aboriginal Corporation | 244,800 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| South Coast Womens Health and Welfare Aboriginal Corporation (WAMINDA) | 123,500 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| St Vincent de Paul Society | 255,300 | Frederic House is a residential aged care facility that targets older men with mental health and/or substance use issues. This top up funding supports the facility and services provided, particularly the provision of specialist staffing. |
| Stride Mental Health Ltd | 963,400 | NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. |
| Tharawal Aboriginal Corporation | 113,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Uniting (NSW.ACT) | 1,955,200 | NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. |
| Walgett Aboriginal Medical Service | 226,800 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Weigelli Centre Aboriginal Corporation | 113,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Wellington Aboriginal Corporation Health Service | 238,100 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| Eleanor Duncan Aboriginal Services Ltd | 113,600 | Increased access to culturally safe, holistic and flexible mental health and wellbeing services led by Aboriginal Community Controlled Health Organisations that are responsive to the needs to the local community. |
| WayAhead – Mental Health Association NSW Ltd | 118,500 | Wayahead is the peak body for mental health promotion in NSW. Wayahead promotes mental health and wellbeing, supports the people of NSW to access mental health services and delivers mental health projects across NSW. |
| BEING – Mental Health Consumers Ltd | 73,700 | BEING – Mental Health Consumers Ltd is the peak body for mental health consumers in NSW. BEING represents the interest of mental health consumers in NSW and advocate on behalf of consumers for changes in policy, legislation and service provision. BEING also delivers projects that support the expansion and growth of the lived experience workforce. |
| Mental Health Carers NSW Inc | 42,300 | Mental Health Carers NSW is the peak body for mental health carers in NSW. It represents the interest of mental health carers in NSW and information they gather from carers is used to advocate for changes in policy, legislation and service provision to better recognise and support carers. |
| Total | 18,464,900 | |

Oral health

| Grant recipient | Amount \$ | Description |
|--|------------------|----------------------------------|
| Aboriginal Medical Service Co-Operative Ltd | 444,200 | Aboriginal Oral Health Services. |
| Albury Wodonga Aboriginal Health Service | 632,700 | Aboriginal Oral Health Services. |
| Armajun Health Service Aboriginal Corporation | 603,200 | Aboriginal Oral Health Services. |
| Awabakal Ltd | 399,400 | Aboriginal Oral Health Services. |
| Biripi Aboriginal Corporation Medical Centre | 226,100 | Aboriginal Oral Health Services. |
| Bourke Aboriginal Corporation Health Service | 435,500 | Aboriginal Oral Health Services. |
| Condobolin Aboriginal Health Service | 165,800 | Aboriginal Oral Health Services. |
| Coonamble Aboriginal Health Service | 165,800 | Aboriginal Oral Health Services. |
| Durri Aboriginal Corporation Medical Service | 547,700 | Aboriginal Oral Health Services. |
| Griffith Aboriginal Medical Service Inc | 165,800 | Aboriginal Oral Health Services. |
| Illawarra Aboriginal Medical Service | 510,600 | Aboriginal Oral Health Services. |
| Katungul Aboriginal Corporation Community and Medical Services | 411,800 | Aboriginal Oral Health Services. |
| Maari Ma Health Aboriginal Corporation | 448,200 | Aboriginal Oral Health Services. |
| Orange Aboriginal Medical Service | 728,400 | Aboriginal Oral Health Services. |
| Pius X Aboriginal Corporation | 225,500 | Aboriginal Oral Health Services. |
| Riverina Medical and Dental Aboriginal Corporation | 596,200 | Aboriginal Oral Health Services. |
| South Coast Medical Service Aboriginal Corporation | 342,700 | Aboriginal Oral Health Services. |
| Tamworth Aboriginal Medical Service Inc | 158,600 | Aboriginal Oral Health Services. |
| Tharawal Aboriginal Corporation | 452,800 | Aboriginal Oral Health Services. |
| Tobwabba Aboriginal Medical Service | 435,500 | Aboriginal Oral Health Services. |
| University of Sydney | 303,700 | Aboriginal Oral Health Services. |
| Walgett Aboriginal Medical Service | 223,700 | Aboriginal Oral Health Services. |
| Eleanor Duncan Aboriginal Services Ltd | 432,900 | Aboriginal Oral Health Services. |
| Total | 9,056,800 | |

Rural doctors services

| Grant recipient | Amount \$ | Description |
|---------------------------|------------------|--|
| NSW Rural Doctors Network | 1,921,100 | The NSW Rural Doctors Network core funding supports a range of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the healthcare needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program, which provides financial assistance to medical students undertaking rural NSW placements; and the NSW Rural Resident Medical Officer Cadetship Program, which supports selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW regional hospital. |
| Total | 1,921,100 | |

External health services

| Grant recipient | Amount \$ | Description |
|--|------------------|---|
| Royal Flying Doctor Service of Australia (South Eastern Section) | 3,220,740 | Provision of Rural Aerial Health Service. |
| Total | 3,220,740 | |

Community services – transport

| Grant recipient | Amount \$ | Description |
|---|----------------|-------------------------------|
| Access Sydney Community Transport Ltd | 51,100 | Community transport services. |
| Active Care Network (Great Community Transport) | 174,000 | Community transport services. |
| Activus Transport Inc | 27,900 | Community transport services. |
| Bankstown Canterbury Community Transport Inc | 26,300 | Community transport services. |
| Cabonne Shire Council | 21,000 | Community transport services. |
| Care 'N' Go (Linked Community Services) | 33,400 | Community transport services. |
| Community Transport Central Coast Ltd | 55,100 | Community transport services. |
| Connect You Too Ltd | 85,600 | Community transport services. |
| Holdsworth Community Ltd | 33,600 | Community transport services. |
| Home Assistance and Regional Transport Services Inc | 51,500 | Community transport services. |
| Hornsby Ku-ring-gai Community Aged/Disabled Transport Inc | 23,800 | Community transport services. |
| Linked Community Services | 33,500 | Community transport services. |
| LiveBetter Services Ltd | 53,300 | Community transport services. |
| Inverell HACC Services Inc | 21,700 | Community transport services. |
| Mid-Western Regional Council | 32,000 | Community transport services. |
| Neighbourhood Central | 47,000 | Community transport services. |
| Ourcare Services Ltd | 25,500 | Community transport services. |
| Peppercorn Services Inc | 32,500 | Community transport services. |
| Stryder Inc | 47,500 | Community transport services. |
| The Community Transport Company Ltd | 46,800 | Community transport services. |
| Transcare Hunter Ltd | 10,800 | Community transport services. |
| Warrumbungle Shire Council | 10,700 | Community transport services. |
| Wee Waa Community Care Service | 37,900 | Community transport services. |
| Total | 982,500 | |

Other funding grants in 2023–24

| Grant recipient | Amount \$ | Description |
|---|------------|--|
| 2Connect Youth & Community Inc | 141,348 | Alcohol and other drugs youth treatment services. |
| Aboriginal Community Housing Ltd | 150,000 | Alcohol and other drugs funding: ICE Response. |
| Aboriginal Corporation for Drug and Alcohol Network NSW | 135,000 | To support Aboriginal engagement in the ICE response. |
| Aboriginal Drug and Alcohol Residential Rehabilitation Network Ltd (ADARRN) | 175,000 | Aboriginal Drug and Alcohol Residential Rehabilitation Organisation and service development. |
| Aboriginal Health and Medical Research Council NSW | 110,659 | Aboriginal Alcohol and Other Drugs Workforce Training grant. |
| Aboriginal Health and Medical Research Council NSW | 248,513 | Suicide Prevention Project Officer. |
| Aboriginal Medical Service Co-Operative Ltd | 300,000 | Awarding of Aboriginal Model of Care Program grants. |
| Aboriginal Medical Service Co-Operative Ltd | 208,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| ACON Health Ltd | 10,000 | End of Life and Palliative Care Grants Program. |
| ACON Health Ltd | 184,016 | Resource development for families carers and friends of LGBTQ+ people using alcohol and other drugs. |
| ACON Health Ltd | 125,470 | Statewide Community Response Packages for people of diverse sexualities and genders. |
| ACON Health Ltd | 557,500 | Community-based suicide prevention services: Aftercare – LGBTQ+ community. |
| Albury Wodonga Aboriginal Health Service | 194,000 | Aboriginal Mental Health and Wellbeing Flood Recovery Program. |
| Albury Wodonga Aboriginal Health Service | 27,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Alcohol And Drug Foundation Inc | 181,815 | Resource development for families, carers and friends of people using alcohol and other drugs. |
| Anglican Community Services | 5,409 | Community Response Packages. |
| Anglican Community Services | 1,241,332 | Mental health Community Living Supports for refugees. |
| Armajun Health Service Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Armajun Health Service Aboriginal Corporation | 11,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Armidale Centacare New England North West Ltd | 319,727 | Alcohol and Other Drugs Youth Treatment Services. |
| Association of Children's Welfare Agencies Inc | 326,000 | Centre for Community Welfare Training – Workforce training grant. |
| Association of Drug Referral Centres Ltd | 216,096 | Alcohol and Other Drugs Youth Treatment Services. |
| Australian Association of Social Workers Ltd | 233,000 | Supervision training by Australian Association of Social Workers Services. |
| Australian Commission on Safety and Quality in Health Care | 2,861,877 | Contribution for the Australian Commission on Safety and Quality in Health Care. |
| Australian Community Support Organisation Ltd | 300,000 | Alcohol and other drugs funding. |
| Australian Crime Commission | 50,000 | Enhance wastewater monitoring in regional NSW. |
| Australian Digital Health Agency | 10,132,950 | NSW contribution to Australian Digital Health Agency. |

| Grant recipient | Amount \$ | Description |
|---|-----------|--|
| Australian Health Practitioner Regulation Agency | 630,000 | Kruk Review project. |
| Australian Infant Child Adolescent and Family Mental Health Association Ltd | 208,514 | Emerging Minds training. |
| Australian Medical Council | 141,377 | Australian Medical Council National ePortfolio. |
| Australian Men's Sheds Association | 100,000 | Funding to support the NSW Branch of the Australian Men's Shed Association in their work in men's health. |
| Australian Red Cross Society | 635,958 | Mental health Community Living Supports for refugees. |
| Australian Sickle Cell Association | 30,000 | Contribution to support organisation's objectives. |
| Awabakal Ltd | 120,000 | Aboriginal Family Wellbeing and Violence Prevention Program. |
| Awards Australia Pty Ltd | 15,000 | Contribution towards Health Award. |
| BEING – Mental Health Consumers Inc | 946,464 | BEING core funding grant. |
| Beyond Blue Ltd | 1,336,495 | Beyond Blue core funding. |
| Biaggio Signorelli Foundation Charitable Trust | 100,000 | Contribution to support organisation's objectives. |
| Biripi Aboriginal Corporation Medical Centre | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Better Foundation – Blacktown and Mount Druitt Hospitals | 30,000 | Funding for equipment for diabetes patients at Blacktown and Mt Druitt hospitals. |
| Bobby Goldsmith Foundation | 99,000 | Contribution to Bobby Goldsmith for expansion of support in Western Sydney additional Case worker. |
| Bourke Aboriginal Corporation Health Service | 120,000 | Aboriginal Family Wellbeing and Violence Prevention Program. |
| Bourke Aboriginal Corporation Health Service | 300,000 | Awarding of Aboriginal Model of Care Program grants. |
| Bourke Aboriginal Corporation Health Service | 99,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Bulgarr Ngaru Medical Aboriginal Corporation | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Bulgarr Ngaru Medical Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Bullinah Aboriginal Health Service Ltd | 32,250 | End of Life and Palliative Care Grants Program. |
| Bullinah Aboriginal Health Service Ltd | 254,488 | Building on Aboriginal Communities' Resilience initiative. |
| Byron Bay Community Benefit Fund | 250,000 | Contribution to the Centre to engage a service coordinator. |
| Cancer Council NSW | 160,000 | Grant for expansion of Generation Vape Research project. |
| Cancer Council NSW | 240,000 | Tackling Tobacco in mental health research project. |
| Cancer Council NSW | 19,051 | Tobacco In Australia Funding. |
| Cancer Patients Assistance Society of NSW | 50,000 | Contribution to support Can Assist's objectives. |
| CanRevive Inc | 100,000 | Contribution towards volunteer service training and support for cancer patients and carers. |
| Careflight Pty Ltd | 3,600,000 | To operate CareFlight Rapid Response Helicopter. |
| Children of the Bomaderry Aboriginal Children's Home Inc | 100,000 | Funding enhancement for Stolen Generations. |
| Children of the Bomaderry Aboriginal Children's Home Inc | 100,000 | Support for Stolen Generations survivors in accessing health services and undertaking healing activities. |

| Grant recipient | Amount \$ | Description |
|--|-----------|---|
| Children of the Bomaderry Aboriginal Children's Home Inc | 195,000 | Health Care Co-ordinator positions for Stolen Generations. |
| Children's Cancer Institute Australia | 25,000 | Contribution towards research into Diffuse Intrinsic Pontine Glioma. |
| Children's Tumour Foundation of Australia | 75,000 | Contribution to support the organisation's initiatives for those living with Neurofibromatosis. |
| Chronic Pain Australia Ltd | 25,000 | Funding to support the provision of pain support groups in NSW. |
| Community Broadcasting Association | 67,243 | End of Life and Palliative Care Grants Program. |
| Community Restorative Centre | 509,494 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| Community Restorative Centre | 143,998 | Drug and Alcohol Treatment Services Grant. |
| Condobolin Aboriginal Health Service Inc | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Condobolin Aboriginal Health Service Inc | 100,000 | Mental health and wellbeing program. |
| Coomealla Health Aboriginal Corporation | 300,000 | Awarding of Aboriginal Model of Care Program Grants. |
| Coomealla Health Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Coonamble Aboriginal Health Service | 534,598 | Building on Aboriginal Communities' Resilience initiative. |
| Coonamble Aboriginal Health Service | 132,000 | Funding to support community engagement initiative. |
| Coonamble Aboriginal Health Service | 208,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Coordinare Ltd | 1,850,000 | Funding to South East NSW Primary Health Network to support joint development phase of Collaborative Commissioning. |
| Coota Girls Aboriginal Corporation | 195,000 | Coordinator position funding. |
| Council for Intellectual Disability | 64,583 | End of Life and Palliative Care Grants Program. |
| Cox Inall Ridgeway Pty Ltd | 96,470 | Community Response Packages. |
| Cummeragunja Health and Development Aboriginal Corporation | 300,000 | Aboriginal Mental Health and Wellbeing Model of Care Program. |
| Department of Communities and Justice | 379,480 | Specialist victims support service for 2023-24. |
| Department of Communities and Justice | 419,097 | Additional funds suicide monitoring system. |
| Department of Communities and Justice | 30,609 | National Coronial Information System Contribution (NCIS). |
| Department of Health and Aged Care | 1,549,330 | NSW contribution to haemopoietic progenitor cell sector. |
| Department of Health and Aged Care | 207,388 | NSW contribution to the Health Star Rating Scheme. |
| Department of Health and Aged Care | 2,279,028 | Contribution to Commonwealth Department of Health under Bilateral Schedule for Postvention Services. |
| Department of Health and Aged Care | 1,932,601 | Contribution to the Health Chief Executives Forum. |
| Directions Health Services | 3,675,000 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| Directions Health Services | 816,981 | Counselling for people using methamphetamines. |
| Dubbo Neighbourhood Centre Inc | 127,807 | Grant to Dubbo Neighbourhood Centre for the employment of a women's safety coordinator. |

| Grant recipient | Amount \$ | Description |
|---|-----------|--|
| Durri Aboriginal Corp Medical Service | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Durri Aboriginal Corp Medical Service | 350,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| DV West Ltd | 79,242 | Grant to implement a specialist children and young people's domestic violence program. |
| Eastern Health | 27,986 | Resource development for families, carers and friends of people using alcohol and other drugs. |
| EIS Health Ltd | 3,420,000 | NSW Pandemic Recovery Access Initiative. |
| EIS Health Ltd | 500,000 | Program grant for the Primary Health Network Joint Statement project. |
| Eleanor Duncan Aboriginal Services Ltd | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Eleanor Duncan Aboriginal Services Ltd | 300,000 | Awarding of Aboriginal Model of Care Program Grants. |
| Eleanor Duncan Aboriginal Services Ltd | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Eleanor Duncan Aboriginal Services Ltd | 195,000 | Eleanor Duncan model of care research grant. |
| Eleanor Duncan Aboriginal Services Ltd | 100,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Eleanor Duncan Aboriginal Services Ltd | 615,000 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| Equality Australia Ltd | 150,000 | Capacity building program for trans and gender diverse communities. |
| Feel The Magic Ltd | 150,000 | Postvention support for children, young people and families bereaved by suicide. |
| Filling The Gap Ltd | 170,000 | Funding for National Dental Foundation Program. |
| Friendly Faces Helping Hands | 200,000 | Contribution to support organisation's objectives in rural, remote and regional communities. |
| Full Stop Australia | 20,000 | Grant to Full Stop Australia to undertake an expanded independent evaluation. |
| Full Stop Australia | 320,000 | Sex and Ethics for Young People: Training the Trainer. |
| Galambila Aboriginal Health Service Inc | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Galambila Aboriginal Health Service Inc | 267,098 | Building on Aboriginal Communities' Resilience initiative. |
| Gandangara Health Services Ltd | 300,000 | Alcohol and other drugs funding: Ice Response. |
| Gidget Foundation Australia | 1,850,625 | Mental Health Recovery Funding. |
| Grand Pacific Health Ltd | 600,000 | Alcohol and other drugs funding: Ice Response. |
| Grand Pacific Health Ltd | 731,352 | Community living support services. |
| Grand Pacific Health Ltd | 837,500 | Community-based suicide prevention services. |
| Grand Pacific Health Ltd | 1,914,131 | Housing and Accommodation Support initiative. |
| Grand Pacific Health Ltd | 1,490,414 | Rural Adversity Mental Health Program coordination and management. |
| Griefline | 250,000 | Griefline funding. |
| Griffith Aboriginal Medical Service Inc | 300,000 | Awarding of Aboriginal Model of Care Program Grants. |
| Griffith Aboriginal Medical Service Inc | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Griffith Aboriginal Medical Service Inc | 74,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |

| Grant recipient | Amount \$ | Description |
|--|-----------|---|
| Headspace National Youth Mental Health Foundation Ltd | 2,984,796 | Headspace national floods support. |
| Headspace National Youth Mental Health Foundation Ltd | 1,000,000 | Headspace community collaboratives. |
| Health Consumers NSW | 100,000 | Funding to support organisational review and strategic plan implementation. |
| Health Professional Councils Authority | 251,072 | Treasury Managed Fund contribution for workers compensation, motor vehicles and property. |
| Healthdirect Australia | 379,962 | Contribution to Health Information and Advice Service. |
| Healthwise New England North West | 543,750 | Mental Health Suicide Prevention Fund. |
| Healthy North Coast Ltd | 6,760,000 | Mental Wellbeing Flood Recovery. |
| HNECC Ltd | 1,395,000 | Armidale Urgent Care Service Grant. |
| HNECC Ltd | 667,000 | Mental Wellbeing Flood Recovery HNECC. |
| Humpty Dumpty Foundation Ltd | 230,520 | Funding to support objectives of the organisation in NSW public hospitals, including contribution towards the Michelle Beets Award. |
| Hunter Primary Care Ltd | 183,687 | Alcohol and Other Drugs Youth Treatment Services. |
| Huntington's Australia Ltd | 112,985 | Provision of specialist support groups for people with movement disorders in NSW. |
| Illawarra Aboriginal Medical Service | 37,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Illawarra Women's Health Centre | 2,000,000 | Contribution to Illawarra Women's Health Centre to support refurbishment of Illawarra Women's Trauma Recovery Centre. |
| Independent Community Living Australia | 500,000 | Independent Community Living Australia Grant. |
| Institute of Electrical and Electronics Engineers Inc | 13,300 | Funding for Biology Society's Annual International Conference. |
| Intereach Ltd | 120,000 | Aboriginal Family Wellbeing and Violence Prevention Program. |
| Jirrawich | 15,000 | Funding towards Indigenous Rugby League Event for Suicide Prevention. |
| Juvenile Arthritis Foundation Australia Ltd | 25,000 | Contribution towards the provision of the Australian Juvenile Arthritis Registry (AJAR). |
| Karitane | 1,486,000 | Funding for Virtual Residential Unit. |
| Karralika Programs Inc | 1,713,000 | Alcohol and Other Drugs Treatment Access Expansion Grant. |
| Karralika Programs Inc | 579,330 | Alcohol and Other Drugs Youth Treatment Services. |
| Katungul Aboriginal Corporation Community and Medical Services | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Katungul Aboriginal Corporation Community and Medical Services | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Kedesh Rehabilitation Services Ltd | 198,823 | Drug and Alcohol Treatment Services Grant. |
| Keiths Closet Ltd | 185,000 | Funding to support the organisations operations and services. |
| Kids of Macarthur Health Foundation Trust | 50,000 | Funding to support the purchase of paediatric medical equipment for NSW Public Hospitals. |
| Kinchela Boys Home Aboriginal Corporation | 195,000 | Coordinator position funding. |
| Kinchela Boys Home Aboriginal Corporation | 100,000 | Funding enhancement for Stolen Generations Organisation. |
| La Trobe University | 236,899 | Second edition of Aboriginal Alcohol and Other Drugs Handbook. |

| Grant recipient | Amount \$ | Description |
|--|-----------|---|
| Lifeline Australia | 7,931,250 | Lifeline Australia additional funding for phone and text crisis support service. |
| Lifeline Australia | 1,625,000 | Contribution to Lifeline. |
| Little Wings Ltd | 600,000 | Funding to support transport services for children in regional, rural and remote NSW to receive medical treatment. |
| Lives Lived Well Ltd | 1,060,000 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| Lives Lived Well Ltd | 2,044,571 | Drug and Alcohol Package Women and Children Residential Rehabilitation. |
| Lives Lived Well Ltd | 594,872 | Drug and Alcohol Treatment Services Grant. |
| Living Works Education (Australia) Pty Ltd | 4,007,578 | Statewide Suicide Prevention Training initiative. |
| Maari Ma Health Aboriginal Corporation | 120,000 | Aboriginal Family Wellbeing and Violence Prevention Program. |
| Maari Ma Health Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Maari Ma Health Aboriginal Corporation | 351,202 | Drug and Alcohol Treatment Services Grant. |
| McGrath Foundation Ltd | 4,981,000 | Funding to support McGrath Breast Care Nurses. |
| Medlogical Innovations Pty Ltd | 2,500,000 | Medical Devices Fund. |
| Mental Health Assoc NSW Inc | 1,654,971 | WayAhead core funding. |
| Mental Health Carers ARAFMI NSW Inc | 672,481 | Mental Health Carers NSW core funding. |
| Mental Health Co-Ordinating Council Inc | 30,000 | Funding to support 100 Certificate IV Peer Work Scholarships program. |
| Mental Health Co-Ordinating Council Inc | 465,565 | Learning and Development Unit. |
| Mental Health Co-Ordinating Council Inc | 149,329 | Training pilot for the lived and living experience workforce in the alcohol and other drugs sector. |
| Mindgardens Neuroscience Network Ltd | 1,031,266 | Tertiary referral service for psychosis. |
| Miracle Babies Foundation Ltd | 65,000 | Funding to support objectives of organisation in NSW public hospitals, including contribution towards the Nurture Program. |
| Mission Australia | 828,463 | Alcohol and Other Drugs Continuing Care Sector Development. |
| Mission Australia | 1,130,000 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| Mission Australia | 845,387 | Alcohol and Other Drugs Youth Treatment Services. |
| Mission Australia | 488,007 | Benjamin Short Grove Specialist Residential Aged Care Facility. |
| Mission Australia | 2,337,750 | Community living support services. |
| Mission Australia | 5,893,197 | Housing and Accommodation Support Initiative. |
| Mrcf Ptd Ltd | 475,000 | Medical Research Commercialisation fund. |
| Murrumbidgee Primary Health Network | 120,000 | Urgent Care Service grant. |
| National Association of Loss and Grief (NSW) Inc | 622,072 | Loss and grief support. |
| National Blood Authority | 9,160,020 | Operational costs. |
| Neami Ltd | 4,127,320 | Community living support. |
| Neami Ltd | 9,737,448 | Housing and Accommodation Support Initiative. |
| Nelune Foundation | 150,000 | Funding to support the organisations objectives, including the development of infrastructure and cancer-care services for NSW public hospital patients. |

| Grant recipient | Amount \$ | Description |
|--|------------|---|
| Network of Alcohol and Other Drugs Agencies Inc | 158,784 | Alcohol and Other Drugs Continuing Care Sector Development. |
| Network of Alcohol and Other Drugs Agencies Inc | 891,940 | Capacity building grant program in research, evaluation and monitoring. |
| New Horizons Enterprises Ltd | 7,387,372 | Community living support. |
| New Horizons Enterprises Ltd | 12,578,183 | Housing and Accommodation Support Initiative. |
| New Horizons Enterprises Ltd | 3,052,599 | Mental health Community Living Supports for refugees. |
| New Horizons Enterprises Ltd | 2,975,000 | Youth Aftercare Pilot. |
| Northern Rivers Women and Children's Services Inc. | 130,000 | Funding to support NORWAC's domestic and family violence services. |
| NSW Rural Doctors Network | 1,397,000 | NSW Rural Resident Medical Officer Cadetships. |
| NSW Rural Doctors Network | 315,000 | Rural healthcare workforce wellbeing initiative. |
| NSW Rural Doctors Network | 134,000 | National Rural Generalist Pathways Grant. |
| NSW Rural Doctors Network | 392,900 | Collaborative Care Funding. |
| NSW Users and Aids Association Inc | 400,000 | Alcohol and other drugs funding. |
| NSW Users and Aids Association Inc | 170,207 | Hepatitis C activities. |
| NSW Users and Aids Association Inc | 470,000 | Peer based harm reduction services for NSW music festivals grant. |
| NSW Users and Aids Association Inc | 5,000 | Virtual and postal take home naloxone pilot and evaluation. |
| Obesity Australia Pty Ltd | 195,000 | Obesity Collective Grant. |
| Odyssey House NSW | 1,942,768 | Community Drug Action Program in NSW. |
| Odyssey House NSW | 358,765 | Drug and Alcohol Treatment Services Grant. |
| Odyssey House NSW | 1,360,000 | Post Custodial Support Grant. |
| Open Minds Australia Ltd | 1,949,789 | Community living support services. |
| Open Minds Australia Ltd | 1,400,446 | Housing and Accommodation Support Initiative. |
| Orana Haven | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Orana Haven | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Orange Aboriginal Medical Service | 700,000 | Alcohol and other drugs funding. |
| Orange Aboriginal Medical Service | 300,000 | Awarding of Aboriginal Model of Care Program Grants. |
| Orange Aboriginal Medical Service | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Orange Aboriginal Medical Service | 100,000 | Mental health and wellbeing program. |
| Orygen Research Centre | 560,000 | Pilot of moderated online social therapy. |
| Palliative Care NSW Inc | 646,076 | Palliative care support program. |
| PANDA – Perinatal Anxiety and Depression Australia Inc | 100,000 | PANDA grant to support women released from prison. |
| Parkinson's NSW | 75,000 | Funding to support organisation's health and wellbeing program. |
| Pharmaceutical Society of Australia Ltd | 112,950 | Opioid Treatment Program: Community Pharmacy Professional Support Package. |
| Pharmaceutical Society of Australia Ltd | 400,000 | Stigma, discrimination and cultural safety in alcohol and other drugs training package for pharmacists grant. |

| Grant recipient | Amount \$ | Description |
|---|------------|--|
| Pharmacy Guild of Australia NSW Branch | 3,306,114 | Pharmacy Inventive Scheme. |
| Pius X Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Pius X Aboriginal Corporation | 171,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Positive Life NSW Inc | 99,000 | Peer Navigation project and Positive Minds Counselling Program. |
| Push for Palliative Care Orange | 40,000 | Contribution to support palliative care patients and their families. |
| Rainbow Families | 178,380 | Contribution towards organisation's programs and objectives. |
| Raising The Bar Foundation Ltd | 250,000 | Contribution to Raising the Bar Foundation towards a Mental Health education initiative. |
| Resolve SBB Trust | 2,535,450 | Social Benefit Bond. |
| Respite Care for QBN Inc | 100,000 | Support people suffering from chronic illness. |
| RichmondPRA Limited | 2,790,422 | Community living support. |
| RichmondPRA Limited | 15,400,923 | Housing and Accommodation Support Initiative. |
| RichmondPRA Limited | 1,900,000 | NDIS mental health officers program. |
| Riverina Medical and Dental Aboriginal Corporation | 300,000 | Awarding of Aboriginal Model of Care Program Grants. |
| Riverina Medical and Dental Aboriginal Corporation | 45,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Riverina Medical and Dental Aboriginal Corporation | 300,000 | Post custodial support grant. |
| Royal Aust College of General Practitioners | 46,427 | Funding for Project ECHO (Extension for Community Health Care Outcomes). |
| Royal Aust College of General Practitioners | 275,684 | General practitioner education and training initiative. |
| Royal Far West | 369,200 | Contribution to support the Paediatric Development Program. |
| Royal Society for the Welfare of Mothers and Babies | 4,024,119 | Funding for virtual residential unit. |
| Royal Society for the Welfare of Mothers and Babies | 4,651,668 | Tresillian – Funding for six family care centres, Macksville and five T2U vans. |
| RSL Lifecare Ltd | 390,521 | Mental Health Aged Care Partnership Initiative transition unit. |
| Safe and Together Institute | 30,000 | Grant to provide training and mentoring to NSW Health staff to improve responses to domestic violence. |
| Samaritans Foundation Diocese of Newcastle | 386,085 | Drug and Alcohol Treatment Services Grant. |
| Schizophrenia Fellowship of NSW Ltd | 299,994 | Forensic Reintegration Program. |
| SDIP Innovations Pty Ltd | 4,065,000 | Medical Devices Fund. |
| Service NSW | 10,045,031 | Pre IVF testing rebate. |
| Sibdeal Pty Ltd | 144,000 | 30 day patient programs. |
| Silver Chain Group Ltd | 1,184,163 | Social Benefit Bond. |
| Sisters Cancer Support Group Inc | 91,000 | Funding to assist with analysis and evaluative research. |
| SNPHN Ltd | 1,471,642 | Collaborative commissioning contribution to Sydney North Health Network. |
| SNPHN Ltd | 667,000 | Mental wellbeing flood recover package. |
| SNPHN Ltd | 1,770,000 | Urgent Care Service Grant. |
| Social Futures Ltd | 1,000,000 | Alcohol and other drugs funding. |

| Grant recipient | Amount \$ | Description |
|--|-----------|--|
| South Coast Medical Service Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| South Coast Medical Service Aboriginal Corporation | 61,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| South Western Sydney Primary Health Network Ltd | 1,650,000 | Urgent Care Service Grant – Bankstown. |
| South Western Sydney Primary Health Network Ltd | 1,650,000 | Urgent Care Service Grant – Liverpool. |
| South Western Sydney Primary Health Network Ltd | 1,463,000 | Urgent Care Service Grant – Gregory Hills. |
| South Western Sydney Primary Health Network Ltd | 1,617,000 | Urgent Care Service Grant – Campbelltown. |
| Southern Cross Care (NSW & ACT) | 676,789 | Specialist residential aged care facility. |
| Sporting Chance Cancer Foundation | 100,000 | Funding to support childrens cancer outreach program. |
| St Vincent de Paul Society NSW | 4,001,036 | Alcohol and Other Drugs Continuing Care Sector Development. |
| St Vincent de Paul Society NSW | 1,000,000 | Alcohol and other drugs funding. |
| St Vincent de Paul Society NSW | 89,888 | Drug and Alcohol Treatment Services Grant. |
| State Library Of New South Wales | 178,302 | Drug Info at Your Library grant. |
| Stolen Generations Council (NSW-ACT) Inc | 195,000 | Stolen Generations Council funding for coordinator position. |
| Stolen Generations Council (NSW-ACT) Inc | 100,000 | Support for Stolen Generations Survivors in accessing health services and undertaking healing activities. |
| Street Side Medics Ltd | 200,000 | Contribution to Street Side Medics to support its objectives. |
| Stride Mental Health Ltd | 1,951,088 | LikeMind funding to provide integrated care and support in community. |
| Suicide Prevention Australia Ltd | 15,000 | Bursary Sponsorship for Suicide Prevention Australia Conference. |
| Suicide Prevention Australia Ltd | 96,470 | Community Response Packages. |
| Suicide Prevention Australia Ltd | 100,000 | Suicide Prevention Australia – Targeted activities for NSW Suicide Prevention Legislation. |
| Survivors R Us Inc | 50,000 | Contribution to support courses with focus on health and mental health. |
| Sydney Children's Hospitals Foundation Ltd | 100,000 | Contribution to support redevelopments across the Sydney Children's Hospital Network. |
| Tamworth Aboriginal Medical Service – Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Tharawal Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| The Association of Independent Schools of NSW Ltd | 57,900 | NSW Healthy School Canteen strategy. |
| The Association of Independent Schools of NSW Ltd | 26,460 | Support the optimisation of Live Life Well at Schools. |
| The Bill Crews Charitable Trust | 600,000 | Alcohol and other drugs funding: ICE Response. |
| The Buttery Ltd | 480,450 | Alcohol and Other Drugs Continuing Care Sector Development. |
| The Buttery Ltd | 84,322 | Alcohol and Other Drugs Youth Treatment Services. |
| The Buttery Ltd | 391,884 | Drug and Alcohol Treatment Services Grant. |
| The Buttery Ltd | 1,421,758 | Housing and Accommodation Support Initiative. |
| The Buttery Ltd | 560,000 | Post Custodial Support Grant. |
| The Buttery Ltd | 1,683,000 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| The Buttery Ltd | 235,000 | Alcohol and other drugs funding: Ice Response. |

| Grant recipient | Amount \$ | Description |
|---|-----------|--|
| The Gender Centre Inc | 152,375 | The Gender Centre funding. |
| The Haymarket Foundation Ltd | 135,000 | Contribution to deliver support to vulnerable community members experiencing homelessness. |
| The Man Walk Australia Ltd | 50,000 | Contribution to support the organisation's objectives of bettering the mental, physical, and overall wellbeing of men. |
| The Peregrine Centre Pty Ltd | 1,183,938 | Rural Mental Health Research Partnership Grant. |
| The Salvation Army (NSW) Property Trust | 1,000,000 | Alcohol and other drugs funding. |
| The Salvation Army (NSW) Property Trust | 239,982 | Drug and Alcohol Treatment Services Grant. |
| The Sax Institute | 5,180 | SURE Workspace – Mental Health Emergency Care Services Review. |
| The Ted Noffs Foundation | 2,545,000 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| The Ted Noffs Foundation | 175,595 | Alcohol and Other Drugs Youth Treatment Services. |
| Tobwabba Aboriginal Medical Service | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Tobwabba Aboriginal Medical Service | 76,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Top Blokes Foundation | 150,000 | Contribution to support organisation's objectives. |
| Transport for NSW | 89,985 | Transport for NSW MOU Grants administration. |
| Ulster University | 50,000 | Development of the iPAKT Application. |
| Ungooroo Aboriginal Corporation | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Ungooroo Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Uniting (NSW.ACT) | 2,798,017 | Community living support services. |
| Uniting (NSW.ACT) | 7,529,129 | Housing and Accommodation Support Initiative. |
| Uniting (NSW.ACT) | 1,951,080 | LikeMind funding to provide integrated care and support in community. |
| Uniting (NSW.ACT) | 18,679 | Residue and Post Overdose Substance Testing (RePOST) study. |
| University of Newcastle | 94,921 | Support the optimisation of live life well in primary schools. |
| University of NSW | 199,143 | Evidence Check – Youth Mental Health Social Connectedness. |
| University of NSW | 80,682 | Follow up study on HIV and STI screening practices. |
| University of NSW | 283,320 | Implementation research to guide elimination of HIV transmission in NSW. |
| University of NSW | 669,969 | Intellectual Disability Mental Health Chair. |
| University of NSW | 264,125 | Support evaluation of Collaborative Commissioning. |
| University of Sydney | 422,000 | Brain Injury Psychiatry Program. |
| University of Sydney | 283,406 | Building the mental health capacity of alcohol and other drug workers – The Matilda Centre. |
| University of Sydney | 65,000 | Educational and training resources for phage therapy. |
| University of Sydney | 47,967 | Helping Mothers Quit. |
| University of Sydney | 100,000 | Mental health and wellbeing program. |
| University of Sydney | 352,649 | NSW Health Chair of Population Oral Health. |
| University of Sydney | 65,000 | Sexuality and sexual health education pre-service teacher mapping. |
| University of Wollongong | 1,368,412 | Funding for Project Air. |
| Walgett Aboriginal Medical Service | 120,000 | Aboriginal Family Wellbeing and Violence Prevention Program. |
| Walgett Aboriginal Medical Service | 267,299 | Building on Aboriginal Communities' Resilience initiative. |

| Grant recipient | Amount \$ | Description |
|---|--------------------|--|
| Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation | 2,391,612 | Alcohol and Other Drugs Treatment Access Expansion Grants. |
| Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation | 300,000 | Awarding of Aboriginal Model of Care Program Grants. |
| Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation | 70,091 | End of Life and Palliative Care Grants Program |
| Wayback Committee Ltd | 250,000 | Sustainability support grant. |
| We Help Ourselves | 824,818 | Drug and Alcohol Treatment Services Grant. |
| Weigelli Centre Aboriginal Corporation | 50,000 | Mental health and wellbeing program. |
| Wellington Aboriginal Corporation Health Service | 240,000 | Aboriginal Family Wellbeing and Violence Prevention Program. |
| Wellington Aboriginal Corporation Health Service | 534,598 | Building on Aboriginal Communities' Resilience initiative. |
| Wellington Aboriginal Corporation Health Service | 58,000 | Funding to replace, update or purchase additional dental equipment to increase and improve service capacity. |
| Wellington Aboriginal Corporation Health Service | 300,000 | Post Custodial Support Grant. |
| Wellways Australia Ltd | 3,412,886 | Community living support services. |
| Wellways Australia Ltd | 12,618,427 | Housing and Accommodation Support Initiative. |
| Wellways Australia Ltd | 96,470 | Statewide Community Response Packages for Priority Groups - Young People. |
| Wellways Australia Ltd | 2,516,508 | Youth community living support services. |
| Wentwest Ltd | 500,000 | Western Sydney Neighbourhood Health Hub initiative. |
| Wentworth Healthcare Ltd | 667,000 | Mental wellbeing flood recovery. |
| Wentworth Healthcare Ltd | 200,000 | Urgent Care Service Grant. |
| Werin Aboriginal Corporation | 194,000 | Aboriginal Mental Health and Wellbeing Disaster Recovery Program. |
| Western Health Alliance Ltd | 76,845 | Urgent Care Service grant. |
| Womens Alcohol and Drug Advisory Centre Inc | 221,024 | Drug and Alcohol Treatment Services Grant. |
| Womens Health NSW Inc | 89,000 | Women's Health Centre funding enhancement. |
| Yacaaba Centre Information and Counselling Service Port Stephens Inc | 50,000 | Yacaaba Centre Information and Counselling Service. |
| Yfoundations Inc | 111,000 | Sexual health capacity building. |
| Yoorana Gunya Family Healing Centre Aboriginal Corporation | 267,299 | Building on Aboriginal Communities' Resilience initiative. |
| Yoorana Gunya Family Healing Centre Aboriginal Corporation | 450,000 | Mental health and wellbeing program. |
| Yourtown | 4,100,000 | Kids helpline service. |
| Total | 326,917,700 | |

Research grants in 2022–23

| Grant recipient | Amount \$ | Description |
|---|------------|---|
| AbCellera Australia Pty Ltd | 1,000 | AbCellera Australia partnership sponsorship. |
| Anzics | 420,977 | Bi-national intensive care databases. |
| Arcs Australia | 10,000 | Medical research sponsorship program. |
| Ausbiotech Ltd | 9,000 | Ausbiotech partnership sponsorship. |
| Australian and New Zealand Society for Immunology Inc | 5,000 | Medical research sponsorship program. |
| Australian Association for Adolescent Health Ltd | 10,000 | Medical research sponsorship program. |
| Australian Cardiovascular Alliance Ltd | 165,000 | Cardiovascular and stroke research investments on health outcomes. |
| Australian Catholic University Ltd | 449,826 | PhD and early-mid career grant funding. |
| Biotalk Pty Ltd | 350,000 | Sustainable operating model for the special enterprise Franklin Women. |
| Black Dog Institute | 591,979 | Medical Research support program. |
| Canberra Health Services | 779,190 | Rural, regional and remote clinical trial support units. |
| Centenary Institute of Cancer Medicine and Cell Biology | 1,880,506 | Medical research support program. |
| Children's Cancer Institute Australia | 942,726 | Medical research support program. |
| Children's Cancer Institute Australia | 5,000 | Medical research sponsorship program. |
| Children's Medical Research Institute | 498,335 | Early Mid-Career Grants funding. |
| Children's Medical Research Institute | 13,000 | Medical research sponsorship program. |
| Department of Communities and Justice | 5,000 | Funding for Safe & Together™ Model to provide culturally safe response, addressing family violence in Aboriginal communities. |
| Garvan Institute of Medical Research | 5,983,412 | Medical research support program. |
| Garvan Institute of Medical Research | 500,000 | Early Mid-Career Grants funding. |
| Garvan Institute of Medical Research | 50,000 | Funding support for NSW Early Phase Clinical Trials Alliance (NECTA) statewide recruitment initiative. |
| Genetic Alliance Australia | 5,000 | Medical research sponsorship program. |
| Hunter Medical Research Institute | 10,379,751 | Medical research support program. |
| Hunter Medical Research Institute | 500,000 | Early Mid-Career Grants funding. |
| Ingham Institute for Applied Medical Research | 2,815,554 | Medical research support program. |
| Ingham Institute for Applied Medical Research | 5,000 | Medical research sponsorship program. |
| Macquarie University | 997,808 | Motor Neuron Disease Grant. |
| ME Research Solutions Pty Ltd | 5,000 | Medical research sponsorship program. |
| Medical Technology Association of Australia Ltd | 5,000 | Medical research sponsorship program. |
| National Heart Foundation of Australia | 250,000 | NSW Cardiovascular Research Network. |
| Neuroscience Research Australia | 3,394,458 | Medical research support program. |
| St Vincents Hospital Sydney Ltd | 7,500 | Medical research sponsorship program. |
| The George Institute for Global Health | 7,375,313 | Medical research support program. |
| The George Institute for Global Health | 5,000 | Medical research sponsorship program. |
| The Heart Research Institute Ltd | 2,500,000 | Cardiovascular Research Capacity Program. |
| The Heart Research Institute Ltd | 450,000 | Senior and early mid-career grant funding. |
| The Heart Research Institute Ltd | 5,000 | Medical research sponsorship program. |
| The Sax Institute | 2,250,000 | Sax Institute core funding. |
| The Westmead Institute for Medical Research | 3,534,733 | Medical research support program. |

| Grant recipient | Amount \$ | Description |
|---|-------------------|---|
| The Westmead Institute for Medical Research | 14,500 | Medical research sponsorship program. |
| University of Melbourne | 55,000 | Funding for Safe & Together™ Model to provide culturally safe response, addressing family violence in Aboriginal communities. |
| University of New South Wales | 42,857 | First 2000 days program grant. |
| University of Newcastle | 478,000 | Early Mid-Career Grants funding. |
| University of Newcastle | 500,000 | NSW Prevention Research Support Program for prevention research collaboration. |
| University of Newcastle | 1,444,000 | Clinical trial – pharmacist management of urinary tract infections. |
| University of Newcastle | 1,515,813 | Community pharmacist clinical trial – pharmacy reform. |
| University of NSW | 130,816 | BUBs Quit study. |
| University of NSW | 999,710 | Cardiovascular Research Capacity Program. |
| University of NSW | 375,000 | NSW Prevention Research Support Program – Centre for Primary Health Care and Equity. |
| University of NSW | 511,250 | NSW Prevention Research Support Program – Kirby Institute. |
| University of NSW | 525,000 | NSW Prevention Research Support Program – National Drug and Alcohol Research Centre. |
| University of NSW | 4,500,000 | Grant funding for the Non-Animal Technologies Network. |
| University of NSW | 746,872 | Schizophrenia Research Grants Program. |
| University of NSW | 499,231 | Early Mid-Career Grants funding. |
| University of NSW | 4,342,271 | Senior and Early Mid-Career Grant Funding. |
| University of NSW | 450,000 | NSW Cardiovascular Early-Mid Career and Senior Researcher Grants. |
| University of NSW | 1,285,787 | Spinal Cord Injury Research Grants. |
| University of NSW | 135,909 | Intellectual disability genetic test decision aid tool. |
| University of NSW | 84,165 | Alcohol price surveillance project. |
| University of NSW | 257,143 | First 2000 days program grant. |
| University of NSW | 80,000 | Integrating mathematical modelling and public health surveillance – partner contribution. |
| University of Sydney | 156,250 | NSW Prevention Research Support Program – Edith Collins Centre. |
| University of Sydney | 500,000 | NSW Prevention Research Support Program – Prevention Research Collaboration. |
| University of Sydney | 271,250 | NSW Prevention Research Support Program – Women and Babies Research. |
| University of Sydney | 49,499 | Research on creation of sustainable rural and remote oral health workforce. |
| University of Sydney | 985,515 | Motor Neuron Disease Grant. |
| University of Sydney | 3,597,960 | Ensuring sovereign manufacture of phage therapy. |
| University of Sydney | 999,542 | NSW Translational Research Grants Scheme. |
| University of Sydney | 2,833,881 | PhD and Early-Mid Career Grant funding. |
| University of Sydney | 1,287,207 | Spinal Cord Injury Research Grants. |
| University of Sydney | 375,000 | Research program for physical activity nutrition and obesity prevention. |
| University of Technology Sydney | 390,690 | Spinal Cord Injury Research Grants. |
| University of Wollongong | 356,250 | NSW Prevention Research Support Program – Early Start. |
| University of Wollongong | 449,262 | Cardiovascular Senior and EMC Researcher Grant. |
| Victor Chang Cardiac Research Institute Ltd | 1,361,439 | Medical research support program. |
| Victor Chang Cardiac Research Institute Ltd | 5,000 | Medical research sponsorship program. |
| Total | 79,747,137 | |

Financial statements

This section of the report presents the Auditor's report and financial statements of the NSW Ministry of Health.

The financial statements for all NSW Health entities can be found in volumes two and three of the NSW Health 2023-24 Annual Report on the NSW Health Website at health.nsw.gov.au/AnnualReport.



INDEPENDENT AUDITOR'S REPORT

Ministry of Health (the Ministry) and the Consolidated Entity

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of Ministry of Health (the Ministry) and the Consolidated Entity, which comprise the Statement by the Accountable Authority, the Statement of Comprehensive Income for the year ended 30 June 2024, the Statement of Financial Position as at 30 June 2024, the Statement of Changes in Equity and the Statement of Cash Flows for the year then ended, and notes to the financial statements, including a Statement of Material Accounting Policies and other explanatory information of the Ministry and the Consolidated Entity. The Consolidated Entity comprises the Ministry and the entities it controlled at the year's end or from time to time during the financial year.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2024* (GSF Regulation) and the Treasurer's Directions
- present fairly the financial position, financial performance and cash flows of the Ministry and the Consolidated Entity.

My opinion should be read in conjunction with the rest of this report.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Ministry and the Consolidated Entity in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I have fulfilled my other ethical responsibilities in accordance with APES 110.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Key Audit Matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial statements for the year ended 30 June 2024. These matters were addressed in the context of my audit of the financial statements as a whole, and in forming my opinion thereon. I do not provide a separate opinion on these matters.

| Key Audit Matter | How my audit addressed the matter |
|--|---|
| Valuation of property, plant and equipment | |
| <p><i>Refer to Note 23 Property, plant and equipment</i></p> <p>At 30 June 2024, the Consolidated Entity reported \$30.4 billion in infrastructure, property, plant and equipment measured at fair value and comprised of:</p> <ul style="list-style-type: none"> • \$27.9 billion - land and buildings • \$1.6 billion - plant and equipment • \$0.9 billion - infrastructure. <p>I considered this area a key audit matter due to the:</p> <ul style="list-style-type: none"> • financial significance, geographical distribution and specialised or unique nature of health assets; • high degree of management judgement required in respect of classifying project costs as capital or expense; and • complexities associated with the application of AASB 13 Fair Value Measurement being dependent on assumptions that require significant judgement in areas such as: <ul style="list-style-type: none"> – identifying components of buildings and determining their current replacement cost – forecasting remaining useful lives – assessing the conditions of the assets – assessing the financial impact of indicators of impairment. | <p>To address the key audit matter, I:</p> <ul style="list-style-type: none"> • assessed the adequacy of management's review of the valuation process; • assessed the competence, capabilities and objectivity of management's valuers; • reviewed the scope and instructions provided to the valuers and obtained an understanding of the methodology used and its appropriateness with reference to relevant Australian Accounting Standards and Treasurer's Directions; • assessed the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practice; • tested a sample of costs allocated to work in progress to assess the appropriateness of capitalisation; • evaluated whether the useful lives applied to the various asset classes were consistent with management's planned usage of those assets; • assessed assumptions used by the valuer to determine the asset values; • assessed the reasonableness and appropriateness of judgement used by management to assess non-financial assets for impairment. This included the process employed to monitor impairment indicators; and • assessed the adequacy of the financial statement disclosures against the requirements of applicable Australian Accounting Standards and Treasurer's Directions. |
| Recognition and measurement of Commonwealth grants and contributions revenue | |
| <p><i>Refer to Note 10 Grants and other contributions</i></p> <p>Of the \$9.3 billion recognised as grants and other contributions revenue during the year, over \$8.3 billion related to the funding arrangements through the National Health Reform Agreement (NHRA) in 2023-24.</p> <p>I considered this area a key audit matter due to the:</p> <ul style="list-style-type: none"> • significance of the balance relative to the Consolidated Entity's Statement of Comprehensive Income; | <p>To address the key audit matter, I:</p> <ul style="list-style-type: none"> • documented and understood the nature of the key revenue streams relating to the NHRA and other grants; • reviewed the terms and conditions contained within the key funding agreements entered with the grantors; • assessed the IT general controls of the new EDWARD system and the accounting treatments applied to each type of grant funding stream; |

| Key Audit Matter | How my audit addressed the matter |
|---|--|
| <ul style="list-style-type: none"> different types of performance obligations attached to each revenue stream; the Ministry's new IT system (EDWARD) for capturing various activities occurred at all NSW Health entities for activity-based funding (ABF) streams . | <ul style="list-style-type: none"> understood and assessed the implications resulting from expiration of any agreement; and reviewed a sample of transactions to ensure the appropriate accounting treatment had been applied. |
| Employee related expenses | |
| <p><i>Refer to Note 2 Employee related expenses</i></p> <p>For the financial year ended 30 June 2024, the Ministry and the Consolidated Entity's statement of comprehensive income reported \$18.9 billion in employee related expenses.</p> <p>I considered this to be a key audit matter because of the:</p> <ul style="list-style-type: none"> financial significance of employee related expenses to the Ministry's statement of comprehensive income for the financial year ended 30 June 2024; geographical spread of the Ministry's workforce and high volume of transactions processed by its information system; size and complexity of the remuneration structures, including the diversity and number of health industrial staff awards affecting remuneration, work hours, rates and allowances, and other conditions of employment. | <p>Key audit procedures included the following:</p> <ul style="list-style-type: none"> evaluated and tested on a sample basis, the design, implementation and operating effectiveness of key controls over payroll processes and systems; obtained personnel records for a sample of employees and agreed their recorded employment details, including relevant award types and conditions when calculating the payroll costs; on a sample basis, tested employee's annual leave and long service leave expenses and accruals to their corresponding award types, and reviewed the appropriateness of on-costs applied for the relevant provisions; performed a range of data analytics on the employee master files and detailed payroll records to identify areas of risk and material exceptions. |

Secretary's Responsibilities for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the GSF Act, GSF Regulation and Treasurer's Directions. The Secretary's responsibility also includes such internal control as the Secretary determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the ability of the Ministry and the Consolidated Entity to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilities/ar5.pdf. The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the Ministry and the Consolidated Entity carried out their activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.



Michael Kharzoo
Director, Financial Audit

Delegate of the Auditor-General for New South Wales

10 October 2024
SYDNEY

Ministry of Health

Statement by the Accountable Authority

for the year ended 30 June 2024



We state, pursuant to section 7.6(4) of the *Government Sector Finance Act 2018* ('GSF Act'):

1. The financial statements of the Ministry of Health for the year ended 30 June 2024 have been prepared in accordance with:
 - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
 - b. applicable requirements of the GSF Act, the *Government Sector Finance Regulation 2024*; and
 - c. Treasurer's Directions issued under the GSF Act.
2. The financial statements present fairly the Ministry of Health's financial position as at 30 June 2024 and the financial performance and cash flows for the year then ended.
3. We are not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

A handwritten signature in black ink, appearing to read 'Susan Pearce'.

Susan Pearce AM
Secretary, NSW Health

10 October 2024

A handwritten signature in black ink, appearing to read 'Steve Carr'.

Steve Carr
**Acting Deputy Secretary, Financial Services and Asset
Management and Chief Financial Officer, NSW Health**

10 October 2024

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2024

| | | Consolidated Actual 2024 \$000 | Consolidated Budget 2024 \$000 | Consolidated Actual 2023 \$000 | Parent Actual 2024 \$000 | Parent Actual 2023 \$000 |
|---|-------|---|---|---|-----------------------------------|-----------------------------------|
| | Notes | | | | | |
| Continuing operations | | | | | | |
| Expenses excluding losses | | | | | | |
| Employee related expenses | 2 | 18,901,233 | 18,901,660 | 17,192,005 | 282,330 | 262,087 |
| Operating expenses | 3 | 8,858,313 | 8,665,992 | 8,969,218 | 1,490,349 | 1,232,023 |
| Depreciation and amortisation | 4 | 1,477,854 | 1,399,091 | 1,377,606 | 11,420 | 10,903 |
| Grants and subsidies | 5 | 1,842,193 | 1,854,118 | 1,872,061 | 25,981,175 | 25,541,940 |
| Finance costs | 6 | 126,514 | 130,945 | 118,624 | 17 | 13 |
| Total expenses excluding losses | | 31,206,107 | 30,951,806 | 29,529,514 | 27,765,291 | 27,046,966 |
| Revenue | | | | | | |
| Appropriations | 7 | 19,138,955 | 19,612,662 | 17,588,577 | 19,138,955 | 17,588,577 |
| Acceptance by the Crown ¹ of employee benefits and other liabilities | 11 | 589,971 | 530,525 | 420,395 | 10,681 | 8,033 |
| Sale of goods and services from contracts with customers | 8 | 2,999,160 | 2,872,987 | 2,911,285 | 143,559 | 238,788 |
| Investment revenue | 9 | 113,634 | 75,022 | 73,239 | 18,606 | 3,875 |
| Grants and other contributions | 10 | 9,342,292 | 9,142,259 | 9,112,271 | 8,717,139 | 8,526,537 |
| Other income | 12 | 100,861 | 111,253 | 75,631 | 19,918 | 18,837 |
| Total revenue | | 32,284,873 | 32,344,708 | 30,181,398 | 28,048,858 | 26,384,647 |
| Operating result | | 1,078,766 | 1,392,902 | 651,884 | 283,567 | (662,319) |
| Gains / (losses) on disposal | 13 | (11,747) | - | (27,429) | (5) | (189) |
| Impairment losses on financial assets | 18 | (84,680) | - | (57,087) | 120 | (595) |
| Other gains / (losses) | 14 | (92,122) | 268,867 | (164,036) | (47) | (41) |
| Net result from continuing operations | | 890,217 | 1,661,769 | 403,332 | 283,635 | (663,144) |
| Net result from discontinued operations | | - | - | - | - | - |
| Net result | | 890,217 | 1,661,769 | 403,332 | 283,635 | (663,144) |
| Other comprehensive income | | | | | | |
| <i>Items that will not be reclassified to net result in subsequent periods</i> | | | | | | |
| Changes in revaluation surplus of property, plant and equipment | 23 | 1,190,421 | - | 1,391,934 | 5,673 | 4,586 |
| Total other comprehensive income | | 1,190,421 | - | 1,391,934 | 5,673 | 4,586 |
| TOTAL COMPREHENSIVE INCOME | | 2,080,638 | 1,661,769 | 1,795,266 | 289,308 | (658,558) |

¹Crown represents 'The Crown in right of the State of New South Wales'.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Financial Position as at 30 June 2024

| | | Consolidated | Consolidated | Consolidated | Parent | Parent |
|--------------------------------------|-------|-------------------|-------------------|-------------------|------------------|------------------|
| | | Actual | Budget | Actual | Actual | Actual |
| | | 2024 | 2024 | 2023 | 2024 | 2023 |
| | Notes | \$000 | \$000 | \$000 | \$000 | \$000 |
| ASSETS | | | | | | |
| Current assets | | | | | | |
| Cash and cash equivalents | 17 | 2,781,203 | 2,170,184 | 2,475,288 | 683,561 | 426,486 |
| Receivables | 18 | 1,267,496 | 1,074,189 | 1,152,214 | 318,899 | 217,780 |
| Contract assets | 19 | 2,677 | 2,260 | 2,260 | 636 | 460 |
| Inventories | 20 | 325,036 | 417,032 | 451,621 | 38,808 | 33,589 |
| Financial assets at fair value | 21 | 68,521 | 101,550 | 97,322 | - | - |
| Other financial assets | 22 | - | - | 46 | 281,133 | 206,553 |
| | | 4,444,933 | 3,765,215 | 4,178,751 | 1,323,037 | 884,868 |
| Non-current assets held for sale | 26 | 304 | 304 | 304 | - | - |
| Total current assets | | 4,445,237 | 3,765,519 | 4,179,055 | 1,323,037 | 884,868 |
| Non-current assets | | | | | | |
| Receivables | 18 | 120,924 | 18,038 | 150,259 | 5,903 | - |
| Financial assets at fair value | 21 | 6,351 | 9,148 | 9,148 | - | - |
| Other financial assets | 22 | 90,771 | - | 88,541 | - | - |
| Property, plant and equipment | | | | | | |
| - Land and buildings | 23 | 27,945,803 | 28,589,719 | 26,039,753 | 165,945 | 169,391 |
| - Plant and equipment | 23 | 1,620,131 | 1,705,743 | 1,521,397 | 17,155 | 18,141 |
| - Infrastructure systems | 23 | 851,435 | 868,777 | 881,665 | 853 | 941 |
| Total property, plant and equipment | | 30,417,369 | 31,164,239 | 28,442,815 | 183,953 | 188,473 |
| Right-of-use assets | 24 | 738,947 | 623,063 | 626,715 | 639 | 776 |
| Intangible assets | 25 | 985,749 | 888,660 | 732,046 | 9,749 | 7,072 |
| Other non-current assets | | - | 90,771 | - | - | - |
| Total non-current assets | | 32,360,111 | 32,793,919 | 30,049,524 | 200,244 | 196,321 |
| Total assets | | 36,805,348 | 36,559,438 | 34,228,579 | 1,523,281 | 1,081,189 |
| LIABILITIES | | | | | | |
| Current liabilities | | | | | | |
| Payables | 29 | 2,084,717 | 1,931,688 | 1,941,442 | 685,275 | 560,116 |
| Contract liabilities | 30 | 36,785 | 57,031 | 57,031 | 647 | 545 |
| Borrowings | 31 | 186,875 | 192,164 | 180,621 | 171 | 156 |
| Provisions | 32 | 3,469,465 | 3,112,835 | 3,287,690 | 102,774 | 81,191 |
| Other current liabilities | 33 | 102,755 | 112,751 | 120,194 | 187 | 3,000 |
| Total current liabilities | | 5,880,597 | 5,406,469 | 5,586,978 | 789,054 | 645,008 |
| Non-current liabilities | | | | | | |
| Payables | 29 | 106,396 | - | - | - | - |
| Contract liabilities | 30 | 198 | 556 | 556 | - | - |
| Borrowings | 31 | 1,560,822 | 1,435,542 | 1,479,710 | 485 | 629 |
| Provisions | 32 | 77,776 | 55,130 | 54,321 | 6,836 | 720 |
| Other non-current liabilities | 33 | 310,512 | 304,248 | 318,605 | 2,766 | - |
| Total non-current liabilities | | 2,055,704 | 1,795,476 | 1,853,192 | 10,087 | 1,349 |
| Total liabilities | | 7,936,301 | 7,201,945 | 7,440,170 | 799,141 | 646,357 |
| Net assets | | 28,869,047 | 29,357,493 | 26,788,409 | 724,140 | 434,832 |

Ministry of Health

Statement of Financial Position as at 30 June 2024 (continued)

| | | Consolidated | Consolidated | Consolidated | Parent | Parent |
|---------------------|-------|-------------------|-------------------|-------------------|----------------|----------------|
| | | Actual | Budget | Actual | Actual | Actual |
| | | 2024 | 2024 | 2023 | 2024 | 2023 |
| | Notes | \$000 | \$000 | \$000 | \$000 | \$000 |
| EQUITY | | | | | | |
| Reserves | 34 | 12,256,774 | 11,873,371 | 11,083,538 | 161,469 | 155,796 |
| Accumulated funds | | 16,612,273 | 17,484,122 | 15,704,871 | 562,671 | 279,036 |
| Total equity | | 28,869,047 | 29,357,493 | 26,788,409 | 724,140 | 434,832 |

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2024

| CONSOLIDATED | Notes | Accumulated | Asset | Total |
|--|-------|-------------------|-------------------|-------------------|
| | | Funds | Revaluation | |
| | | \$000 | \$000 | \$000 |
| Balance at 1 July 2023 | | 15,704,871 | 11,083,538 | 26,788,409 |
| Net result for the year | | 890,217 | - | 890,217 |
| Other comprehensive income: | | | | |
| Net changes in revaluation surplus of property, plant and equipment | 23 | - | 1,190,421 | 1,190,421 |
| Total comprehensive income for the year | | 890,217 | 1,190,421 | 2,080,638 |
| Transfer of asset revaluation surplus to accumulated funds on disposal of assets | | 17,185 | (17,185) | - |
| Balance at 30 June 2024 | | 16,612,273 | 12,256,774 | 28,869,047 |
| Balance at 1 July 2022 | | 15,300,886 | 9,701,661 | 25,002,547 |
| Net result for the year | | 403,332 | - | 403,332 |
| Other comprehensive income: | | | | |
| Net changes in revaluation surplus of property, plant and equipment | 23 | - | 1,391,934 | 1,391,934 |
| Total comprehensive income for the year | | 403,332 | 1,391,934 | 1,795,266 |
| Transfer of asset revaluation surplus to accumulated funds on disposal of assets | | 10,057 | (10,057) | - |
| Transactions with owners in their capacity as owners | | | | |
| Increase / (decrease) in net assets from equity transfers | 34 | (9,404) | - | (9,404) |
| Balance at 30 June 2023 | | 15,704,871 | 11,083,538 | 26,788,409 |
| | | | | |
| PARENT | Notes | Accumulated | Asset | Total |
| | | Funds | Revaluation | |
| | | \$000 | \$000 | \$000 |
| Balance at 1 July 2023 | | 279,036 | 155,796 | 434,832 |
| Net result for the year | | 283,635 | - | 283,635 |
| Other comprehensive income | | | | |
| Net changes in revaluation surplus of property, plant and equipment | 23 | - | 5,673 | 5,673 |
| Total comprehensive income for the year | | 283,635 | 5,673 | 289,308 |
| Balance at 30 June 2024 | | 562,671 | 161,469 | 724,140 |
| Balance at 1 July 2022 | | 935,752 | 151,210 | 1,086,962 |
| Net result for the year | | (663,144) | - | (663,144) |
| Other comprehensive income | | | | |
| Net changes in revaluation surplus of property, plant and equipment | 23 | - | 4,586 | 4,586 |
| Total comprehensive income for the year | | (663,144) | 4,586 | (658,558) |
| Transactions with owners in their capacity as owners | | | | |
| Increase / (decrease) in net assets from equity transfers | 34 | 6,428 | - | 6,428 |
| Balance at 30 June 2023 | | 279,036 | 155,796 | 434,832 |

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2024

| | Notes | Consolidated Actual 2024 \$000 | Consolidated Budget 2024 \$000 | Consolidated Actual 2023 \$000 | Parent Actual 2024 \$000 | Parent Actual 2023 \$000 |
|--|-------|---|---|---|-----------------------------------|-----------------------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | | | | |
| Payments | | | | | | |
| Employee related | | (18,377,656) | (18,461,259) | (17,180,143) | (277,899) | (263,417) |
| Suppliers for goods and services | | (9,625,010) | (9,918,961) | (10,286,776) | (1,659,334) | (1,678,736) |
| Grants and subsidies | | (1,970,728) | (1,774,118) | (1,846,428) | (25,854,643) | (25,525,039) |
| Finance costs | | (126,514) | (130,945) | (118,624) | (17) | (13) |
| Total payments | | (30,099,908) | (30,285,283) | (29,431,971) | (27,791,893) | (27,467,205) |
| Receipts | | | | | | |
| Appropriations | | 19,138,955 | 19,612,662 | 17,588,577 | 19,138,955 | 17,588,577 |
| Reimbursements from the Crown ¹ | | 288,001 | - | 285,694 | 7,241 | 3,593 |
| Sale of goods and services | | 2,869,576 | 2,871,801 | 2,780,170 | 103,037 | 152,620 |
| Interest received | | 102,322 | 68,563 | 63,750 | 18,490 | 3,875 |
| Grants and other contributions | | 9,201,205 | 9,135,691 | 9,498,243 | 8,583,824 | 8,970,484 |
| Other | | 1,203,285 | 1,612,148 | 1,163,163 | 275,898 | 263,136 |
| Total receipts | | 32,803,344 | 33,300,865 | 31,379,597 | 28,127,445 | 26,982,285 |
| NET CASH FLOWS FROM OPERATING ACTIVITIES | 39 | 2,703,436 | 3,015,582 | 1,947,626 | 335,552 | (484,920) |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | | | | |
| Proceeds from sale of property, plant and equipment and intangibles | | | | | | |
| Proceeds from sale of property, plant and equipment and intangibles | | 5,333 | 15,000 | 25,289 | - | 6,428 |
| Proceeds from sale of financial assets | | 36,581 | 47 | 9,334 | - | - |
| Purchases of property, plant and equipment and intangibles | | | | | | |
| Purchases of property, plant and equipment and intangibles | | (2,247,417) | (2,906,273) | (2,208,865) | (3,727) | (6,775) |
| Purchases of financial assets | | | | | | |
| Purchases of financial assets | | - | - | - | - | - |
| Other | | 47 | (254,263) | 78 | (74,580) | 297,274 |
| NET CASH FLOWS FROM INVESTING ACTIVITIES | | (2,205,456) | (3,145,489) | (2,174,164) | (78,307) | 296,927 |

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2024 (continued)

| | Notes | Consolidated Actual 2024 \$000 | Consolidated Budget 2024 \$000 | Consolidated Actual 2023 \$000 | Parent Actual 2024 \$000 | Parent Actual 2023 \$000 |
|--|-------|---|---|---|-----------------------------------|-----------------------------------|
| CASH FLOWS FROM FINANCING ACTIVITIES | | | | | | |
| Repayment of borrowings and advances | | (30,307) | (175,197) | (25,811) | - | - |
| Payment of principal portion of service concession financial liability | | (1,557) | - | (1,464) | - | - |
| Payment of principal portion of lease liabilities | | (163,440) | - | (160,109) | (170) | (168) |
| Proceeds / (payment) of derivatives | | 3,041 | - | 2,250 | - | - |
| NET CASH FLOWS FROM FINANCING ACTIVITIES | | (192,263) | (175,197) | (185,134) | (170) | (168) |
| NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS | | | | | | |
| Opening cash and cash equivalents | | 2,475,288 | 2,475,288 | 2,887,006 | 426,486 | 614,647 |
| Effects of exchange rate changes on cash and cash equivalents | | 198 | - | (46) | - | - |
| CLOSING CASH AND CASH EQUIVALENTS | 17 | 2,781,203 | 2,170,184 | 2,475,288 | 683,561 | 426,486 |

¹Crown represents 'The Crown in right of the State of New South Wales'.

The accompanying notes form part of these financial statements.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

1. Statement of Material Accounting Policy Information

(a) Reporting entity

The Ministry of Health (the Ministry or Parent) is a NSW government entity and is controlled by the State of New South Wales, which is the immediate and ultimate parent. The Ministry is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The Ministry and its controlled entities are consolidated as part of the NSW Total State Sector Accounts.

The Ministry and its controlled entities are collectively referred to as the consolidated entity.

The Ministry controls the Local Health Districts established from 1 January 2011, as well as other controlled entities constituted under the *Health Services Act 1997* which include:

- Agency for Clinical Innovation
- Albury Base Hospital
- Albury Wodonga Health Employment Division
- Bureau of Health Information
- Cancer Institute NSW
- Central Coast Local Health District
- Clinical Excellence Commission
- Far West Local Health District
- Graythwaite Charitable Trust (per Supreme Court order)
- Health Administration Corporation
- Health Education and Training Institute
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Justice Health and Forensic Mental Health Network
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- South Western Sydney Local Health District
- Southern NSW Local Health District
- Sydney Local Health District
- The Sydney Children's Hospitals Network
- Western NSW Local Health District
- Western Sydney Local Health District

The Health Administration Corporation includes the operations of:

- Ambulance Service of NSW
- eHealth NSW
- Health Infrastructure
- Single Digital Patient Record Implementation Authority
- Health System Support Group
- HealthShare NSW
- NSW Health Pathology

The consolidated financial statements also include results for the parent entity thereby capturing the central administrative function of the Ministry.

These consolidated financial statements for the year ended 30 June 2024 have been authorised for issue by the Secretary, NSW Health on the date the accompanying statement was signed.

(b) Principles of consolidation

The consolidated financial statements comprise the financial statements of the parent entity and its controlled entities, after elimination of all inter-entity transactions and balances. The controlled entities are consolidated from the date the parent entity obtained control and until such time as control passes.

The financial statements of the controlled entities are prepared for the same reporting period as the parent entity using uniform accounting policies for like transactions and other events in similar circumstances. As a result, no adjustments were required for any dissimilar accounting policies.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

1. Statement of Material Accounting Policy Information (continued)

(c) Basis of preparation

The consolidated financial statements are general purpose financial statements which have been prepared on an accruals basis and in accordance with:

- applicable Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
- the requirements of the *Government Sector Finance Act 2018* ('GSF Act'), the *Government Sector Finance Regulation 2024*; and
- Treasurer's Directions issued under the GSF Act.

Property, plant and equipment, assets held for sale and certain financial assets and liabilities are measured using the fair value basis. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

The consolidated entity has determined that it is not probable a liability arises to pay superannuation on annual leave loading. This position has been formed based on current inquiries, other information currently available to management, and after considering the facts from a decision in the Federal Court of Australia: *Finance Sector Union of Australia vs Commonwealth Bank of Australia [2022] FedCFamC2G 409*. That decision confirmed that, in relation to the industrial agreement considered in that case, annual leave loading did not form part of ordinary time earnings and therefore, did not require superannuation contributions to be made under superannuation guarantee legislation because the obligation to pay annual leave loading was not referable to ordinary hours of work or to ordinary rates of pay. Rather, it was paid by reference to the period of annual leave, and for the purpose of compensating employees for their loss of opportunity to work additional hours at higher rates during this period. This position will be re-assessed in future reporting periods as new information comes to light on this matter.

Judgements, key assumptions, and estimations management has made are disclosed in the relevant notes to the consolidated financial statements.

The consolidated financial statements have been prepared on a going concern basis, which assumes it will be able to meet its obligations as and when they fall due.

All amounts are rounded to the nearest one thousand dollars (unless otherwise stated) and are expressed in Australian currency, which is the consolidated and the parent entity's presentation and functional currency.

(d) Statement of Compliance

The consolidated financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

(e) Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

Certain comparative information has been reclassified to ensure consistency with current year presentation and classification. These include:

- Note 3 Operating expenses: new expense lines and reclassifications within the expense lines were made for enhanced and accurate presentation in the current year. Comparatives were updated accordingly. There has been no change in the total operating expense amount.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

1. Statement of Material Accounting Policy Information (continued)

(e) Comparative information (continued)

- Note 8 Sale of goods and services from contracts with customers: new revenue lines and reclassifications within the revenue lines were made for additional information in the current year. Comparatives were updated accordingly. There has been no change in the total revenue amount.
- Note 10 Grants and other contributions: one of the grant contracts was reassessed and reclassified from 'Grants to acquire / construct non-financial asset' to 'Grants from entities controlled by the ultimate parent'. This also led to a change in the reconciliation presented in Note 33 for movement in 'Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity'. The comparatives were updated accordingly. There was no change in the totals for Note 10 and 33.
- Note 28 Restricted assets: a new category, clinical trials, has been added from 1 July 2023. The balance of clinical trials was previously included in the research category which has now been reclassified out of research category into clinical trials.
- Note 29 Payables: interest payable, which was not individually material, was reclassified to other creditors in the current year, for a more streamlined presentation. Comparatives were updated accordingly. There has been no change in the total payables amount.

(f) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in FY2023-24

The consolidated entity applied *AASB 2021-2 Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates* (AASB 2021-2) for the first time in 2023-24. The amendment requires reporting entities to disclose only 'material' accounting policies, rather than 'significant' accounting policies. This amendment has led to removal of several previously disclosed accounting policies that were not considered material.

Apart from the above noted change, the accounting policies applied in 2023-24 are consistent with those of the previous financial year.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless NSW Treasury determines otherwise.

The following new AAS has not been applied and is not yet effective:

- *AASB 2022-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* (AASB 2022-10)

AASB 2022-10 amends AASB 13 *Fair Value Measurement* for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows. For these assets, AASB 2022-10 clarifies when an entity is required to consider whether the asset's highest and best use differs from its current use, under what circumstances the asset's use is considered 'financially feasible', and when an entity should use its own assumptions as a starting point in developing unobservable inputs. AASB 2022-10 also provides guidance on how the cost approach is to be applied to measure the asset's fair value. The standard applies prospectively to annual periods beginning on or after 1 January 2024. The impact of the standard is yet to be determined by the consolidated entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

2. Employee related expenses

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Salaries and wages* | 16,201,303 | 14,938,694 | 220,797 | 190,517 |
| Superannuation - defined benefit plan | 40,405 | 55,731 | 514 | 697 |
| Superannuation - defined contribution plan | 1,678,773 | 1,459,171 | 18,160 | 16,384 |
| Long service leave | 608,930 | 374,891 | 11,458 | 7,976 |
| Redundancies | 9,936 | 11,409 | 850 | 170 |
| Workers' compensation insurance | 344,882 | 336,991 | 14,783 | 31,950 |
| Payroll tax and fringe benefits tax | 17,004 | 15,118 | 15,768 | 14,393 |
| | 18,901,233 | 17,192,005 | 282,330 | 262,087 |

* Salaries and wages includes annual leave, accrued days off (ADOs) and parental leave.

Refer to Note 32 for further details on recognition and measurement of employee related expenses.

Employee related costs of \$49.99 million (2023: \$40.21 million) (parent entity: \$Nil (2023: \$Nil)) have been capitalised in property, plant and equipment and intangible assets and are excluded from the above amounts.

During the year, junior medical officers (JMO) litigation was settled for \$229.80 million, of which \$190.89 million was recognised under employee related expense (Note 2) and \$38.91 million recognised under general expenses (Note 3) in the consolidated entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

3. Operating expenses

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Agency expenses | 142,661 | 172,964 | 564 | 262 |
| Aircraft expenses | 144,924 | 141,294 | - | - |
| Auditor's remuneration | 5,739 | 5,301 | 1,099 | 1,006 |
| Blood and blood products | 219,780 | 185,818 | 53,401 | 41,924 |
| Capital project expense | 71,311 | 45,131 | - | - |
| Consultants | 5,204 | 23,357 | 1,648 | 4,636 |
| Contractors | 184,999 | 238,471 | 9,194 | 11,777 |
| Cost of sales | 2,414 | - | - | - |
| Disability equipment support services | 9,543 | 8,776 | - | - |
| Domestic supplies and services | 188,414 | 202,325 | 795 | 1,019 |
| Electricity, gas and water | 220,192 | 212,071 | 936 | 766 |
| Expenses relating to short-term leases | 47,719 | 41,361 | 13 | 15 |
| Expenses relating to leases of low-value assets | 21,152 | 20,325 | 924 | 293 |
| Food supplies | 140,728 | 137,341 | - | - |
| Information management expenses | 477,336 | 436,320 | 42,572 | 39,463 |
| Insurance | 530,148 | 438,039 | 478,924 | 395,133 |
| Interstate patient outflows | 365,032 | 340,888 | 365,032 | 340,888 |
| Isolated patient travel accommodation assistance | 49,302 | 37,327 | - | - |
| Legal services | 20,780 | 17,441 | 7,076 | 4,402 |
| Maintenance (see (a) below) | 666,989 | 695,823 | 5,978 | 5,623 |
| Medical and surgical supplies (including prostheses) | 1,082,012 | 1,189,889 | 8,380 | 97,196 |
| Motor vehicle expenses | 64,674 | 59,071 | 237 | 126 |
| Occupancy agreement expenses - Property and Development NSW | 49,847 | 47,409 | 22,642 | 21,184 |
| Office expenses | 96,778 | 100,446 | 2,886 | 2,600 |
| Other management services | 2,613 | 119,695 | - | 56,579 |
| Outsourced patient services | 571,023 | 665,265 | 4,251 | 14,022 |
| Patient transport costs | 56,000 | 46,388 | 123 | 59 |
| Pharmaceutical supplies | 1,060,016 | 1,127,510 | 163,503 | 138,392 |
| Professional services (excluding consultants) | 79,965 | 52,893 | 18,059 | 7,096 |
| Specialised health services | 594,741 | 703,068 | 39,124 | 16,518 |
| Staff related costs | 75,740 | 65,235 | 1,505 | 1,527 |
| Travel expenses | 146,975 | 138,997 | 1,866 | 1,989 |
| Viability payments to private hospitals | - | 8,977 | - | 8,977 |
| Visiting medical officers | 1,194,677 | 1,034,722 | - | - |
| Warehousing expenses | 23,965 | 26,302 | - | - |
| Works performed for entities controlled by the ultimate parent | 9,476 | 5,333 | - | - |
| General expenses | 235,444 | 177,645 | 259,617 | 18,551 |
| | 8,858,313 | 8,969,218 | 1,490,349 | 1,232,023 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

3. Operating expenses (continued)

The majority of the costs in relation to food supplies, medical and surgical supplies and pharmaceutical supplies relate to the consumption of inventory held by the consolidated entity.

General expenses of \$235.44 million (2023: \$177.65 million) for the consolidated entity relates to advertising, marketing, courier, freight, taxes, rates and related charges, security services and miscellaneous operating expenses.

General expenses of \$259.62 million for the parent entity includes \$229.80 million for JMO litigation settlement expense.

(a) Reconciliation of total maintenance expense

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Corrective maintenance | 172,073 | 184,830 | 2,188 | 3,673 |
| Planned maintenance | 296,139 | 258,027 | 1,891 | 589 |
| New/replacement equipment under \$10,000 | 198,178 | 252,577 | 1,857 | 1,361 |
| Other | 599 | 389 | 42 | - |
| Maintenance expense - contracted labour and other (non-employee related), as above | 666,989 | 695,823 | 5,978 | 5,623 |
| Employee related maintenance expense* | 65,897 | 63,728 | - | - |
| Total maintenance expenses | 732,886 | 759,551 | 5,978 | 5,623 |

* This balance consists of employees who have been classified as providing maintenance services for the consolidated entity and the expense is included in employee related expenses in Note 2.

4. Depreciation and amortisation

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Depreciation - buildings | 883,909 | 812,353 | 9,414 | 9,012 |
| Depreciation - plant and equipment | 272,030 | 260,267 | 1,247 | 1,149 |
| Depreciation - infrastructure systems | 38,595 | 37,407 | 123 | 114 |
| Depreciation - right-of-use land and buildings | 74,286 | 71,974 | 133 | 130 |
| Depreciation - right-of-use plant and equipment | 96,787 | 89,255 | 45 | 45 |
| Amortisation - intangible assets | 112,247 | 106,350 | 458 | 453 |
| | 1,477,854 | 1,377,606 | 11,420 | 10,903 |

Refer to Note 23 Property, plant and equipment, Note 24 Leases and Note 25 Intangible assets for recognition and measurement policies on depreciation and amortisation.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

5. Grants and subsidies

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Payments to entities controlled by the Ministry | - | - | 24,722,659 | 24,188,995 |
| Payments to Affiliated Health Organisations | 860,026 | 817,091 | 501,307 | 475,687 |
| Payments to other public health services not controlled by the Ministry | 141,149 | 167,901 | 141,149 | 167,901 |
| Grants provided to support: | | | | |
| - Community packages | 51,385 | 25,234 | 731 | - |
| - Grants to research organisations | 104,491 | 118,296 | 76,489 | 89,023 |
| - Non-Government organisations | 206,568 | 186,906 | 100,610 | 94,740 |
| Grants to entities controlled by the ultimate parent | 60,907 | 172,475 | 58,594 | 170,244 |
| Other grants | 417,667 | 384,158 | 379,636 | 355,350 |
| | 1,842,193 | 1,872,061 | 25,981,175 | 25,541,940 |

Other grants also includes \$169.95 million (2023: \$198.52 million) towards various mental health programs and \$93.30 million (2023: \$88.22 million) towards the mental health Housing and Accommodation Support Initiative (HASI) and Community Living Supports (CLS) program in the consolidated and parent entity.

Recognition and Measurement

Grants and subsidies generally comprise contributions in cash or in kind to controlled entities of the Ministry (from the parent entity), affiliated health organisations, various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. Expenses are recognised on an accruals basis when the reporting entity has a present obligation under a contract to make the payment or upon the transfer of the cash or assets. The transferred assets are measured at their fair value.

6. Finance costs

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Interest expense from lease liabilities | 22,856 | 16,893 | 17 | 13 |
| Interest expense from financial liabilities at amortised cost* | 103,610 | 101,685 | - | - |
| Other interest and charges | 48 | 46 | - | - |
| | 126,514 | 118,624 | 17 | 13 |

* Of the interest expense from financial liabilities at amortised cost, \$0.70 million (2023: \$0.74 million) related to financial liabilities relating to service concession arrangements. Refer to Note 23 for further details on service concession arrangements.

Recognition and Measurement

Finance costs consist of interest and other costs incurred in connection with the borrowing of funds. Finance costs are recognised as expenses in the period in which they are incurred, in accordance with NSW Treasury's mandate to not-for-profit NSW General Government Sector entities.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

7. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown)

Summary of compliance at a lead minister level

| | 2024 \$000 | 2023 \$000 |
|---|-----------------------|-----------------------|
| Original budget per <i>Appropriation Act</i> | 19,612,662 | 18,729,865 |
| Other appropriations / expenditure: | | |
| Variations made to appropriations during the financial year | | |
| - Section 4.9 GSF Act (transfer of functions between GSF agencies) | 4,500 | 8,300 |
| - Section 4.11 GSF Act (variations of annual appropriations for Commonwealth grants) | 4,229 | 8,506 |
| Total spending authority from parliamentary appropriations, other than deemed appropriations | 19,621,391 | 18,746,671 |
| Add: | | |
| The spending authority from deemed appropriations during the year | 13,709,915 | 13,827,842 |
| The unutilised spending authority from deemed appropriations in prior years | 2,470,125 | 2,880,038 |
| Total | 35,801,431 | 35,454,551 |
| Less: total expenditure out of the Consolidated Fund | (32,537,753) | (31,826,332) |
| Variance | 3,263,678 | 3,628,219 |
| Less: | | |
| The spending authority from appropriations lapsed at 30 June | (482,436) | (1,158,094) |
| Deemed appropriations balance carried forward to following years | 2,781,242 | 2,470,125 |
| | 2024 \$000 | 2023 \$000 |
| Appropriations (per Statement of Comprehensive Income) | 19,138,955 | 17,588,577 |
| Total amount drawn down against Annual Appropriations: | 19,138,955 | 17,588,577 |

The *Appropriation Act 2023* (Appropriations Act) (and the subsequent variations, if applicable) appropriates the sum of \$19,612.66 million to the Minister for Health out of the Consolidated Fund for the services of the Ministry of Health for the year 2024. The spending authority of the Minister from the Appropriations Act has been delegated or subdelegated to officers of the Ministry of Health and entities that it is administratively responsible for, listed in Note 1 to the financial statements, with separate instruments of delegation issued to cluster agencies Mental Health Commission of New South Wales and Health Care Complaints Commission.

The lead Minister for each entity above, being the Minister for Health, is taken to have been given an appropriation out of the Consolidated Fund under the authority of section 4.7 of the GSF Act, at the time the entity receives or recovers any deemed appropriation money, for an amount equivalent to the money that is received or recovered by the entity. These deemed appropriations are taken to have been given for the services of the Ministry of Health.

In addition, government money that a GSF agency receives or recovers, from another GSF agency, of a kind prescribed by the GSF regulations that forms part of the Consolidated Fund, is also deemed appropriation moneys where the receiving agency has a different lead Minister to the agency making the payment, or one or both of the agencies is a special office (as defined in section 4.7(8)).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

7. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown) (continued)

Summary of compliance at a lead minister level (continued)

The delegation / sub-delegations for 2024 and 2023, authorising officers to spend Consolidated Fund money, impose limits to the amounts of individual transactions, but do not specify an aggregate expenditure limit for the respective entities. However, as it relates to expenditure in reliance on a sum appropriated through an annual Appropriations Act, the delegation / sub-delegations are referable to the overall authority to spend set out in the relevant Appropriations Act. The individual transaction limits have been properly observed. The information in relation to the limit from the Appropriations Act is disclosed in the summary of compliance table above.

The summary of compliance has been prepared on the basis of aggregating the spending authorities of both the Minister for Health for the services of the Ministry of Health and the lead Ministers for the services of the entities listed above that receives or recovers deemed appropriation money. It reflects the status at the point in time this disclosure statement is being made.

Recognition and Measurement

Parliamentary appropriations other than deemed appropriations

Income from appropriations, other than deemed appropriations (of which the accounting treatment is based on the underlying transaction), does not contain enforceable and sufficiently specific performance obligations as defined by AASB 15. Therefore, except as specified below, appropriations (other than deemed appropriations) are recognised as income when the entity obtains control over the asset comprising the appropriations. Control over appropriations is normally obtained upon the receipt of cash.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

8. Sale of goods and services from contracts with customers

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Sale of goods | | | | |
| Sale of inventories | 2,414 | - | - | - |
| Sales and recoveries of pharmaceutical supplies | 443,980 | 512,050 | - | - |
| Sales of prostheses | 63,592 | 62,288 | - | - |
| Other | 31,512 | 105,988 | - | 73,370 |
| | 541,498 | 680,326 | - | 73,370 |
| Rendering of services | | | | |
| Patients | | | | |
| Fees for clinical services | 66,670 | 57,089 | - | - |
| Fees for medical services rendered | 1,199,446 | 1,070,410 | 9,891 | 10,755 |
| Interstate patient inflows | 101,939 | 124,910 | 101,939 | 124,910 |
| Motor accident third party insurance covered | 192,029 | 165,379 | - | - |
| Patient transport fees | 84,341 | 72,595 | - | - |
| Other patient fees | 91,172 | 83,835 | - | - |
| General Community | | | | |
| Car parking fees | 51,691 | 30,218 | 6 | - |
| Commercial activities | 50,478 | 50,240 | - | - |
| Fees for non-medical services | 4,169 | 3,860 | - | - |
| Non-NSW Health entities | | | | |
| Services provided to non NSW Health organisations | 40,713 | 29,296 | - | - |
| Entities controlled by the ultimate parent | | | | |
| Fees for capital works performed | 9,476 | 5,333 | - | - |
| Other | | | | |
| Fees for private usage of hospital's facilities | 9,489 | 10,549 | - | - |
| Infrastructure fees - monthly facility charge | 338,258 | 328,225 | - | - |
| Infrastructure fees - annual charge | 95,459 | 86,197 | - | - |
| General user charges fees | 53,686 | 52,663 | 1,051 | 2,782 |
| Personnel service fees recharged | 30,619 | 26,893 | 30,619 | 26,893 |
| Other services | 38,027 | 33,267 | 53 | 78 |
| | 2,457,662 | 2,230,959 | 143,559 | 165,418 |
| | 2,999,160 | 2,911,285 | 143,559 | 238,788 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

8. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement

Sales of goods

Revenue from sale of goods is recognised when the consolidated entity satisfies the performance obligation by transferring the promised goods.

| Type of good | Nature of timing of satisfaction of performance obligations, including significant payment terms | Revenue recognition policies |
|---|---|---|
| Sales of inventories and sale and recoveries of pharmaceutical supplies | The performance obligation of transferring inventories and pharmaceutical products is typically satisfied at the point in time when the products are dispensed to customers, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date. | Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale. |
| Sales of prostheses | Relates to revenue generated for surgically implanted prostheses and medical devices. The performance obligation of transferring these products is typically satisfied at the point in time when the products are implanted in the body of the patient, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date. | Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale. |
| Other | Relates to sale of various products including the sale of low value medical equipment, schedule 3 medical equipment, sale of publications, old wares and refuse and other general goods. The performance obligation of transferring these products is typically satisfied at the point in time when the products are purchased by the customer and takes delivery, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date. | Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale. |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

8. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services

Revenue from rendering of services is recognised when the consolidated entity satisfies the performance obligation by transferring the promised services.

| Type of service | Nature of timing of satisfaction of performance obligations, including significant payment terms | Revenue recognition policies |
|---|---|---|
| Patient services - Patient transport fees, clinical and medical services, interstate patient flows and motor accident third party insurance | The performance obligations in relation to patient services are typically satisfied as the health services are delivered to the chargeable inpatients and non-inpatients. Public patients are not charged for health services provided at public hospitals. Chargeable patients, including Medicare ineligible patients, privately insured patients, eligible veterans and compensable patients are billed for health services provided under various contractual arrangements. Billings are typically performed upon patient discharge and are based on the rates specified by the Ministry of Health. The payments are typically due within 30 days after the invoice date. | Revenue is recognised on an accrual basis when the service has been provided to the patient. In limited circumstances the price is not fully recovered, e.g. due to inadequate insurance policies, overseas patients returning to their home country before paying, etc. The likelihood of occurrences is considered on a case by case basis. In most instances revenue is initially recognised at full amounts and subsequently adjusted when more information is provided. No element of financing is deemed present as majority of the services are made with a short credit term. |
| Non-patient services provided to the General community, non-NSW Health entities and entities controlled by the ultimate parent | Various non-patient related services are provided to the general community, non-NSW health entities and entities controlled by the ultimate parent. The performance obligations for these services are typically satisfied by transferring the promised services to its respective customers. The payments are typically due within 30 days after the invoice date. | Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term. |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

8. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services (continued)

| Type of service | Nature of timing of satisfaction of performance obligations, including significant payment terms | Revenue recognition policies |
|---|--|--|
| Fees for private usage of hospital's facilities | Specialist doctors with rights of private practice are subject to an infrastructure charge, including service charges where applicable for the use of hospital facilities at rates determined by the Ministry of Health. The performance obligations for these services are typically satisfied when the hospital facilities are made available and used by the doctors and staff specialists. The payments are typically due when monies are collected from patient billings for services provided under the arrangement. | Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term. |
| Other | Various other services are provided for general user charges, personnel services recharged and other small services. The performance obligations for these services are satisfied by transferring the promised services to its respective customers. Prices are determined by the Ministry of Health and billed once services have been provided. The payments are typically due within 30 days after the invoice date. | Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term. |

Refer to Note 30 for the disclosure of the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied (or partially unsatisfied) at the end of the reporting period, and when the consolidated entity expects to recognise the unsatisfied portion as revenue.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

9. Investment revenue

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Interest income from financial assets at amortised cost | 103,123 | 63,750 | 18,606 | 3,875 |
| Finance income on the net investment in the lease | 2,230 | 2,176 | - | - |
| Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss | 7,856 | 7,249 | - | - |
| Royalties | 25 | 42 | - | - |
| Dividends | 171 | 22 | - | - |
| Other | 229 | - | - | - |
| | 113,634 | 73,239 | 18,606 | 3,875 |

Recognition and Measurement

Finance income on the net investment in the lease

Finance income on the net investment in the lease relates to finance income recognised from the accounting of finance leases as a lessor. Finance income arising from finance leases is recognised over the lease term, based on a pattern reflecting a constant periodic rate of return on the lessor's net investment in the lease.

Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss

Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss includes distributions received as well as movements in the fair value.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

10. Grants and other contributions

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Grants to acquire / construct a recognisable non-financial asset to be controlled by the entity | | | | |
| Grants to acquire / construct non-financial asset | 25,203 | 27,562 | 47 | - |
| Grants with sufficiently specific performance obligations | | | | |
| Commonwealth National Health Reform Funding | 7,106,916 | 6,325,492 | 7,106,916 | 6,325,492 |
| Commonwealth National Partnership Agreement on COVID-19 Response / Priority Groups COVID-19 Testing and Vaccination | | | | |
| - Hospital services payment | - | 418,294 | - | 418,294 |
| - State public health / PCR testing payment | 40,111 | 245,993 | 40,111 | 245,993 |
| - Vaccination dose delivery payment | 58 | 2,404 | 58 | 2,404 |
| Commonwealth Government grants for community based services | 82,822 | 83,897 | - | - |
| Commonwealth Government grants - other | 41,281 | 35,680 | 7,937 | 6,179 |
| Clinical drug trials and research grants | 89,543 | 85,832 | - | - |
| Grants from entities controlled by the ultimate parent | 10,428 | 7,270 | - | 1,950 |
| Other grants | 93,436 | 84,611 | 1,407 | 1,899 |
| Grants without specific performance obligations | | | | |
| Commonwealth National Health Reform Funding | 1,232,659 | 1,199,831 | 1,232,659 | 1,199,831 |
| Commonwealth Government COVID-19 vaccines | 2,104 | 2,011 | - | - |
| Commonwealth Government grants - other | 289,743 | 259,544 | 215,185 | 177,795 |
| Clinical drug trials and research grants | 15,126 | 14,616 | - | - |
| Grants from entities controlled by the ultimate parent | 153,026 | 182,418 | 101,629 | 105,378 |
| Other grants | 78,554 | 71,711 | 11,190 | 41,322 |
| Donations | | | | |
| Donations | 81,282 | 65,105 | - | - |
| | 9,342,292 | 9,112,271 | 8,717,139 | 8,526,537 |

Commonwealth National Health Reform Funding and Commonwealth National Partnership Agreement on COVID-19 Response revenue includes adjustments from the reconciliation of the prior year activity performed by the National Health Funding Pool Administrator as required under Section 238(1)(a) of the *National Health Reform Act 2011*. The adjustments included additional revenue of \$33.1 million (2023: an increase of \$317.8 million) recognised under the 'National Partnership Agreement on COVID-19 Response' and a reduction of \$6.5 million (2023: a reduction of \$317.8 million) under the 'Commonwealth National Health Funding Reform Funding'.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

10. Grants and other contributions (continued)

Recognition and Measurement

Income from grants to acquire / construct a recognisable non-financial asset to be controlled by the consolidated entity is recognised when the consolidated entity satisfies its obligations under the transfer. The consolidated entity satisfies the performance obligation under the transfer over time as the non-financial assets are being constructed. The percentage of cost incurred is used to recognise income, because this most closely reflects the progress to completion.

Revenue from grants with sufficiently specific performance obligations are recognised when the consolidated entity satisfies a performance obligation by transferring the promised goods or services.

The consolidated entity typically receives grants in respect of:

- Commonwealth government funded grant under the National Health Reform Agreement to improve the state's health outcomes and ensure sustainability of the health system;
- Commonwealth government funded grant under the National Partnership Agreement on COVID-19 Response which provides stability and certainty of funding while responding to the COVID-19 pandemic;
- Commonwealth government funded grant under the National Partnership Agreement for Priority Groups COVID-19 Testing and Vaccination to deliver testing and vaccination programs to protect priority populations groups from COVID-19;
- Commonwealth government funded vaccinations, including COVID-19 vaccinations which are provided free of charge to the community; and
- Other various grants in respect of research, clinical drug trials and other community, health and wellbeing related projects.

The consolidated entity uses various methods to recognise revenue over time, depending on the nature and terms and conditions of the grant contract. The payments are typically based on an agreed timetable or on achievement of different milestones set up in the contract. Revenue is recognised as follows:

- Commonwealth National Health Reform - consists of Activity Based Funding, Public Health Funding and Block Funding. Activity Based Funding is recognised under AASB 15 *Revenue from Contracts with Customers* (AASB 15), while Public Health and Block Funding is recognised under AASB 1058 *Income of Not-for-Profit Entities* (AASB 1058) due to lack of specific performance obligations. Revenue for Activity Based Funding is recognised when the hospital activities are performed. The revenue is calculated by the activity multiplied by the agreed National Weighted Activity Unit price. The Commonwealth undertakes an annual reconciliation of reported activity (revenue) against funding payments made for that year. Any differences arising from the reported activity (revenue) in previous years, is adjusted in the current year annual reconciliation.
- Commonwealth National Partnership Agreement on COVID-19 Response (ended 31 December 2022) - consisted of four financial arrangements:

Schedule A - The Commonwealth shared the funding equally (paid for 50 per cent of costs) with the state government for hospitals and state public health authorities to assess, diagnose, treat and contain COVID-19. Revenue was recognised when the actual costs were incurred as either a hospital services payment or a state public health payment depending on the related activities.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

10. Grants and other contributions (continued)

Recognition and Measurement (continued)

Schedule B - The Commonwealth shared the funding equally (paid for 50 per cent of costs) with the state government to purchase private hospital service activities as needed and the Commonwealth provided 100 per cent of the funding for viability payments to identified private hospitals to ensure the state had access to private hospital beds, staffing and resources to support their ongoing response to the pandemic. Revenue was recognised when the actual costs were incurred for services purchased from private hospitals as a hospital service payment and viability payments as a state public health payment.

Schedule C - The Commonwealth government provided states and territories two payments for COVID-19 vaccinations, a fixed upfront payment to ensure funds were available to setup up state-run vaccination clinics regardless of the amount of vaccination activity delivered and a vaccination dose delivery payment of a 50 per cent contribution to the agreed price per vaccination dose delivered. Revenue was recognised when actual vaccines are delivered except for the fixed upfront vaccination payment which was recognised under AASB 1058 due to lack of specific performance obligations.

Schedule D - The Commonwealth provided 100 per cent of the funding to support aged care preparedness and response during COVID-19. This funding was targeted to ensure prevention, preparedness and response activities were in place to address outbreaks of COVID-19 in residential aged care facilities and to provide additional targeted training. Revenue was recognised when the actual costs were incurred as a state public health payment.

- Commonwealth National Partnership Agreement for Priority Groups COVID-19 Testing and Vaccination (1 January 2023 to 31 December 2023) - consisted of two financial arrangements:

PCR Testing Payment - The Commonwealth shared the funding equally (pays for 50 per cent of costs) with the state government for costs incurred by states and territories for PCR testing for COVID-19. Revenue was recognised when the actual testing cost was incurred as a PCR testing payment.

Vaccination Dose Delivery Payment - The Commonwealth government provided states and territories a 50 per cent contribution to the agreed price per COVID-19 vaccine dose delivered. Revenue was recognised when the vaccine doses were delivered as a vaccination dose delivery payment.

- Other grants and contributions - consist of various types of grants and contributions received. The performance obligations are typically satisfied when the specified activities / milestones agreed in the grant contract are completed/met. Where there are no specific performance obligations, revenue is recognised on receipt of funding under AASB 1058. The payments are typically made in advance or based on an agreed timetable.

Revenue from these grants is recognised based on the grant amount specified in the funding agreement / funding approval, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as funding payments are usually received in advance or shortly after the relevant obligation is satisfied.

Refer to Note 30 for the transaction price allocated to the performance obligations that have not been satisfied at the end of the year and when it is expected to be recognised as revenue.

Income from grants without sufficiently specific performance obligations is recognised when the consolidated entity obtains control over the granted assets (e.g. cash).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

11. Acceptance by The Crown in right of the State of New South Wales (Crown) of employee benefits

The following liabilities and / or expenses have been assumed by the Crown or other government entities:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Superannuation - defined benefit plan | 40,405 | 55,731 | 514 | 697 |
| Long service leave provision | 549,535 | 364,626 | 10,136 | 7,298 |
| Payroll tax | 31 | 38 | 31 | 38 |
| | 589,971 | 420,395 | 10,681 | 8,033 |

12. Other income

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Commissions | 1,953 | 2,209 | 2 | - |
| Discounts | 2,648 | 3,198 | - | - |
| Insurance refunds | 10,635 | 9,424 | 32 | 922 |
| Rental income | | | | |
| - rental income from subleasing right-of-use assets | 27 | 17 | - | - |
| - other rental income | 41,402 | 37,856 | 12,902 | 12,197 |
| Revenue related to service concession arrangements | 9,903 | 9,903 | - | - |
| Other | 34,293 | 13,024 | 6,982 | 5,718 |
| | 100,861 | 75,631 | 19,918 | 18,837 |

Recognition and Measurement

Insurance refunds

Insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. Insurance refunds are recognised when TMF accepts the insurance claim.

Rental income

Rental income is accounted for on a straight-line basis over the lease term. The rental income is incidental to the purpose for holding the property.

Revenue related to service concession arrangements

Revenue reflects the progressive unwinding of the 'grant of right to operate liability' (Note 33) over the remaining period of the arrangement. Refer to Note 23 for further details on service concession arrangements.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

13. Gains / (losses) on disposal

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Gains / (losses) on disposal of: | | | | |
| Property, plant and equipment | | | | |
| Written down value of assets disposed | 15,682 | 45,625 | 5 | 6,433 |
| Less: Proceeds from disposal | 5,333 | 20,378 | - | 6,428 |
| Net gains / (losses) on disposal | (10,349) | (25,247) | (5) | (5) |
| Right-of-use assets | | | | |
| Written down value of assets disposed | 13,377 | 19,537 | - | 16,766 |
| Less: lease liabilities extinguished | 14,104 | 19,409 | - | 16,582 |
| Net gains / (losses) on disposal | 727 | (128) | - | (184) |
| Intangible assets | | | | |
| Written down value of assets disposed | 2,125 | 1,993 | - | - |
| Net gains / (losses) on disposal | (2,125) | (1,993) | - | - |
| Assets held for sale | | | | |
| Written down value of assets disposed | - | 4,972 | - | - |
| Less: Proceeds from disposal | - | 4,911 | - | - |
| Net gains / (losses) on disposal | - | (61) | - | - |
| Financial assets | | | | |
| Written down value of financial assets | 36,581 | 9,334 | - | - |
| Less: Proceeds from sale of financial assets | 36,581 | 9,334 | - | - |
| Net gains / (losses) on disposal | - | - | - | - |
| Total gains / (losses) on disposal | (11,747) | (27,429) | (5) | (189) |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

14. Other gains / (losses)

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Inventory write down | | | | |
| - Medical and surgical supplies | (84,987) | (164,955) | - | - |
| - Drug supplies | (7,101) | (520) | - | - |
| Gains / (losses) on derivative financial instruments at fair value through profit or loss | 77 | 1,795 | - | - |
| Foreign exchange gains / (losses) | 55 | (356) | (47) | (41) |
| Onerous contract costs | (166) | - | - | - |
| | (92,122) | (164,036) | (47) | (41) |

Recognition and Measurement

Impairment losses on non-financial assets

Impairment losses may arise on non-financial assets held by the entity from time to time. Accounting for impairment losses is dependent upon the individual asset (or group of assets) subject to impairment. Accounting Policies and events giving rise to impairment losses are disclosed in their respective notes.

15. Conditions on restrictions on income of not-for-profit entities

The consolidated entity receives various types of grants and donations from different grantors / donors, some of which may not have enforceable performance obligations. The consolidated entity determines the grantor / donor expectations in determining the externally imposed restrictions and discloses them in accordance with different types of restrictions. The types of restrictions and income earned with restrictions are detailed in Note 28 Restricted assets.

Ministry of Health
Notes to and forming part of the Financial Statements
 for the year ended 30 June 2024

16. Disaggregated disclosure statements of the consolidated entity

| CONSOLIDATED ENTITY EXPENSES AND INCOME | Service area 1* | | Service area 2* | | Service area 3* | | Service area 4* | | Service area 5* | | Service area 6* | | Not Attributable** | | Total | | |
|---|------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|------------------|------------------|------------------|------------------|--------------------|-------------------|-------------------|-------------------|--|
| | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | |
| | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | |
| Continuing operations | | | | | | | | | | | | | | | | | |
| Expenses excluding losses | | | | | | | | | | | | | | | | | |
| Employee related expenses | 624,009 | 575,294 | 4,549,021 | 4,172,811 | 2,895,424 | 2,596,191 | 10,092,346 | 9,197,198 | 463,636 | 402,123 | 276,797 | 248,388 | - | - | 18,901,233 | 17,192,005 | |
| Operating expenses | 490,861 | 561,391 | 1,981,882 | 2,077,919 | 1,173,446 | 1,184,700 | 4,953,270 | 4,896,012 | 170,155 | 159,484 | 88,699 | 89,712 | - | - | 8,858,313 | 8,969,218 | |
| Depreciation and amortisation | 41,788 | 39,370 | 384,742 | 360,231 | 243,187 | 226,781 | 771,690 | 717,222 | 22,349 | 20,838 | 14,098 | 13,164 | - | - | 1,477,854 | 1,377,606 | |
| Grants and subsidies | 52,961 | 177,902 | 733,312 | 694,597 | 95,012 | 94,302 | 792,998 | 749,746 | 45,037 | 40,661 | 122,873 | 114,853 | - | - | 1,842,193 | 1,872,061 | |
| Finance costs | 2,695 | 2,559 | 35,103 | 33,784 | 20,530 | 16,764 | 62,817 | 60,319 | 3,376 | 3,268 | 1,993 | 1,930 | - | - | 126,514 | 118,624 | |
| Total expenses excluding losses | 1,212,314 | 1,356,516 | 7,684,060 | 7,339,342 | 4,427,599 | 4,118,738 | 16,673,121 | 15,620,497 | 704,553 | 626,374 | 504,460 | 468,047 | - | - | 31,206,107 | 29,529,514 | |
| Revenue | | | | | | | | | | | | | | | | | |
| Appropriations** | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 19,138,955 | 17,588,577 | |
| Acceptance by the Crown of employee benefits and other liabilities | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Sale of goods and services from contracts with customers | 22,618 | 17,092 | 156,345 | 114,174 | 84,379 | 56,193 | 303,660 | 216,842 | 13,873 | 9,259 | 9,096 | 6,835 | - | - | 589,971 | 420,395 | |
| Investment revenue | 14,258 | 11,569 | 837,459 | 862,196 | 187,014 | 165,214 | 1,950,496 | 1,863,319 | 9,933 | 8,987 | - | - | - | - | 2,999,160 | 2,911,285 | |
| Grants and other contributions | 3,207 | 2,066 | 27,036 | 17,425 | 10,120 | 6,523 | 69,422 | 44,744 | 3,849 | 2,481 | - | - | - | - | 113,634 | 73,239 | |
| Other income | 286,038 | 482,401 | 1,814,964 | 1,728,029 | 1,031,396 | 965,459 | 5,836,339 | 5,574,644 | 276,324 | 266,266 | 97,231 | 95,472 | - | - | 9,342,292 | 9,112,271 | |
| | 2,839 | 2,131 | 23,928 | 17,964 | 8,957 | 6,722 | 61,731 | 46,254 | 3,406 | 2,559 | - | - | - | - | 100,861 | 75,631 | |
| Total revenue | 328,960 | 515,259 | 2,859,732 | 2,739,788 | 1,321,866 | 1,200,111 | 8,221,648 | 7,745,803 | 307,385 | 289,552 | 106,327 | 102,308 | 19,138,955 | 17,588,577 | 32,284,873 | 30,181,398 | |
| Gains / (losses) on disposal | - | - | - | - | - | - | - | - | - | - | - | - | (11,747) | (27,429) | (11,747) | (27,429) | |
| Impairment losses on financial assets | - | - | - | - | - | - | - | - | - | - | - | - | (84,680) | (57,087) | (84,680) | (57,087) | |
| Other gains / (losses) | - | - | - | - | - | - | - | - | - | - | - | - | (92,122) | (164,036) | (92,122) | (164,036) | |
| Net result from continuing operations | (883,354) | (841,257) | (4,824,328) | (4,599,554) | (3,105,733) | (2,918,627) | (8,451,473) | (7,874,694) | (397,168) | (336,822) | (398,133) | (365,739) | 18,950,406 | 17,340,025 | 890,217 | 403,332 | |
| Net result from discontinued operations | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | |
| Net result | (883,354) | (841,257) | (4,824,328) | (4,599,554) | (3,105,733) | (2,918,627) | (8,451,473) | (7,874,694) | (397,168) | (336,822) | (398,133) | (365,739) | 18,950,406 | 17,340,025 | 890,217 | 403,332 | |
| Other comprehensive income | | | | | | | | | | | | | | | | | |
| Items that will not be reclassified to net result in subsequent periods | | | | | | | | | | | | | | | | | |
| Changes in revaluation surplus of property, plant and equipment | 33,663 | 39,780 | 309,912 | 363,978 | 195,889 | 229,140 | 621,601 | 724,682 | 18,002 | 21,054 | 11,356 | 13,300 | - | - | 1,190,421 | 1,391,934 | |
| Total other comprehensive income | 33,663 | 39,780 | 309,912 | 363,978 | 195,889 | 229,140 | 621,601 | 724,682 | 18,002 | 21,054 | 11,356 | 13,300 | - | - | 1,190,421 | 1,391,934 | |
| Total comprehensive income | (849,691) | (801,477) | (4,514,416) | (4,235,576) | (2,909,844) | (2,689,487) | (7,829,872) | (7,150,012) | (379,166) | (315,768) | (386,777) | (352,439) | 18,950,406 | 17,340,025 | 2,080,638 | 1,795,266 | |

* The name and purpose of each service area is summarised in Note 16 (i).

** Appropriations are made on an entity basis and not to individual service area. Consequently, appropriations are included in the 'Not Attributable' column.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2024

16. Disaggregated disclosure statements of the consolidated entity (continued)

| CONSOLIDATED ENTITY ASSETS AND LIABILITIES | Service area 1* | | Service area 2* | | Service area 3* | | Service area 4* | | Service area 5* | | Service area 6* | | Not Attributable | | Total | | |
|--|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|-------------------|-----------------|----------------|-----------------|----------------|------------------|-------|-------------------|-------------------|----|
| | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | 2024 | 2023 | |
| | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 | |
| ASSETS | | | | | | | | | | | | | | | | | |
| Current assets | | | | | | | | | | | | | | | | | |
| Cash and cash equivalents | 108,046 | 113,709 | 684,832 | 615,214 | 394,604 | 345,250 | 1,485,970 | 1,309,376 | 62,792 | 52,505 | 44,959 | 39,234 | - | - | 2,781,203 | 2,475,288 | |
| Receivables | 6,026 | 4,578 | 353,924 | 341,236 | 79,035 | 65,388 | 824,313 | 737,455 | 4,198 | 3,557 | - | - | - | - | 1,267,496 | 1,152,214 | |
| Contract assets | 12 | 10 | 748 | 669 | 167 | 128 | 1,741 | 1,446 | 9 | 7 | - | - | - | - | 2,677 | 2,260 | |
| Inventories | 18,011 | 28,268 | 72,721 | 104,628 | 43,057 | 59,652 | 181,749 | 246,526 | 6,243 | 8,030 | 3,255 | 4,517 | - | - | 325,036 | 451,621 | |
| Financial assets at fair value | 2,662 | 4,471 | 16,872 | 24,189 | 9,722 | 13,574 | 36,610 | 51,481 | 1,547 | 2,064 | 1,108 | 1,543 | - | - | 68,521 | 97,322 | |
| Other financial assets | - | 3 | - | 11 | - | 6 | - | 24 | - | 1 | - | - | - | - | - | - | 46 |
| Non-current assets held for sale | 8 | 9 | - | 79 | 50 | 50 | 159 | 158 | 5 | 5 | 3 | 3 | - | - | 304 | 304 | |
| Total current assets | 134,765 | 151,048 | 1,129,176 | 1,086,026 | 526,635 | 484,048 | 2,530,542 | 2,346,466 | 74,794 | 66,169 | 49,325 | 45,298 | - | - | 4,445,237 | 4,179,055 | |
| Non-current assets | | | | | | | | | | | | | | | | | |
| Receivables | 575 | 597 | 33,766 | 44,500 | 7,540 | 8,527 | 78,643 | 96,171 | 400 | 464 | - | - | - | - | 120,924 | 150,259 | |
| Financial assets at fair value | 247 | 420 | 1,564 | 2,274 | 901 | 1,276 | 3,393 | 4,839 | 143 | 194 | 103 | 145 | - | - | 6,351 | 9,148 | |
| Other financial assets | 3,527 | 4,068 | 22,351 | 22,006 | 12,879 | 12,350 | 48,498 | 46,836 | 2,049 | 1,878 | 1,467 | 1,403 | - | - | 90,771 | 88,541 | |
| Property, plant and equipment | | | | | | | | | | | | | | | | | |
| - Land and buildings | 790,204 | 744,183 | 7,275,365 | 6,809,151 | 4,598,601 | 4,286,664 | 14,592,436 | 13,557,058 | 422,610 | 393,878 | 266,586 | 248,819 | - | - | 27,945,803 | 26,039,753 | |
| - Plant and equipment | 45,810 | 43,480 | 421,782 | 397,831 | 266,599 | 250,452 | 845,982 | 792,084 | 24,500 | 23,013 | 15,455 | 14,537 | - | - | 1,620,131 | 1,521,397 | |
| - Infrastructure systems | 24,075 | 25,196 | 221,661 | 230,547 | 140,107 | 145,140 | 444,593 | 459,021 | 12,876 | 13,336 | 8,122 | 8,425 | - | - | 851,435 | 881,665 | |
| Right-of-use assets | 20,895 | 17,911 | 192,376 | 163,880 | 121,587 | 103,170 | 385,855 | 326,286 | 11,175 | 9,480 | 7,049 | 5,988 | - | - | 738,947 | 626,715 | |
| Intangible assets | 27,874 | 20,921 | 256,628 | 191,423 | 162,209 | 120,509 | 514,728 | 381,125 | 14,907 | 11,073 | 9,403 | 6,995 | - | - | 985,749 | 732,046 | |
| Total non-current assets | 913,207 | 856,776 | 8,425,493 | 7,861,612 | 5,310,433 | 4,928,088 | 16,914,128 | 15,663,420 | 488,660 | 453,316 | 308,185 | 286,312 | - | - | 32,360,111 | 30,049,524 | |
| TOTAL ASSETS | 1,047,972 | 1,007,824 | 9,554,669 | 8,947,638 | 5,837,068 | 5,412,136 | 19,444,670 | 18,009,886 | 563,454 | 519,485 | 357,510 | 331,610 | - | - | 36,805,348 | 34,228,579 | |
| LIABILITIES | | | | | | | | | | | | | | | | | |
| Current liabilities | | | | | | | | | | | | | | | | | |
| Payables | 115,518 | 121,516 | 466,416 | 449,778 | 276,159 | 256,436 | 1,165,703 | 1,059,772 | 40,044 | 34,521 | 20,875 | 19,419 | - | - | 2,084,717 | 1,941,442 | |
| Contract liabilities | 1,127 | 3,019 | 7,146 | 10,815 | 4,061 | 6,043 | 22,980 | 34,890 | 1,088 | 1,666 | 383 | 598 | - | - | 36,785 | 57,031 | |
| Borrowings | 7,260 | 8,297 | 46,015 | 44,892 | 26,514 | 25,193 | 99,846 | 95,545 | 4,219 | 3,831 | 3,021 | 2,863 | - | - | 186,875 | 180,621 | |
| Provisions | 114,542 | 110,016 | 835,007 | 797,982 | 531,477 | 496,479 | 1,852,527 | 1,758,814 | 85,104 | 76,899 | 50,808 | 47,500 | - | - | 3,469,465 | 3,287,690 | |
| Other current liabilities | 3,992 | 5,521 | 25,302 | 29,873 | 14,579 | 16,765 | 54,901 | 63,580 | 2,320 | 2,550 | 1,661 | 1,905 | - | - | 102,755 | 120,194 | |
| Total current liabilities | 242,439 | 248,369 | 1,379,886 | 1,333,340 | 852,790 | 800,916 | 3,195,957 | 3,012,601 | 132,775 | 119,467 | 76,748 | 72,285 | - | - | 5,880,597 | 5,586,978 | |
| Non-current liabilities | | | | | | | | | | | | | | | | | |
| Payables | 5,896 | - | 23,804 | - | 14,094 | - | 59,493 | - | 2,044 | - | 1,065 | - | - | - | 106,396 | - | |
| Contract liabilities | 6 | 30 | 38 | 105 | 22 | 59 | 124 | 340 | 6 | 16 | 2 | 6 | - | - | 198 | 556 | |
| Borrowings | 60,637 | 67,974 | 384,330 | 367,771 | 221,453 | 206,388 | 833,932 | 782,736 | 35,239 | 31,387 | 25,231 | 23,454 | - | - | 1,560,822 | 1,479,710 | |
| Provisions | 2,567 | 1,817 | 18,719 | 13,185 | 11,914 | 8,203 | 41,529 | 29,060 | 1,908 | 1,271 | 1,139 | 785 | - | - | 77,776 | 54,321 | |
| Other non-current liabilities | 12,062 | 14,636 | 76,459 | 79,187 | 44,056 | 44,439 | 165,904 | 168,535 | 7,011 | 6,758 | 5,020 | 5,050 | - | - | 310,512 | 318,605 | |
| Total non-current liabilities | 81,168 | 84,457 | 503,350 | 460,248 | 291,539 | 259,089 | 1,100,982 | 980,671 | 46,208 | 39,432 | 32,457 | 29,295 | - | - | 2,055,704 | 1,853,192 | |
| TOTAL LIABILITIES | 323,607 | 332,826 | 1,883,236 | 1,793,588 | 1,144,329 | 1,060,005 | 4,296,939 | 3,993,272 | 178,983 | 158,899 | 109,205 | 101,580 | - | - | 7,936,301 | 7,440,170 | |
| NET ASSETS | 724,365 | 674,998 | 7,671,433 | 7,154,050 | 4,692,739 | 4,352,131 | 15,147,731 | 14,016,614 | 384,471 | 360,586 | 248,305 | 230,030 | - | - | 28,869,047 | 26,788,409 | |

* The name and purpose of each service area is summarised in Note 16 (e).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

16. Disaggregated disclosure statements of the consolidated entity (continued)

(a) Disaggregated disclosure name and purpose of the consolidated entity

Disaggregated information presented are on the same basis as 2022-23. Names of outcome have been changed to service areas.

| Service area | Purpose |
|---|--|
| Service area 1 - Population health services | Population health services reflects preventive and population health and is critical to keeping people healthier. It covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventive diseases and death, help people manage their own health, and promote equitable health outcomes in the community. |
| Service area 2 - Community health services | Community health services reflects that healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community-based services, sub-acute services, hospital in the home, and dental services. |
| Service area 3 - Emergency services | NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services. |
| Service area 4 - Admitted health services | Admitted health service reflect the state's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW, they can expect world-class medical and surgical care within clinically recommended timeframes. |
| Service area 5 - Teaching and training | Teaching and training reflects the requirement that a skilled workforce with access to world leading education and training is essential to deliver safe, reliable person-centred care driving the best outcomes and experiences. |
| Service area 6 - Health and medical research | Health and medical research reflects the requirement that clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics. |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

17. Cash and cash equivalents

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Cash at bank and on hand | 2,781,203 | 2,475,288 | 572,108 | 426,486 |
| Cash at bank - held by HealthShare NSW | - | - | 111,453 | - |
| | 2,781,203 | 2,475,288 | 683,561 | 426,486 |

Cash at bank - held by HealthShare NSW represents the balance of cash held by HealthShare NSW in a central bank account, on behalf of the parent entity for its operating and investing activities. It is an operational bank account that earns interest on daily bank balances.

Refer to Note 42 for details regarding credit risk and market risk arising from financial instruments.

HealthShare NSW, a controlled entity of the parent entity manages accounts payable and employee related payments on behalf of the parent entity for payments to suppliers and employees. HealthShare NSW makes payments after the parent has submitted correctly rendered invoices and exception based approved payroll reports are received. These payments are reported as expenditures and cash outflows in the financial statements of the parent.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

18. Receivables

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Trade receivables from contracts with customers | 874,190 | 768,201 | 215,006 | 156,351 |
| Receivables from controlled health entities | - | - | 76,766 | 15,539 |
| Goods and Services Tax | 139,068 | 169,314 | 12,652 | 18,050 |
| Other receivables | 106,498 | 136,199 | 11,297 | 24,714 |
| | 1,119,756 | 1,073,714 | 315,721 | 214,654 |
| Less: allowance for expected credit losses* | | | | |
| - Trade receivables from contracts with customers | (127,816) | (147,761) | - | (127) |
| - Other receivables | (4,489) | (4,640) | (468) | (468) |
| | 987,451 | 921,313 | 315,253 | 214,059 |
| Prepayments | 280,045 | 230,901 | 3,646 | 3,721 |
| Total current receivables | 1,267,496 | 1,152,214 | 318,899 | 217,780 |
| Non-current | | | | |
| Trade receivables from contracts with customers | 142 | 112 | - | - |
| Other receivables | 6,163 | 258 | 5,903 | - |
| | 6,305 | 370 | 5,903 | - |
| Less: allowance for expected credit losses* | | | | |
| - Trade receivables from contracts with customers | (142) | (112) | - | - |
| - Other receivables | (6) | (23) | - | - |
| | 6,157 | 235 | 5,903 | - |
| Prepayments | 114,767 | 150,024 | - | - |
| Total non-current receivables | 120,924 | 150,259 | 5,903 | - |

* Movement in the allowance for expected credit losses

Trade receivables from contracts with customers and other receivables

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Balance at the beginning of the year | (152,536) | (135,561) | (595) | - |
| Amounts written off during the year | 104,763 | 40,112 | 7 | - |
| (Increase) / decrease in allowance recognised in net result ¹ | (84,680) | (57,087) | 120 | (595) |
| Balance at the end of the year | (132,453) | (152,536) | (468) | (595) |

¹ Includes impairment loss recognised of \$80.18 million (2023: \$54.56 million) in the consolidated entity and \$Nil (2023: \$0.13 million) in the parent entity on trade receivables from contracts with customers.

Details regarding credit risk of receivables that are neither past due nor impaired, are disclosed in Note 42.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

18. Receivables (continued)

Recognition and Measurement

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

Subsequent measurement

The consolidated entity holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Impairment

For trade receivables, the consolidated entity applies a simplified approach in calculating expected credit loss (ECL). The consolidated entity recognises a loss allowance based on lifetime ECLs at each reporting date. The consolidated entity has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward looking factors specific to the receivable.

19. Contract assets

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|-----------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Contract assets | 2,677 | 2,260 | 636 | 460 |
| | 2,677 | 2,260 | 636 | 460 |

The contract asset balance has increased in the consolidated and parent entity during the year due to the varying billing arrangements from contracts existing at different reporting dates.

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Contract receivables (included in Note 18) | 874,332 | 768,313 | 291,772 | 171,890 |
| | 874,332 | 768,313 | 291,772 | 171,890 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

20. Inventories

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Held-for-distribution | | | | |
| Drug supplies | 166,298 | 152,754 | 37,369 | 31,749 |
| Medical and surgical supplies | 192,114 | 575,720 | 1,439 | 1,840 |
| Food and hotel supplies | 3,072 | 2,950 | - | - |
| Other | 7,351 | 5,995 | - | - |
| | 368,835 | 737,419 | 38,808 | 33,589 |
| Less: Allowance for impairment | | | | |
| - Drug supplies | (6,457) | - | - | - |
| - Medical and surgical supplies | (37,342) | (285,798) | - | - |
| | 325,036 | 451,621 | 38,808 | 33,589 |

The majority of the inventory held-for-distribution is held for consumption in the ordinary activities of the consolidated entity and upon consumption, are expensed in food supplies, medical and surgical supplies and pharmaceutical supplies (Note 3).

Recognition and Measurement

All inventories are held for distribution (consumed in the ordinary activities of the consolidated entity). Inventories held for distribution are stated at cost, adjusted when applicable, for any loss of service potential. A loss of service potential is identified and measured based on the existence of a current replacement cost that is lower than the carrying amount or any loss of operating capacity due to obsolescence. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

In 2024, the consolidated entity wrote off \$334.09 million of inventories. Following the write-off, the allowance for impairment was reassessed and a reduction in impairment of \$242.00 million was recognised mainly due to large write-off of expired inventory items. The write-off and additional allowance for impairment expensed under other gains / (losses) (Note 14) is \$92.09 million.

The cost of inventories acquired at no cost or for nominal consideration is the current replacement cost as at the date of acquisition. Current replacement cost is the cost the consolidated entity would incur to acquire the asset. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

21. Financial assets at fair value

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|-------------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Derivatives | 2,447 | 2,522 | - | - |
| TCorpIM Funds Investment facilities | 66,074 | 94,800 | - | - |
| | 68,521 | 97,322 | - | - |
| Non-current | | | | |
| Derivatives | 6,351 | 9,148 | - | - |
| | 6,351 | 9,148 | - | - |

Refer to Note 42 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

Recognition and Measurement

Classification and measurement

The consolidated entity's financial assets at fair value are classified, at initial recognition, at fair value through profit or loss.

Transaction costs of financial assets carried at fair value through profit or loss are expensed in net results.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets designated upon initial recognition at fair value through profit or loss, or financial assets mandatorily required to be measured at fair value under AASB 9 *Financial Instruments* (AASB 9).

Financial assets are held for trading if acquired for the purpose of selling or repurchasing in the near term. Derivatives are economic hedges classified as fair value through profit or loss unless they are designated as effective hedging instruments.

Derivative contracts are carried as financial assets when their fair value at the reporting date is positive. Derivative contracts maturing less than 12 months are classified as current and all other contracts as non-current.

The consolidated entity has elected not to apply hedge accounting to the economic hedges.

Financial assets with cash flows that are not solely payments of principal and interest are classified and measured at fair value through profit or loss, irrespective of the business model. TCorpIM Funds are managed and their performance is evaluated on a fair value basis and therefore the business model is neither to hold to collect contractual cash flows or sell the financial asset. Hence these investments are mandatorily required to be measured at fair value through profit or loss.

Notwithstanding the criteria to be classified at amortised cost or at fair value through other comprehensive income, financial assets may be designated at fair value through profit or loss on initial recognition if doing so eliminates, or significantly reduces, an accounting mismatch.

A gain or loss on a financial asset that is subsequently measured at fair value through profit or loss is recognised in net results and presented net within other gains / (losses), except for TCorpIM Funds that are presented in 'investment revenue' in the period in which it arises.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

22. Other financial assets

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Receivables on finance leases as lessor (Note 24) | - | 46 | - | - |
| Intra health loans receivable | - | - | 281,133 | 206,553 |
| | - | 46 | 281,133 | 206,553 |
| Non-current | | | | |
| Receivables on finance leases as lessor (Note 24) | 90,771 | 88,541 | - | - |
| | 90,771 | 88,541 | - | - |

The current intra health loans receivable balance within the parent entity includes \$281.13 million (2023: \$203.04 million) of cash advances provided to HealthShare NSW to make all payments to employees and most payments to suppliers of goods and services and grants and subsidies on behalf of the controlled entities.

Refer to Note 42 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment

(a) Total property, plant and equipment

CONSOLIDATED

| | Land and Buildings \$000 | Plant and Equipment \$000 | Infrastructure systems \$000 | Total \$000 |
|---|--------------------------------|---------------------------------|------------------------------------|-------------------|
| At 1 July 2022 - fair value | | | | |
| Gross carrying amount | 35,667,258 | 3,241,263 | 1,331,840 | 40,240,361 |
| Less: accumulated depreciation and impairment | (11,514,971) | (1,756,465) | (620,074) | (13,891,510) |
| Net carrying amount | 24,152,287 | 1,484,798 | 711,766 | 26,348,851 |
| Year ended 30 June 2023 | | | | |
| Net carrying amount at beginning of year | 24,152,287 | 1,484,798 | 711,766 | 26,348,851 |
| Additions | 1,518,412 | 345,291 | 1,430 | 1,865,133 |
| Reclassifications to intangibles | - | (3,360) | - | (3,360) |
| Reclassification from inventory | - | 6,394 | - | 6,394 |
| Reclassification from right-of-use assets | 891 | - | - | 891 |
| Reclassification to assets held for sale | (1,972) | - | - | (1,972) |
| Disposals | (27,733) | (17,869) | (23) | (45,625) |
| Equity transfers out (Note 34 (a)) | (9,404) | - | - | (9,404) |
| Net revaluation increment less revaluation decrements | 1,351,128 | - | 40,806 | 1,391,934 |
| Depreciation expense | (812,353) | (260,267) | (37,407) | (1,110,027) |
| Other reclassifications within property, plant and equipment | (131,503) | (33,590) | 165,093 | - |
| Net carrying amount at end of year | 26,039,753 | 1,521,397 | 881,665 | 28,442,815 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

(a) Total property, plant and equipment (continued)

CONSOLIDATED

| | Land and Buildings \$000 | Plant and Equipment \$000 | Infrastructure systems \$000 | Total \$000 |
|--|--------------------------------|---------------------------------|------------------------------------|-------------------|
| At 1 July 2023 - fair value | | | | |
| Gross carrying amount | 38,802,773 | 3,369,330 | 1,539,535 | 43,711,638 |
| Less: accumulated depreciation and impairment | (12,763,020) | (1,847,933) | (657,870) | (15,268,823) |
| Net carrying amount | 26,039,753 | 1,521,397 | 881,665 | 28,442,815 |
| Year ended 30 June 2024 | | | | |
| Net carrying amount at beginning of year | 26,039,753 | 1,521,397 | 881,665 | 28,442,815 |
| Additions | 1,587,613 | 412,507 | 97 | 2,000,217 |
| Reclassifications to intangibles | - | (2,640) | - | (2,640) |
| Reclassification to inventory | - | (3,228) | - | (3,228) |
| Disposals | (5,026) | (10,656) | - | (15,682) |
| Net revaluation increment less revaluation decrements | 1,159,175 | 205 | 31,041 | 1,190,421 |
| Depreciation expense | (883,909) | (272,030) | (38,595) | (1,194,534) |
| Other reclassifications within property, plant and equipment | 48,197 | (25,424) | (22,773) | - |
| Net carrying amount at end of year | 27,945,803 | 1,620,131 | 851,435 | 30,417,369 |
| At 30 June 2024 - fair value | | | | |
| Gross carrying amount | 41,765,112 | 3,577,809 | 1,553,942 | 46,896,863 |
| Less: accumulated depreciation and impairment | (13,819,309) | (1,957,678) | (702,507) | (16,479,494) |
| Net carrying amount | 27,945,803 | 1,620,131 | 851,435 | 30,417,369 |

The net carrying amount of service concession assets included in each class of property, plant and equipment as at 30 June 2024:

- land and buildings \$804.72 million (2023: \$831.6 million)
- plant and equipment \$16.18 million (2023: \$20.8 million)
- infrastructure systems \$26.34 million (2023: \$25.67 million)

During the current period, the net carrying amount of \$Nil (2023: \$0.08 million) for existing assets of the consolidated entity has been reclassified as service concession assets.

Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 27(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity

CONSOLIDATED

| | Land and Buildings \$000 | Plant and Equipment \$000 | Infrastructure systems \$000 | Total \$000 |
|--|--------------------------------|---------------------------------|------------------------------------|-------------------|
| At 1 July 2022 - fair value | | | | |
| Gross carrying amount | 35,279,171 | 3,241,263 | 1,331,310 | 39,851,744 |
| Less: accumulated depreciation and impairment | (11,336,088) | (1,756,465) | (619,775) | (13,712,328) |
| Net carrying amount | 23,943,083 | 1,484,798 | 711,535 | 26,139,416 |
| Year ended 30 June 2023 | | | | |
| Net carrying amount at beginning of year | 23,943,083 | 1,484,798 | 711,535 | 26,139,416 |
| Additions | 1,518,390 | 345,291 | 1,430 | 1,865,111 |
| Reclassifications to intangibles | - | (3,360) | - | (3,360) |
| Reclassification from inventory | - | 6,394 | - | 6,394 |
| Reclassification from right-of-use assets | 891 | - | - | 891 |
| Reclassification to assets held for sale | (1,972) | - | - | (1,972) |
| Disposals | (25,040) | (17,869) | (23) | (42,932) |
| Equity transfers out (Note 34 (a)) | (9,404) | - | - | (9,404) |
| Net revaluation increment less revaluation decrements | 1,345,033 | - | 40,793 | 1,385,826 |
| Depreciation expense | (802,256) | (260,267) | (37,395) | (1,099,918) |
| Other reclassifications within property, plant and equipment | (134,172) | (33,590) | 165,093 | (2,669) |
| Net carrying amount at end of year | 25,834,553 | 1,521,397 | 881,433 | 28,237,383 |
| At 1 July 2023 - fair value | | | | |
| Gross carrying amount | 38,413,521 | 3,369,330 | 1,538,973 | 43,321,824 |
| Less: accumulated depreciation and impairment | (12,578,968) | (1,847,933) | (657,540) | (15,084,441) |
| Net carrying amount | 25,834,553 | 1,521,397 | 881,433 | 28,237,383 |
| Year ended 30 June 2024 | | | | |
| Net carrying amount at beginning of year | 25,834,553 | 1,521,397 | 881,433 | 28,237,383 |
| Additions | 1,586,863 | 412,507 | 97 | 1,999,467 |
| Reclassifications to intangibles | - | (2,640) | - | (2,640) |
| Reclassification to inventory | - | (3,228) | - | (3,228) |
| Disposals | (2,714) | (10,656) | - | (13,370) |
| Net revaluation increment less revaluation decrements | 1,147,330 | 205 | 31,030 | 1,178,565 |
| Depreciation expense | (873,876) | (272,030) | (38,582) | (1,184,488) |
| Other reclassifications within property, plant and equipment | 51,429 | (25,424) | (22,773) | 3,232 |
| Net carrying amount at end of year | 27,743,585 | 1,620,131 | 851,205 | 30,214,921 |
| At 30 June 2024 - fair value | | | | |
| Gross carrying amount | 41,376,763 | 3,577,809 | 1,553,352 | 46,507,924 |
| Less: accumulated depreciation and impairment | (13,633,178) | (1,957,678) | (702,147) | (16,293,003) |
| Net carrying amount | 27,743,585 | 1,620,131 | 851,205 | 30,214,921 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases

CONSOLIDATED

| | Land and Buildings \$000 | Plant and Equipment \$000 | Infrastructure systems \$000 | Total \$000 |
|--|--------------------------------|---------------------------------|------------------------------------|----------------|
| At 1 July 2022 - fair value | | | | |
| Gross carrying amount | 388,087 | - | 530 | 388,617 |
| Less: accumulated depreciation and impairment | (178,883) | - | (299) | (179,182) |
| Net carrying amount | 209,204 | - | 231 | 209,435 |
| Year ended 30 June 2023 | | | | |
| Net carrying amount at beginning of year | 209,204 | - | 231 | 209,435 |
| Additions | 22 | - | - | 22 |
| Disposals | (2,693) | - | - | (2,693) |
| Net revaluation increment less revaluation decrements | 6,095 | - | 13 | 6,108 |
| Depreciation expense | (10,097) | - | (12) | (10,109) |
| Other reclassifications within property, plant and equipment | 2,669 | - | - | 2,669 |
| Net carrying amount at end of year | 205,200 | - | 232 | 205,432 |
| At 1 July 2023 - fair value | | | | |
| Gross carrying amount | 389,252 | - | 562 | 389,814 |
| Less: accumulated depreciation and impairment | (184,052) | - | (330) | (184,382) |
| Net carrying amount | 205,200 | - | 232 | 205,432 |
| Year ended 30 June 2024 | | | | |
| Net carrying amount at beginning of year | 205,200 | - | 232 | 205,432 |
| Additions | 750 | - | - | 750 |
| Disposals | (2,312) | - | - | (2,312) |
| Net revaluation increment less revaluation decrements | 11,845 | - | 11 | 11,856 |
| Depreciation expense | (10,033) | - | (13) | (10,046) |
| Other reclassifications within property, plant and equipment | (3,232) | - | - | (3,232) |
| Net carrying amount at end of year | 202,218 | - | 230 | 202,448 |
| At 30 June 2024 - fair value | | | | |
| Gross carrying amount | 388,349 | - | 590 | 388,939 |
| Less: accumulated depreciation and impairment | (186,131) | - | (360) | (186,491) |
| Net carrying amount | 202,218 | - | 230 | 202,448 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

(a) Total property, plant and equipment

PARENT

| | Land and Buildings \$000 | Plant and Equipment \$000 | Infrastructure systems \$000 | Total \$000 |
|--|--------------------------------|---------------------------------|------------------------------------|----------------|
| At 1 July 2022 - fair value | | | | |
| Gross carrying amount | 328,942 | 30,136 | 4,554 | 363,632 |
| Less: accumulated depreciation and impairment | (156,654) | (3,914) | (3,566) | (164,134) |
| Net carrying amount | 172,288 | 26,222 | 988 | 199,498 |
| Year ended 30 June 2023 | | | | |
| Net carrying amount at beginning of year | 172,288 | 26,222 | 988 | 199,498 |
| Additions | - | 2,458 | - | 2,458 |
| Disposals | (6,428) | (5) | - | (6,433) |
| Transfers to NSW Health entities | - | (7,789) | - | (7,789) |
| Equity transfers out (Note 34 (a)) | 6,428 | - | - | 6,428 |
| Net revaluation increment less revaluation decrements | 4,519 | - | 67 | 4,586 |
| Depreciation expense | (9,012) | (1,149) | (114) | (10,275) |
| Other reclassifications within property, plant and equipment | 1,596 | (1,596) | - | - |
| Net carrying amount at end of year | 169,391 | 18,141 | 941 | 188,473 |
| At 1 July 2023 - fair value | | | | |
| Gross carrying amount | 347,575 | 23,184 | 4,901 | 375,660 |
| Less: accumulated depreciation and impairment | (178,184) | (5,043) | (3,960) | (187,187) |
| Net carrying amount | 169,391 | 18,141 | 941 | 188,473 |
| Year ended 30 June 2024 | | | | |
| Net carrying amount at beginning of year | 169,391 | 18,141 | 941 | 188,473 |
| Additions | 330 | 262 | - | 592 |
| Disposals | - | (5) | - | (5) |
| Transfers from NSW Health entities | - | 4 | - | 4 |
| Net revaluation increment less revaluation decrements | 5,638 | - | 35 | 5,673 |
| Depreciation expense | (9,414) | (1,247) | (123) | (10,784) |
| Net carrying amount at end of year | 165,945 | 17,155 | 853 | 183,953 |
| As at 30 June 2024 | | | | |
| Gross carrying amount | 361,589 | 22,494 | 5,107 | 389,190 |
| Less: accumulated depreciation and impairment | (195,644) | (5,339) | (4,254) | (205,237) |
| Net carrying amount | 165,945 | 17,155 | 853 | 183,953 |

The parent entity does not have any service concession assets for the periods ended 30 June 2024 and 30 June 2023.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the parent entity

PARENT

| | Land and Buildings \$000 | Plant and Equipment \$000 | Infrastructure systems \$000 | Total \$000 |
|--|--------------------------------|---------------------------------|------------------------------------|----------------|
| At 1 July 2022 - fair value | | | | |
| Gross carrying amount | 207,095 | 30,136 | 4,554 | 241,785 |
| Less: accumulated depreciation and impairment | (72,824) | (3,914) | (3,566) | (80,304) |
| Net carrying amount | 134,271 | 26,222 | 988 | 161,481 |
| Year ended 30 June 2023 | | | | |
| Net carrying amount at beginning of year | 134,271 | 26,222 | 988 | 161,481 |
| Additions | - | 2,458 | - | 2,458 |
| Disposals | (6,428) | (5) | - | (6,433) |
| Transfers to NSW Health entities | - | (7,789) | - | (7,789) |
| Equity transfers out (Note 34 (a)) | 6,428 | - | - | 6,428 |
| Net revaluation increment less revaluation decrements | 3,351 | - | 67 | 3,418 |
| Depreciation expense | (6,387) | (1,149) | (114) | (7,650) |
| Other reclassifications within property, plant and equipment | 4,284 | (1,596) | - | 2,688 |
| Net carrying amount at end of year | 135,519 | 18,141 | 941 | 154,601 |
| At 1 July 2023 - fair value | | | | |
| Gross carrying amount | 223,048 | 23,184 | 4,901 | 251,133 |
| Less: accumulated depreciation and impairment | (87,529) | (5,043) | (3,960) | (96,532) |
| Net carrying amount | 135,519 | 18,141 | 941 | 154,601 |
| Year ended 30 June 2024 | | | | |
| Net carrying amount at beginning of year | 135,519 | 18,141 | 941 | 154,601 |
| Additions | 97 | 262 | - | 359 |
| Disposals | - | (5) | - | (5) |
| Transfers from NSW Health entities | - | 4 | - | 4 |
| Net revaluation increment less revaluation decrements | 1,060 | - | 35 | 1,095 |
| Depreciation expense | (7,605) | (1,247) | (123) | (8,975) |
| Other reclassifications within property, plant and equipment | 7,088 | - | - | 7,088 |
| Net carrying amount at end of year | 136,159 | 17,155 | 853 | 154,167 |
| At 30 June 2024 - fair value | | | | |
| Gross carrying amount | 265,425 | 22,494 | 5,107 | 293,026 |
| Less: accumulated depreciation and impairment | (129,266) | (5,339) | (4,254) | (138,859) |
| Net carrying amount | 136,159 | 17,155 | 853 | 154,167 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases

PARENT

| | Land and Buildings \$000 | Plant and Equipment \$000 | Infrastructure systems \$000 | Total \$000 |
|--|--------------------------------|---------------------------------|------------------------------------|----------------|
| At 1 July 2022 - fair value | | | | |
| Gross carrying amount | 121,847 | - | - | 121,847 |
| Less: accumulated depreciation and impairment | (83,830) | - | - | (83,830) |
| Net carrying amount | 38,017 | - | - | 38,017 |
| Year ended 30 June 2023 | | | | |
| Net carrying amount at beginning of year | 38,017 | - | - | 38,017 |
| Net revaluation increment less revaluation decrements | 1,168 | - | - | 1,168 |
| Depreciation expense | (2,625) | - | - | (2,625) |
| Other reclassifications within property, plant and equipment | (2,688) | - | - | (2,688) |
| Net carrying amount at end of year | 33,872 | - | - | 33,872 |
| At 1 July 2023 - fair value | | | | |
| Gross carrying amount | 124,527 | - | - | 124,527 |
| Less: accumulated depreciation and impairment | (90,655) | - | - | (90,655) |
| Net carrying amount | 33,872 | - | - | 33,872 |
| Year ended 30 June 2024 | | | | |
| Net carrying amount at beginning of year | 33,872 | - | - | 33,872 |
| Additions | 233 | - | - | 233 |
| Net revaluation increment less revaluation decrements | 4,578 | - | - | 4,578 |
| Depreciation expense | (1,809) | - | - | (1,809) |
| Other reclassifications within property, plant and equipment | (7,088) | - | - | (7,088) |
| Net carrying amount at end of year | 29,786 | - | - | 29,786 |
| At 30 June 2024 - fair value | | | | |
| Gross carrying amount | 96,164 | - | - | 96,164 |
| Less: accumulated depreciation and impairment | (66,378) | - | - | (66,378) |
| Net carrying amount | 29,786 | - | - | 29,786 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement

Acquisition of property, plant and equipment

Property, plant and equipment acquired are initially recognised at cost and subsequently revalued at fair value less accumulated depreciation and impairment.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition (see also assets transferred as a result of an equity transfer in Note 34).

Land and buildings which are owned by the Health Administration Corporation or the State and operated by the parent or its controlled entities are deemed to be controlled by the parent and its controlled entities and are recognised as such in the financial statements.

Capitalisation thresholds

Property, plant and equipment and intangible assets costing \$10,000 and above individually (or forming part of a network costing more than \$10,000) are capitalised.

Depreciation of property, plant and equipment

Except for certain non-depreciable assets, depreciation is provided for on a straight-line basis so as to write off the depreciable amount of each asset as it is consumed over its useful life to the consolidated entity.

All material identifiable components of assets are depreciated separately over their useful lives.

Land is not a depreciable asset. Certain heritage assets including original artworks and collections and heritage buildings may not have a limited useful life because appropriate curatorial and preservation policies are adopted. Such assets are not subject to depreciation. The decision not to recognise depreciation for these assets is reviewed annually.

Details of useful lives initially applied for major asset categories are as follows:

| | |
|------------------------------------|-------------|
| Buildings | 30-70 years |
| Buildings - leasehold improvements | 3-10 years |
| Plant and equipment | 4-20 years |
| Infrastructure systems | 40 years |

Plant and equipment comprises, among others, medical, computer and office equipment, motor vehicles, furniture and fittings and PODS (a detachable or self-contained unit on ambulances used for patient treatment).

Infrastructure systems comprises public facilities which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

The estimated useful lives, residual values and depreciation methods are reviewed at the end of each reporting period and adjusted if appropriate.

Right-of-Use Assets acquired by lessees

From 1 July 2019, AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset for most leases. The consolidated entity has elected to present right-of-use assets separately in the Statement of Financial Position.

Further information on leases is contained at Note 24.

Service concession assets

Service concession arrangements (SCAs) are contracts between a grantor and an operator where an operator provides public services related to a service concession asset on behalf of a public sector grantor for a specified period of time and manages at least some of those services.

Based on the consolidated entity's assessment, the following arrangements fall in scope of AASB 1059:

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

| Description | Public Hospitals | | | | | | |
|---|--|----------------------------------|------------------------|---------------------------|------------------------|---------------------|------------------------|
| Name and description of the SCA | Northern Beaches Hospital and Hawkesbury Hospital are two public hospitals built under two separate Public Private Partnership (PPP) arrangements that are now treated as part of service concession arrangements. | | | | | | |
| Period of arrangement | <table border="0"> <tr> <td>Northern Beaches Public Hospital</td> <td>20 years (2018 - 2038)</td> </tr> <tr> <td>Northern Beaches Car Park</td> <td>40 years (2018 - 2058)</td> </tr> <tr> <td>Hawkesbury Hospital</td> <td>29 years (1994 - 2024)</td> </tr> </table> | Northern Beaches Public Hospital | 20 years (2018 - 2038) | Northern Beaches Car Park | 40 years (2018 - 2058) | Hawkesbury Hospital | 29 years (1994 - 2024) |
| Northern Beaches Public Hospital | 20 years (2018 - 2038) | | | | | | |
| Northern Beaches Car Park | 40 years (2018 - 2058) | | | | | | |
| Hawkesbury Hospital | 29 years (1994 - 2024) | | | | | | |
| Terms of the arrangement | The consolidated entity contracted HealthScope (Operator for Northern Beaches Hospital) and St John of God Health Care (Operator for Hawkesbury Hospital) to build, operate and manage the hospitals and the car park for the duration of the arrangement. The construction of both hospitals was funded by the consolidated entity. Northern Beaches Hospital was paid upfront on completion of the construction works, while Hawkesbury Hospital was paid over time under a financing arrangement with the Operator. There are no remaining future construction payments. The Operator has fully funded the Northern Beaches car park, and the consolidated entity has granted rights to the Operator to operate and generate revenue from that car park. Annual service level agreements are entered into for the delivery of public health services at both hospitals with the Operator, which is funded by the consolidated entity, paid on a monthly basis. | | | | | | |
| Rights and obligations | The consolidated entity is obligated to provide both operators access to the hospital and the carpark. The operators are responsible for the delivery of health services to public patients at the hospital which the consolidated entity is obligated to pay for under the annual service agreements. At the end of the arrangement, the operators are obligated to return all assets back to the consolidated entity. For Northern Beaches Hospital, the consolidated entity will be sharing a portion of the hospital facilities with the private operator for an additional term of 20 years after the expiry of the concession period. The consolidated entity is required to issue a notice outlining what shared services will be provided by different parties. The consolidated entity has the right to extend the Northern Beaches Hospital arrangement for up to five years, by way of giving three years notice to the operator. For Hawkesbury Hospital, a temporary extension to 30 June 2024 has been agreed, following which the operation will be managed by the consolidated entity. | | | | | | |
| Changes in arrangement occurring during 2023 | Nil | | | | | | |
| Changes in arrangement occurring during 2024 | From 1 July 2024, the operation and management of Hawkesbury Hospital has transitioned from St John of God Health Care to Nepean Blue Mountains Local Health District. The assets continue to be reflected as SCA in the current financial statements and will be transferred out in 2024-25. No changes to other arrangements. | | | | | | |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of public hospital service concession assets

| | Land and buildings | Plant and equipment | Infrastructure Systems | Total |
|-------------------------------------|-----------------------|------------------------|---------------------------|----------------|
| | 2023 | 2023 | 2023 | 2023 |
| | \$000 | \$000 | \$000 | \$000 |
| Year ended 30 June 2023 | | | | |
| Northern Beaches Public Hospital | 588,878 | 18,433 | 24,866 | 632,177 |
| Northern Beaches Car Park | 55,902 | - | - | 55,902 |
| Hawkesbury Hospital | 60,139 | 2,371 | 755 | 63,265 |
| Net carrying amount | 704,919 | 20,804 | 25,621 | 751,344 |

| | Land and buildings | Plant and equipment | Infrastructure Systems | Total |
|-------------------------------------|-----------------------|------------------------|---------------------------|----------------|
| | 2024 | 2024 | 2024 | 2024 |
| | \$000 | \$000 | \$000 | \$000 |
| Year ended 30 June 2024 | | | | |
| Northern Beaches Public Hospital | 596,424 | 14,261 | 25,309 | 635,994 |
| Northern Beaches Car Park | 57,356 | - | - | 57,356 |
| Hawkesbury Hospital | 81,520 | 1,916 | 980 | 84,416 |
| Net carrying amount | 735,300 | 16,177 | 26,289 | 777,766 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

| Description | Hospital car parks | | | | | | | | |
|---|---|------------------|--------------------------|------------------|------------------------|-----------------------------------|------------------------|-----------------------------|------------------------|
| Name and description of the SCA | <p>Consist of three arrangements:</p> <ul style="list-style-type: none"> - Multi-storey carparks at Royal North Shore Hospital, RNSH P1 and RNSH P2 - Prince of Wales Hospital car parks - St George Hospital car parks | | | | | | | | |
| Period of arrangement | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">RNSH P1 car park</td> <td style="text-align: right;">26.5 years (2010 - 2036)</td> </tr> <tr> <td>RNSH P2 car park</td> <td style="text-align: right;">22 years (2014 - 2036)</td> </tr> <tr> <td>Prince of Wales hospital car park</td> <td style="text-align: right;">26 years (1997 - 2023)</td> </tr> <tr> <td>St George hospital car park</td> <td style="text-align: right;">25 years (1999 - 2024)</td> </tr> </table> | RNSH P1 car park | 26.5 years (2010 - 2036) | RNSH P2 car park | 22 years (2014 - 2036) | Prince of Wales hospital car park | 26 years (1997 - 2023) | St George hospital car park | 25 years (1999 - 2024) |
| RNSH P1 car park | 26.5 years (2010 - 2036) | | | | | | | | |
| RNSH P2 car park | 22 years (2014 - 2036) | | | | | | | | |
| Prince of Wales hospital car park | 26 years (1997 - 2023) | | | | | | | | |
| St George hospital car park | 25 years (1999 - 2024) | | | | | | | | |
| Terms of the arrangement | <p>The consolidated entity contracted Infrashore (Operator) to build RNSH P2 car park and manage both RNSH P1 and P2 car parks for the duration of the arrangement. The construction of the RNSH P2 car park is funded by the consolidated entity, paid in instalments under a financing arrangement for the duration of the term. RNSH P1 car park was an existing carpark of the consolidated entity. The other two car parks (Prince of Wales hospital car park and St George hospital car park) were funded by the International Parking Group (Operator) which was contracted by the consolidated entity to build, manage and operate both car parks for the duration of the arrangement. For all these car parks, the consolidated entity has granted rights to the Operator to operate and generate revenue from the car parks. Upon grant of this right, the Operator has paid an upfront license fee to the consolidated entity.</p> | | | | | | | | |
| Rights and obligations | <p>The consolidated entity is obliged to provide the operators with access to the carparks and obligated to pay for the construction of the RNSH P2 car park under the financing arrangement with the Operator. The operators are responsible for operating the car parks and at the end of the arrangement, return all assets back to the consolidated entity. There are currently no provisions for extension of the term in the existing contract.</p> | | | | | | | | |
| Changes in arrangement occurring during 2023 | Nil | | | | | | | | |
| Changes in arrangement occurring during 2024 | Prince of Wales hospital car park arrangement has concluded, with assets transferred out of service concession arrangements. | | | | | | | | |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of hospital car park service concession assets

| | Land and buildings 2023 \$000 | Plant and equipment 2023 \$000 | Infrastructure Systems 2023 \$000 | Total 2023 \$000 |
|-----------------------------------|--|---|--|------------------------|
| Year ended 30 June 2023 | | | | |
| RNSH P1 Car Park | 24,649 | - | - | 24,649 |
| RNSH P2 Car Park | 24,394 | - | - | 24,394 |
| St George Hospital Car Park | 10,378 | - | - | 10,378 |
| Prince of Wales Hospital Car Park | 52,302 | - | - | 52,302 |
| Net carrying amount | 111,723 | - | - | 111,723 |

| | Land and buildings 2024 \$000 | Plant and equipment 2024 \$000 | Infrastructure Systems 2024 \$000 | Total 2024 \$000 |
|--------------------------------|--|---|--|------------------------|
| Year ended 30 June 2024 | | | | |
| RNSH P1 Car Park | 24,469 | - | - | 24,469 |
| RNSH P2 Car Park | 24,909 | - | - | 24,909 |
| St George Hospital Car Park | 10,230 | - | - | 10,230 |
| Net carrying amount | 59,608 | - | - | 59,608 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

| Description | Hospital facilities | | | | |
|--|--|-------------------------------|------------------------|-------------------------|-------------------------|
| <p>Name and description of the SCA</p> | <p>Consist of two arrangements:</p> <p>Mental Health Recovery Centre - 10 bed residential Mental Health Sub-Acute Unit in Broken Hill that provides services to people across the Far West Local Health District. The Far West Mental Health Recovery Centre (Centre) is owned by the consolidated entity and operated by Neami Limited under a service agreement.</p> <p>Mercy Care Centre Young - 26 bed purpose-built sub-acute rehabilitation and palliative care unit in Young that provides services to the people of Young and surrounding regions. The Mercy Care Centre Young is owned by the consolidated entity and operated by Mercy Health under a 20 year lease agreement and annual service agreements.</p> | | | | |
| <p>Period of arrangement</p> | <table border="0"> <tr> <td>Mental Health Recovery Centre</td> <td>5 years (2019 to 2023)</td> </tr> <tr> <td>Mercy Care Centre Young</td> <td>20 years (2004 to 2024)</td> </tr> </table> | Mental Health Recovery Centre | 5 years (2019 to 2023) | Mercy Care Centre Young | 20 years (2004 to 2024) |
| Mental Health Recovery Centre | 5 years (2019 to 2023) | | | | |
| Mercy Care Centre Young | 20 years (2004 to 2024) | | | | |
| <p>Terms of the arrangement</p> | <p>The consolidated entity has separately contracted Neami Limited (Operator for Mental Health Recovery Centre) and Mercy Health (Operator for Mercy Care Centre Young) to manage respective facilities for the duration of the arrangement. Separate funding arrangements have also been agreed to compensate the respective operators for managing the facilities. The capital assets associated with the arrangement have been provided by the consolidated entity to the operators.</p> | | | | |
| <p>Rights and obligations</p> | <p>The consolidated entity is obligated to provide both operators with access to the respective facilities. The operators are responsible for the delivery of specified services to patients at the respective facilities. The consolidated entity is obligated to pay for those services under the funding agreements. At the end of the arrangement, the operators are obliged to return all assets back to the consolidated entity. There is no provision for an extension of the terms, however they can be separately negotiated.</p> | | | | |
| <p>Changes in arrangement occurring during 2023</p> | <p>Nil</p> | | | | |
| <p>Changes in arrangement occurring during 2024</p> | <p>Mental Health Recovery Centre arrangement has ended on 31 March 2024, with assets transferred out of service concession arrangements.</p> <p>The lease arrangement for Mercy Care Centre Young has expired in June 2024. The arrangement is currently continuing on a month to month basis, while negotiations are being undertaken to renew the lease.</p> | | | | |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of hospital facility service concession assets

| | Land and buildings | Plant and equipment | Infrastructure Systems | Total |
|--------------------------------|-----------------------|------------------------|---------------------------|---------------|
| | 2023 | 2023 | 2023 | 2023 |
| | \$000 | \$000 | \$000 | \$000 |
| Year ended 30 June 2023 | | | | |
| Mental Health Recovery Centre | 5,275 | - | - | 5,275 |
| Mercy Care Centre Young | 9,684 | - | 50 | 9,734 |
| Net carrying amount | 14,959 | - | 50 | 15,009 |

| | Land and buildings | Plant and equipment | Infrastructure Systems | Total |
|--------------------------------|-----------------------|------------------------|---------------------------|--------------|
| | 2024 | 2024 | 2024 | 2024 |
| | \$000 | \$000 | \$000 | \$000 |
| Year ended 30 June 2024 | | | | |
| Mercy Care Centre Young | 9,815 | - | 50 | 9,865 |
| Net carrying amount | 9,815 | - | 50 | 9,865 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

23. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Revaluations of property, plant and equipment

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP 21-09) and Treasurer's Direction, 'Valuation of Physical Non-Current Assets at Fair Value' (TD 21-05). TD 21-05 and TPP 21-09 adopt fair value in accordance with AASB 13 *Fair Value Measurement* and AASB 116 *Property, Plant and Equipment*.

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Revaluations are made with sufficient regularity to ensure the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The consolidated entity conducts a comprehensive revaluation at least every three years on a rotational basis for its land and buildings and infrastructure. Interim desktop revaluations are conducted between comprehensive revaluations for those assets, where cumulative changes to indicators suggest fair value may differ materially from carrying value. The consolidated entity uses an independent professionally qualified valuer for such revaluations.

The last comprehensive revaluation for the parent entity was completed on 31 December 2021 and was based on an independent assessment.

Comprehensive revaluations are conducted in December for the controlled entities on a rolling basis and are based on an independent assessment. A schedule of revaluations has been developed which rolls over every three years. Interim or out of schedule revaluations are conducted where cumulative changes to indicators suggest fair value may differ materially from the carrying value.

Indices obtained from external professionally qualified valuers in 2024 and 2023 indicated a material cumulative increase in market prices for land and a material increase in construction and labour costs for building and infrastructure from the last comprehensive revaluation. Management has applied these indices to perform an interim revaluation and has recognised the resulting revaluation increment for land, building and infrastructure.

Non-specialised assets with short useful lives are measured at depreciated historical cost, as an approximation of fair value. The consolidated entity has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

For other assets valued using other valuation techniques, any balances of accumulated depreciation at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are recognised in other comprehensive income and credited to revaluation surplus in equity. However, to the extent that an increment reverses a revaluation decrement in respect of the same class of asset previously recognised as a loss in the net result, the increment is recognised immediately as a gain in the net result.

Revaluation decrements are recognised immediately as a loss in the net result, except to the extent that it offsets an existing revaluation surplus on the same class of assets, in which case, the decrement is debited directly to the revaluation surplus.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

24. Leases

(a) Entity as a lessee

The consolidated entity leases various property, equipment and motor vehicles. Lease contracts are typically made for fixed periods of 1 to 40 years (parent entity: 1 to 4 years), but may have extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants but leased assets may not be used as security for borrowing purposes. The consolidated entity does not provide residual value guarantees in relation to leases.

Extension and termination options are included in a number of property and equipment leases. These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by the consolidated entity and not by the respective lessor. In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). Potential future cash outflows of \$141.78 million (2023: \$264.39 million) (parent entity: \$Nil, 2023: \$Nil) have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee. During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extensions and termination options was an increase in recognised lease liabilities and right-of-use assets of \$108.04 million (2023: \$7.51 million) (parent entity: \$Nil, 2023: \$Nil).

AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset and a corresponding lease liability for most leases.

The consolidated entity has elected to recognise payments for short-term leases and low value leases as expenses on a straight line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less. Low value assets are assets with a fair value of \$10,000 or less when new and comprise mainly of small office and medical equipment items.

All occupancy agreements entered into by the consolidated entity with Property and Development NSW (PDNSW), an entity of the ultimate parent, have a 'substitution right' clause added to the occupancy arrangements providing PDNSW with a substantive substitution right to relocate the consolidated entity during the term of the agreement. As a result of this clause, those agreements are not accounted for as a lease within the scope of AASB 16. These leases are recognised as an expense in Note 3 under 'occupancy agreement expenses - Property and Development NSW' when incurred over the agreement duration.

Under the occupancy agreements with PDNSW, the consolidated entity continues to carry the responsibility to make good, and to control the fit-out during the occupancy period as the consolidated entity receives the economic benefits via using the fit-out or expected compensation from PDNSW upon relocation. Therefore, the consolidated entity recognises any make-good provision and fit-out costs in the financial statements arising from these occupancy agreements.

The consolidated entity continues to carry the responsibility to make good, and to control the fit-out during the remaining occupancy period as the entity receives the economic benefits via using the fit-out or expected compensation from PDNSW upon relocation. Therefore, the consolidated entity's accounting treatment for make-good provision and fit-out costs in relation to the relevant accommodation and warehouses remains unchanged.

Right-of-use assets under leases

The following table presents right-of-use assets that do not meet the definition of investment property. There are no right-of-use assets that meet the definition of investment property.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

24. Leases (continued)

(a) Entity as a lessee (continued)

CONSOLIDATED

| | Land and Buildings \$000 | Plant and Equipment \$000 | Total \$000 |
|--|--------------------------------|---------------------------------|----------------|
| Balance at 1 July 2023 | 322,619 | 304,096 | 626,715 |
| Additions | 33,974 | 132,904 | 166,878 |
| Reassessments | 73,012 | 56,792 | 129,804 |
| Disposals | (12,227) | (1,150) | (13,377) |
| Depreciation expense | (74,286) | (96,787) | (171,073) |
| Balance at 30 June 2024 | 343,092 | 395,855 | 738,947 |
| Balance at 1 July 2022 | 293,514 | 319,217 | 612,731 |
| Additions | 96,156 | 70,971 | 167,127 |
| Reassessments | 23,527 | 4,987 | 28,514 |
| Disposals | (17,713) | (1,824) | (19,537) |
| Depreciation expense | (71,974) | (89,255) | (161,229) |
| Reclassifications from property, plant and equipment | (891) | - | (891) |
| Balance at 30 June 2023 | 322,619 | 304,096 | 626,715 |

PARENT

| | Land and Buildings \$000 | Plant and Equipment \$000 | Total \$000 |
|--------------------------------|--------------------------------|---------------------------------|----------------|
| Balance at 1 July 2023 | 677 | 99 | 776 |
| Additions | - | 44 | 44 |
| Reassessments | - | (3) | (3) |
| Depreciation expense | (133) | (45) | (178) |
| Balance at 30 June 2024 | 544 | 95 | 639 |
| Balance at 1 July 2022 | 17,574 | 97 | 17,671 |
| Additions | - | 47 | 47 |
| Reassessments | (1) | - | (1) |
| Disposals | (16,766) | - | (16,766) |
| Depreciation expense | (130) | (45) | (175) |
| Balance at 30 June 2023 | 677 | 99 | 776 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

24. Leases (continued)

(a) Entity as a lessee (continued)

Lease liabilities

The following table presents liabilities under leases:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Balance at 1 July | 639,926 | 624,017 | 785 | 17,489 |
| Additions | 166,878 | 166,913 | 44 | 47 |
| Interest expenses | 22,856 | 16,893 | 17 | 13 |
| Payments | (186,296) | (177,002) | (187) | (181) |
| Terminations / derecognition | (14,104) | (19,409) | - | (16,582) |
| Other adjustments | 129,804 | 28,514 | (3) | (1) |
| Balance at 30 June | 759,064 | 639,926 | 656 | 785 |

Other adjustments in 2024 for the consolidated entity includes \$108.0 million of lease extensions recognised for aeromedical leases.

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Depreciation expense of right-of-use assets | 171,074 | 161,229 | 178 | 175 |
| Interest expense on lease liabilities | 22,856 | 16,893 | 17 | 13 |
| Expenses relating to short-term leases | 47,719 | 41,361 | 13 | 15 |
| Expenses relating to leases of low-value assets | 21,152 | 20,325 | 924 | 293 |
| Income from subleasing right-of-use assets | (27) | (17) | - | - |
| (Gains) / losses on disposal | (727) | 128 | - | 184 |
| Total amount recognised in the statement of comprehensive income | 262,047 | 239,919 | 1,132 | 680 |

The consolidated entity had total cash outflows for leases of \$255.17 million (parent entity: \$1.12 million) for the year ending 30 June 2024 (2023: \$238.69 million (parent entity: \$0.49 million)).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

24. Leases (continued)

(a) Entity as a lessee (continued)

Leases at significantly below market terms and conditions principally to enable the entity to further its objectives

The consolidated entity entered into a number of leases, with lease terms ranging from 1 to 99 years with various organisations, including local councils, health charities, Catholic churches and other NSW State entities for the use of various community health buildings. There are also some leases for the use of various helipads across the state. These contracts generally specify lease payments of \$Nil or negligible amounts per annum, and the leased premises are used by the consolidated entity to provide different community health services and access to helipads. These community health buildings and helipads account for a small portion of similar assets used by the consolidated entity for the purposes of providing health services. Therefore, these lease arrangements do not have a significant impact on the consolidated entity's operations.

Recognition and measurement

The consolidated entity assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The consolidated entity recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

i. Right-of-use assets

The right-of-use assets are subsequently measured at cost. They are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, as follows:

| | Useful lives |
|---------------------|---------------|
| Land and buildings | 1 to 40 years |
| Plant and machinery | 1 to 15 years |
| Motor vehicles | 1 to 5 years |
| Aeromedical | 1 to 15 years |

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for real estate leases, the incremental borrowing rate is used. The consolidated entity does not borrow funds in the market. Instead it receives an allocation of the appropriations from the Crown and where the Crown needs additional funding, Treasury Corporation (TCorp) goes to the market to obtain these funds. As a result, the consolidated entity is using TCorp rates as its incremental borrowing rate. These rates are published by NSW Treasury on a regular basis.

ii. Short-term leases and leases of low-value assets

The consolidated entity applies the short-term lease recognition exemption to its short-term leases of buildings, machinery, motor vehicles and equipment (i.e., those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the lease of low-value assets recognition exemption to leases of office equipment that are considered to be low value. Lease payments on short-term leases and leases of low value assets are recognised as expense on a straight-line basis over the lease term.

iii. Leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives

The initial and subsequent measurement of right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the consolidated entity to further its objectives is the same as normal right-of-use assets. They are measured at cost, subject to impairment.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

24. Leases (continued)

(b) Entity as a lessor

Recognition and measurement

The consolidated entity leases some retail spaces located within the hospital precincts under operating leases with rental payable monthly. Lease payments generally contain uplift clauses to align to the market conditions.

The consolidated entity also leases land and buildings to non-government organisations (NGO's) and universities under operating leases arrangements. Generally there are no rental payments as the consolidated entity provides market rental assistance grants which offset the rental payments.

The consolidated entity also leases out certain areas and floors within its buildings on a long term basis, which are treated as finance leases. All lease payments are generally paid upfront and the asset gets derecognised from non-current assets.

Lessor for finance leases

Future minimum rentals receivable (undiscounted) under non-cancellable finance leases as at 30 June are, as follows:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Within one year | - | 47 | - | - |
| Total (excluding GST) | - | 47 | - | - |

Reconciliation of net investment in leases

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Future undiscounted rentals receivable | - | 47 | - | - |
| Unguaranteed residual amounts - undiscounted | 313,686 | 313,686 | - | - |
| Less: unearned finance income | (222,915) | (225,146) | - | - |
| Net investment in finance lease | 90,771 | 88,587 | - | - |

Lessor for operating leases

Future minimum rental receivables (undiscounted) under non-cancellable operating leases as at 30 June are as follows:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Within one year | 12,462 | 13,122 | 1,360 | 1,257 |
| One to two years | 10,996 | 11,172 | 1,322 | 1,377 |
| Two to three years | 10,185 | 10,670 | 1,372 | 1,304 |
| Three to four years | 9,446 | 9,931 | 1,358 | 1,121 |
| Four to five years | 9,214 | 9,469 | 1,320 | 1,047 |
| Later than five years | 97,171 | 108,619 | 8,036 | 7,954 |
| Total (excluding GST) | 149,474 | 162,983 | 14,768 | 14,060 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

25. Intangible assets

CONSOLIDATED

| | Software \$000 | Total \$000 |
|--|-------------------|----------------|
| At 1 July 2022 | | |
| Cost (gross carrying amount) | 1,363,369 | 1,363,369 |
| Less: accumulated amortisation and impairment | (666,152) | (666,152) |
| Net carrying amount | 697,217 | 697,217 |
| Year ended 30 June 2023 | | |
| Net carrying amount at beginning of year | 697,217 | 697,217 |
| Additions | 139,812 | 139,812 |
| Reclassifications from property, plant and equipment | 3,360 | 3,360 |
| Disposals | (1,993) | (1,993) |
| Amortisation (recognised in depreciation and amortisation) | (106,350) | (106,350) |
| Net carrying amount at the end of the year | 732,046 | 732,046 |
| At 1 July 2023 | | |
| Cost (gross carrying amount) | 1,495,526 | 1,495,526 |
| Less: accumulated amortisation and impairment | (763,480) | (763,480) |
| Net carrying amount | 732,046 | 732,046 |
| Year ended 30 June 2024 | | |
| Net carrying amount at beginning of year | 732,046 | 732,046 |
| Additions | 365,435 | 365,435 |
| Reclassifications from property, plant and equipment | 2,640 | 2,640 |
| Disposals | (2,125) | (2,125) |
| Amortisation (recognised in depreciation and amortisation) | (112,247) | (112,247) |
| Net carrying amount at the end of the year | 985,749 | 985,749 |
| At 30 June 2024 | | |
| Cost (gross carrying amount) | 1,821,333 | 1,821,333 |
| Less: accumulated amortisation and impairment | (835,584) | (835,584) |
| Net carrying amount | 985,749 | 985,749 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

25. Intangible assets (continued)

PARENT

| | Software \$000 | Total \$000 |
|--|-------------------|----------------|
| At 1 July 2022 | | |
| Cost (gross carrying amount) | 4,750 | 4,750 |
| Less: accumulated amortisation and impairment | (1,542) | (1,542) |
| Net carrying amount | 3,208 | 3,208 |
| Year ended 30 June 2023 | | |
| Net carrying amount at beginning of year | 3,208 | 3,208 |
| Additions | 4,317 | 4,317 |
| Amortisation (recognised in depreciation and amortisation) | (453) | (453) |
| Net carrying amount at the end of the year | 7,072 | 7,072 |
| At 1 July 2023 | | |
| Cost (gross carrying amount) | 8,362 | 8,362 |
| Less: accumulated amortisation and impairment | (1,290) | (1,290) |
| Net carrying amount | 7,072 | 7,072 |
| Year ended 30 June 2024 | | |
| Net carrying amount at beginning of year | 7,072 | 7,072 |
| Additions | 3,135 | 3,135 |
| Amortisation (recognised in depreciation and amortisation) | (458) | (458) |
| Net carrying amount at the end of the year | 9,749 | 9,749 |
| At 30 June 2024 | | |
| Cost (gross carrying amount) | 11,496 | 11,496 |
| Less: accumulated amortisation and impairment | (1,747) | (1,747) |
| Net carrying amount | 9,749 | 9,749 |

Recognition and Measurement

The useful lives of intangible assets are assessed to be finite.

The consolidated entity's intangible assets are amortised using the straight-line method over a period of four to twenty years. Computer software developed or acquired by the consolidated entity are recognised as intangible assets.

The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period.

26. Non-current assets held for sale

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|-----------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Assets held for sale | | | | |
| Land and buildings | 304 | 304 | - | - |
| | 304 | 304 | - | - |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

27. Fair value measurement of non-financial assets

Fair value measurement and hierarchy

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *Fair Value Measurement*, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

(a) Fair value hierarchy

| CONSOLIDATED | Level 1 | Level 2 | Level 3 | Total Fair |
|--|---------|----------------|-------------------|-------------------|
| | \$000 | \$000 | \$000 | Value \$000 |
| 2024 | | | | |
| Land and buildings ⁽ⁱ⁾ | - | 813,815 | 23,167,955 | 23,981,770 |
| Infrastructure systems ⁽ⁱ⁾ | - | 228 | 834,619 | 834,847 |
| Non-current assets held for sale (Note 26) | - | 304 | - | 304 |
| | - | 814,347 | 24,002,574 | 24,816,921 |
| 2023 | | | | |
| Land and buildings ⁽ⁱ⁾ | - | 843,232 | 21,932,830 | 22,776,062 |
| Infrastructure systems ⁽ⁱ⁾ | - | 295 | 865,130 | 865,425 |
| Non-current assets held for sale (Note 26) | - | 304 | - | 304 |
| | - | 843,831 | 22,797,960 | 23,641,791 |

(i) Leasehold improvements, work in progress and newly completed buildings are carried at cost, therefore excluded from figures above and as a result the balances in Note 23 will not reconcile with balances disclosed above.

There were no transfers between Level 1 and 2 during the year ended 30 June 2024 and 2023.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

27. Fair value measurement of non-financial assets (continued)

(a) Fair value hierarchy (continued)

| PARENT | Level 1 | Level 2 | Level 3 | Total Fair |
|------------------------|---------|---------|----------------|----------------|
| | \$000 | \$000 | \$000 | Value \$000 |
| 2024 | | | | |
| Land and buildings | - | - | 165,945 | 165,945 |
| Infrastructure systems | - | - | 853 | 853 |
| | - | - | 166,798 | 166,798 |
| 2023 | | | | |
| Land and buildings | - | - | 169,391 | 169,391 |
| Infrastructure systems | - | - | 941 | 941 |
| | - | - | 170,332 | 170,332 |

There were no transfers between Level 1 and 2 during the year ended 30 June 2024 and 2023.

(b) Valuation techniques, inputs and processes

The consolidated entity obtains independent valuations for its non-financial assets at least every three years. The valuer used by the consolidated entity is independent of the respective entities.

At the end of each reporting period, the consolidated entity updates its assessment of the fair value of each category of non-financial assets, taking into account the most recent independent valuations. The best evidence of fair value is current prices in an active market for similar assets. Where such information is not available, the consolidated entity considers information from other sources, such as the indices provided by independent external valuers. These fair value adjustments are reflected in Note 23 Total property, plant and equipment - reconciliation.

The valuations techniques used maximise the use of observable inputs where available and rely as little as possible on entity or asset specific estimates. The level in the fair value hierarchy is determined on the basis of the lowest level input that is significant to the measurement in its entirety. If significant inputs required to measure fair value of an asset are observable, the asset is included in level 2 of the fair value hierarchy. If one or more of the significant inputs is not based on observable market data, the asset is included in level 3 of the fair value hierarchy. All resulting fair value estimates for non-financial assets are included in level 3 with the exception of some land and buildings and non-current assets held for sale included in level 2.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

27. Fair value measurement of non-financial assets (continued)

(b) Valuation techniques, inputs and processes (continued)

The non-financial assets categorised in (a) above have been measured based on the following valuation techniques and inputs:

- **For land**, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre. All commercial and non-restricted land is included in level 2 as these land valuations have a high level of observable inputs, although these lands are not identical. The majority of the restricted land has been classified as level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.
- **For buildings and infrastructure systems**, many assets are of a specialised nature or use, and thus the most appropriate valuation method is depreciated replacement cost. These assets are included as level 3 as these assets have a high level of unobservable inputs. However, residential and commercial properties are valued on a market approach and are included in level 2.
- **Non-current assets held for sale** are a non-recurring item that is measured at the lesser of its carrying amount or fair value less cost to sell. These assets are categorised as level 2 except when an asset was a level 3 asset prior to transfer to non-current assets held for sale, and continues to be recognised as a level 3 asset where the carrying amount is less than the fair value (less cost) to sell.

Level 3 disclosures:

The fair value of buildings computed by suitably qualified independent valuers using a methodology known as the depreciated replacement cost valuation technique. The following table highlights the key unobservable (level 3) inputs assessed during the valuation process, the relationship to the estimated fair value and the sensitivity to changes in unobservable inputs.

| Assets | Valuation | |
|------------------------------------|---------------------------------------|--|
| | Techniques | Valuation Inputs |
| Land under specialised building(s) | Market approach | This valuation method involves comparing the subject property to comparable sale prices in similar location on a rate per square metre basis, adjusted for restrictions specific for the property (e.g. mandated use and / or zoning). |
| Specialised Buildings | Depreciated replacement cost approach | This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life which is determined by a number of factors including asset condition and asset life. |
| Non-Specialised Buildings | Depreciated replacement cost approach | This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life. |
| Infrastructure systems | Depreciated replacement cost approach | This valuation method involves establishing the current replacement cost of the modern equivalent infrastructure asset on a rate per square metre basis; depreciated to reflect the assets remaining useful life. |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

27. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements

CONSOLIDATED

| | Land and Buildings \$000 | Infrastructure Systems \$000 | Total Level 3 Recurring \$000 |
|--|--------------------------------|------------------------------------|-------------------------------------|
| 2024 | | | |
| Fair value as at 1 July 2023 | 21,932,830 | 865,130 | 22,797,960 |
| Additions* | 976,078 | 22,572 | 998,650 |
| Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment' | 1,130,265 | 30,952 | 1,161,217 |
| Transfers from Level 2 | 6,855 | 63 | 6,918 |
| Transfers to Level 2 | (72,500) | - | (72,500) |
| Disposals | (5,608) | - | (5,608) |
| Depreciation expense | (844,081) | (37,728) | (881,809) |
| Reclassification | 44,116 | (46,370) | (2,254) |
| Fair value as at 30 June 2024 | 23,167,955 | 834,619 | 24,002,574 |

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

CONSOLIDATED

| | Land and Buildings \$000 | Infrastructure Systems \$000 | Total Level 3 Recurring \$000 |
|--|--------------------------------|------------------------------------|-------------------------------------|
| 2023 | | | |
| Fair value as at 1 July 2022 | 19,556,547 | 712,356 | 20,268,903 |
| Additions* | 1,841,603 | 147,073 | 1,988,676 |
| Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment' | 1,327,571 | 41,149 | 1,368,720 |
| Transfers from Level 2 | 2,156 | - | 2,156 |
| Transfers to Level 2 | (4,054) | - | (4,054) |
| Disposals | (5,284) | - | (5,284) |
| Depreciation expense | (778,102) | (35,930) | (814,032) |
| Equity transfers in/(out) - Note 36 (a) | (9,403) | - | (9,403) |
| Reclassification | 1,796 | 482 | 2,278 |
| Fair value as at 30 June 2023 | 21,932,830 | 865,130 | 22,797,960 |

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

27. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements (continued)

PARENT

| | Land and Buildings \$000 | Infrastructure Systems \$000 | Total Level 3 Recurring \$000 |
|--|--------------------------------|------------------------------------|-------------------------------------|
| 2024 | | | |
| Fair value as at 1 July 2023 | 169,391 | 941 | 170,332 |
| Additions | 330 | - | 330 |
| Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment' | 5,638 | 35 | 5,673 |
| Depreciation expense | (9,414) | (123) | (9,537) |
| Fair value as at 30 June 2024 | 165,945 | 853 | 166,798 |

PARENT

| | Land and Buildings \$000 | Infrastructure Systems \$000 | Total Level 3 Recurring \$000 |
|--|--------------------------------|------------------------------------|-------------------------------------|
| 2023 | | | |
| Fair value as at 1 July 2022 | 172,288 | 988 | 173,276 |
| Additions | 1,596 | - | 1,596 |
| Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment' | 4,519 | 67 | 4,586 |
| Depreciation expense | (9,012) | (114) | (9,126) |
| Fair value as at 30 June 2023 | 169,391 | 941 | 170,332 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

28. Restricted assets

The financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions. They consist of cash assets and rights and obligations to receive and make payments as at 30 June 2024.

| CONSOLIDATED | 1 July 2023 | | 30 June 2024 | |
|---|------------------|----------------|------------------|------------------|
| | Opening equity | Revenue | Expense | Closing equity |
| | \$000 | \$000 | \$000 | \$000 |
| Category | | | | |
| Community welfare | 19,555 | 33,026 | (25,163) | 27,418 |
| Facility improvements | 819,372 | 168,311 | (189,701) | 797,982 |
| Hold Funds in Perpetuity | 14,748 | 107 | (10) | 14,845 |
| Patient welfare | 96,391 | 39,988 | (25,789) | 110,590 |
| Private practice disbursements (No.2 Accounts) | 526,765 | 110,406 | (82,277) | 554,894 |
| Public contributions | 61,604 | 15,829 | (16,187) | 61,246 |
| Clinical trials | 51,102 | 38,851 | (27,042) | 62,911 |
| Research | 238,328 | 83,036 | (79,566) | 241,798 |
| Section 19(2) primary care - exemption initiative | 4,520 | 2,522 | (2,005) | 5,037 |
| Staff welfare | 24,568 | 5,019 | (3,961) | 25,626 |
| Training and education including conferences | 96,225 | 19,435 | (19,325) | 96,335 |
| Other | 8,851 | 525 | (3) | 9,373 |
| Total Restricted Assets | 1,962,029 | 517,055 | (471,029) | 2,008,055 |

| PARENT | 1 July 2023 | | 30 June 2024 | |
|--------------------------------|----------------|---------------|----------------|----------------|
| | Opening equity | Revenue | Expense | Closing equity |
| | \$000 | \$000 | \$000 | \$000 |
| Category | | | | |
| Facility improvements | 77,065 | 10,734 | (2,600) | 85,199 |
| Research | 29,032 | 1,380 | (4,042) | 26,370 |
| Total Restricted Assets | 106,097 | 12,114 | (6,642) | 111,569 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

28. Restricted assets (continued)

Restricted assets are held for the following purpose and cannot be used for any other purpose.

| Category | Purpose |
|---|--|
| Community welfare | Improvements to service access, health literacy, public and preventative health care. |
| Facility improvements | Repairs, maintenance, renovations and/or new equipment or building related expenditure. |
| Hold funds in perpetuity | Donor has explicitly requested funds be invested permanently and not otherwise expended. |
| Patient welfare | Improvements such as medical needs, financial needs and standards for patients' privacy and dignity. |
| Private practice disbursements | Staff specialists' private practice arrangements to improve the level of clinical services provided (No. 2 Accounts). |
| Public contributions | Donations, gifts, bequests or legacies received without any donor-specified conditions as to its use. Such contributions are restricted as a result of the requirements of the Accounts and Audit Determination for Public Health Entities in NSW. |
| Clinical trials | A study designed to test the safety and effectiveness of a treatment. |
| Research | Research to gain knowledge, understanding and insight. |
| Section 19(2) primary care - exemption initiative | Improving access to primary care in rural and remote areas under the Council of Australian Governments (COAG) s19(2) Exemptions Initiative. |
| Staff welfare | Staff benefits such as staff recognition awards, functions and staff amenity improvements. |
| Training and education including conferences | Professional training, education and conferences. |
| Other | This does not meet the definition of any of the above categories. |

Unclaimed monies

All money and personal effects of patients which are left in the custody of the consolidated entity by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the respective health entity.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

29. Payables

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Accrued salaries, wages and on-costs | 445,309 | 319,679 | 4,253 | 2,944 |
| Salaries and wages deductions | 111,648 | 101,926 | 3 | 18 |
| Payroll tax and fringe benefits tax | 1,802 | 1,710 | 1,251 | 1,143 |
| Trade operating creditors | 1,301,257 | 1,349,137 | 316,222 | 296,919 |
| Other creditors | | | | |
| - Capital works | 217,538 | 163,651 | - | - |
| - Payables to controlled health entities | - | - | 363,546 | 259,092 |
| - Other | 7,163 | 5,339 | - | - |
| | 2,084,717 | 1,941,442 | 685,275 | 560,116 |
| Non-current | | | | |
| Other creditors | | | | |
| - Capital works | 106,396 | - | - | - |
| | 106,396 | - | - | - |

Details regarding liquidity risk, including a maturity analysis of the above payables are disclosed in Note 42.

The entire non-current payables relate to the purchase of EPIC software license for the Single Digital Patient Record program, which is payable over 5 years. Amounts payable after 12 months has been included as non-current payable.

Recognition and Measurement

Payables represent liabilities for goods and services provided to the consolidated entity and other amounts. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

30. Contract liabilities

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|----------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Contract liabilities | 36,785 | 57,031 | 647 | 545 |
| | 36,785 | 57,031 | 647 | 545 |
| Non-current | | | | |
| Contract liabilities | 198 | 556 | - | - |
| | 198 | 556 | - | - |

Recognition and Measurement

Contract liabilities are in respect of consideration received in advance from the sale of goods and services from contracts with customers and grants and other contributions.

The current contract liability balance has decreased in the consolidated entity and increased in the parent entity during the year due to the timing of meeting the specific performance obligations within the contracts.

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Revenue recognised that was included in the contract liability balance at the beginning of the year | 56,360 | 55,696 | 29 | 1,670 |
| Revenue recognised from performance obligations satisfied in previous periods | 3,828 | 4,334 | - | - |
| Transaction price allocated to the remaining performance obligations from contracts with customers | 131,074 | 133,210 | 982 | 2,448 |

The transaction price allocated to the remaining performance obligations relates to the following revenue classes and is expected to be recognised as follows:

| CONSOLIDATED | 2025 | 2026 | 2027 | ≥ 2028 | Total |
|---|----------------|---------------|--------------|---------------|----------------|
| Specific revenue class | \$000 | \$000 | \$000 | \$000 | \$000 |
| Sales of goods and services from contracts with customers | 32,677 | 1,096 | 839 | 679 | 35,291 |
| Grants and other contributions | 75,589 | 15,821 | 2,485 | 1,888 | 95,783 |
| | 108,266 | 16,917 | 3,324 | 2,567 | 131,074 |
| PARENT | 2025 | 2026 | 2027 | ≥ 2028 | Total |
| Specific revenue class | \$000 | \$000 | \$000 | \$000 | \$000 |
| Grants and other contributions | 982 | - | - | - | 982 |
| | 982 | - | - | - | 982 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

31. Borrowings

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Derivatives | 679 | 624 | - | - |
| Other loans and deposits | 7,304 | 7,321 | - | - |
| Lease liabilities (see Note 24) | 148,498 | 148,156 | 171 | 156 |
| Service concession financial liabilities | 1,655 | 1,557 | - | - |
| Public, private partnerships (PPP) | | | | |
| Long Bay Forensic Hospital | 3,632 | 3,283 | - | - |
| Calvary Mater Newcastle Hospital | 3,451 | 2,983 | - | - |
| Orange Hospital & Associated Health Services | 5,164 | 4,271 | - | - |
| Royal North Shore Hospital Redevelopment | 16,492 | 12,426 | - | - |
| | 186,875 | 180,621 | 171 | 156 |
| Non-Current | | | | |
| Derivatives | 37 | - | - | - |
| Other loans and deposits | 23,522 | 30,850 | - | - |
| Lease liabilities (see Note 24) | 610,566 | 491,770 | 485 | 629 |
| Service concession financial liabilities | 26,400 | 28,055 | - | - |
| Public, private partnerships (PPP) | | | | |
| Long Bay Forensic Hospital | 54,408 | 58,040 | - | - |
| Calvary Mater Newcastle Hospital | 55,932 | 59,382 | - | - |
| Orange Hospital & Associated Health Services | 140,979 | 146,144 | - | - |
| Royal North Shore Hospital Redevelopment | 648,978 | 665,469 | - | - |
| | 1,560,822 | 1,479,710 | 485 | 629 |

No assets have been pledged as security / collateral for liabilities and there are no restrictions on any title to property.

Details regarding liquidity risk, including a maturity analysis of the above borrowings are disclosed in Note 42.

Borrowings represents interest bearing liabilities mainly through NSW Treasury Corporation, lease liabilities, service concessions arrangement liabilities, other interest bearing liabilities and derivatives.

The consolidated entity has entered into various public, private partnership (PPP) financing arrangements with the private sector for the provision of service-enabling infrastructure that includes private sector delivering a combination of design, construction, financing, maintenance, operations and delivery of clinical and non-clinical services. Payments are made by the consolidated entity to the private sector entities on the basis of delivery of assets, service delivery or by granting a right to the operator to generate revenue by charging customers. The arrangements are based on consumer price index (CPI)-linked finance and fixed finance.

Assets under the PPP arrangements are either classified as property, plant and equipment (PP&E) or service concession assets (SCA) under Note 23. Liabilities under these arrangements are classified as either a PPP liability or service concession financial liability (SCFL) under Note 31 or grant of right to operate liability under service concessions (GORTO) under Note 33.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

31. Borrowings (continued)

List of all such arrangements is as follows:

| Name of arrangement | Type of Asset | Type of Liability |
|--|----------------|-------------------------|
| Orange Hospital & Associated Health Services PPP | PP&E (Note 23) | PPP Liability (Note 31) |
| Long Bay Forensic Hospital PPP | PP&E (Note 23) | PPP Liability (Note 31) |
| Calvary Mater Newcastle Hospital PPP | PP&E (Note 23) | PPP Liability (Note 31) |
| Royal North Shore Hospital Redevelopment PPP | | |
| - Royal North Shore Hospital | PP&E (Note 23) | PPP Liability (Note 31) |
| - Royal North Shore Hospital Car Park No.1 | SCA (Note 23) | GORTO (Note 33) |
| - Royal North Shore Hospital Car Park No.2 | SCA (Note 23) | SCFL (Note 31) |
| Northern Beaches Hospital PPP | | |
| - Northern Beaches Public Hospital | SCA (Note 23) | Nil |
| - Northern Beaches Hospital - Shared portion | SCA (Note 23) | GORTO (Note 33) |
| - Northern Beaches Hospital Car Park | SCA (Note 23) | GORTO (Note 33) |
| Hawkesbury Hospital PPP | SCA (Note 23) | Nil |
| St George Hospital Car Park | SCA (Note 23) | GORTO (Note 33) |

The consolidated entity has also entered into other arrangements, similar to PPP arrangements, with the private sector for the provision of public services, however the arrangement does not require the construction of assets by the private sector. The assets are provided by the consolidated entity to the private operator which are the existing assets of the consolidated entity and meets the definition of service concession assets. Details of these arrangements are as follows:

| Name of arrangement | Type of Asset | Type of Liability |
|-------------------------|---------------|-------------------|
| Mercy Care Centre Young | SCA (Note 23) | Nil |

Recognition and Measurement

Financial liabilities at amortised cost

Borrowings classified as financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held-for-trading such as derivative financial liabilities designated upon initial recognition as at fair value through profit or loss.

Financial liabilities are classified as held-for-trading if they are incurred for the purpose of repurchasing in the near term or on initial recognition are part of a portfolio of identified financial instruments that are managed together and for which there is evidence of a recent actual pattern of short-term profit-taking. Derivatives are economic hedges classified as at fair value through profit or loss unless they are designated as effective hedging instruments.

Derivatives are carried as financial liabilities when the fair value is negative. Gains or losses on derivative liabilities are recognised in the net result as the consolidated entity has elected not to apply hedge accounting.

The consolidated entity has not designated any financial liability as at fair value through profit or loss.

The consolidated and parent entity has not granted any financial guarantees.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

31. Borrowings (continued)

Changes in liabilities arising from financing activities

CONSOLIDATED

| | Derivatives \$000 | Other loans and deposits \$000 | Leases \$000 | Service concession arrangements \$000 | Total \$000 |
|------------------------|----------------------|--------------------------------------|-----------------|--|------------------|
| 1 July 2022 | - | 1,015,980 | 624,017 | 31,076 | 1,671,073 |
| Cash flows | (11) | (25,811) | (160,109) | (1,464) | (187,395) |
| New leases | - | - | 166,913 | - | 166,913 |
| Lease terminations | - | - | (19,409) | - | (19,409) |
| Lease reassessments | - | - | 28,514 | - | 28,514 |
| Non-cash changes other | 635 | - | - | - | 635 |
| 30 June 2023 | 624 | 990,169 | 639,926 | 29,612 | 1,660,331 |
| 1 July 2023 | 624 | 990,169 | 639,926 | 29,612 | 1,660,331 |
| Cash flows | (1,198) | (30,307) | (163,440) | (1,557) | (196,502) |
| New leases | - | - | 166,878 | - | 166,878 |
| Lease terminations | - | - | (14,104) | - | (14,104) |
| Lease reassessments | - | - | 129,804 | - | 129,804 |
| Non-cash changes other | 1,290 | - | - | - | 1,290 |
| 30 June 2024 | 716 | 959,862 | 759,064 | 28,055 | 1,747,697 |

Cash flows from derivatives in the above table will not reconcile to the Statement of Cash Flows as the Statement of Cash Flows presents a net cash movement of financial assets and liabilities.

PARENT

| | Leases \$000 | Total \$000 |
|---------------------|-----------------|----------------|
| 1 July 2022 | 17,489 | 17,489 |
| Cash flows | (168) | (168) |
| New leases | 47 | 47 |
| Lease terminations | (16,582) | (16,582) |
| Lease reassessments | (1) | (1) |
| 30 June 2023 | 785 | 785 |
| 1 July 2023 | 785 | 785 |
| Cash flows | (170) | (170) |
| New leases | 44 | 44 |
| Lease reassessments | (3) | (3) |
| 30 June 2024 | 656 | 656 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

32. Provisions

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Employee benefits and related on-costs | | | | |
| Annual leave | | | | |
| Obligations expected to be settled within 12 months | 1,765,660 | 1,591,399 | 18,398 | 15,910 |
| Obligations expected to be settled after 12 months | 900,622 | 948,405 | 7,553 | 7,396 |
| Long service leave consequential on-costs | | | | |
| Obligations expected to be settled within 12 months | 45,954 | 35,783 | 848 | 568 |
| Obligations expected to be settled after 12 months | 451,733 | 413,360 | 7,546 | 6,717 |
| Allocated days off | 85,769 | 87,243 | - | - |
| Sick leave | 130 | 149 | - | - |
| Parental leave | | | | |
| Obligations expected to be settled within 12 months | 111,703 | 117,484 | 1,525 | - |
| | 3,361,571 | 3,193,823 | 35,870 | 30,591 |
| Other Provisions | | | | |
| Restoration costs | 13,734 | 13,913 | - | - |
| Other | 94,160 | 79,954 | 66,904 | 50,600 |
| | 107,894 | 93,867 | 66,904 | 50,600 |
| Total current provisions | 3,469,465 | 3,287,690 | 102,774 | 81,191 |
| Non-current | | | | |
| Employee benefits and related on-costs | | | | |
| Long service leave consequential on-costs | 55,116 | 44,265 | 933 | 720 |
| | 55,116 | 44,265 | 933 | 720 |
| Other Provisions | | | | |
| Restoration costs | 16,757 | 10,056 | - | - |
| Other | 5,903 | - | 5,903 | - |
| | 22,660 | 10,056 | 5,903 | - |
| Total non-current provisions | 77,776 | 54,321 | 6,836 | 720 |
| Aggregate employee benefits and related on-costs | | | | |
| Provisions - current | 3,361,571 | 3,193,823 | 35,870 | 30,591 |
| Provisions - non-current | 55,116 | 44,265 | 933 | 720 |
| Accrued salaries, wages and on-costs and salaries and wages deductions (Note 29) | 556,957 | 421,605 | 4,256 | 2,962 |
| | 3,973,644 | 3,659,693 | 41,059 | 34,273 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

32. Provisions (continued)

Movements in provisions (other than employee benefits)

Movements in each class of provision during the financial year, other than employee benefits, are set out below:

Restoration costs

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Carrying amount at beginning of year | 23,969 | 27,779 | - | - |
| - Additional provisions recognised | 8,474 | 4,090 | - | - |
| - Amounts used | (1,722) | (7,336) | - | - |
| - Unused amounts reversed | (230) | (564) | - | - |
| Carrying amount at end of year | 30,491 | 23,969 | - | - |

The majority of 'restoration costs' represent the expected cost to restore a leased asset at the end of the lease term. Lease end dates vary across the consolidated entity's lease portfolio and therefore the timing of the payments to restore the leased asset at the end of the term will vary. The majority of the 'restoration cost' provision is as per the lease contracts.

Other

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---------------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Carrying amount at beginning of year | 79,954 | 137,174 | 50,600 | 11,404 |
| - Additional provisions recognised | 60,960 | 57,706 | 22,499 | 50,600 |
| - Amounts used | (37,922) | (101,187) | (292) | (11,404) |
| - Unused amounts reversed | (2,929) | (13,739) | - | - |
| Carrying amount at end of year | 100,063 | 79,954 | 72,807 | 50,600 |

The majority of the 'other' provision represent various contractual related obligations. The consolidated and parent entity has recognised the provision amount by taking into consideration all available information at the reporting date and making the best management estimation of the obligation. The timing of the payments will vary for each contractual related obligations.

Recognition and Measurement

Employee benefits and related on-costs

Salaries and wages, annual leave, allocated days off (ADOs), parental leave, sick leave and on-costs

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave, ADOs and parental leave are not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 *Employee Benefits* (although short-cut methods are permitted).

Ministry of Health

Notes to and forming part of the Financial Statements for the year ended 30 June 2024

32. Provisions (continued)

Recognition and Measurement (continued)

Employee benefits and related on-costs (continued)

Actuarial advice obtained by NSW Treasury, an entity controlled by the ultimate parent, has confirmed that using the nominal annual leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 8.4% to 14.03% of nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The consolidated entity has assessed the actuarial advice based on the consolidated entity's circumstances to annual leave, ADOs and parental leave and has determined that the effect of discounting is immaterial. All annual leave is classified as a current liability even where the consolidated entity does not expect to settle the liability within 12 months as the consolidated entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

Long service leave and superannuation

The consolidated entity's liability for long service leave and defined benefit superannuation are assumed by The Crown in right of the State of New South Wales. The consolidated entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown of employee benefits and other liabilities'.

Specific on-costs relating to long service leave assumed by The Crown in right of the State of New South Wales are borne by the consolidated entity.

Long service leave is measured at the present value of expected future payments to be made in respect of services provided up to the reporting date. Consideration is given to certain factors based on an actuarial review, including expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using the long-term Commonwealth Government bond rate at the reporting date.

The superannuation expense for the financial year is determined by using the formula specified in the NSW Treasury's, an entity controlled by the ultimate parent entity, Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Aware Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

33. Other liabilities

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Current | | | | |
| Unearned revenue | 78,383 | 76,476 | - | - |
| Grant of right to operate liability under service concessions* | 9,646 | 9,903 | - | - |
| Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity | 14,726 | 33,815 | 187 | 3,000 |
| | 102,755 | 120,194 | 187 | 3,000 |
| Non-current | | | | |
| Unearned revenue | 100,372 | 97,888 | - | - |
| Grant of right to operate liability under service concessions* | 155,673 | 165,319 | - | - |
| Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity | 54,432 | 55,185 | 2,766 | - |
| Other | 35 | 213 | - | - |
| | 310,512 | 318,605 | 2,766 | - |

* This is the unearned revenue portion of the revenue from exchange of assets and is progressively reduced over the period of the arrangement. Refer to Note 12 and Note 23 for further information on service concession arrangements.

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$'000 | Parent 2023 \$'000 |
|---|-------------------------------|-------------------------------|--------------------------|--------------------------|
| Opening balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity | 89,000 | 90,765 | 3,000 | 3,000 |
| Add: receipt of cash during the financial year | 5,361 | 25,797 | - | - |
| Less: income recognised during the financial year | (25,203) | (27,562) | (47) | - |
| Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity | 69,158 | 89,000 | 2,953 | 3,000 |

Refer to Note 10 for a description of the consolidated and parent entity's obligations under transfers received to acquire or construct non-financial assets to be controlled by the consolidated and parent entity.

The consolidated and parent entity expects to recognise as income any liability for unsatisfied obligations as at the end of the reporting period evenly during the next 1 to 2 financial years, as the related asset(s) are constructed. There are also some liabilities in relation to future replacement of capital assets, the timing of revenue recognition is mostly unknown at this stage.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

34. Equity

Increase / (decrease) in net assets from equity transfer

| | | Consolidated | Consolidated | Parent | Parent |
|---|-----|--------------|--------------|--------|--------|
| | | 2024 | 2023 | 2024 | 2023 |
| | | \$000 | \$000 | \$000 | \$000 |
| Transfer of property, plant and equipment | (a) | - | (9,404) | - | 6,428 |
| | | - | (9,404) | - | 6,428 |

(a) Transfer of property, plant and equipment

| | | Consolidated | Consolidated | Parent | Parent |
|---|--|--------------|--------------|--------|--------|
| | | 2024 | 2023 | 2024 | 2023 |
| | | \$000 | \$000 | \$000 | \$000 |
| Carrying amount at transfer date | | | | | |
| Land & buildings | | - | (9,404) | - | 6,428 |
| Fair value at transfer date | | - | (9,404) | - | 6,428 |

CONSOLIDATED

In 2023, The *Greater Sydney Parklands Trust Act 2022* came into effect on 1 July 2022, which amended the *Paramatta Park Trust Act 2001* to provide for Wistaria Gardens to be vested in the Parramatta Park Trust, an entity controlled by the ultimate parent. The transfer of Wistaria Gardens to the Parramatta Park Trust was completed on the 1 July 2022 and was treated as an equity transfer. The Wistaria Garden assets were carried at fair value, the carrying amount of the assets prior to the transfer was \$9.4 million.

PARENT

In 2023, in accordance with the Real Property Disposal Framework, the following assets were transferred from Ambulance Service of NSW and Northern Sydney Local Health District, controlled entities of the Ministry of Health, at fair value of the asset: Yass ambulance station, 88 Meehan Street Yass \$0.4 million and 10 Kooloora Avenue Freshwater \$6.0 million.

35. Commitments

(a) Capital commitments

Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:

| | | Consolidated | Consolidated | Parent | Parent |
|---|--|------------------|------------------|--------|--------|
| | | 2024 | 2023 | 2024 | 2023 |
| | | \$000 | \$000 | \$000 | \$000 |
| Within one year | | 1,761,845 | 1,575,788 | - | - |
| Later than one year and not later than five years | | 1,156,330 | 1,515,715 | - | - |
| Later than five years | | 2,272 | 518 | - | - |
| Total (including GST) | | 2,920,447 | 3,092,021 | - | - |

(b) Input tax receivable related to capital commitments for expenditure

The total of capital 'commitments' payable, i.e. \$2,920 million as at 30 June 2024, includes input tax credits of \$265.50 million that are expected to be recoverable from the Australian Taxation Office (2023: \$281.10 million).

Output tax payable related to commitments for revenue

The total of 'commitments' receivable, i.e. \$164 million as at 30 June 2024, includes input tax of \$14.90 million that is expected to be payable to the Australian Taxation Office (2023: \$16.30 million).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

36. Trust funds

CONSOLIDATED

The consolidated entity holds money in trust in relation to patient trusts, refundable deposits, private patient trust funds and third party funds. As the consolidated entity performs only a custodial role in respect of trust monies, they are excluded from the financial statements as the consolidated entity cannot use them for the achievement of its own objectives. The following is a summary of the transactions in the trust account.

| 2024 | Opening Cash | Add: | Less: | Closing Cash |
|-----------------------------|---------------|----------------|------------------|---------------|
| | Balance | Receipts | Expenditure | Balance |
| | \$000 | \$000 | \$000 | \$000 |
| Patient Trust | 5,414 | 2,570 | (3,318) | 4,666 |
| Refundable Deposits | 10,440 | 1,536 | (5,421) | 6,555 |
| Private Patient Trust Funds | 3,923 | 579,888 | (581,118) | 2,693 |
| Third Party Funds | 66,018 | 194,370 | (202,966) | 57,422 |
| Total trust funds | 85,795 | 778,364 | (792,823) | 71,336 |

| 2023 | Opening Cash | Add: | Less: | Closing Cash |
|-----------------------------|---------------|----------------|------------------|---------------|
| | Balance | Receipts | Expenditure | Balance |
| | \$000 | \$000 | \$000 | \$000 |
| Patient Trust | 4,696 | 5,901 | (5,183) | 5,414 |
| Refundable Deposits | 13,798 | 4,202 | (7,560) | 10,440 |
| Private Patient Trust Funds | 5,700 | 551,275 | (553,052) | 3,923 |
| Third Party Funds | 41,175 | 156,723 | (131,880) | 66,018 |
| Total trust funds | 65,369 | 718,101 | (697,675) | 85,795 |

PARENT

| 2024 | Opening Cash | Add: | Less: | Closing Cash |
|--------------------------|---------------|---------------|-----------------|---------------|
| | Balance | Receipts | Expenditure | Balance |
| | \$000 | \$000 | \$000 | \$000 |
| Third Party Funds | 26,040 | 24,850 | (33,430) | 17,460 |
| Total trust funds | 26,040 | 24,850 | (33,430) | 17,460 |

| 2023 | Opening Cash | Add: | Less: | Closing Cash |
|--------------------------|---------------|---------------|-----------------|---------------|
| | Balance | Receipts | Expenditure | Balance |
| | \$000 | \$000 | \$000 | \$000 |
| Third Party Funds | 11,225 | 71,040 | (56,225) | 26,040 |
| Total trust funds | 11,225 | 71,040 | (56,225) | 26,040 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

36. Trust funds (continued)

The following list provides a brief description of the purpose of the trust fund categories.

| Category | Purpose |
|-----------------------------|--|
| Patient Trust | The safe custody of patients' valuables including monies. |
| Refundable Deposits | A sum of money held in trust as a security deposit. |
| Private Patient Trust Funds | The revenue derived from private patient and other billable services provided by Staff Specialists. |
| Third Party Funds | A sum of money held in trust on behalf of external parties, e.g. external foundations, volunteer groups and auxiliaries. |

37. Contingent liabilities and contingent assets

CONSOLIDATED AND PARENT

a) Contingent liabilities

A compensation appeal proceedings is underway for a compulsory property acquisition matter, where the claimant's compensation amount differs from the Valuer General's determined amount. The consolidated entity is defending the action.

b) Contingent assets

The consolidated entity is not aware of any contingent assets which would have a material effect on the disclosures in these financial statements.

Ministry of Health

Notes to and forming part of the Financial Statements for the year ended 30 June 2024

38. Interests in other entities

a) Interests in associates

Set out below are the associates of Hunter New England Local Health District (HNELHD) and Illawarra Shoalhaven Local Health District (ISLHD) as at 30 June 2024. The proportion of ownership interest held by the group equals the voting rights held by the group.

| Name of entity | Place of business and country of incorporation | Class of shares | Ownership interest | | Reporting Period | Measurement method | Carrying amount | |
|--|--|-----------------|--------------------|--------|------------------|--------------------|-----------------|------------|
| | | | 2024 % | 2023 % | | | 2024 \$000 | 2023 \$000 |
| Hunter Medical Research Institute | Australia | Not applicable | 25 | 25 | 31 December | Equity method | - | - |
| Keira Institute of Health and Medical Research Limited | Australia | Not applicable | 50 | - | 30 June | Equity method | - | - |

Hunter Medical Research Institute is a company limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at \$Nil value and as such no financial information has been disclosed.

Keira Institute of Health and Medical Research Limited is a company limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at \$nil value and as such no financial information has been disclosed. The Keira Institute of Health and Medical Research has a 30 June reporting period.

b) Interests in joint control

Central Coast Local Health District has entered into an agreement called Affiliation Agreement for the Central Coast Research Institute (CCRI) with the University of Newcastle, to undertake research.

The agreement requires equal appointment of directors to the CCRI's Governance Board, which will be managing the relevant activities of the CCRI. Both parties have direct rights to the assets of the CCRI and are jointly and severally liable for the liabilities incurred. CCRI is therefore classified as a joint operation and Central Coast Local Health District recognises its direct right to the jointly held assets, liabilities, revenues and expenses and its share of any jointly held or incurred assets, liabilities, revenues and expenses. These have been incorporated in the financial statements under the appropriate headings.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

39. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to the net result as reported in the Statement of Comprehensive Income as follows:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|--|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Net cash used on operating activities | 2,703,436 | 1,947,626 | 335,552 | (484,920) |
| Depreciation and amortisation expense | (1,477,854) | (1,377,606) | (11,420) | (10,903) |
| Allowance for impairment | (176,768) | (222,562) | 120 | (595) |
| Effects of exchange rate changes | 198 | (46) | - | - |
| (Increase) / decrease in other liabilities | 25,354 | (13,671) | 47 | - |
| Decrease / (increase) in provisions | (205,231) | 200,874 | (27,700) | (38,533) |
| Increase / (decrease) in inventory | (37,726) | (221,586) | 5,218 | (6,309) |
| Increase / (decrease) in prepayments and other assets | 124,714 | (256,806) | 107,168 | (430,004) |
| Increase / (decrease) in contract assets | 418 | 953 | 175 | 97 |
| Decrease / (increase) in payables | (86,385) | 363,909 | (125,423) | 314,876 |
| Decrease / (increase) in contract liabilities | 20,604 | (476) | (102) | 1,125 |
| Increase / (decrease) in financial instruments at fair value | 7,933 | 9,044 | - | - |
| Net gain / (loss) on sale of property, plant and equipment | (12,474) | (27,301) | (5) | (5) |
| Net gain / (loss) on disposal of right-of-use assets | 727 | (128) | - | (184) |
| Assets donated or brought to account (Note 40) | 2,314 | 839 | 4 | (7,789) |
| Other | 957 | 269 | 1 | - |
| Net result | 890,217 | 403,332 | 283,635 | (663,144) |

40. Non-cash financing and investing activities

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|---|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Assets donated or brought to account | 2,314 | 839 | 4 | (7,789) |
| Property, plant and equipment acquired by a lease | 166,878 | 167,127 | 44 | 47 |
| | 169,192 | 167,966 | 48 | (7,742) |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

41. Budget Review - Consolidated

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period. Subsequent amendments to the original budget (e.g. adjustment for transfer of functions between entities as a result of Administrative Arrangements Orders) are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed in the financial statements are explained below.

NET RESULT

The actual net result (surplus of \$890 million) is lower than the budgeted net result (surplus of \$1,662 million) by \$772 million for the year ended 30 June 2024. A reconciliation of the movements between the actual and budgeted net result is presented below:

| | \$000 |
|---|------------------|
| Net result - actual | 890,217 |
| Employee related expenses were lower than budgeted due to the timing of recruitment. However, this was largely offset by the long service leave consequential on-costs and other employee on-costs provision movements due to changes in the triennial on-cost factors. | (428) |
| Operating expenses exceeded the budget due to increased costs for specialised health services and outsourced patient care which was driven by efforts to reduce the elective surgery waitlists throughout the year. | 192,321 |
| Depreciation and amortisation were higher than budget due to the timing of new capital projects coming into service and the impact of the prior and current year comprehensive revaluations of land, buildings and infrastructure. | 78,763 |
| Grants and subsidies expenses were lower than expected with lower than anticipated donations provided in-kind to other NSW Government agencies and external parties. | (11,925) |
| Finance costs were lower than budget from the timing of interest in connection with lease liabilities. | (4,431) |
| Appropriations were lower than budget primarily driven by lower than expected spend against the capital program. | 473,707 |
| Acceptance by the Crown of employee benefits and other liabilities was higher than budget due to the actuarial valuation to long service leave benefits assumed by the Crown. | (59,446) |
| Revenue from the sale of goods and services from contracts with customers surpassed the budget, driven by higher fees for inpatient revenue and veteran affairs contributions. | (126,173) |
| Investment revenue exceed budget as a result of higher interest rates on financial assets at amortised cost and higher unit price increases on TCorpIM fund investments. | (38,612) |
| Grants and other contributions revenue was higher than budget resulting from higher than expected in-kind COVID therapeutics received free of charge from the Commonwealth and additional grants recognised as part of the Commonwealth Vaccination Program. | (200,033) |
| Other income were lower than budget due to varying arrangements not occurring throughout the year. | 10,392 |
| Gains / (losses) on disposal exceeded budget due to the disposal of various items of property, plant and equipment below the written down value and other gains / (losses) exceeded budget from increased write-off of and impairment of medical and surgical supplies. | 372,736 |
| Impairment losses on financial assets were higher than expected. | 84,681 |
| Net result - budget | 1,661,769 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

41. Budget Review - Consolidated (continued)

ASSETS AND LIABILITIES

The actual net assets (\$28,869 million) is lower than the budgeted net assets (\$29,357 million) by \$488 million as at 30 June 2024.

A reconciliation of the movements between significant assets and liabilities is presented below:

| | \$000 |
|---|-------------------|
| Net assets - actual | 28,869,047 |
| Cash and cash equivalents were higher than expected resulting from the timing of year end creditor and payroll payments, the divestment of TCorp investments into cash holdings and higher restricted financial asset holdings. | (609,144) |
| Receivables were higher than budget under trade receivables from contract with customers as a result of increased debtor balances for patient fees and motor accident third party insurance claims. | (298,403) |
| Inventories were lower than budget due to higher consumption rates of medical and surgical supplies and a larger write-off than anticipated due to items expiring before they could be used. | 91,996 |
| Financial assets at fair value were less than budget primarily as a result of the divestment of a number of medium and long term TCorpIM fund investments into cash holdings and there were no new financial assets entered into throughout the financial year. | 35,826 |
| Property, plant and equipment was lower than expected primarily due to the timing of capital projects being delivered and lower than expected revaluation adjustments. Higher than budgeted depreciation from large revaluations in prior years also contributed to the position. | 812,444 |
| Right-of-use assets were higher than budget due to lease remeasurements and additional aeromedical and property leases. | (115,885) |
| Intangibles were higher than original budget primarily resulting from increased capital spend. | (97,089) |
| Payables were higher than expected due to increases in accrued salaries, wages and on-costs and other capital works payables due to the timing differences of payment. | 259,762 |
| Contract liabilities were lower than budget due to the timing of meeting the specific performance obligations within the contracts. | (20,604) |
| Borrowings were higher than expected resulting from the additional recognition of leases. | 119,991 |
| Provisions were higher than expected primarily resulting from changes to on-cost factors for annual leave, long service leave consequential on-costs and increases to contractual non employee provisions. | 379,276 |
| Other liabilities were lower than budget due primarily to the decrease of liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity. | (3,732) |
| Net movement across several asset classes due to other minor variations. | (65,992) |
| Net assets - budget | 29,357,493 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

41. Budget Review - Consolidated (continued)

CASH FLOWS

Operating activities net cash inflows were lower than budget by \$312 million attributable to receipts being lower than budget for appropriations, but slightly offset by higher receipts for sale of goods and services and grants and other contributions. Similar to receipts, payments were lower than budget due mainly to lower employee related expenses and suppliers for goods and services.

Investing activities net cash outflows were lower than budget by \$940 million attributable to decreases in purchases of property, plant and equipment and intangibles and proceeds from the sale of property, plant and equipment and intangibles and increases in financial assets sales.

Financing net cash outflows were higher than expected by \$17 million. This was attributable primarily to higher payments of the principal portion of lease liabilities than budgeted.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments

The consolidated entity's principal financial instruments are outlined below. These financial instruments arise directly from the consolidated entity's operations or are required to finance its operations. The consolidated entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The consolidated entity's main risks arising from financial instruments are outlined below, together with the consolidated entity's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Secretary of NSW Health has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the consolidated and parent entities, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

CONSOLIDATED

| Class | Note | Category | Carrying amount | |
|------------------------------------|------|--|------------------|------------------|
| | | | 2024 \$000 | 2023 \$000 |
| Financial Assets | | | | |
| Cash and cash equivalents | 17 | Amortised cost | 2,781,203 | 2,475,288 |
| Receivables ¹ | 18 | Amortised cost | 854,540 | 752,234 |
| Contract assets ² | 19 | Amortised cost | 2,677 | 2,260 |
| Financial assets at fair value | 21 | Fair value through profit or loss - mandatory classification | 74,872 | 106,470 |
| Other financial assets | 22 | Amortised cost | 90,771 | 88,587 |
| Total financial assets | | | 3,804,063 | 3,424,839 |
| Financial Liabilities | | | | |
| Payables ³ | 29 | Financial Liabilities (at amortised cost) | 2,189,311 | 1,939,732 |
| Borrowings | 31 | Financial Liabilities (at amortised cost) | 1,746,981 | 1,659,707 |
| | | Fair value through profit or loss - mandatory classification | 716 | 624 |
| Other liabilities ³ | 33 | Financial Liabilities (at amortised cost) | 35 | 213 |
| Total financial liabilities | | | 3,937,043 | 3,600,276 |

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

³ Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(a) Financial instrument categories (continued)

PARENT

| Class | Note | Category | Carrying amount | |
|------------------------------------|------|---|------------------|----------------|
| | | | 2024 \$000 | 2023 \$000 |
| Financial Assets | | | | |
| Cash and cash equivalents | 17 | Amortised cost | 683,561 | 426,486 |
| Receivables ¹ | 18 | Amortised cost | 308,504 | 196,009 |
| Contract assets ² | 19 | Amortised cost | 636 | 460 |
| Other financial assets | 22 | Amortised cost | 281,133 | 206,553 |
| Total financial assets | | | 1,273,834 | 829,508 |
| Financial Liabilities | | | | |
| Payables ³ | 29 | Financial Liabilities (at amortised cost) | 684,024 | 558,973 |
| Borrowings | 31 | Financial Liabilities (at amortised cost) | 656 | 785 |
| Total financial liabilities | | | 684,680 | 559,758 |

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

³ Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

The consolidated entity determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(b) Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a pass through arrangement and either:

- the consolidated entity has transferred substantially all the risks and rewards of the asset; or
- the consolidated entity has neither transferred nor retained substantially all the risks and rewards for the asset, but has transferred control.

When the consolidated entity has transferred its rights to receive cash flows from an asset or has entered into a pass through arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the consolidated entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the consolidated entity continuing involvement in the asset. In that case, the consolidated entity also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the consolidated entity could be required to repay.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(b) Derecognition of financial assets and financial liabilities (continued)

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

(c) Offsetting financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

(d) Financial risks

i. Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the consolidated entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for credit losses or allowance for impairment).

Credit risk arises from financial assets of the consolidated entity, including cash, receivables and authority deposits. No collateral is held by the consolidated entity. The consolidated entity has not granted any financial guarantees.

Credit risk associated with the consolidated entity's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

The consolidated entity considers a financial asset in default when contractual payments are 90 days past due. However, in certain cases, the consolidated entity may also consider a financial asset to be in default when internal or external information indicates that the entity is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the consolidated entity.

Cash and cash equivalents

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate, adjusted for a management fee to NSW Treasury. The TCorp IM Funds cash facility is discussed in market risk below.

Accounting policy for impairment of trade receivables and other financial assets

Receivables - trade receivables, other receivables, contract assets and lease receivables

Collectability of trade receivables, other receivables, contract assets and lease receivables is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand.

The consolidated entity applies the AASB 9 *Financial Instruments* simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables, other receivables, contract assets and lease receivables.

To measure the expected credit losses, trade receivables, other receivables, contract assets and lease receivables have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The consolidated entity has not identified any relevant factors, and accordingly has not adjusted the historical loss rates.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

Trade receivables, other receivables, contract assets and lease receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others a failure to make contractual payments for a period of greater than 90 days past due.

The loss allowance for trade receivables, other receivables, contract assets and lease receivables as at 30 June 2024 and 2023 was determined as follows:

CONSOLIDATED

| | Current | <30 days | 30-60 days | 61-90 days | >91 days | Total |
|--|---------|----------|------------|------------|----------|-----------|
| 30 June 2024 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 |
| Expected credit loss rate | 1.58% | 5.64% | 6.82% | 15.66% | 41.53% | 12.26% |
| Estimated total gross carrying amount ¹ | 633,239 | 67,600 | 84,755 | 37,043 | 257,804 | 1,080,441 |
| Expected credit loss | 9,998 | 3,812 | 5,784 | 5,800 | 107,059 | 132,453 |
| 30 June 2023 | Current | <30 days | 30-60 days | 61-90 days | >91 days | Total |
| | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 |
| Expected credit loss rate | 1.51% | 5.91% | 15.69% | 23.99% | 37.47% | 15.32% |
| Estimated total gross carrying amount ¹ | 546,785 | 50,704 | 24,504 | 18,872 | 354,752 | 995,617 |
| Expected credit loss | 8,250 | 2,998 | 3,845 | 4,527 | 132,916 | 152,536 |

PARENT

| | Current | <30 days | 30-60 days | 61-90 days | >91 days | Total |
|--|---------|----------|------------|------------|----------|---------|
| 30 June 2024 | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 |
| Expected credit loss rate | 0.00% | 0.00% | 0.00% | 0.00% | 0.85% | 0.20% |
| Estimated total gross carrying amount ^{1,2} | 99,923 | 13,040 | 52,331 | 12,792 | 54,756 | 232,842 |
| Expected credit loss | - | - | - | - | 468 | 468 |
| 30 June 2023 | Current | <30 days | 30-60 days | 61-90 days | >91 days | Total |
| | \$000 | \$000 | \$000 | \$000 | \$000 | \$000 |
| Expected credit loss rate | 0.03% | 2.43% | 98.11% | 0.00% | 0.46% | 0.33% |
| Estimated total gross carrying amount ^{1,2} | 74,343 | 1,068 | 53 | 35 | 106,026 | 181,525 |
| Expected credit loss | 26 | 26 | 52 | - | 491 | 595 |

Notes

¹ The analysis excludes statutory receivables and prepayments as these are not within the scope of AASB 7 Financial Instruments: Disclosures. Therefore the 'total' will not reconcile to the receivables total in Note 18 and the contract assets total in Note 19.

² The estimated total gross carrying amount for the parent entity also excludes receivables from controlled health entities.

The consolidated entity is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors as at 30 June 2024 and 30 June 2023.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk

Liquidity risk is the risk that the consolidated entity will be unable to meet its payment obligations when they fall due. The consolidated entity continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The consolidated entity has negotiated no loan outside of arrangements with the Crown. During the current and prior year, there were no defaults of loans payable. No assets have been pledged as collateral.

Liquidity risk is minimised by the use of service agreements between the Secretary of NSW Health and controlled health entities. The annual service agreements, requires controlled entities to manage their financial liquidity and in particular, meet benchmarks for the payment of creditors. Where the controlled entities fail to meet service agreement performance standards, the parent as the state manager can take action in accordance with annual performance framework requirements, including providing financial support and increased management interaction.

Liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. For a supplier, that has a correctly rendered invoice, a matched purchase order and where goods have been received, an immediate payment is made irrespective of current contract payment terms.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be effected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d Financial risks (continued))

ii. Liquidity risk (continued)

The following table summarises the maturity profile of the consolidated entity's financial liabilities together with the interest rate exposure.

Maturity analysis and interest rate exposure of financial liabilities:

| | EIR ³ % | Nominal Amount ¹ \$000 | Interest Rate Exposure | | | Maturity Dates | | |
|--|-----------------------|---|------------------------------------|---------------------------------------|---------------------------------------|-------------------|--------------------|--------------------|
| | | | Fixed Interest Rate \$000 | Variable Interest Rate \$000 | Non - Interest Bearing \$000 | < 1 Year \$000 | 1-5 Years \$000 | > 5 Years \$000 |
| | | | | | | | | |
| CONSOLIDATED | | | | | | | | |
| 2024 | | | | | | | | |
| Payables ² | | 2,197,114 | 144,462 | - | 2,052,652 | 2,082,915 | 114,199 | - |
| Borrowings: | | | | | | | | |
| - Other loans and deposits | 2.51 | 32,609 | 32,609 | - | - | 7,981 | 21,379 | 3,249 |
| - Lease liabilities | 3.93 | 872,048 | 872,048 | - | - | 176,189 | 458,910 | 236,949 |
| - Service concession financial liabilities | 2.42 | 32,670 | 32,670 | - | - | 2,316 | 9,881 | 20,473 |
| - PPP | 10.85 | 1,770,153 | 92,231 | 1,677,922 | - | 131,157 | 556,491 | 1,082,505 |
| | | 4,904,594 | 1,174,020 | 1,677,922 | 2,052,652 | 2,400,558 | 1,160,860 | 1,343,176 |
| 2023 | | | | | | | | |
| Payables ² | | 1,939,732 | - | - | 1,939,732 | 1,939,732 | - | - |
| Borrowings: | | | | | | | | |
| - Other loans and deposits | 2.52 | 40,822 | 40,822 | - | - | 8,186 | 27,203 | 5,433 |
| - Lease liabilities | 2.84 | 709,575 | 709,575 | - | - | 166,800 | 401,665 | 141,110 |
| - Service concession financial liabilities | 2.42 | 34,927 | 34,927 | - | - | 2,257 | 9,631 | 23,039 |
| - PPP | 10.39 | 1,894,976 | 100,828 | 1,794,148 | - | 127,830 | 542,748 | 1,224,398 |
| | | 4,620,032 | 886,152 | 1,794,148 | 1,939,732 | 2,244,805 | 981,247 | 1,393,980 |

Notes

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the consolidated entity can be required to pay. The tables include both interest and principal cash flows and therefore will not agree to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

³ Weighted Average Effective Interest Rate (EIR).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d Financial risks (continued))

ii. Liquidity risk (continued)

Maturity analysis and interest rate exposure of financial liabilities:

| | EIR ³ % | Nominal Amount ¹ \$000 | Interest Rate Exposure | | | Maturity Dates | | |
|-----------------------|-----------------------|---|------------------------------------|---------------------------------------|---------------------------------------|-------------------|--------------------|--------------------|
| | | | Fixed Interest Rate \$000 | Variable Interest Rate \$000 | Non - Interest Bearing \$000 | < 1 Year \$000 | 1-5 Years \$000 | > 5 Years \$000 |
| | | | | | | | | |
| PARENT | | | | | | | | |
| 2024 | | | | | | | | |
| Payables ² | | 684,024 | - | - | 684,024 | 684,024 | - | - |
| Borrowings: | | | | | | | | |
| - Lease liabilities | 2.16 | 681 | 681 | - | - | 184 | 497 | - |
| | | 684,705 | 681 | - | 684,024 | 684,208 | 497 | - |
| 2023 | | | | | | | | |
| Payables ² | | 558,973 | - | - | 558,973 | 558,973 | - | - |
| Borrowings: | | | | | | | | |
| - Lease liabilities | 1.78 | 1,022 | 1,022 | - | - | 304 | 718 | - |
| | | 559,995 | 1,022 | - | 558,973 | 559,277 | 718 | - |

Notes

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the consolidated entity can be required to pay. The tables include both interest and principal cash flows and therefore will not agree to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

³ Weighted Average Effective Interest Rate (EIR).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d Financial risks (continued))

ii. Liquidity risk (continued)

The following table summarises the maturity profile of the consolidated entity's derivative financial instruments. The maturity profile of the cash flows are matched to the anticipated settlement of the commercial contracts as forecasted by the consolidated entity.

Maturity analysis of derivative financial assets at fair value through profit and loss that are hedging foreign currency

| | Fair Value | Maturity Dates | | |
|--------------------------|---------------|----------------|--------------|--------------|
| | | < 1 Year | 1-5 Years | > 5 Years |
| | \$000 | \$000 | \$000 | \$000 |
| CONSOLIDATED | | | | |
| 2024 | | | | |
| Financial assets: | | | | |
| - Derivatives - inflows | 8,798 | 58,837 | 39,483 | 20,110 |
| - Derivatives - outflows | (716) | (56,153) | (34,749) | (17,685) |
| | 8,798 | 2,684 | 4,734 | 2,425 |
| Financial liabilities: | | | | |
| - Derivatives - inflows | (716) | 26,238 | 31,743 | - |
| - Derivatives - outflows | (716) | (26,828) | (31,648) | - |
| | (716) | (590) | 95 | - |
| 2023 | | | | |
| Financial assets: | | | | |
| - Derivatives - inflows | 11,670 | 43,837 | 81,887 | 28,687 |
| - Derivatives - outflows | (624) | (41,115) | (75,572) | (25,098) |
| | 11,670 | 2,722 | 6,315 | 3,589 |
| Financial liabilities: | | | | |
| - Derivatives - inflows | (624) | 44,226 | - | - |
| - Derivatives - outflows | (624) | (44,607) | - | - |
| | (624) | (381) | - | - |

Notes

Cash outflows in foreign currencies are translated at prevailing spot rates on reporting dates.

The parent entity had no derivative financial assets or liabilities at fair value for the year ended 30 June 2024 or 2023.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d) Financial risks (continued)

iii. Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The consolidated entity's exposures to market risk are primarily through interest rate risk on the consolidated entity's borrowings, foreign currency risk and other price risks associated with the movement in the unit price of the Hour Glass Investment Facilities. The consolidated entity does not enter into commodity contracts.

The effect on net result and equity due to a reasonably possible change in risk variable is outlined in the information below for interest rate risk, foreign currency risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the consolidated entity operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the Statement of Financial Position reporting date. The analysis was performed on the same basis for 2023. The analysis assumes that all other variables remain constant.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Exposure to interest rate risk arises primarily through the consolidated entity's interest bearing liabilities.

However, controlled entities are not permitted to borrow external to the Ministry of Health (energy loans which are negotiated through NSW Treasury are excepted).

Both NSW Treasury and Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. The consolidated entity does not account for any fixed rate financial instruments at fair value through profit or loss or at fair value through other comprehensive income. Therefore, for these financial instruments, a change of interest rates would not affect the carrying value or interest paid / earned.

A reasonably possible change of +/-1% is used consistent with current trends in interest rates (based on official RBA interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

| CONSOLIDATED | 2024 | | 2023 | |
|--------------|----------|--------|----------|--------|
| | -1% | 1% | -1% | 1% |
| | 2024 | | 2023 | |
| | (\$'000) | | (\$'000) | |
| Net result | (17,933) | 17,933 | (14,555) | 14,555 |
| Equity | (17,933) | 17,933 | (14,555) | 14,555 |
| PARENT | 2024 | | 2023 | |
| | -1% | 1% | -1% | 1% |
| | 2024 | | 2023 | |
| | (\$'000) | | (\$'000) | |
| Net result | (6,836) | 6,836 | (4,265) | 4,265 |
| Equity | (6,836) | 6,836 | (4,265) | 4,265 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d) Financial risks (continued)

iii. Market risk (continued)

Foreign exchange risk

Exposure to foreign exchange risk arises primarily through the contractual commercial transactions denominated in a foreign currency. The risk is measured using sensitivity analysis and cash flow forecasting.

The consolidated entity manages its foreign exchange risk by maintaining foreign currency denominated bank accounts or buying foreign currency from TCorp at the time of purchase commitment, or enters into derivative economic hedges with TCorp in accordance with the consolidated entity's risk management policies.

At year end, the consolidated entity did not hold any material foreign currency denominated monetary assets and monetary liabilities, except for cash held in a US dollar denominated bank account. All funds held at year end in foreign currency are expected to be used to settle existing purchase commitments that are denominated in US currency.

The consolidated entity has outstanding forward foreign exchange contracts entered with TCorp to hedge foreign currency risks. The forward foreign exchange contracts enable the consolidated entity to exchange fixed foreign currency for fixed AUD at specified future date, enabling cash flow certainty.

The consolidated entity is exposed to foreign exchange risks associated with commercial contracts payments denominated in foreign currency. The consolidated entity's risk management strategy is to hedge foreign currency risks by maintaining foreign currency denominated bank accounts, buying foreign currencies from TCorp at the time of purchase commitment or entering into foreign exchange derivative contracts as approved within internal policies and guidelines set out under NSW Health's Procurement Policy and broader framework under *NSW Government Financial Risk Management Policy* (TPP21-04). The forward foreign exchange derivative contracts are economic hedges which enables the consolidated entity to exchange a fixed amount of foreign currency for fixed AUD amount at a specified future settlement date, ensuring cash flow certainty.

A sensitivity analysis has been disclosed for the cash held in foreign currency bank account and outstanding derivative contracts at year end. A sensitivity of 10% movement in the exchange rates has been selected for use in the sensitivity analysis at the reporting date, as this is considered reasonable, based on the current Australian dollar level and the historical volatility of the Australian dollar against the US currency. Based on the value of the Australian dollar at the reporting date as compared with the currencies below, adverse or favourable movements in the foreign exchange rates would result in an increase or decrease in the Australian dollar fair value respectively.

CONSOLIDATED

| 2024 | +10% | | -10% | |
|------------------------|---------------------|-----------------|---------------------|-----------------|
| | Net result \$000 | Equity \$000 | Net result \$000 | Equity \$000 |
| Denominated US Dollars | 4,662 | (424) | 518 | 518 |
| Derivatives | 8,082 | (14,609) | 17,856 | 17,856 |
| 2023 | +10% | | -10% | |
| | Net result \$000 | Equity \$000 | Net result \$000 | Equity \$000 |
| Denominated US Dollars | 3,442 | (313) | 382 | 382 |
| Derivatives | 11,046 | (16,545) | 20,222 | 20,222 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(d) Financial risks (continued)

iii. Market risk (continued)

Other price risk - TCorpIM Funds

Exposure to 'other price risk' primarily arises through the investment in the TCorpIM Funds, which are held for strategic rather than trading purposes. The consolidated entity has no direct equity investments. The consolidated entity holds units in the following TCorpIM Funds trusts:

| Facility | Investment Sectors | Investment Horizon | 2024 \$000 | 2023 \$000 |
|---------------------------------|---|--------------------|---------------|---------------|
| TCorpIM Medium Term Growth Fund | Cash and fixed income, credit, equities, alternative assets and real assets | 3 years to 7 years | 29,729 | 49,868 |
| TCorpIM Long Term Growth Fund | Cash and fixed income, credit, equities, alternative assets and real assets | 7 years and over | 36,345 | 44,932 |

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily. TCorp as trustee for each of the above facilities is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the TCorpIM Funds facilities limits the consolidated entity's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

TCorp provides sensitivity analysis information for each of the Investment facilities, which is used to demonstrate the impact on the funds' net assets as a result of a change in the unit price. This impact is based on a sensitivity rate of 10%, multiplied by the redemption value as at 30 June each year for each facility (balance from TCorpIM Funds statement). Actual movements in the price risk variables may differ to the sensitivity rate used due to a number of factors. The TCorpIM Funds are measured at fair value through profit or loss and therefore any change in unit price impacts directly on net results / equity.

| | Change in unit price | | Impact on net result / equity | |
|---------------------------------|----------------------|---------|-------------------------------|-------|
| | 2024 | 2023 | 2024 | 2023 |
| | % | % | \$000 | \$000 |
| TCorpIM Medium Term Growth Fund | +/- 10% | +/- 10% | 2,973 | 4,987 |
| TCorpIM Long Term Growth Fund | +/- 10% | +/- 10% | 3,635 | 4,493 |

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(e) Fair value measurement

i. Fair value compared to carrying amount

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

The consolidated entity's fair value does not differ from the carrying amount.

ii. Fair value recognised in the Statement of Financial Position

Derivative economic hedges and TCorpIM Funds Investment Facilities are measured at fair value. Management assessed that cash and short-term deposits, trade receivables, trade payables and other current liabilities approximate their fair values, largely due to the short-term maturities of these instruments.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *Fair Value Measurement*, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

| | Level 1 | Level 2 | Level 3 | Total |
|--|---------|---------|---------|--------|
| 2024 | \$000 | \$000 | \$000 | \$000 |
| Financial assets at fair value | | | | |
| Derivatives | - | 8,798 | - | 8,798 |
| TCorpIM Funds Investment Facility | - | 66,074 | - | 66,074 |
| Financial liabilities at fair value | | | | |
| Derivatives | - | 716 | - | 716 |
| <hr/> | | | | |
| | Level 1 | Level 2 | Level 3 | Total |
| 2023 | \$000 | \$000 | \$000 | \$000 |
| Financial assets at fair value | | | | |
| Derivatives | - | 11,670 | - | 11,670 |
| TCorpIM Funds Investment Facility | - | 94,800 | - | 94,800 |
| Financial liabilities at fair value | | | | |
| Derivatives | - | 624 | - | 624 |

The parent entity had no financial assets or liabilities at fair value in the Statement of Financial Position for the year ended 30 June 2024 or 2023.

There were no transfers between Level 1, 2 or 3 during the year ended 30 June 2024 (2023: \$Nil).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

42. Financial instruments (continued)

(e) Fair value measurement (continued)

ii. Fair value recognised in the Statement of Financial Position (continued)

The value of the TCorpIM Funds Investments is based on the consolidated entity's share of the value of the underlying assets of the facility, based on the market value. All of the TCorpIM Funds Investment facilities are valued using 'redemption' pricing.

The fair values of derivative economic hedges are determined using standard valuation technique based on the applicable market observable rates including spot rate and forward points.

43. Related party disclosures

(a) Key management personnel compensation

Key management personnel compensation is as follows:

| | Consolidated 2024 \$000 | Consolidated 2023 \$000 | Parent 2024 \$000 | Parent 2023 \$000 |
|------------------------------|-------------------------------|-------------------------------|-------------------------|-------------------------|
| Short-term employee benefits | 4,306 | 4,110 | 4,306 | 4,110 |
| Post-employment benefits | 164 | 133 | 164 | 133 |
| | 4,470 | 4,243 | 4,470 | 4,243 |

Compensation for the Minister for Health is paid by the Legislature and is not reimbursed by the Ministry of Health and its controlled entities. Accordingly no such amounts are included in the key management personnel compensation disclosures above.

(b) Transactions and outstanding balances with key management personnel of the consolidated entity and its parent during the financial year

There were no material transactions or outstanding balances with key management personnel of the consolidated entity and its parent during the financial year.

(c) Transactions the consolidated entity had with government related entities during the financial year

During the financial year and comparative year, the consolidated entity entered into the various transactions with other entities consolidated as part of the NSW Total State Sector (the ultimate parent) within the normal course of business.

Operating expenses incurred as follows:

- Payroll and fringe benefits taxes
- Audit of the statutory financial statements
- Cost for mobile radio network services
- Utilities, including electricity, gas and water expenses
- Property occupancy and maintenance expenses
- Insurance costs
- Legal and consultancy costs
- Records storage and retrieval expenses
- Grants and subsidies to health cluster agencies
- Personal protective equipment and rapid antigen tests granted to entities controlled by the ultimate parent
- Revenue collection services
- Project management and advisory costs for capital works projects
- Traineeship program contributions
- Various grants and other contributions.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

43. Related party disclosures (continued)

(c) Transactions the consolidated entity had with government related entities during the financial year (continued)

Revenue earned as follows:

- Appropriations as per the Appropriations Act received from Consolidated Fund
- Motor Accident Third Party revenue is received from State Insurance Regulatory Authority and Lifetime Care and Support Authority of New South Wales
- Clinical services revenue was received from the NSW Police Force, Transport for NSW and Resilience NSW
- Various grants and other contributions
- Interest income on restricted financial assets from the Crown
- Interest income and unit price movements on TCorpIM Funds Investment facilities
- Motor vehicle rebates
- Contract revenue for the construction works
- Insurance refunds
- Revenue from acceptance of long service leave liabilities and defined benefit superannuation.

Assets and Liabilities as follows:

- Receivables / payables in respect of the above noted related party revenue and expense transactions
- Some sale proceeds for non-current property, plant and equipment assets
- Right-of-use assets with Department of Customer Service
- Some funds are invested in TCorpIM Funds Investment facilities
- Forward foreign exchange derivative contracts are purchased through NSW Treasury Corporation
- Energy Efficient Government Program loans are held with the Crown.

(d) Transactions the parent entity had with government related entities during the financial year

Further to the above transactions entered into by the consolidated entity, the parent entity entered into the following transactions within the normal course of business with entities it controlled which are consolidated as part of these financial statements:

Operating expenses incurred as follows:

- Grants and subsidies provided to health entities
- Information technology service charges.

Revenue earned as follows:

- Interest for loans made to health entities
- Revenue from short term lease arrangements
- Recovery of outgoings from short term lease arrangements.

Assets and Liabilities as follows:

- Intra-health receivables and payables
- Receivable for loans and advances made to health entities.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2024

43. Related party disclosures (continued)

(e) Individually significant transactions with Government-related entities

Peppercorn Lease 1: Doonside Lease

NSW Land & Housing Corporation (LHC), an entity controlled by the ultimate parent, entered into a lease agreement with Western Sydney Local Health District (WSLHD) for the lease of the land at 32 Birdside Avenue, Doonside for a 99 year period commencing on 2 December 1991 and ending on 1 December 2090. WSLHD pay a lease rental of \$1 per year to the LHC.

Peppercorn Lease 2: Mt Druitt Lease

Department of Planning, Housing and Infrastructure (DPHI), an entity controlled by the ultimate parent, has entered into a lease agreement with Western Sydney Local Health District (WSLHD) for lease of the land located at Lots 29 and 30 in Rooty Hill, Cumberland County for a 77 year period commencing from 4 November 1973 to 31 December 2050. WSLHD will pay \$1 per year to the DPHI.

44. Events after the reporting period

No other matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS

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NSW Health organisations



Statutory health corporations

Agency for Clinical Innovation

Website: www.aci.health.nsw.gov.au

Chief Executive
Dr Jean-Frédéric Levesque

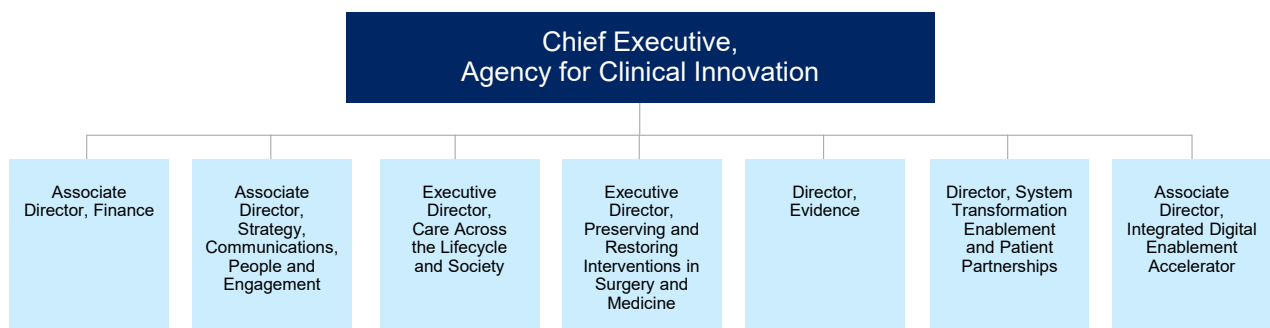
(Biography on page 10)



Key achievements

- Implemented the statewide Emergency Care Assessment and Treatment program which delivered standardised nurse-initiated care to 130 NSW emergency departments. The program enhanced patient and staff experiences and included comprehensive training, quality monitoring, and electronic medical record integration.
- Continued to scale patient reported measures across the state. Enhanced patient care with new surveys, improved reporting, and electronic medical record integration. More than 119,000 surveys were completed by more than 46,000 consumers and carers across 817 health services.
- Supported the implementation of the Perioperative Toolkit across surgical services in NSW public hospitals, optimising patient care from referral to rehabilitation. The toolkit includes resources for quality improvement, enhancing knowledge sharing, communication, and collaboration among multidisciplinary perioperative care teams.
- Established a framework for providing immune effector cells therapy, including:
 - a centralised quality system for treating sites to meet qualification requirements
 - resources for families, carers, and patients
 - processes for the review of safety and effectiveness of treatments.
- Enhanced the quality and access to virtual care for patients and health professionals across NSW through education, a digitised *Virtual Care in Practice Guide* and a new Virtual Care in Palliative Care Toolkit.
- Continued to deliver the Graduate Certificate in Healthcare Redesign Program. The program provides a high-quality, applied learning approach for NSW Health staff, enabling them to build skills and implement local change and innovation effectively.
- Released four new Vocational Intervention Program (VIP) toolkits for stakeholders, enhancing support for brain injury patients returning to work. A new community of practice was established to promote sustainable vocational rehabilitation practices across NSW.
- Reviewed and updated the nutrition standards with the support of a statewide governance system, co-led by the Agency for Clinical Innovation and HealthShare NSW. The standards help food services create menus suitable for patients in NSW Health facilities.
- Showcased more than 300 local healthcare projects on the Innovation Exchange, and introduced curated themed collections to promote innovations that could be adopted by health services to local health districts.
- Delivered a comprehensive improvement program for planned surgery in NSW, including new clinical resources for enhanced recovery after surgery, prehabilitation, and same-day joint replacements.

Agency for Clinical Innovation organisational chart



Bureau of Health Information

Website: www.bhi.nsw.gov.au

Chief Executive Dr Diane Watson

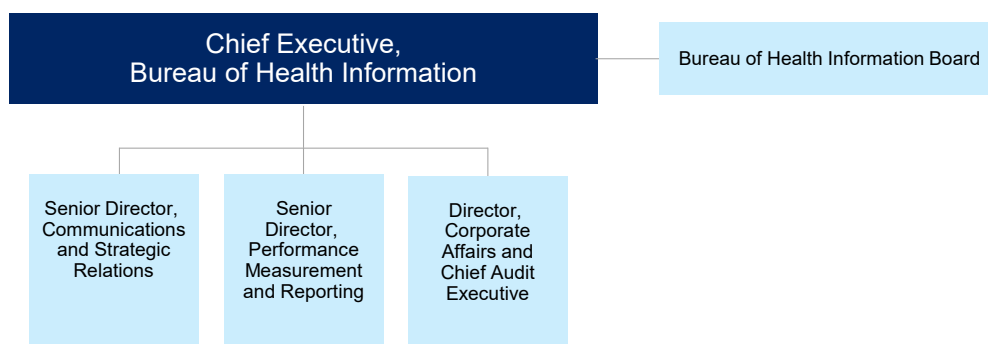


Dr Diane Watson has led the establishment of three reporting agencies in Australia that use big data to drive decisions on healthcare provision nationally and locally. For more than 30 years, Diane has held senior management positions measuring, monitoring, and reporting on the performance of healthcare systems to drive improvements in health, patient care, and productivity. Diane was the inaugural Chief Executive Officer of the Victorian Agency for Health Information and the inaugural Chief Executive of the National Health Performance Authority.

Key achievements

- Surveyed representative samples of patients about their experiences with public hospitals through the NSW Patient Survey Program, and used advanced analytic methods to deliver high-value insights into health system performance.
- Improved efficiency by delivering key reports earlier, enabling more timely action to improve health services. The Bureau of Health Information published annual NSW Patient Survey Program results two months earlier than previous years and released *Healthcare Quarterly* within eight weeks of the quarter's end.
- Provided first-ever, in-depth analyses in *The Insights Series – Hospital care experiences for people who mainly speak a language other than English* and continued to deliver high-value information on the experiences of Aboriginal patients admitted to hospital to inform improvements to culturally safe care.
- Increased access to healthcare performance information by promoting the NSW Patient Survey Program data asset to external researchers, which resulted in the establishment of three new research projects focused on understanding and improving patient experience.
- Made healthcare performance information easier for people to navigate with a new and improved Bureau of Health Information website. It organises information more logically and delivers custom data tools based on extensive user research with key stakeholders, as part of an ongoing digital-first approach to reporting.
- Delivered valuable insights into hospital and ambulance service activity and performance to the public and health system through *Healthcare Quarterly*. This included additional analyses of context and drivers of healthcare activity and performance, such as average length of stay and Hospital in the Home services.
- Informed monitoring and evaluation of the *NSW Virtual Care Strategy 2021–2026* and provided system managers, clinicians, and the public with new insights into patients' use and experiences of virtual care, including during the COVID-19 pandemic, in *Healthcare in Focus – Virtual Care in NSW: Use and patients' experiences*.
- Produced valuable insights to inform healthcare improvements for rural, regional and remote patients in the *Patients' experiences of emergency care in small rural hospitals in 2023* report, which reflected the experiences of more than 5,000 rural patients.
- Provided clinicians with updated hospital-level mortality rates and risk-standardised 30-day mortality ratios for seven clinical conditions to inform quality improvement.
- Supported capability building by leading the delivery of the Data and Information Leaders – Strengthening Essential Skills program, an eight-week course that supports current and future leaders across the NSW public sector, with initial rollout to 64 staff across 4 agencies.

Bureau of Health Information organisational chart



Cancer Institute NSW

Website: www.cancer.nsw.gov.au

Chief Executive Professor Tracey O'Brien AM

Professor Tracey O'Brien AM serves as the NSW Chief Cancer Officer and Chief Executive Officer of the Cancer Institute NSW.



With a career of more than 25 years, Tracey is a highly respected oncologist, clinician leader, and researcher who excels at fostering collaboration and driving innovation in cancer care. Tracey previously directed the Kids Cancer Centre at Sydney Children's Hospital, Randwick for 7 years and led the Transplant and Cellular Therapy Program for 18 years.

Tracey has held numerous high-profile leadership roles, including Advisory Chair at Cancer Australia, Vice Advisory-Chair for the International Centre for Bone Marrow Transplant Research (Africa, Asia and Australasia), and Vice President of the Australia and New Zealand Children's Oncology Group.

In recognition of her contributions to cancer and medical research, Tracey was appointed Member of the Order of Australia in June 2024. In 2023, Tracey was profiled as one of the foremost women in paediatric cancer by the International Society of Paediatric Oncology. In 2019, Tracey was named in the Australian Financial Review's Top 10 Australian Women of Influence, winning the Innovation category.

In addition to her medical expertise, Tracey has a Master of Law (Health) and an MBA. She is a conjoint Professor in Clinical Medicine at the University of New South Wales, conjoint Professor in the School of Medicine at Western Sydney University, and Honorary Professor at the Centre of Applied Artificial Intelligence at Macquarie University. Tracey remains committed to mentoring the next generation of clinician leaders and maintains an active clinical practice in cancer survivorship at Sydney Children's Hospital, Randwick.

Key achievements

- Increased the early detection of breast cancer through BreastScreen NSW. More than 603,500 mammograms were performed in the two years to 31 December 2023 – 66,700 more mammograms than the preceding two years. Four new sites were established, growing first-time clients by 32 per cent, and the PUTUWA project supported Aboriginal women to access mammograms from age 40.
- Enabled personalised cancer care through a statewide system of multi-language patient reported measures surveys, capturing the experiences, perspectives, and concerns of people with cancer. More than 20,000 patient consultations have been influenced through the sharing of feedback with care teams in real time.
- Accelerated access to cutting-edge treatment by fostering collaboration within the research community and investing in clinical trial infrastructure, resulting in a nine per cent increase in cancer clinical trial enrolments in a 12-month period.
- Supported the cancer clinical workforce to deliver safe, best-practice care through the development of evidence-based online resources. New eLearning was developed for paediatric, nursing, and pharmacy staff handling anti-cancer drugs and more than 1,130 evidence-based cancer treatment protocols were maintained.
- Worked towards reducing cancer rates and improving outcomes for Aboriginal people by co-designing an online cancer screening and prevention toolkit and publishing the *Reporting for Better Cancer Outcomes Aboriginal People in NSW* report.
- Improved cancer literacy and patient experience for multicultural communities through co-designed print, web, and audio-visual resources on cancer, prevention, screening, care, and clinical trials, across 46 community languages. This included 31 new resources developed with input from 30 consumers.
- Provided a new and enhanced NSW Quitline Service for people wanting to quit smoking or vaping. Within the first three months of operation, more than 5,000 tailored person-centred consultations were delivered, representing a 35 per cent increase on the same period last year.

Cancer Institute NSW organisational chart



- Encouraged women and people with a cervix to participate in cervical screening by promoting self-collection eligibility and provided training for 202 midwives and allied health professionals across 12 local health districts.
- Collaborated with 600 community members, 20 organisations and experts across health, education, industry, sport, and recreation to publish the *NSW Skin Cancer Prevention Strategy 2023–2030*, which outlines opportunities to reduce the incidence of skin cancer in NSW communities. The strategy was published in November 2023.
- Delivered a range of public health campaigns to reduce smoking and vaping, increase skin cancer protection behaviours, and promote participation in cancer screening, targeting both general and focus populations in NSW.

Key achievements

- Launched the digital Life Saving Drugs Register to help ensure NSW patients receive life-saving drugs. The Register provides near real-time stock supply information for antivenoms and antidotes in hospitals, their location within hospitals, and contact details to enable timely access.
- Completed a rebuild of the Quality Improvement Data System to source data from the Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD) platform. The rebuild enhanced functionality to enable vital patient safety analysis and quality metrics. Clinicians can review and benchmark data from specific patient cohorts for improvement activities.
- The Pre-term Birth Collaborative has implemented seven proven strategies in participating facilities in NSW and extended them to other facilities across the state. There has been a measurable reduction in early-term births in participating facilities.
- Released the NSW Health Clinical Governance policy in March 2024. This policy sets the foundation for organisations, systems, and processes to ensure the best clinical outcomes and provides the requirements for implementing the NSW Health safety system model.
- The Critical Response and Medication Safety teams worked with stakeholders to develop the statewide *System-level patient safety risks: Response coordination and communication* policy. A new toolkit for safety broadcasts includes templates and fact sheets for in and out-of-hours responses.
- Collaborated with stakeholders to understand the implications of the Therapeutic Goods Administration's medical device reforms on NSW Health. The Clinical Excellence Commission's Medical Device Governance Program raised awareness through webinars and established a webpage with resources for NSW Health staff and consumers.
- Implemented a centralised and digitally enabled NSW Medicines Formulary in more than 200 NSW public hospitals by partnering with local health districts and specialty health networks, eHealth NSW, and the NSW Ministry of Health. The Formulary supports equitable patient access to safe and effective medicines and informs better value healthcare.

Clinical Excellence Commission

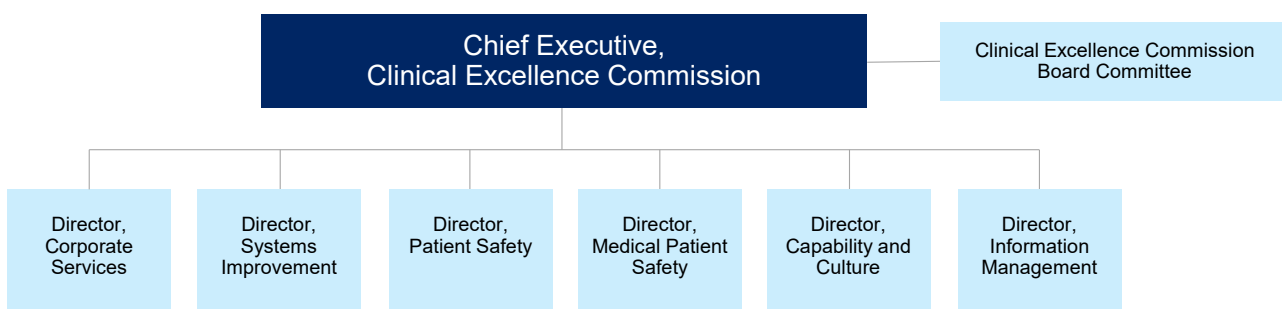
Website: www.cec.health.nsw.gov.au

Chief Executive Adjunct Professor Michael C. Nicholl



Professor Michael Nicholl joined the Clinical Excellence Commission as Chief Executive in August 2022 after a distinguished 40-year clinical career spanning specialist obstetric and gynaecologist roles. He was also the Senior Clinical Advisor Obstetrics to NSW Health for 15 years. Michael is a leader of excellence in safety and quality in healthcare, with a firm focus on NSW public health services. His practical experience across operational and strategic issues, together with clinical academic expertise, and insight into the broader quality and safety agenda in healthcare, place him in a select group of experts in healthcare risk and measurement. He was the first obstetrician in Australia to become a fellow of the Australasian Association for Quality in Health Care and has worked with the Australian Institute for Health and Welfare, and the Australian Commission on Safety and Quality in Health Care on key patient safety issues. In 2017 Michael won the NSW Government insurer (iCare – Treasury Managed Fund) NSW Public Sector Risk Leadership Award.

Clinical Excellence Commission organisational chart



- Partnered with the Murrumbidgee Local Health District to codesign a workshop that supports health workers in identifying, understanding, and addressing unconscious bias toward Aboriginal and Torres Strait Islander people in healthcare delivery. The workshop is designed for delivery across NSW Health.
- Partnered with eHealth NSW to design and implement a new electronic tool and updated existing Between the Flags functionality – a safety net system for deteriorating patients – in the electronic medical record.
- Released the *Falls Prevention in NSW White Paper* to highlight the increasing burden of fall hospitalisations and address the physical and financial impact of falls on people and communities, including examples of local initiatives.

- Completed the design and development of Zero Suicide in Care training and educational material for NSW Health staff. This included tailor-built resources, eModules, and workshops developed for local health districts and speciality health networks.
- The NSW Rural Generalist Medical Training Program provided opportunities for 270 junior doctors to do placements in general practitioner practices, helping their career development and supporting advanced skills training in specialty areas in rural locations.
- A central resource hub was developed and designed to equip and support leaders and managers in all phases of their management journey, to embed positive, constructive, and inclusive collaborative work practices and provide opportunities for continuous learning. The hub has a dedicated wellbeing section with resources to help staff stay resilient, cope with adversity, and manage stress. It will launch in mid-to-late 2024.
- The Mental Health team developed educational resources for new and existing SafeGuard teams to help them deliver mental healthcare for children and youth across NSW. Online availability supports statewide access.
- In December 2023, the Health Education and Training Institute gained accreditation from the Australian Medical Council as a Continuing Professional Development (CPD) Home, and has maintained accreditation for the 2024–25 financial year. CPD Homes are accredited organisations that ensure doctors registered in their home meet minimum CPD requirements.
- A new curriculum of eight online modules and assessments was developed to train nurses working in intensive care specialty practice. The contemporary education pathway enables standardised high-quality education to be delivered online across NSW.
- A new education pathway has been developed to upskill the health workforce to use precision medicine through increased genetics and genomics training. Three modules were produced for non-genetics trained health professionals with emerging clinical genomics practice needs.

Health Education and Training Institute

Website: www.heti.nsw.gov.au and www.heti.edu.au



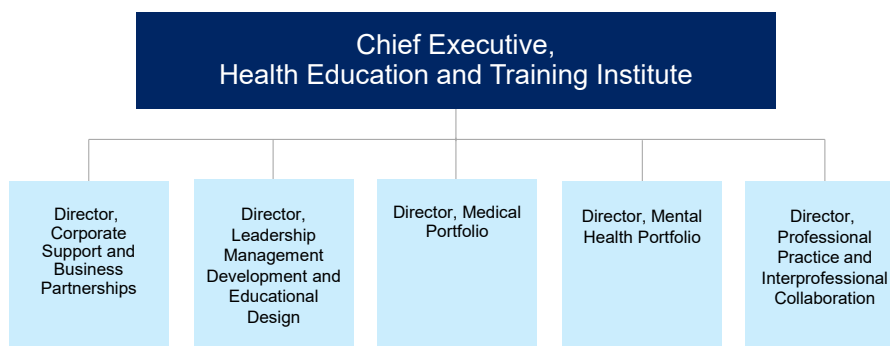
Chief Executive Adjunct Professor Annette Solman

Annette Solman commenced as Chief Executive of the Health Education and Training Institute in June 2015. Annette is focused on strengthening relationships with health and academic partners to lead the development of innovative, contemporary, evidence-based education and training for improved health outcomes that support the diverse needs of the NSW Health workforce. Annette holds a Master of Nursing (Research), Bachelor of Health Science, and a Diploma in Health Science (Nursing).

Key achievements

- Developed a new Remote Area X-ray Operator Course. Piloted the course to expand the scope of practice for nurses, general practitioners, and physiotherapists in regional and remote health sites to support patients and equitable access to services.

Health Education and Training Institute organisational chart



- In collaboration with the NSW Ministry of Health Workforce Planning and Talent Development Branch, the Health Education and Training Institute successfully coordinated and delivered a Genomics Workforce Planning Program pilot in March-April 2024. Program evaluation highlighted its effectiveness in delivering valuable learning experiences and fostering skill development among the pilot cohort.
- The Health Education and Training Institute Net Zero project team partnered with the NSW Health Climate Risk and Net Zero team to internally lead the co-design, training, resource development, and delivery of 37 virtual staff sessions gathering feedback on the draft *NSW Health Net Zero roadmap 2024–2030*.

Wendy is the Co-Chair of the International Corrections and Prisons Association Healthcare Network, as well as a board member of Health Through Walls Inc.

Wendy's previous appointments include Executive Director for Central Queensland Hospital and Health Service, and Nursing Director for the Central Queensland Mental Health Service.

Wendy is a registered nurse with a clinical background in mental health nursing. She has more than 20 years' experience in health, including as a senior leader in mental health, as a hospital executive, and in secure settings.

She is passionate about providing equivalent care in secure settings and ensuring that all care including mental health care is provided in the least restrictive environment and way.

Specialty health networks

Justice Health and Forensic Mental Health Network

Website: www.nsw.gov.au/health/justicehealth

**Chief Executive
Wendy Hoey**

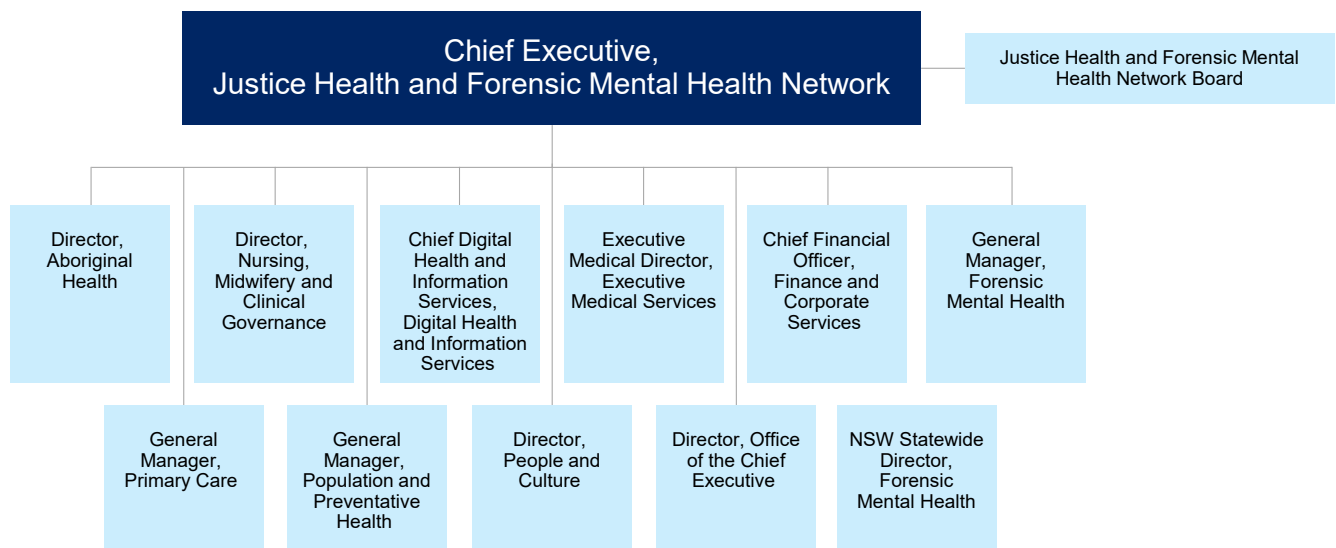


Wendy Hoey was appointed Chief Executive of the Justice Health and Forensic Mental Health Network in September 2022. Prior to this, she was the Executive Director of Clinical Operations from 2019.

Key achievements

- Delivered 349,756 primary health nurse appointments to adults and young people in custody (up until April 2024).
- Administered 4,293 flu vaccinations in the 2023–24 financial year as part of the vaccination program, ensuring patients in custody have access to vaccination in line with community standards.
- Expanded the delivery of virtual healthcare into all adult correctional centres and youth justice centres, removing access barriers for people in custody.
- Implemented a new electronic medication management solution in all adult correctional centres, youth justice centres and the Forensic Hospital. The solution improves access to patient medication records across the organisation and state.
- Established the Treatment and Rehabilitation Clinic – a new Community Forensic Mental Health service that supports recovery from complex disorders.
- Achieved consistently low rates of seclusion and restraint within the high-secure Forensic Hospital. Justice Health NSW continue to ensure health services are delivered in the least restrictive way.

Justice Health and Forensic Mental Health Network organisational chart



- Completed a realignment of the People and Culture directorate, with an enhanced focus on workplace safety and staff wellbeing, which ensures our people are healthy and well.
- Achieved consistently high rates of diversion away from custody and into health services for eligible adults with mental illness who have committed low-level offences.
- Dispensed 1,179 Hepatitis C Virus (HCV) treatments and tested more than 7,500 patients for HCV. This also included the expansion of HCV testing services into drug and alcohol models of care and the Drug Court Assessment.
- Established an Aboriginal Health Strategy Committee to progress and lead the key organisational objectives of Closing the Gap and promoting the diversity of Aboriginal voices.

Sydney Children’s Hospitals Network

Website: www.schn.health.nsw.gov.au

**Chief Executive
Adjunct Associate Professor
Cathryn Cox PSM**

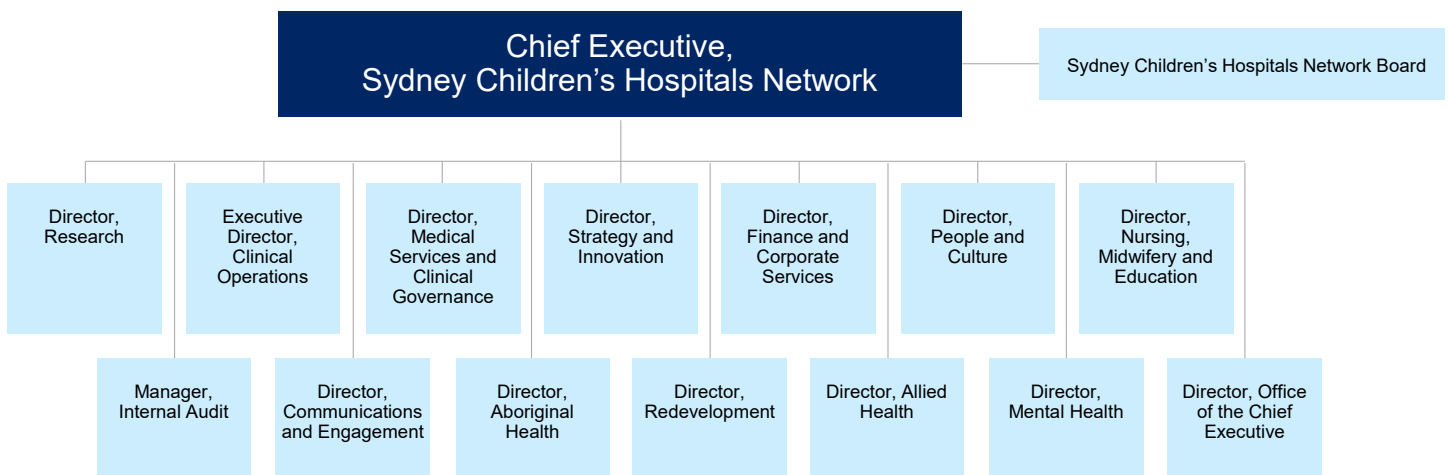


Cathryn Cox has extensive experience as a senior executive within NSW Health in relation to a wide range of health policy, planning, infrastructure, service development and strategic reform strategies and programs. Cathryn has been the Chief Executive of The Sydney Children’s Hospitals Network since August 2020. Her early role as a physiotherapist at Royal Prince Alfred Hospital paved the way for a long-term career in health. She remains committed to a health system focused on delivering outcomes that matter to patients and their families, and which delivers the experiences that our patients, families and our staff deserve. Cathryn is proud of the role of The Sydney Children’s Hospitals Network in providing world-class patient-centred care for children and young people and their families, as well as ground-breaking health research and its translation into clinical practice. She is a member of a number of boards and an Adjunct Associate Professor at the University of Sydney.

Key achievements

- Reduced the number of patients who were waiting longer than clinically recommended for their planned surgery by 92 per cent from 1,091 to 86 in the 12 months to end March 2024.
- Completed a restructure of clinical operations and established strong site leadership and professional alignment for allied health, nursing, and medical staff. The new structure enhances strategic planning capability, consideration of new models of care, and readiness for commissioning of redevelopments.
- The Children’s Hospital at Westmead became the first hospital in the country to perform a single-level selective dorsal rhizotomy (SDR) for children with cerebral palsy. The new technique is much less invasive than previous SDR surgeries, reducing hospital stay and post-operative discomfort for children.
- Appointed the inaugural Aboriginal Health Director in November 2023 to guide the Network in improving cultural safety, services and experiences for Aboriginal children and their families, and support the Network in being an employer of choice for Aboriginal people.
- The endoscopy suite was launched in August 2023 at Sydney Children’s Hospital, Randwick. The suite is the first part of the Base of Skull Service, set to be the first integrated paediatric multidisciplinary base of skull unit in the southern hemisphere.
- Achieved accreditation to the National Safety and Quality Health Service Standards in May 2024 following a short notice accreditation assessment in February. Clinical trials were included in the accreditation for the first time.
- The new building at Sydney Children’s Hospital, Randwick reached its full height in April 2024. The new 12-level building will combine enhanced clinical, research, and educational facilities, including a new neurosciences centre. The milestone was celebrated with a special topping out event.
- Early in 2024, the Network performed the first paediatric heart transplant at The Children’s Hospital at Westmead since the service was formally established in May 2023.

Sydney Children’s Hospitals Network organisational chart



- The virtualKIDS Urgent Care Service was extended to families across NSW in December 2023. The service helps avoid unnecessary trips to the emergency department and assisted more than 6,000 families in its first six months of operation.
- Launched the *Health, Safety and Wellbeing Plan 2024–27* in June 2024, as part of the Network’s continuous improvement process.

- Implemented a new daily management operational system across St Vincent’s, which includes leader rounding and a Leaders Connect managers forum. These initiatives have reduced overall length of hospital stays, increased timely access to care, built a positive work environment, and improved patient experiences.
- Launched the *Environmental Sustainability Plan 2024–2026* identifying five priority areas designed to mitigate factors impacting climate outcomes. The plan will inform tangible interventions in areas including governance, culture and engagement, waste and energy, transport and procurement, and clinical sustainability.
- Further consolidated St Vincent’s role as a centre of excellence in heart lung healthcare with a new Heart Lung outpatient clinic offering greater capacity to enhance service delivery. Appointed a Director of Heart Lung Research to increase research capabilities.
- Launched Sydney’s first pop-up cooling hub, offering respite from the heat for people living in social disadvantage. Supported by the City of Sydney, the hub provided shelter, cooling fans, spray mists, water and a place to rest or sleep – while receiving health checks and ongoing medical observation.
- Recognised as Service Provider of the Year by ACON’s Pride in Health and Wellbeing Index. This award recognises St Vincent’s ongoing commitment towards improving inclusivity of sexuality and gender diversity within health services.
- Commenced a world-first pilot study in partnership with the Garvan Institute. The study will investigate the efficacy of interventional pharmaceutical treatments to reduce the prevalence of bone disease, affecting those with multiple myeloma.
- Implemented services to improve outcomes and experiences for Aboriginal and Torres Strait Islander communities, including:
 - 48-hour follow-ups to enhance culturally safe and timely care with cultural care champions
 - An Outreach Heart Failure Diagnostic Clinic in partnership with the Murrumbidgee Local Heal District, St Vincent’s Private Hospital Griffith, and local Aboriginal Medical Services.

St Vincent’s Health Network

Website: www.svhs.org.au

Chief Executive Anna McFadgen



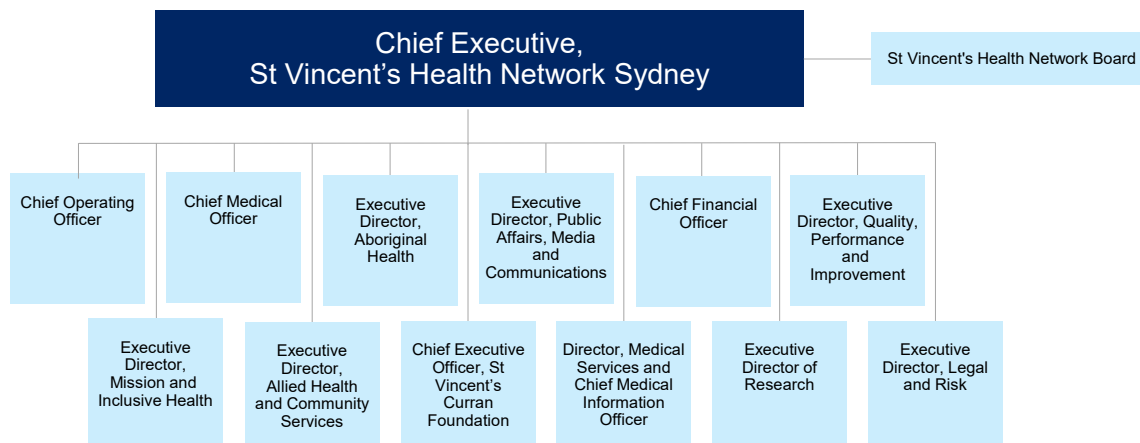
As Chief Executive Officer of St Vincent’s Health Network Sydney, Anna McFadgen is accountable for the overall leadership and management of St Vincent’s Health Network Sydney, which comprises St Vincent’s Hospital Sydney, Sacred Heart Health Service and St Vincent’s Correctional Health Service at Parklea Correctional Centre. Anna leads St Vincent’s Health Network Sydney to deliver on its mission objectives by ensuring high quality, efficient and mission-based execution of day-to-day health service delivery, combined with a robust focus on continuous, balanced improvement.

Anna joined St Vincent’s Health Network Sydney in 2018 and has held executive roles in strategy, planning and business development across both St Vincent’s Public Hospital in Melbourne and St Vincent’s Health Network Sydney. Prior to joining St Vincent’s, Anna held senior clinical operational roles at Austin Health in Victoria. Anna has more than 20 years of experience in the health sector in both strategy and clinical operations, and is proud to lead the St Vincent’s Health Network Sydney Team in providing the best patient outcomes and experiences for our community.

Key achievements

- Launched the Regional Diabetes Education Access and Management Program in partnership with the Murrumbidgee Public Health Network. The Program supports healthcare for regional communities through improving access to multidisciplinary specialists in diabetes management.

St Vincent’s Health Network organisational chart



- Conducted a multi-site clinical trial assessing the safety and efficacy of a new treatment protocol for men with metastatic prostate cancer. The results, published in *Nature*, showed participants are living longer with significant improvements in pain, with fewer side-effects.
- Delivered an enhanced geriatric model of care, designed in partnership with patients and carers to help people make decisions about their own care. The new model delivers more individualised care, optimises multidisciplinary input and coordination, and improves safe, reliable care both within hospital and other settings, including at home.

Dominic has a number of professional affiliations, including Adjunct Professorship with the University of Technology, Sydney, as well as being a registered paramedic with Australian Health Practitioners Regulation Authority.

Dominic completed his PhD in 2018, undertaking a study into the factors that influence early access to defibrillation following out-of-hospital cardiac arrest. He also holds a Master of Business Administration, Bachelor of Health Science and a Diploma in Adult Education.

Key achievements

- Continued onboarding 243 additional paramedics in line with the State-wide Infrastructure Team and regional recruitment targets, permanently enhancing 23 stations. This has contributed to improved staff wellbeing and created a positive change to the critical care landscape.
- New ambulance stations were delivered under the Sydney Ambulance Metropolitan Infrastructure Strategy, and the Rural Ambulance Infrastructure Reconfiguration programs, including Central Sydney, Coffs Harbour, Glen Innes, Kingscliff, Lake Cathie, Old Bar, Tumut, and Woy Woy. Delivered the new State Operations Centre at Sydney Olympic Park.
- Expanded the Flood and Bushfire Rescue Capabilities Program which delivered:
 - the first of eight new hazardous area rescue ambulances
 - eight inflatable rescue boats
 - four extended care vehicles.
 The new vehicles and boats will operate in flood and bushfire scenarios to provide communities timely access to clinical care despite difficult conditions, and at a time when they are most vulnerable.
- Delivered two custom-built PC-24 jets, which fly faster and further without the need for refuelling. The \$54.3 million program increases the capability of aeromedical operations, allowing greater access to patients across regional and remote NSW and into other states and territories.
- Launched the Aboriginal Health Plan which continues NSW Ambulance’s endeavour to provide improved and culturally safe healthcare for patients, and an inclusive workplace for staff.

Health Administration Corporation

NSW Ambulance

Website: www.ambulance.nsw.gov.au

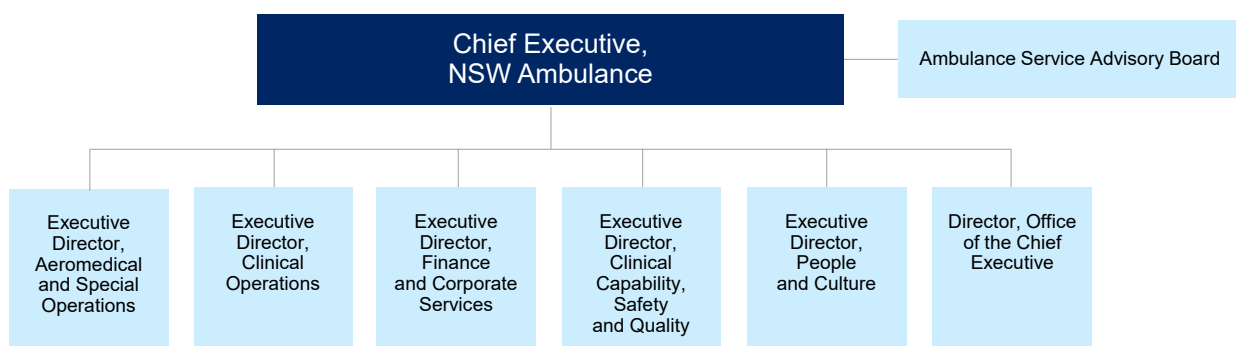
Chief Executive Dr Dominic Morgan ASM



Adjunct Professor Dr Dominic Morgan ASM has more than 30 years of ambulance experience across a broad range of roles in the areas of operations, clinical practice, and leadership within ambulance services and the financial sector. After commencing his career in the banking industry, he transitioned to NSW Ambulance as a clinician and manager. He was appointed as Chief Executive Officer of Ambulance Tasmania in 2009 and returned to NSW Ambulance in 2016 as Chief Executive and Commissioner.

He is a board member and previous Chair of The Australasian Council of Ambulance Authorities, the peak body representing the ambulance sector in Australia and New Zealand, and he has chaired several international sub-committees. He is also a member of the Ambulance Service Advisory Board.

NSW Ambulance organisational chart



- Launched GoodSAM, a unique volunteer program that helps save lives by empowering members of the community to respond quickly when someone nearby goes into cardiac arrest. The program has saved 24 lives, signed up more than 7,000 volunteers, and established a statewide Automated External Defibrillator registry which connects Triple Zero (000) calls to the nearest machine.
- Launched the PRECARE Trial which provides prehospital extra-corporeal membrane oxygenation for patients with out-of-hospital cardiac arrest. The cutting-edge therapy aims to improve cardiac arrest patient outcomes using a world-first staffing model of prehospital physicians and critical care paramedics.
- Successfully achieved Accredited Centre of Excellence (ACE) in November 2023 and is formally recognised by the International Academies of Emergency Dispatch for excellence in emergency medical dispatch. NSW Ambulance is now Medical ACE recognised internationally, which puts the organisation in the top four per cent of performers in the world.
- Continued to support the clinical volunteer model through the launch of the new Community Emergency Response Team in Howlong, the annual statewide Clinical Volunteer Conference, and the evaluation of the first year of the NextGEN induction program for clinical volunteers.
- Launched Stable Ground, a confidential health and wellbeing support portal for staff. It was developed by Sydney University’s Matilda Centre for Research in Mental Health and Substance Use, in collaboration with NSW Ambulance.

With a background in medical science, experience in the infrastructure sector, as well as in senior leadership roles, she excels in communication and problem-solving, and balancing policy, risk, and compliance with efficient and commercially savvy outcomes.

Prior to joining Health Infrastructure, Emma held various executive roles in the private sector and led project teams delivering major government projects in health, research, and education infrastructure. As a collaborative and positive leader, Emma combines project delivery expertise with strategic thinking and strong business and financial acumen, as well as building strong relationships across NSW Health, NSW Government, and industry to foster innovative and sustainable outcomes.

**Previous Chief Executive
Rebecca Wark**

From May 2019 to May 2024



Rebecca Wark is an experienced leader of major infrastructure projects and was with Health Infrastructure in various roles since 2008, overseeing the development of some of the largest hospitals and public health services across the state.

Rebecca proudly led the delivery of the largest health capital works portfolio in NSW.

Prior to Health Infrastructure, Rebecca worked on major projects across the public and private sectors. Her experience is multisector – her first public sector role was planning and delivering venues for the Sydney 2000 Olympics, and she has since delivered facilities in education, justice, and health.

Rebecca has completed studies in landscape architecture and project management. She is a strong advocate for diversity in the workplace across all roles and acts as a mentor to young professionals in business and construction. She is also a Non-Executive Director of Royal Far West.

Rebecca concluded her tenure as Chief Executive at Health Infrastructure in May 2024.

Health Infrastructure NSW

Website: www.hinfra.health.nsw.gov.au

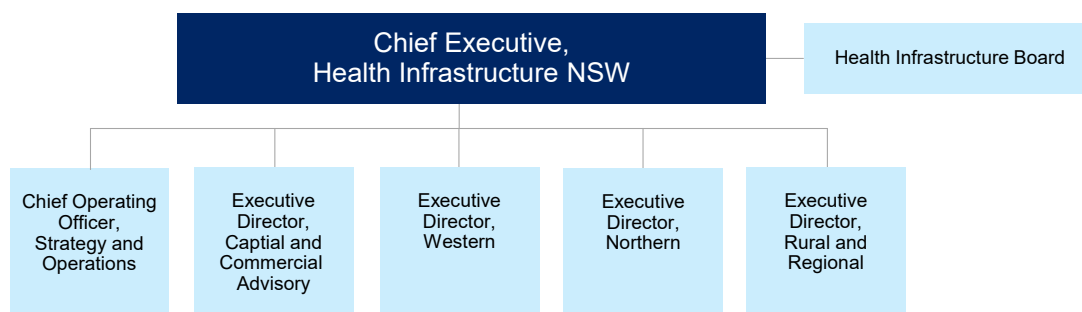
**Acting Chief Executive
Emma Skulander**

From May 2024



Emma brings extensive experience to the Acting Chief Executive role, having joined as Chief Operating Officer in 2021 to drive strategy and lead a diverse business services function.

Health Infrastructure NSW organisational chart



Key achievements

- Delivered more than \$2.34 billion of health facilities, with the completion and handover of nine projects to local health districts and NSW Ambulance including the Tweed Valley Hospital Development; Campbelltown Hospital Redevelopment Stage 2; and Sutherland Hospital Operating Theatre Complex.
- Completed 13 business cases for projects with a combined total value of \$1.7 billion.
- Underwent competitive tender processes and awarded \$1.38 billion of construction contracts for 20 projects and programs across NSW.
- Completed the twelfth and final station as part of the *Sydney Ambulance Metropolitan Infrastructure Strategy Program*, which aims to reorganise and enhance NSW Ambulance infrastructure to better serve Sydney communities and paramedics.
- The \$869.8 million Prince of Wales Hospital Acute Services Building at Randwick was awarded the prestigious Project of the Year award at the Infrastructure Partnerships Australia 2024 National Infrastructure Awards.
- Launched and embedded the *Health Infrastructure Innovation Framework* to guide the organisation’s innovation model, and ensure oversight, transparency, and support. It guides the translation of ideas into projects, promotes resource efficiency, and encourages continuous improvement and engagement through bespoke initiatives.
- Developed a health-specific climate risk assessment tool for NSW Health. It is now applied to all new capital projects after its successful pilot on the Nepean Hospital Redevelopment Stage 2.
- Continued to implement asset lifecycle principles throughout the capital program, allowing the health system to ensure best value of its assets.
- Released and implemented a new *Assurance Framework* for the capital program. It provides guidance, insights and recommendations to improve project outcomes and ensure projects meet agreed objectives and expected quality standards.
- Progressed Health Infrastructure’s commitment to reconciliation by implementing Health Infrastructure’s *Reflect Reconciliation Action Plan (RAP)* with work commencing on the Innovate RAP.

Healthshare NSW

Website: www.healthshare.nsw.gov.au

Chief Executive Carmen Rechbauer



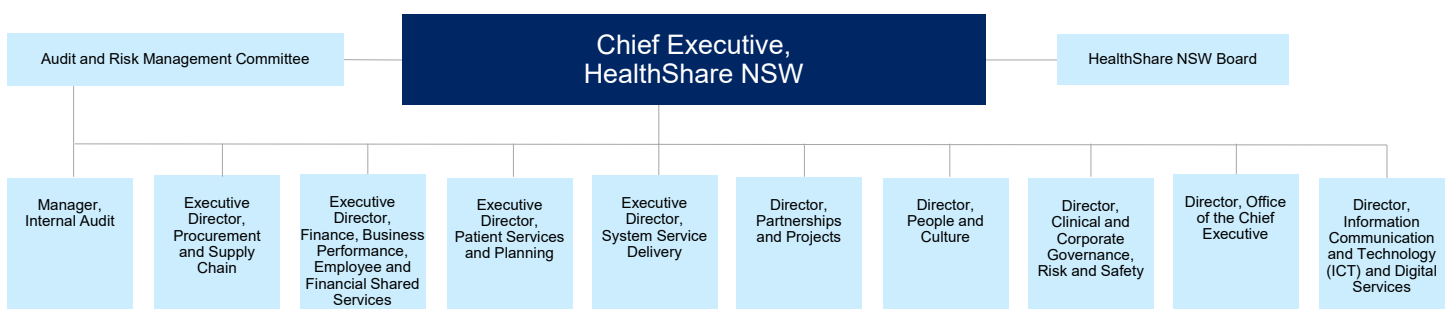
Carmen Rechbauer has worked with HealthShare NSW since its inception in 2005 and was appointed to the Chief Executive role in 2018, making her responsible for leading the largest public sector shared services organisation in Australia.

She has been a senior leader in NSW Health for almost 30 years and has extensive operational experience, particularly in the planning and delivery of linen, food, and patient support services in complex public hospital settings. In her role as Chief Executive, Carmen has focused on maturing HealthShare NSW’s service models by working in partnership with NSW Health agencies to provide equitable, value-for-money services across the state that improve outcomes for patients, hospitals, and the environment. She holds a Master of Business Administration, has been recognised on the Top 50 Public Sector Women list for NSW, and is a past recipient of the Davidson Leadership Acceleration Program Scholarship.

Key achievements

- Successfully trialled and implemented the Patient Transport Service Reservations Model with the Hunter New England Local Health District ahead of a planned statewide roll out. The model uses a ‘reservations’ approach to allocate trips, with greater certainty over transport times and less re-work to change and re-prioritise bookings. The model delivered improvements in timeliness, major delays, flexibility, productivity, and cancellations.
- Launched online EnableNSW services to improve access and self-service options for patients and clinicians, and streamline operations. Services include an online payment portal for secure patient co-payments, and EnableNSW Online, which is a self-service platform for clinicians to submit and track equipment requests using NSW Health credentials.

Healthshare NSW organisational chart



- Implemented new sustainable water technology (eWater) for hospital kitchens in more than 120 sites. Biodegradable electrolysed water replaces synthetic chemical-based cleaning and sanitising products, providing a more sustainable and efficient cleaning alternative.
- Redesigned Balmain Hospital’s food service model to align with Co-Designing Healthy and Enjoyable Food principles for aged care and rehabilitation patients. These principles include service excellence, flexible meal access, attractive food options, respecting patient choice, sustainability, and patient-centric design. It included the installation of new equipment designed to retain colour, texture, taste, and aroma of food.
- Standardised 29 individual health agency catalogues into a single master catalogue, increasing equity of products for patients across NSW Health, and driving consistent pricing and cost savings through economies of scale. Improved data quality also provides visibility of buying behaviours.
- Successfully designed and conducted the first annual mandatory modern slavery supplier assessment questionnaire, covering \$2 billion of supplier spend, and built a risk management framework to assess current and prospective suppliers.
- Delivered a total saving of \$130.8 million to the NSW Health system through statewide contracts, against an initial \$102.3 million forecast.
- Launched a new Aboriginal Leadership Development Program, supporting Aboriginal and Torres Strait Islander employees to build leadership capabilities and further their experience in areas including strategic and operational management, finance, and customer experience.
- Won several prestigious procurement industry awards, including the Chartered Institute of Procurement and Supply ANZ Excellence in Procurement Award (Best Collaborative Teamwork Project – DeliverEASE), and the Asia Pacific Procurement Awards (Supplier Collaboration and Innovation – mobile health services for socially vulnerable communities).

- Expanded Enterprise Robotic Process Automation from three to eight processes, helping to support busy teams in employee and financial support services with manual, high-volume repetitive tasks in areas such as purchasing, recruitment, and accounts payable. This has enabled automatic processing of 30,000 transactions, saving 16,000 hours of work in the past year.

NSW Health Pathology

Website: www.pathology.health.nsw.gov.au

Chief Executive Vanessa Janissen

From October 2023

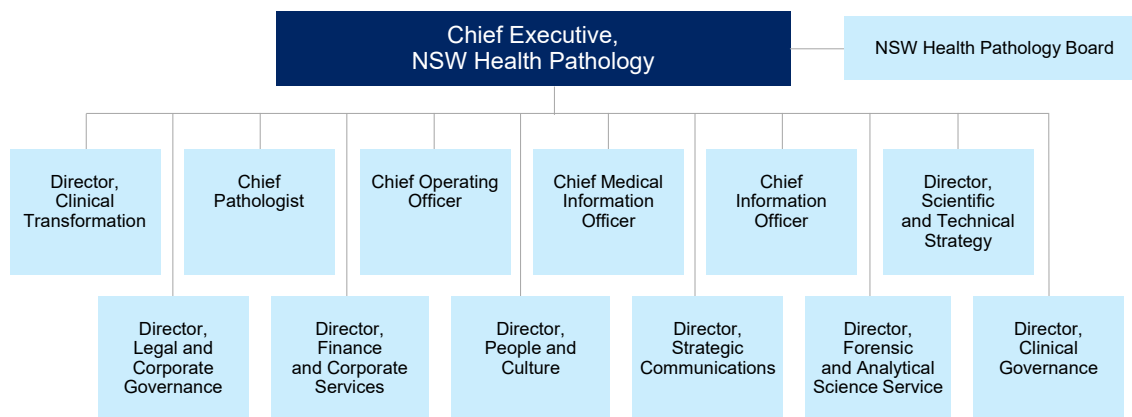


Vanessa Janissen has spent more than 25 years in public and private healthcare settings with a deep commitment to serving the community and the strategic pursuit of better outcomes for the people we care for. She is known for bringing people together and getting things done. She is passionate about developing future leaders, particularly championing women in leadership positions.

As Chief Executive of NSW Health Pathology, she leads Australia’s largest public pathology and forensic and analytical science service. Before returning to NSW Health Pathology, Vanessa held leadership positions at Calvary Healthcare, including National Director, Strategy and Service Development. She was formerly NSW Health Pathology’s Executive Director of Strategy and Clinical Services Transformation, helping to establish and lead the organisation in its formative years. Before that, she held multiple strategic and operational roles at the Hunter New England Local Health District.

Vanessa leads with authenticity, integrity, and a deep sense of empathy. She believes in creating inclusive and supportive environments where individuals can thrive and reach their full potential. This dedication to empowering leaders and to enhancing healthcare for our communities is strengthening the critical role NSW Health Pathology plays in the public health system.

NSW Health Pathology organisational chart



Previous Acting Chief Executive Robert Lindeman

From February 2023 to October 2023

Professor Robert Lindeman joined NSW Health Pathology in July 2016 and is a strong believer that public pathology is more effective when it functions as a single statewide service.



He was appointed Acting Chief Executive of NSW Health Pathology in February 2023. His substantive role is Director of Clinical Transformation where he leads strategic planning and service improvements.

He interacts daily with pathologists, the people who provide services in our laboratories, and clinical and local health district partners.

He is a strategic thinker and enjoys responding to operational requirements and acting as an interface between clinical colleagues and local health districts. He is also the Medical Lead for NSW Health Pathology's Fusion program, a haematologist at the Prince of Wales Hospital, and conjoint academic at University of New South Wales.

Key achievements

- Celebrated 10 years of the world's largest accredited Point of Care Testing service. More than 1,080 mobile pathology testing devices in 190 health services across NSW provided safe, reliable, on-the-spot results at patient hospital bedsides and in the community.
- Opened more laboratories including a new Tissue Pathology and Diagnostic Service at Royal Prince Alfred Hospital, and core laboratories at Tweed Valley, Cooma, and Nepean hospitals. Work also began on a new Dubbo Hospital laboratory.
- Built on its test catalogue, an online directory of thousands of tests, collection and processing instructions, and billing details. It helped improve patient care and safety, and reduced time and costs. Users increased to almost 15,951 by June 2024, from 9,879 in June 2023.
- Replaced ageing transfusion equipment at 60 sites across NSW with a single automated and semi-automated solution. This ensured NSW Health Pathology, Australia's largest transfusion service provider, continued to provide timely, reliable services – a critical requirement for patient outcomes and safety.
- Installed 557 solar panels on the roof of the Forensic Medicine and Coroners Court Complex at Lidcombe. It's envisaged the solar panels will reduce annual power bills to the site by 20 per cent and carbon dioxide emissions by an average of 88 tonnes each year.
- Replaced ageing chemical pathology equipment at 23 regional and metropolitan laboratories, including Bega, Blacktown, Goulburn, Westmead, and Wagga Wagga. The new equipment provided faster, more efficient services with enhanced automation capabilities.

- Welcomed 45 new medical trainees into specialised training across pathology disciplines. Introduced a new trainee program that supported 21 trainees from marginalised and disadvantaged communities with starting a pathology career.
- Played a key role in the Precision Oncology Screening Platform enabling Clinical Trials (PrOSPeCT) study. The study aims to open up new, potentially life-saving, treatment pathways for more than 23,000 Australians with rare, difficult-to-treat, or incurable cancers.
- Implemented the Forensic Medicine Information System. This digital solution combines case information into single-source case records, enabled e-referral to the coroner, and supports secure transfer of information between forensic medicine and courts, helping improve the experience of bereaved families.
- Confirmed the identities of two World War II airmen missing since 1943. Forensic and Analytical Science Service forensic biology specialists analysed DNA from recovered bone material and reference samples provided by biological relatives.

eHealth NSW

Website: www.ehealth.nsw.gov.au

Acting Chief Executive Associate Professor Dr Amith Shetty

From June 2024



Associate Professor Amith Shetty is the Acting Chief Executive of eHealth NSW, the dedicated agency responsible for transforming and delivering information and communications technology (ICT) and digital capabilities across NSW Health.

He has held several senior clinical leadership roles in emergency departments, health services, and most recently been the Clinical Director in the System Sustainability and Performance division for NSW Health. Amith is an emergency physician whose passion for driving value in healthcare through the improved use of digital insights and technology has led to him spearheading several first-time innovations. This includes the Pathology IoT (internet of things) device integration and cloud analytics project, real-time risk trigger monitoring in hospitals, and virtual home care models. His doctorate in sepsis screening also resulted in the development of an emergency department screening algorithm that is being tested and implemented in NSW hospitals, including eHealth NSW's Sepsis Artificial Intelligence screening tool in Western Sydney Local Health District.

He is an Adjunct Associate Professor in Biomedical Informatics and Digital Health at University of Sydney, Adjunct Fellow at Centre for Health Systems and Safety Research, Macquarie University, and Honorary Research Fellow at the Westmead Institute for Medical Research.

He has previously worked for eHealth NSW as a clinical advisor to help guide system design and is pleased to return to the organisation to help drive statewide ICT transformations.

**Previous Chief Executive
Dr Zoran Bolevich**

From July 2023 to May 2024



Dr Zoran Bolevich has a background in medicine and business administration and has worked in senior health system management, health information technology and data analytics leadership roles in Australia and New Zealand.

Zoran focused on implementing the eHealth strategy for NSW Health, streamlining governance of key programs and activities, and developing a highly effective, customer-focused digital centre of excellence for NSW Health.

Zoran is well-recognised in the healthcare sector and information and communications technology industry for driving innovation and influencing rapid change across NSW Health. He is passionate about improving the health system through meaningful and effective use of digital technologies, data analytics, research and innovation, in partnership with patients, clinicians, health organisations, government, and industry partners.

He represented NSW Health on the NSW Government’s Information and Communications Technology and Digital Leadership Group and is a board member of the Australian Institute of Health and Welfare.

Previous roles include Director of Demand and Performance Evaluation at the NSW Ministry of Health, and Executive Director, Health System Information and Performance Reporting. Zoran also oversaw the national health information strategy and architecture for New Zealand’s Ministry of Health.

As well as a Doctor of Medicine, Zoran holds a Master of Business Administration and is a graduate of the Australian Institute of Company Directors, and Executive Fellow of the Australian and New Zealand School of Government.

Key achievements

- In October 2023, eHealth NSW announced Epic Systems as the vendor for the Single Digital Patient Record (SDPR). SDPR is the next step in the journey to create a comprehensive, single view of a patient’s care journey, no matter where in the public health system they receive their care.
- Rolled out the Electronic Record for Intensive Care (eRIC) to 41 adult, paediatric and neonatal intensive care units (ICUs) in May 2024. eRIC is a state-of-the-art clinical information system that replaces almost all paper charts and forms in ICUs across NSW.
- Implemented the Clinical Device Notification Platform in metropolitan areas and NSW Ambulance zones. It replaces existing transmitting monitors, defibrillators, and the notification platform that sends electrocardiograms from clinicians in ambulances and smaller hospitals to specialists, which provides a significant technological upgrade to communication at key moments in a patient’s care.
- Completed the Radiology Information Systems and Picture Archiving and Communications System implementation at 12 local health districts across 70 hospitals in early 2024. This provides clinicians with the ability to track a patient’s medical imaging history from request to diagnosis across NSW Health.
- Rolled out the Engage Outpatients program to 262 outpatient clinics across 14 hospitals and 6 local health districts. More than 40,000 referrals have been processed through the electronic referral management system, improving the referral experience of patients, referrers, and clinicians in outpatient services.
- Announced the vendors Telstra and NTT that will support a major information and communications technology (ICT) infrastructure upgrade as part of the Health Grade Enterprise Network. More than 1,100 health facilities will undergo a refresh of networking hardware and software to ensure a consistent, connected, and future-ready ICT environment.
- Uploaded more than 650,000 historical vaccination records to the Australian Immunisation Register with all future records now automatically uploaded. The project was recognised by Services Australia with NSW as the first state to start registering all nationally administered vaccines.

eHealth NSW organisational chart



- Successfully migrated the Electronic Medical Records from local on-premise servers to the NSW Health public cloud in six local health districts. Cloud technologies provide a more reliable and scalable platform, which requires less maintenance and reduces the risk of unplanned outages.
- Onboarded data from 20 major systems to the Enterprise Data Lake, including statewide clinical assets such as Electronic Medical Records, iPharmacy Manager, and Electronic Record for Intensive Care. The data lake seamlessly collects and consolidates information across NSW Health to inform decision-making, supporting better patient outcomes.
- Successfully consolidated seven instances of iPharmacy into a single state cloud hosted instance. iPharmacy equips pharmacists with comprehensive, on demand patient medical and prescribing history, providing continuity of care no matter where they reside in NSW.

Local health districts

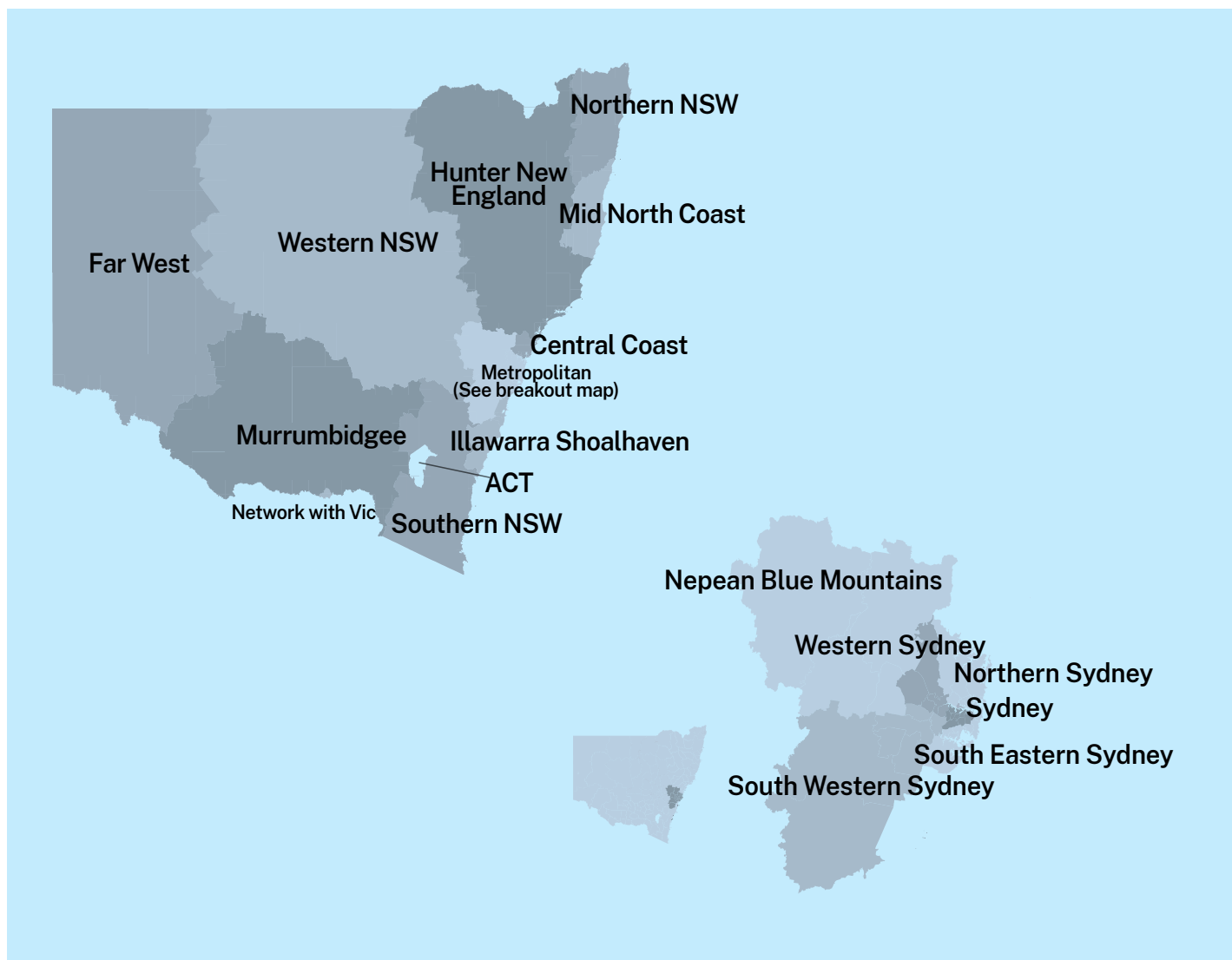
NSW Health’s 15 local health districts cover metropolitan, regional, rural and remote areas across NSW, varying in both geographical size and population.

Districts provide hospital, community, and population-based healthcare services that meet the needs of their local communities.

Providing a comprehensive range of medical specialties, the districts deliver in-hospital care, outpatient services, mental health services, child and family health services, oral health services, Aboriginal health services, and drug and alcohol rehabilitation.

Six local health districts cover the greater Sydney metropolitan regions, and nine cover regional, rural and remote NSW.

Read on to discover each district’s key achievements for the year and visit their websites to find out more about the services they provide.



Central Coast Local Health District

Website: www.cclhd.health.nsw.gov.au

Chief Executive Scott McLachlan



Scott joined the Central Coast Local Health District as Chief Executive in November 2021, having held leadership roles in both private and public health systems across the past two decades. Raised in country NSW, he understands the highly complex landscape of the healthcare environment and the unique challenges of healthcare delivery in regional Australia. Scott is passionately motivated every day to lead improvements in health outcomes for the community through authentic engagement, strong collaboration with clinicians, strategic partnerships and fostering innovation. Scott was previously Chief Executive at the Western NSW Local Health District for eight years.

Key achievements

- Opened the Long Jetty Urgent Care Service following completion of a \$1.2 million refurbishment, improving access to healthcare for non-life-threatening illnesses and injuries, and reducing demand on local emergency departments.
- Launched publicly funded homebirths on the Central Coast in October 2023 through the Midwifery Group Practice. Since the program’s commencement, 29 families have birthed at home through the service.
- Implemented a falls prevention initiative in Wyong Surgical Admissions Centre for eye surgery patients. There were no falls in this group during the six months since the initiative began.
- Undertook several research programs including:
 - Co-design of an integrated model of palliative and dementia care through the Central Coast Research Institute, to support an improved model of care for dementia patients in palliative care.
 - Launch of the Central Coast Health and Wellbeing Living Lab with the University of Newcastle. The lab is a real-life experimentation hub on healthy ageing.
- Set up two Neurology Rapid Access Clinics at Gosford Hospital for first seizures and transient ischemic attacks (TIA). Patients' average length of stay has reduced from 76.8 to 22.2 hours for seizure patients, and from 67.2 to 38.4 hours for TIA patients, supporting timely access to care and helping to reduce demand on emergency departments.
- Replaced Gosford Hospital’s angiography machine and completed a \$1.7 million upgrade of facilities to meet Australian Health Facility Guidelines.
- Expanded and integrated environmental sustainability initiatives including:
 - Wyong Emergency Department’s Gloves Off pilot, saving an estimated 600,000 gloves and reducing CO2 emissions by 20,000 kilograms a year.
 - Recycling 70 kilograms of batteries and 1.2 tonnes of PVC within 6 months.
 - Expanded the fleet electrification program to 10 electric vehicles (EVs) and four EV chargers at Gosford Hospital, and four chargers at Wyong Hospital.
- Delivered the 25th annual Central Coast NAIDOC Community Day – celebrating the history and culture of Aboriginal and Torres Strait Islander peoples. More than 3,000 people attended and 364 free health checks were provided.
- Continued to deliver healthcare in community settings, including:
 - Central Coast Health at Home program, providing access to services for 4,398 people needing urgent care at home.
 - A dedicated child and adolescent mental health service called Safeguard Teams, which provides innovative, timely care for those suffering acute mental health distress.

Central Coast Local Health District organisational chart



- Rolled out the Engage Outpatients program, enabling electronic referrals from general practitioners to outpatient clinics. The platform improves the patient experience; provides secure, efficient referral management; and achieved 400 eReferrals within 4 weeks of launching.

Far West Local Health District

Website: www.nsw.gov.au/fwlhd

Chief Executive Brad Astill



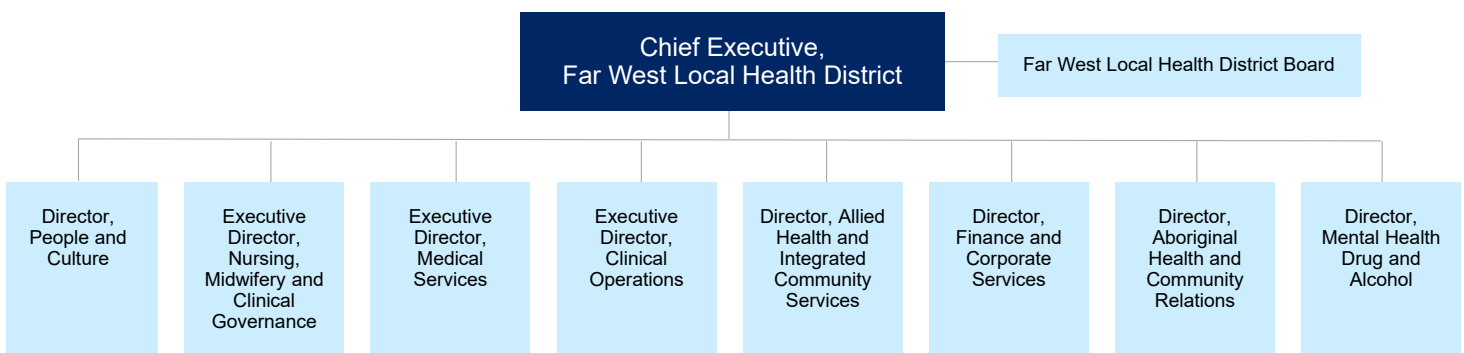
Brad Astill was appointed to the Chief Executive role in December 2022. Brad is a skilled and seasoned senior health manager with extensive expertise in overseeing a range of services, ranging from individual clinical departments, to one of Australia’s most expansive tertiary/quaternary health campuses. His proficiency lies in managing complex organisations, navigating activity-based funding systems, conducting operations analysis, and facilitating comprehensive reviews. Furthermore, Brad has considerable experience with clinical service benchmarking, performance evaluations, and comparative assessments. Brad is Chair of the Regional Health Committee and participates in the Regional Health Ministerial Advisory Panel. He has previously acted in a number of senior executive roles in NSW local health districts, including as the Interim Chief Executive at Far West Local Health District.

Key achievements

- The Specialist Palliative Care Multidisciplinary Team based in Broken Hill relocated offices to a newly renovated facility named Jacaranda Cottage. Located near Broken Hill Base Hospital, the team provides a non-clinical point of contact for the community for specialist palliative care counselling and assessment via face-to-face or virtual modalities.
- Significant infrastructure projects commenced in the district in 2023–24:
 - Construction of the new Wentworth Hospital started onsite in February 2024.
 - The Broken Hill Health Service redevelopment (emergency department expansion and new purpose-built mental health inpatient unit) appointed the principal contractor.

- In April 2024, four new one-bedroom key worker accommodation units were delivered and installed onsite at Balranald.
- The district’s oral health services increased clinics by 165 per cent (66 to 175 clinics as at December 2023) by engaging dentists from the Sydney Local Health District in a rotation agreement.
- Maintained a high level of excellence in specialist palliative care service provision. Of the patients known to specialist palliative care services, 98 per cent died in their preferred place with their advance care planning wishes documented and abided by.
- The district underwent the National Safety and Quality Health Service Standards Short Notice Assessment in March 2024 and achieved an outstanding result. The outcome is a credit to the remarkable staff of the Far West Local Health District.
- The Nursing and Midwifery Directorate continued to work within and alongside its strategic plans and priorities, including the Nursing and Midwifery Workforce Plan 2023–2026. Of its 6 priorities and 85 actions, the Plan is well ahead of schedule with innovative, holistic and tangible outcomes achieved within the first year.
- Recognition of Prior Learning from Central Queensland University was awarded to two GradStart programs run by the district. This includes the Nursing and Professional Practice and Introduction to Developing Speciality Practice programs. Both programs were recognised for evidence-based, multi-modal learning and development capabilities which meet the Level 8 Australian Qualification Framework.
- The Midwifery Group Practice program has maintained a rural midwifery continuity of care model since 2015. In 2023–24, the service reported their lowest rate of caesarean sections and highest rate of vaginal births.
- Mental Health, Toward Zero Suicides, and Dietetics teams worked in partnership to successfully deliver two rounds of the RISE program. The 10-to-12-week program aims to improve the physical health and wellbeing of mental health and Suicide Prevention Outreach Team (SPOT) consumers. Evaluation of the program delivered in 2023 showed improvements in mental wellbeing and confidence in cooking.

Far West Local Health District organisational chart



- The Safe Haven and SPOT peer workforce increased their presence within the emergency department to seven days per week, providing alternative mental health care. Weekly barbecues for community members are held by Safe Haven and SPOT at the Broken Hill Safe Haven to facilitate open and honest conversations around mental health and increase awareness of Safe Haven and the peer workforce.

Hunter New England Local Health District

Website: www.hnehealth.nsw.gov.au

Chief Executive Tracey McCosker PSM



Tracey McCosker, Chief Executive of the Hunter New England Local Health District, has more than 30 years of experience in the NSW public health system. She began her career as the Business Manager for Hunter Area Pathology Service, and has held various senior roles in finance, corporate, and clinical services within the district.

In 2012, Tracey was appointed Chief Executive of NSW Health Pathology, leading the establishment of an integrated statewide public pathology service. Her outstanding contribution to public health in NSW was recognised in 2018 with the Australian Public Service Medal.

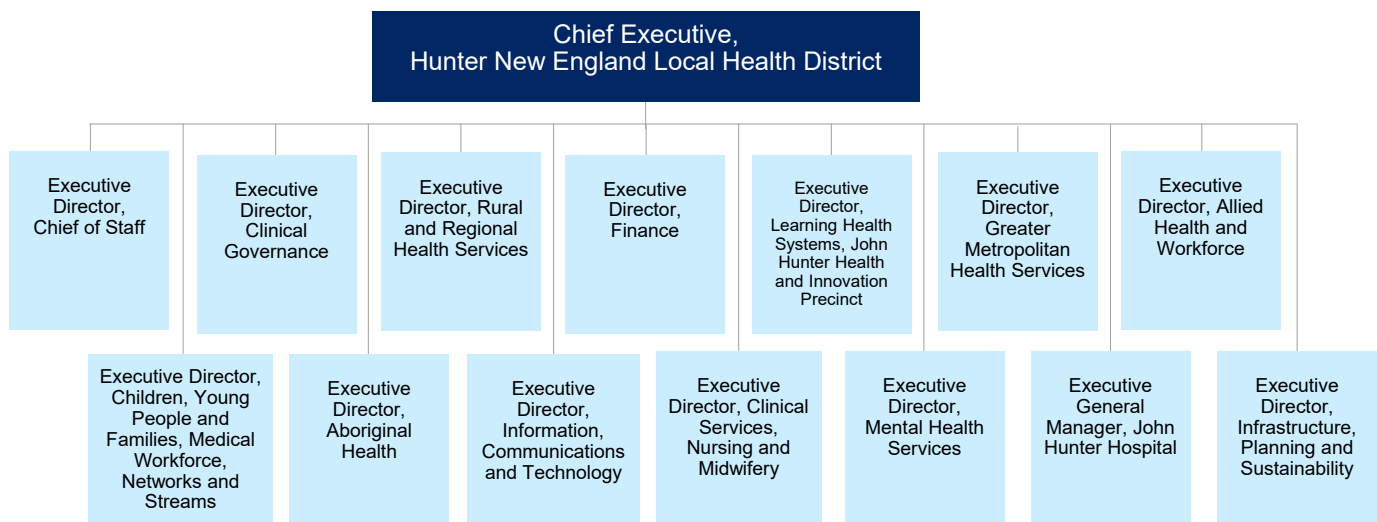
Tracey holds a Bachelor of Commerce from the University of Newcastle and a Master of Business Administration from the University of Southern Queensland. She is a member of the Australian Institute of Company Directors.

As the leader of one of the largest local health districts in NSW, Tracey is committed to fostering a respectful and inclusive environment, promoting an innovative and cohesive workforce, and ensuring the delivery of high-quality, patient-centred care.

Key achievements

- Established Australia’s first cardio-oncology service to address the heightened risk of cardiac disease in cancer survivors, with 80 patient referrals and more than 200 visits.
- The first and only paediatric rehabilitation service in Australia to offer urodynamic studies for young patients with abnormal bladder function. This led to 73 per cent of affected patients having a change in treatment.
- Attracted more than 100 overseas registered nurses as part of an international recruitment campaign to start work across the district’s hospitals.
- Developed an Australian-first initiative with the University of Newcastle and TAFE NSW: first and second-year Bachelor of Medical Science students train as Assistants in Nursing, allowing them to earn while they learn.
- Established a new ADHD clinic in Newcastle, increasing access to timely diagnosis and treatment for children aged 6 to 12 years.
- Announced the return of a park-and-ride shuttle service at John Hunter Hospital. The service provides patients, visitors, and staff free and convenient transport to and from the hospital campus.
- Developed a world-first trial with NSW Ambulance and Hunter Medical Research Institute. The trial sees a revolutionary new brain scanner used as part of the rapid assessment and triage of stroke patients while they are being transported to hospital.
- Forged a successful cross-border partnership with Goondiwindi Medical Centre to provide education and health access to approximately 800 residents in Boggabilla, reducing ambulance transfers and hospital admissions.
- Introduced a rural toothbrush distribution program to supply fluoride toothpaste and toothbrushes to 52 rural and remote schools needing oral health services.
- Provided free health and development checks to preschoolers in Tenterfield as part of the NSW Government’s Brighter Beginnings initiative.

Hunter New England Local Health District organisational chart



Illawarra Shoalhaven Local Health District

Website: www.islhd.health.nsw.gov.au

Chief Executive Margot Mains



Margot Mains began her career as a nurse and held senior leadership roles in health in New Zealand and South Australia, before taking up the position of Chief Executive of the Illawarra Shoalhaven Local Health District in 2014.

Margot has extensive health executive leadership and management experience at hospital and district level. Her previous roles include Chief Executive Officer, Northern Adelaide Local Health Network. Prior to that she held senior leadership roles in the New Zealand Health system as Chief Executive Officer, Capital and Coast District Health Board, and Chief Executive Officer, Mid Central Health. She also holds a Bachelor of Laws.

Margot is driven to lead improvements in health outcomes for the community by nurturing collaboration across local organisations; increasing opportunities for consumer and community engagement and co-design; and fostering innovation with clinicians through the use and application of new technologies and a strong focus on research.

Margot is a fellow of the University of Wollongong, admitted in recognition of her expertise and strategic leadership for improving health outcomes and connections across the Illawarra and Shoalhaven healthcare community.

Key achievements

- Continued construction on the \$1.1 billion hospital infrastructure projects, including:
 - started major works on the Shoalhaven Hospital Acute Services Building
 - completed early works for the new Shellharbour Hospital

- completed early work for the Integrated Services project, including expansions at Bulli and Wollongong Hospitals.
- Supported Waminda Women’s Health and Wellbeing Aboriginal Corporation’s Birthing on Country Program with the completion of phase one. This is a collaborative arrangement where endorsed midwives, employed by Waminda, provide care during labour and birth at Shoalhaven Hospital for women accessing Waminda’s Maternity Service.
- Established the Aged Care Outreach Service. It provides in-home care to people living in residential aged care facilities, helping them avoid unnecessary trips to hospital. Also expanded the Transitional Aged Care Program, supporting safe discharge of patients preparing for residential placement.
- Expanded drug and alcohol care across medical, allied health and nursing specialities with the establishment and upgrade of clinical services including adult and youth counselling. The expansion included a 25 per cent increase in drug and alcohol workers across the district.
- Increased access to preventative health checks for children across the early childhood sector to improve developmental outcomes before starting school. Implemented the Primary School Mobile Dental Program, which provided 972 children with preventative dental treatment in the first eight months.
- Developed and implemented programs including Minding the Minutes and Emergency Short Stay Optimisation at Wollongong Hospital to support more timely access to care. These programs resulted in improvements in hospital flow.
- Enhanced environmental sustainability solutions with the implementation of programs to reduce waste and increase awareness. This includes the War on Waste initiative, establishment of the Climate Risk and Net Zero Taskforce, and commencement of infrastructure works to support vehicle fleet electrification.

Illawarra Shoalhaven Local Health District organisational chart



- Developed the *Illawarra Shoalhaven Local Health District Strategic Delivery Plan 2023–2028*, setting the framework for services during the next five years. Work also commenced on the Wollongong Hospital Clinical Services Plan to ensure services meet the needs of the community, now and in the future.
- Launched *The Kind Side* – stories from NSW Health podcast, sharing the experiences of staff, visitors and patients, and highlighting acts of kindness. The podcast aims to enhance empathy and inspire other acts of kindness in hospital and healthcare services.
- Created and launched dedicated nursing recruitment campaigns to attract national and international skilled applicants, including graduate-specific programs in identified areas of need like mental health nursing. Developed and implemented e-learning orientation modules to better support new staff induction.

Key achievements

- Launched the *Mid North Coast Local Health District Aboriginal Health Strategic Framework 2024–2034*. The framework will guide planning, implementation and evaluation of actions to ensure they are culturally safe, appropriate, effective, and link to important policies, plans and directions.
- Embarked on a successful recruitment drive in the United Kingdom and recruited 140 registered nurses. The experienced nurses will be located across almost all facilities and a variety of clinical settings.
- Opened a low-risk chemotherapy and immunotherapy clinic at Kempsey District Hospital, providing easy access, and reduced travel time and cost for residents of Kempsey and its surrounds.
- Recognised in the NSW Health Excellence in Nursing and Midwifery Awards 2023. The nursing team at Dorrigo Multipurpose Service was named Team of the Year.
- Launched the *Mid North Coast Local Health District Sustainable Healthcare Framework and Implementation Plan Towards 2030*. The Framework outlines the district’s vision for a best practice, low carbon, low waste, climate resilient health system which continues to focus on excellence in people-centred healthcare.
- Implemented the community-informed *North Coast Youth Vaping Action Plan* in collaboration with North Coast Population and Public Health (NCPPH) and the Northern NSW Local Health District. NCPPH also worked with NSW Police, Queensland Health and the Therapeutic Goods Administration to conduct seizures and destruction of illegal vaping products worth more than \$1.5 million.
- Collaborated with academia, business, philanthropy and regional development organisations to establish the Mid North Coast Health and Medical Research Foundation. The independent legal entity will capture philanthropic funding for health and medical research.

Mid North Coast Local Health District

Website: www.mnclhd.health.nsw.gov.au

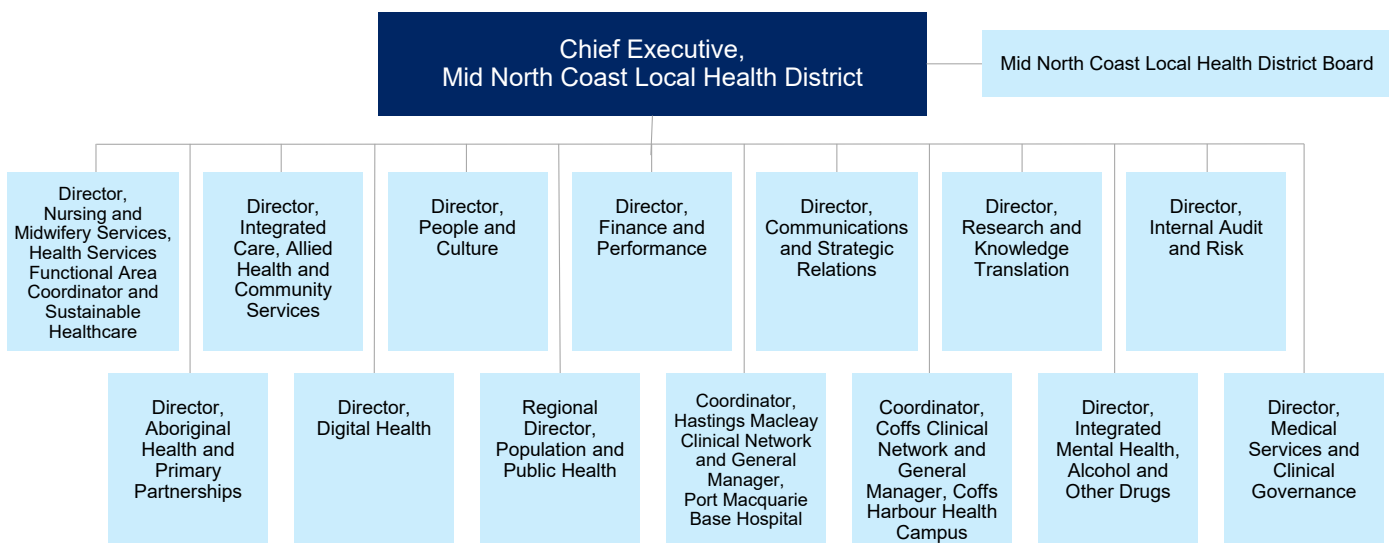
Chief Executive Stewart Dowrick



Stewart Dowrick began his career in healthcare administration at the then Children’s Hospital at Camperdown in 1989. He moved to the Central Coast Area Health Service in 1993 and to the Mid North Coast Area Health Service in 1999. Since 2000, he has held numerous executive positions with the Mid North Coast and North Coast Area Health Service, and was appointed Chief Executive at the beginning of 2011.

Stewart has a particular interest in health service partnership and service partners working together. He holds an Honorary Doctorate in Health Studies, and tertiary qualifications from the University of New South Wales, the University of Newcastle, and the Australian Institute of Company Directors.

Mid North Coast Local Health District organisational chart



- Launched the Mid North Coast Local Health District Commitment to Preventing Racism district-wide initiative, designed to reduce staff experiences of racism and improve cultural safety for all. The initiative is focused on building conscious leadership and strong peer support, enhancing awareness and education, and redesigning systems and processes.
- Introduced the Emergency Mental Health and Addiction Assessment Response Team at Port Macquarie and Coffs Harbour hospitals. The team provides centralised intake, triage, assessment and referral for all mental health, alcohol and other drugs services to ensure a seamless transfer of care.
- Opened a rooftop helipad at Port Macquarie Base Hospital and commenced construction of a ground-level car park. This is part of a \$34 million project to enhance accessibility to local health services.

Jill began her career as a nurse and midwife and has held senior management and leadership roles within the district (and its predecessor organisations) since 1992. Prior to her appointment as Chief Executive, Jill was the Director of Operations, and worked in senior manager roles at a corporate and hospital level within the former Greater Southern and Greater Murray Area Health Services.

She holds qualifications in management, nursing, midwifery, child and family health and women’s health. In her spare time, she shares her experience and wisdom with emerging leaders.

Key achievements

- BreastScreen NSW (Greater Southern) partnered with Aboriginal organisations to co-design culturally appropriate breast screening events targeting women who had never screened or were overdue. Participants were supported to overcome barriers and were gifted professional bra fittings and new bras by the Support the Girls charity. The events increased Aboriginal participation rates in these areas to an all-time high of 80 per cent (women aged 40 to 74) in Albury, and 93 per cent (women aged 50 to 74) in Edward River Shire.
- The dental service implemented an innovative WebChat function resulting in reduced wait times, enhanced accessibility for people with speech or hearing impairments and social anxiety, and promoted independence for consumers. The service was rated as “excellent” or “good” by 96 per cent of consumers.
- Implemented the district-wide Emergency Care Assessment Treatment (ECAT) protocol, standardising nurse-initiated emergency care. ECAT reduces wait times, enhances care standards, and improves patient experience and staff satisfaction, while supporting rural hospitals to provide consistent, evidence-informed care.

Murrumbidgee Local Health District

Website: www.mlhd.health.nsw.gov.au

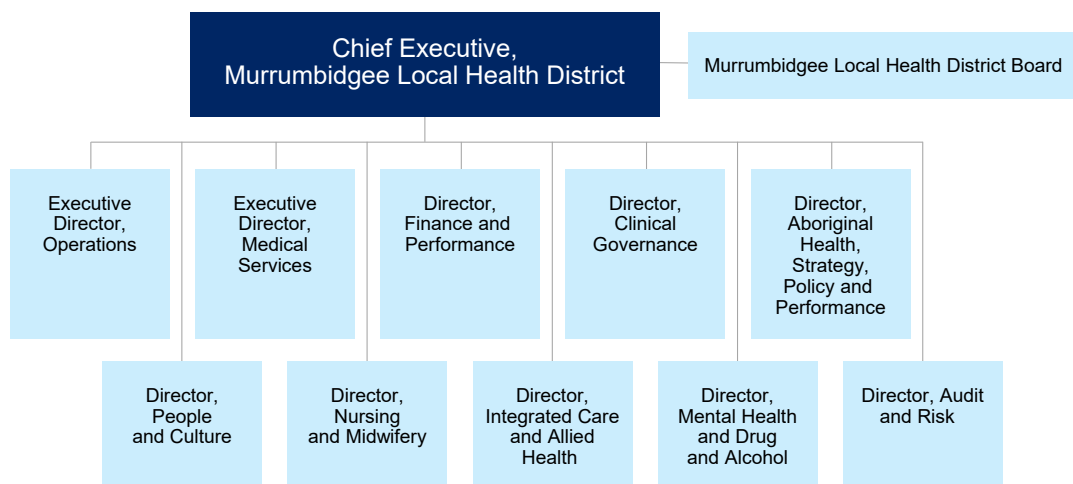
Chief Executive Jill Ludford



Jill Ludford was appointed Chief Executive of Murrumbidgee Local Health District in August 2014. Jill leads a team of 5,000 healthcare staff across 33 hospitals and 12 primary healthcare centres to provide care for 243,228 residents across the region. She is responsible for providing safe, equitable, quality healthcare to the people of Murrumbidgee through strategic leadership and sound governance.

Under Jill’s leadership, the district has developed a vision which provides clear direction for the future of healthcare in the region. It is implementing enhanced operations, performance, innovation and evidence-based care to deliver the best health outcomes for people. Jill sees her workforce as their most precious resource and is committed to growing and supporting a rural workforce.

Murrumbidgee Local Health District organisational chart



- The Environmental Health team launched a comprehensive strategy to combat mosquito-borne disease by monitoring disease risk throughout the region. The strategy included investment in additional mosquito trapping and sentinel chicken surveillance; training councils on mosquito management; mosquito risk signage for high-risk areas; and distribution of repellents to councils and vulnerable groups. These interventions have created a foundation for long-term prevention and management efforts in collaboration with local councils, networks and community to mitigate disease outbreaks.
- The Outreach Heart Failure Clinic was delivered in 2023–24 in partnership with rural general practitioners and offers timely, affordable heart failure screening and imaging diagnostics. Focusing on Aboriginal communities and frequent emergency department patients, it enables early diagnosis and improved access to specialist care.
- Won the 2023 Premier’s Award for Highest Quality Healthcare with the Murrumbidgee Model for rural generalist general practitioners training – a training program now expanded across NSW. The Murrumbidgee Single Employer Model provides trainees certainty about location, income and working conditions, and invests in rural general practitioners to support the expansion of the rural workforce by providing a tailored, coordinated pathway for doctors.
- Launched a supported recruitment model resulting in reduced administrative burdens for hiring managers, improved candidate experience, and streamlined recruitment, within a more consistent approach. The average time to recruit was reduced to 25 days.
- Infrastructure redevelopments are progressing on time with a major redevelopment at Griffith Base Hospital due for completion in March 2025. Redevelopment planning at Finley and Temora health services is underway.
- The Bureau of Health Information reported that 85 per cent of patients presenting to emergency departments commenced treatment on time, despite significant increases in presentations. While 87 per cent of patients arriving by ambulance were transferred within the benchmark time.
- Hospital care was rated as “good” or “very good” by 92 per cent of Aboriginal people, according to the Bureau of Health Information Aboriginal Health Dashboard. In partnership with the Aboriginal Health team, services enhanced engagement, referral and follow-up pathways, targeting consumer experience and overall health outcomes.

Nepean Blue Mountains Local Health District

Website: www.nbmlhd.health.nsw.gov.au

Acting Chief Executive Lee Gregory

From September 2023



Lee Gregory is Chief Executive of Nepean Blue Mountains Local Health District. He has proudly worked in healthcare for many years and has an extensive background in NSW Health and health operations.

Lee has exceptional health leadership skills, and a deep dedication to fostering innovation, continuous improvement and collaboration within healthcare.

He is committed to working with staff, our community, and regional and primary care colleagues to continue to provide health services that increase in safety, quality and effectiveness, and are valued by our population.

Previous Chief Executive Kay Hyman

From January 2011 to August 2023



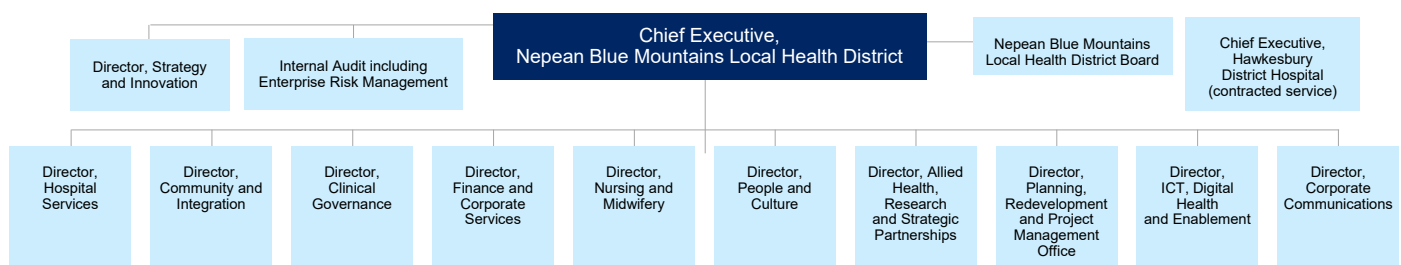
In August 2023, after 12 years of dedicated service, Nepean Blue Mountains Local Health District Chief Executive Kay Hyman retired.

Kay’s ability to foster collaboration, engage stakeholders, and advocate for patient-centric care has been remarkable. Her leadership through the incredible challenge of the COVID-19 pandemic, as well as the multiple natural disaster events the region has faced, has been exemplary. Thank you to Kay on behalf of the District Executive, Board, staff and the community.

Key achievements

- Established Aboriginal health practitioner roles in all emergency departments to provide culturally safe care and support Closing the Gap priorities.
- Implemented a new menopause service in collaboration with South Western Sydney, Western NSW and Murrumbidgee local health districts.

Nepean Blue Mountains Local Health District organisational chart



- Opened a new McGrath Breast Clinic at Lithgow Hospital, offering a range of services for the assessment and care of people who have undergone breast cancer-related treatments.
- Launched a Disability Inclusion Action Plan in collaboration with Disability Consumer Council, with implementation groups now driving actions.
- Commenced construction on a new Child and Adolescent Mental Health Facility on the Nepean Hospital campus.
- Opened a new pharmacy department at Nepean Hospital that features an improved patient waiting area, a dedicated clinical trials area, patient counselling rooms, and an upgraded aseptic suite.
- Established a Mental Health Wellbeing Advisory Committee for staff to provide bottom-up feedback, ensuring that employee voices shape initiatives aimed at enhancing their wellbeing.
- Implemented Safewards, a nurse-led interventional model of care, across medical and surgical wards at Nepean Hospital and Blue Mountains Hospital to minimise conflict events, improve nurse-patient relationships, and create a friendlier and safer environment for patients and staff.
- Installed a TrueBeam radiotherapy system at Nepean Cancer and Wellness Centre, offering local cancer patients the latest treatment with advanced imaging and high-precision dosage control.
- Performed the first gynaecology robotic surgery at Nepean Hospital providing patients with the latest technology to help them recover faster and get home sooner.

She has held a variety of senior positions in health across the globe: most recently in New Zealand as Executive Director Planning, Funding and Business Intelligence for the Canterbury and West Coast District Health Boards; as well as holding the role of Interim Chief Strategy, Planning and Performance Officer for Health New Zealand; and has previously been Chief Executive Officer of a District Health Board in New Zealand.

Tracey has worked in executive roles in Australia, the United Kingdom and Qatar, across both rural and metropolitan services. She's played a lead role in transforming healthcare delivery across various health settings, and oversaw Health New Zealand's national sustainability and climate change work program.

Key achievements

- Implemented the Enhanced Care Program to support the individual requirements of vulnerable adult patients over 65 years with a known cognitive dysfunction whilst empowering staff to provide therapeutic, person-centred care. The program reduced requirements for one-on-one care by 40 per cent, adverse events by 50 per cent, and loss of functional ability following a hospital stay by 35 per cent in an 18-month period.
- Recruited 102 overseas-trained nurses through a collaboration between nursing and midwifery services and the People and Culture team to fill long-term vacancies across the district. The district provided visa, migration and initial housing support. A candidate experience officer was appointed to support nurses and their families integrate into their new communities.
- Opened the new \$723.3 million Tweed Valley Hospital on 14 May 2024. The hospital will deliver new services, including radiotherapy as part of an integrated cancer care service, satellite medical imaging in the emergency department, and an interventional cardiology service.
- Partnered with key agencies to support the delivery of the Tweed Assertive Outreach program to reduce the number of rough sleepers within the Tweed Shire. The program supports rough sleepers into accommodation and assists in tenancy retention. It houses more than 168 rough sleepers, with a 95 per cent tenancy success rate.

Northern NSW Local Health District

Website: www.nnswlhd.health.nsw.gov.au

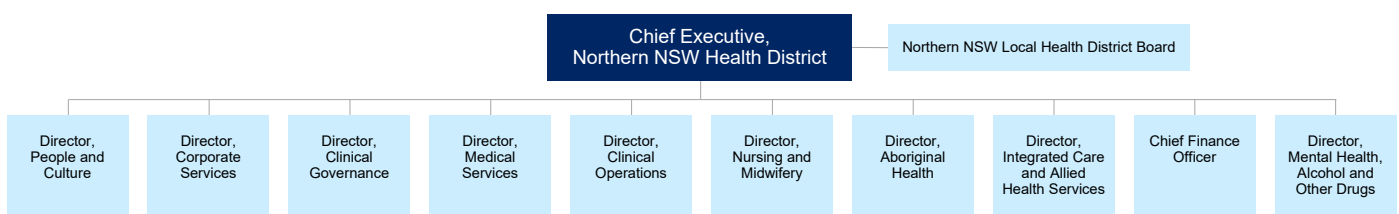
Chief Executive Tracey Maisey

From August 2023



Tracey Maisey joined Northern NSW Local Health District as the Chief Executive in August 2023. Tracey has had a long and broad career in healthcare and brings a wealth of experience to the role.

Northern NSW Local Health District organisational chart



- Successfully developed and implemented a new clinical pathway and delivered an educational program for clinicians to help improve rheumatic heart disease prevention. This initiative promotes early diagnosis and effective management, ultimately improving patient outcomes and reducing disease prevalence.
- More than 400 staff and 119 community members were involved in the planning and design of the Tweed Valley Hospital. The consultation process engaged a broad range of stakeholders in decision-making processes. This inclusive approach ensured diverse perspectives were considered as part of the design of the facility, leading to better community-informed outcomes and improved cultural safety.
- Established a safe and sustainable triage and assessment service for zero to 18-year-olds in the community, under the Child and Adolescent Mental Health Service. The service has improved access to care, enhanced treatment outcomes, and strengthened community support for children and young people’s social and emotional wellbeing, and for their support networks.
- Strengthened and improved clinical documentation and reporting in the Mental Health Alcohol and Other Drugs Service, by standardising reports for better transparency and boosting staff data literacy through training and shared learning. This has improved the Health of the Nation Outcome Scale for completions and seven-day follow-ups.
- The North Coast Youth Vaping Taskforce launched the first Regional Action Plan to prevent and reduce vaping among young people. The taskforce coordinates key agencies and takes a community-informed approach to protect young people from vaping-related harms. It combines health promotion programs with regulatory work to seize illegal vaping products.
- Increased immunisation coverage for Aboriginal children at five years of age from 94 per cent to above 96 per cent – exceeding the NSW key performance indicators. This achievement is due to the work of Aboriginal immunisation liaison officers working closely with primary care providers and key communities.

Northern Sydney Local Health District

Website: www.nslhd.health.nsw.gov.au

Chief Executive Anthony Schembri



Anthony Schembri joined North Sydney Local Health District in July 2023 as Chief Executive after nearly 10 years at St Vincent’s Health Network Sydney as Chief Executive Officer.

Anthony is an accredited social worker with a 30-year career in NSW Health working across clinical and executive roles, including multiple board appointments with medical research institutes, community organisations, and primary health services.

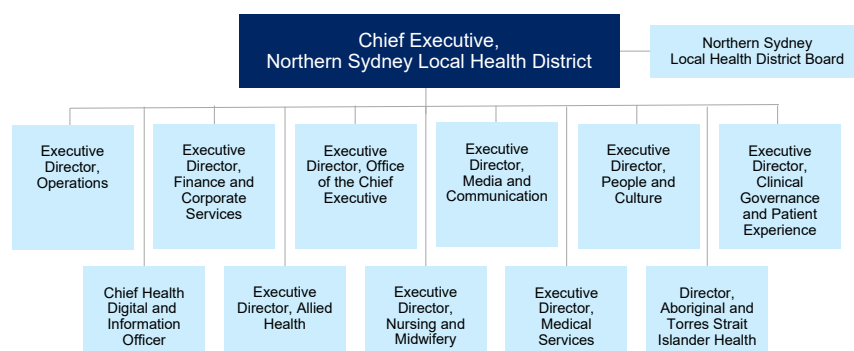
Anthony is committed to community involvement and championing social justice issues such as LGBTIQ+ health and ending violence against women and children, where he has held ambassador roles.

Anthony holds adjunct professorial appointments with the University of Sydney, University of Technology Sydney, and Macquarie University; and is a board director for Sydney Health Partners, the Australian Healthcare and Hospitals Association, Kolling Institute for Medical Research and NORTH Foundation.

Anthony was awarded in 1998 the Premier’s Community Service Award for his work as Deputy Chair of the NSW Government Youth Advisory Council. He was named in 2019 Queen’s Birthday Honours List, is a Member of the Order of Australia, and in 2023 was awarded an Honorary Doctor of Letters from the University of New South Wales.

Anthony holds an honours degree in social work from the University of New South Wales, a graduate diploma in public administration, a Master of Public Policy from the University of Sydney, and certificate in health and human rights from Harvard University. He is a fellow of the Australasian College of Health Service Management, and completed the company directors course of the Australian Institute of Company Directors.

Northern Sydney Local Health District organisational chart



Key achievements

- The new emergency department (ED) alternative referral pathway resulted in 65 per cent of patients who were referred by NSW Ambulance after being triaged by paramedics, either over the phone or at the scene, to the district’s virtual care service, avoiding a trip to the ED. Patients received treatment at their home or virtually through a team of medical and nursing staff through the virtual hospital, set up to ease the burden on EDs, when clinically appropriate.
- Established initiatives to support staff diversity such as the district’s first youth advisory board, and the inclusion of a Menopause in the Workplace Guide. The district also recruited its first LGBTIQ Strategy Project Officer.
- Australia’s first total body position emissions tomography scanner for combined research and clinical use was opened at Royal North Shore Hospital. The scanner reduces radiation doses and decreases scanning time from 20 to 3 minutes.
- The *Royal North Shore Precinct Master Plan* was developed to inform strategic decisions around the future use of the hospital campus and expand clinical services to meet the demand in the next 40 years.
- A Safe Haven at Macquarie Hospital in Ryde opened as part of the NSW Government’s Towards Zero Suicide program to support young people at risk of suicide who require clinical support after hours. A Safe Haven at Brookvale Community Health Centre was commissioned to open in mid-to-late 2024.
- The district received its largest philanthropic donation. The donation from Kay Van Norten and Greg Poche will go towards a world-leading clinical trials centre at the Royal North Shore Hospital in partnership with the Memorial Sloan Kettering Cancer Centre in New York.
- The district’s geriatric outreach service expanded to support general practitioners to identify patients at risk of being presented to the emergency department, providing them with faster access to specialists and community-based care. The program received 4,965 referrals with 74 per cent of referred patients avoiding an emergency department admission.
- The e-referral platform for general practitioners to receive electronic patient hospital discharge summaries was launched. In its first year, 239 general practices in the district joined the platform.

- The electrification of the district’s fleet system started with 10 new vehicles introduced to the fleet system. Electric vehicle charging stations were installed at Macquarie Hospital in Ryde.
- For the first time the district partnered with the Anangu Ngangkari Tjutaku Aboriginal Corporation, an organisation of Aboriginal traditional healers, to provide culturally appropriate health services to Indigenous communities living in the district.

South Eastern Sydney Local Health District

Website: www.seslhd.health.nsw.gov.au

Chief Executive Tobi Wilson

Tobi Wilson was appointed Chief Executive in April 2019.



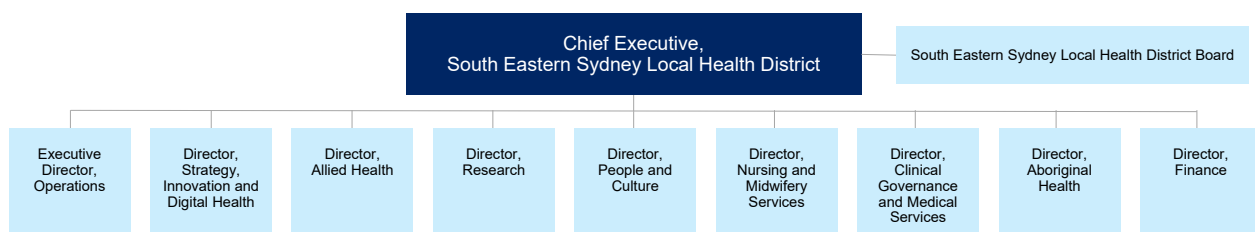
He is an experienced, progressive health leader, with a passion for innovation in healthcare. Having started his career as a physiotherapist, Tobi has held leadership roles across Victoria, South Australia, and NSW. Tobi has a proven track record of embracing technology to transform the delivery of health services.

In addition to his substantive position, Tobi holds a number of non-executive director positions across health and medical research organisations, including Chair and President of Health Roundtable, with more than 180 hospital members across Australia, New Zealand and the Middle East.

Key achievements

- The South Eastern Sydney Local Health District offered local community mental health support during times of increased need. This includes being able to quickly implement a dedicated mental health response team who can provide guidance, reassurance and information to community members.
- Sutherland Hospital opened a new operating theatre complex, including eight new operating theatres, two procedure rooms, and a new surgical short stay unit.
- The inaugural *Diversity, Inclusion and Belonging Strategy* was launched to provide direction and actions to support teams to thrive and create a greater sense of belonging at work.

South Eastern Sydney Local Health District organisational chart



- The St. George Hospital redevelopment completed 13 priority projects, including clinical skills, magnetic resonance imaging, nuclear medicine, 8 operating theatres and 4 procedure rooms. Healthcare infrastructure and services were bolstered with the delivery of \$15 million of major medical equipment.
- The St. George Hospital implemented the first computed tomography angiography machine in NSW, and the second in the Southern Hemisphere in its operating theatre precinct. The hybrid system combines the functionalities of both angiography and computed tomography scanning, which are especially valuable in trauma hospitals and emergency settings, where quick, accurate, and detailed imaging is essential for immediate treatment decisions.
- The *Environmental Sustainability Plan* was launched. It encompasses improvements to infrastructure, delivery of services, and resource efficiency across three areas: sustainable clinical services; resource efficiency; and resilient facilities. It includes the *Future Electric Vehicle (EV) 2030 Strategy* for transitioning our fleet to EVs.
- The Royal Hospital for Women delivered the first two babies that followed two women’s uterine transplants that took place in early 2023 – an Australian first. The two women gave birth to the babies as part of a ground-breaking research trial at the hospital.
- Prince of Wales Hospital, Sydney Hospital and Sydney Eye Hospital became the first adult hospitals to ease strict liquid restrictions on surgery patients. The new approach to fasting is safer for patients, preventing dehydration, anxiety, and stress ahead of surgery.
- A group of researchers from around Australia, in conjunction with the Organ and Tissue Donation Service, a statewide service hosted by the district, were awarded \$35 million in funding to address the global challenge of corneal blindness. The team will work with Australian and international tissue banks to manufacture the first bioengineered corneas.
- A collection of 8,000-year-old hearth stones were carefully preserved and returned. Originally excavated from Prince of Wales Hospital in the 1990s, the hearth stones are now on display in the public forecourt of the new Prince of Wales Hospital Acute Services Building.

South Western Sydney Local Health District

Website: www.swslhd.nsw.gov.au

Chief Executive Sonia Marshall

From October 2023



Sonia Marshall has a 30-year career in NSW Health, starting as an intensive care unit nurse at Griffith Base Hospital, before working in a range of leadership roles in rural, regional and urban settings. She joined the South Western Sydney Local Health District in 2016, initially as Director of Nursing and Midwifery, where she focused on transforming care and experiences for the workforce, patients and community.

As the Incident Controller for South Western Sydney Local Health District’s COVID-19 Emergency Operations Centre, her remarkable leadership helped ensure the safety of staff and the diverse community throughout the fast-moving and ever-changing response.

Sonia is also passionate about the future of healthcare, teaching, mentoring and fostering research. She established the South Western Sydney Nursing and Midwifery Research Alliance, in partnership with the Ingham Institute for Applied Medical Research and seven universities. She is Adjunct Associate Professor, School of Nursing and Midwifery at Western Sydney University; and Honorary Principal Fellow, Faculty of Science, Medicine and Health at University of Wollongong.

She has completed a Master of Business Administration, a Bachelor of Science (Nursing) and studied in intensive care nursing, public administration and health leadership.

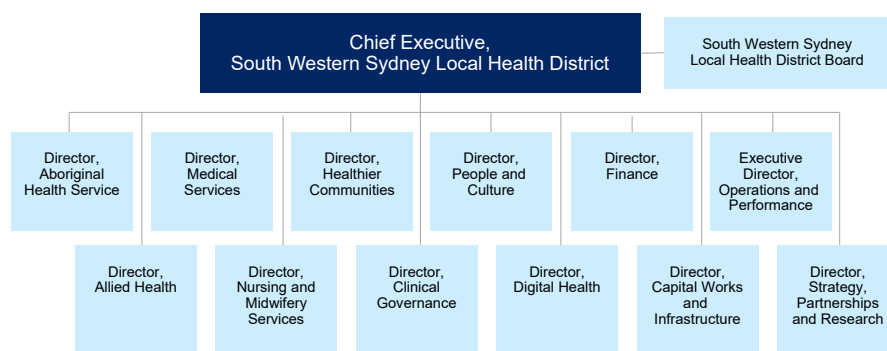
Previous Chief Executive Amanda Larkin

From 2011 to October 2023



Amanda Larkin has more than 25 years of experience in health service management, a Bachelor of Social Work, an Associate Diploma in Environmental Science, and an Honorary Doctorate from the University of New South Wales.

South Western Sydney Local Health District organisational chart



Amanda’s extensive experience in health management and commitment to safe, high-quality care, as well as her passion to further develop health and education precincts across the district, places the region at the forefront of world-class healthcare.

Amanda serves as a board member of the Ingham Institute of Applied Medical Research, South Western Sydney Primary Health Network and Health Infrastructure, and as Chair of the Sydney Partnership for Health.

Amanda concluded her role as Chief Executive of the South Western Sydney Local Health District in October 2023.

Key achievements

- Supported the opening of three Urgent Care Services and launched Copilot, a multidisciplinary urgent response service for older people in the community for non-life-threatening conditions. These services offer improved experiences for patients experiencing minor illnesses and injuries, while reducing the number of emergency department presentations.
- Developed South West Kids to uplift the provision of childrens’ health services across the region. The strategy brings together stakeholders from within and outside the health system with the goal of integrating services and the fantastic work carried out across the district.
- Reduced the number of patients who were waiting longer than clinically recommended for their planned surgery from 2,066 to zero in the 12 months to end of December 2023. The district continues to focus on ensuring patients receive their surgery on time.
- Facilitated the involvement and engagement of the region’s diverse community in the redevelopment of Liverpool Hospital through the Liverpool Health and Academic Precinct Multicultural Engagement Program. The Program is centred on in-language face-to-face sessions and collateral connecting community to local healthcare. This methodology will be used through the development of the New Bankstown Hospital.
- Celebrated 25 years of the NSW Refugee Health Service. Based in Liverpool and administered by the South Western Sydney Local Health District, the service provides a range of clinical services and medical assessments for recently arrived refugees and asylum seekers.

- Opened a Safe Haven in Liverpool central business district to offer support for people in south western Sydney who are at risk of suicide. The Safe Haven is a welcoming, non-clinical space that is staffed by peer support workers and provides an alternative to hospital emergency departments.
- Opened Campbelltown Hospital’s Dental Health Centre as the region’s state-of-the-art flagship oral health centre. The centre offers specialist treatment such as services catering for patients with special needs, paediatric dentistry, and oral surgery.
- Continued focus on the South Western Sydney Local Health District staff experience and a great place to work, with a suite of improvements informed by staff feedback. Key focus areas included greater staff recognition, support for staff of diverse backgrounds, flexible working arrangements and enhancement of leadership.
- Embedded allied health clinics at Aboriginal preschools (Tharawal and Waranwarin) to provide community-based services to Indigenous children, delivering more than 250 occasions of service.
- Partnered with all tiers of government and external organisations through the Wollondilly Health Alliance, the Fairfield Health Alliance and Western Sydney Health Alliance to make south western Sydney a healthier place to live. Programs delivered through these alliances include healthy streets training for local councils, a regional cycling strategy, gambling harm prevention initiatives, and mental health training for faith leaders.

Southern NSW Local Health District

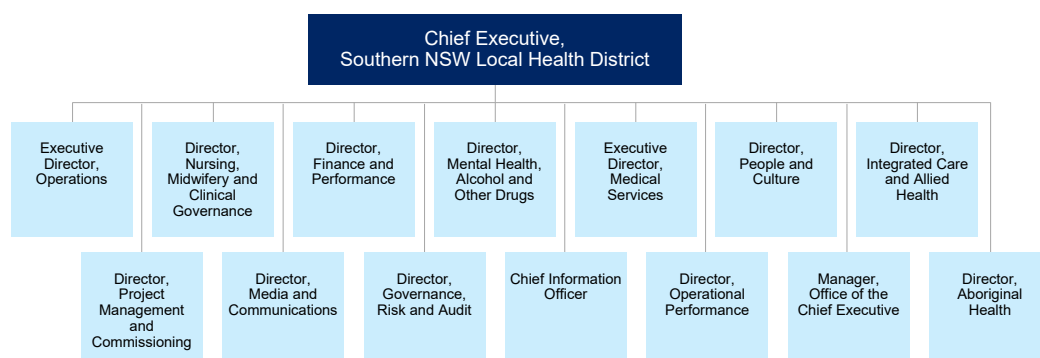
Website: www.snswlhd.health.nsw.gov.au

**Chief Executive
Margaret Bennett OAM**



Margaret Bennett joined the district on 2 March 2020 after 10 years as Chief Executive Officer of Northeast Health in Wangaratta, Victoria. She provides strategic and operational leadership for the efficient and effective management of Southern NSW Local Health District to deliver innovative, safe, high-quality and patient-centred healthcare.

Southern NSW Local Health District organisational chart



An accomplished clinician, Margaret has worked in regional healthcare and has experience as a senior executive in NSW, Victoria and Western Australia. Margaret has successfully overseen complex transformations underpinned by her commitment to improving organisational culture and performance. Margaret believes robust consumer and community engagement positively impacts service delivery.

Key achievements

- Opened the Bega Safe Haven to provide a calm, culturally sensitive and non-clinical alternative to the hospital emergency department for people experiencing significant distress or are at risk of suicide.
- Launched the Virtual Rural Generalist Service in Bombala, Braidwood, Crookwell, Delegate and Yass. The service provides the community with access to 24-hour virtual medical support when the local doctor is not available.
- Onboarded more than 80 overseas nurses that were recruited through the Come to Southern recruitment campaign.
- Launched the Midwifery Group Practice model of care. Women are able to be cared for by the same midwife throughout their pregnancy, during childbirth, and in the early weeks at home with their new baby.
- Opened the Cooma Hospital Ambulatory Care Centre, bringing community nursing, child and family health, podiatry, medical specialist clinics, and NSW Health Pathology services together in one location.
- Opened a simulation and training centre at the South East Regional Hospital in partnership with the Australian National University’s Rural Clinical School. The centre includes medical equipment and manikins for health professionals to practice procedures and emergency scenarios under expert supervision.
- Launched the *Strengthening Community Engagement Framework* and established network community engagement committees for coastal and inland networks.
- Commenced main works for the \$260 million Eurobodalla Regional Hospital development and released the new \$20 million Batemans Bay Community Health master plan.

- Completed the \$165 million redevelopment of Goulburn Hospital and Health Service. This includes the new Australian National University Clinical Training Facility; Cancer Care Centre; Sterilising Unit; and Aboriginal Health facilities.
- Launched the district’s people strategy, *Elevating Our Workforce*, to strengthen and shape the future workforce and the district’s new LGBTIQ+ strategy – *Pride in Southern Promise*. It promotes a positive, inclusive, caring and welcoming environment for all patients and staff. Developed the *Aboriginal Health Equity Strategy* to guide Closing the Gap actions in all directorates.

Sydney Local Health District

Website: www.slhd.health.nsw.gov.au

Chief Executive Dr Teresa Anderson AM

From 2011 to May 2024



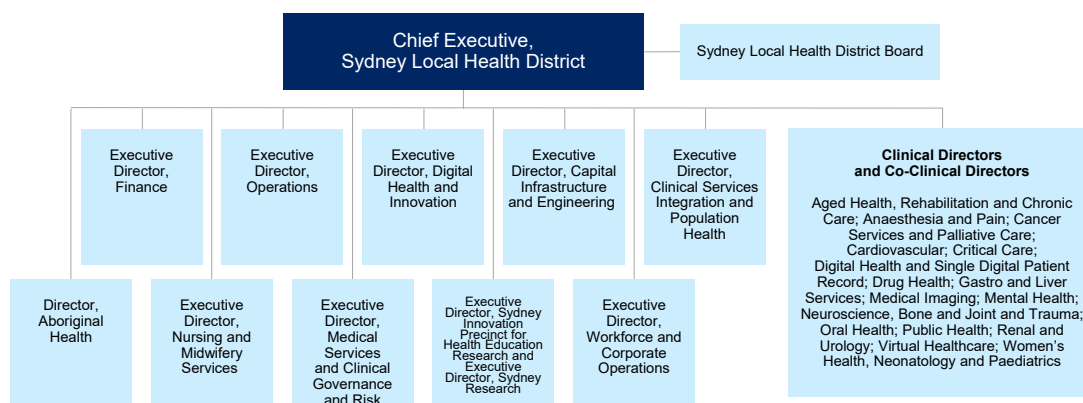
Teresa Anderson was the Chief Executive of Sydney Local Health District until the end of May 2024, one of the leading public health organisations in Australia. She is the Chief Executive of the Single Digital Patient Record Implementation Authority.

Teresa has more than 40 years of experience as a clinician and health service executive. She was appointed a Member of the Order of Australia in 2018 in recognition of her contribution to NSW Health and the community.

Teresa is a vice-president and fellow of the NSW Institute of Public Administration Australia, a member of six medical research, health and primary health network boards, and an active member of Sydney Health Partners Governing Council and Executive Management Group, an Advanced Health Research Translation Centre. Teresa has extensive experience in research governance and embedding quality research in health services.

She is passionate about developing people, programs and services to support and improve the health and wellbeing of the community.

Sydney Local Health District organisational chart



Key achievements

- Commenced construction of the \$940 million redevelopment of Royal Prince Alfred Hospital, the largest transformation in the hospital’s history. Opened a new state-of-the-art tissue pathology and diagnostic oncology building in partnership with Health Infrastructure and NSW Health Pathology.
- Launched the Virtual Emergency Department, a new collaboration between RPA Virtual Hospital and Broken Hill Hospital to share resources and expertise to deliver better patient health outcomes and upskill staff.
- Appointed project management team and commenced planning for the \$350 million Canterbury Hospital redevelopment. Opened a purpose-built education centre to enhance the professional development of staff.
- Marked key milestones at Concord Repatriation General Hospital, including opening the newly refurbished osteoarthritis chronic care program clinics, the Ground East Gym and the new 5E surgical short stay unit. Held a ceremony to mark the topping out of the \$32.4 million Concord Hospital car park project.
- Progressed planning and consultation, and commenced enabling works for the Burudiyara Mental Health Rehabilitation Unit at Concord Hospital as part of a \$691.8 million statewide infrastructure program to enhance forensic mental health services.
- Progressed to tender for the construction of the Sydney Biomedical Accelerator – a \$650 million (including NSW Government contribution of \$150 million) world-leading health, education, and biomedical research complex in collaboration with the University of Sydney and NSW Government. More than 100 individuals contributed to project user, working and technical review groups to progress design development.
- Launched a new food service and refurbished kitchen at Balmain Hospital in partnership with HealthShare NSW. The aim is to provide a more patient-centred meal delivery service while continuing to meet the nutritional needs of patients.
- Implemented the NSW Health Clinical Trial Management System across the district. There were 3,439 active research studies, including 748 clinical trials in 97 departments in 2023. Staff contributed to more than 1,872 publications.

- Celebrated health service anniversaries including:
 - 75 years of social work at Royal Prince Alfred Hospital
 - 25 years of HIV and dementia care at The Bridge at Yaralla Estate
 - 10 years of the Cancer Survivorship Service at Concord Hospital
 - 10 years of the Living Well Living Longer program to support people living with mental illness.
- Opened a new Royal Prince Alfred Hospital bone and soft tissue sarcoma clinic to support young people with the rare cancer. Partnered with patients to host the first Sarcoma Summit in NSW, focused on building stronger understandings of rare cancers and partnerships to improve patient care.

Western NSW Local Health District

Website: www.wnswlhd.health.nsw.gov.au



Chief Executive Mark Spittal

Mark Spittal was appointed as Chief Executive in 2022, bringing more than three decades of health leadership experience in both Australia and overseas to the role.

Western NSW Local Health District is home to some of the most remote, vulnerable populations in NSW, requiring a network of innovative service providers to work collaboratively to provide the right care, in the right place.

Mark heads up a leadership team that focuses on four key strategic goals: improved health and wellbeing; meaningful gains in Aboriginal health; world-class rural healthcare; and one service across many places.

This is reflected in some of the key achievements of 2023–24, including the Mobile Computed Tomography Service, progress on the district’s *Reconciliation Action Plan*, *People Strategy*, and a refreshed approach to community engagement.

Western NSW Local Health District organisational chart



Key achievements

- Delivered key health worker accommodation projects in six locations, including several rural and remote areas. The projects provide 36 additional beds to accommodate new or visiting staff, and support the district's *People Strategy* to grow, retain and support our workforce.
- Delivered the second largest solar photovoltaic installation in any NSW Government facility at the Orange Health Service. More than 3,300 solar panels were installed to reduce carbon emissions by almost 2,300 tonnes per year, supporting the district's *Environmental Sustainability Strategy*.
- Launched the Western Cluster Clinical Trial Support Unit and delivered or commenced 10 new, previously unavailable clinical trials in the district, with 162 new patients. Nine additional staff have been recruited and 36 staff members have undertaken additional training to build clinical trial capacity.
- Installed the NSW Health Apology to Stolen Generations at all 47 health facilities across the district, supporting the district's *Reconciliation Action Plan*. Each facility held an event to unveil the plaque, reaffirming the district's intention to continue working towards reconciliation and Closing the Gap.
- Expanded the district's Allied Health Rural Graduate Program to support more than 50 early-career allied health professionals – a significant increase from 2022–23. The program provides development and leadership opportunities across multiple disciplines and clinical areas, building breadth and depth of skills and experience.
- Expanded the district's award-winning Virtual Rural Generalist Service to provide services and support to five pilot sites in Southern NSW Local Health District. This ensured communities in Bombala, Braidwood, Crookwell, Delegate and Yass have access to 24-hour virtual medical and specialist support.
- Implemented a reviewed and refreshed internal cultural Respecting the Difference training package, to reflect local knowledge relevant to our communities, staff and facilities. Training was launched to the district in May 2024, with over 50 sessions delivered to more than 500 staff since commencing.
- Delivered almost 1,800 scans for patients across Bourke, Cobar and Walgett with the Mobile Computed Tomography Scanner, exceeding planned service targets of 1,300 by almost 40 per cent. Collectively, the service saved approximately 780,000 kilometres in travel for outpatients requiring scans.

- Delivered the first Gook-int-ji-nhuungku Aboriginal Women's Gathering at Bourke, in conjunction with other government agencies and non-government organisations to empower Aboriginal women and ensure they have input into community health services. More than 100 women attended the first Women's Gathering, including the NSW Health Secretary.
- Established the Western NSW Public Health Analytics Dashboard to support timely, consistent surveillance of health risks impacting the community, enabling staff to make data-driven decisions informing public health responses. The transformation of surveillance resulted in earlier identification and management of outbreaks across the district.

Western Sydney Local Health District

Website: www.wslhd.health.nsw.gov.au

Chief Executive Graeme Loy PSM



Graeme Loy is the Chief Executive at the Western Sydney Local Health District. Over the past 25 years, Graeme has held many executive roles across the health sector, including Chief Executive of the Northern Sydney Local Health District, Executive Director of System Management for the NSW Ministry of Health, Director of Operations at the South Western Sydney Local Health District, and Transition Manager at Sydney South West Area Health Service. He currently serves as board member for the Westmead Institute for Medical Research, NSW Ambulance, the Australian Institute of Health Services Management, Sydney Health Partners, and Westmead Applied Research Centre Advisory Board.

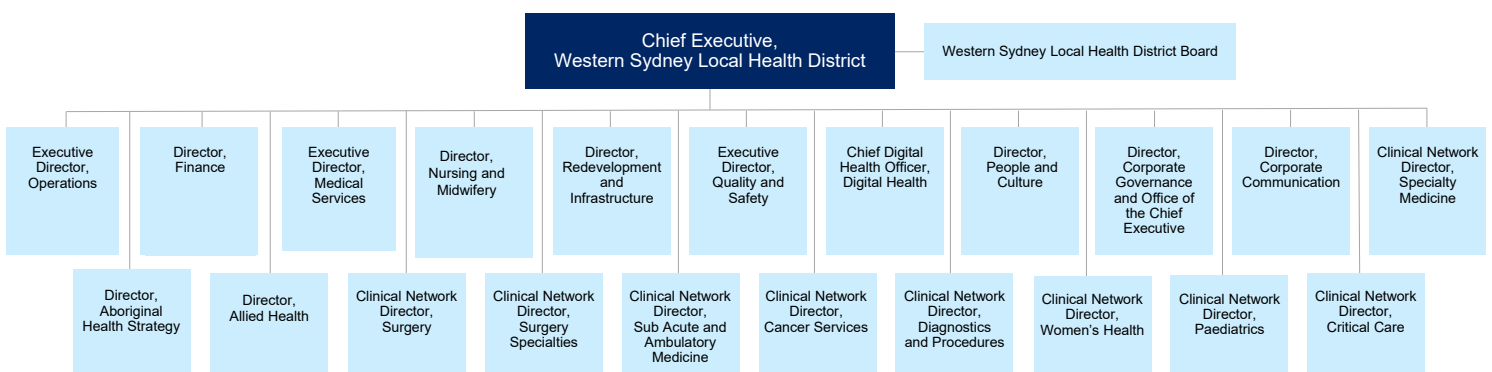
In 2024, Graeme was awarded the Public Service Medal for outstanding service to healthcare in NSW, in particular the delivery of public services in response to the COVID-19 pandemic.

Graeme has led the establishment of a leadership committee of high-profile executives from the Westmead Health Precinct, with the aim to bring a new vision for the precinct to life, exploring opportunities to collaborate with major global innovation partners to attract more research, investment and bright minds to the already internationally recognised Westmead.

Key achievements

- Australia’s first magnetic resonance imaging guided laser surgery to treat epilepsy was conducted at Westmead Hospital in March 2024. The procedure pioneered by neurosurgeon Dr Mark Dexter offers patients minimally invasive surgery to minimise seizures previously only achieved by open brain surgery.
- Australia’s first dedicated cystic fibrosis service opened at Westmead Hospital in August 2023. The purpose-built \$65 million facility was designed to provide highly specialised care for people living with cystic fibrosis. It includes a 16-bed inpatient unit with 4 airborne infection isolation rooms and a specialised outpatient unit.
- Westmead Health Precinct teams have introduced phage therapy to treat serious infections and battle antimicrobial resistance following the groundbreaking work of Westmead Hospital specialist Professor Jon Iredell and his team.
- Cumberland Hospital marked its 175th anniversary of mental health services with activities over the year, including the launch of a special documentary series and Augmented Reality installations, recognising the deep history of the facility and services.
- Created Australia’s first augmented reality hospital tour as one of the highlights of Westmead Hospital’s 45th anniversary celebrations. Over 2 days, 10 tours were conducted to give staff and visitors the opportunity to explore the history and evolution of Westmead Hospital through virtual installations.
- The district held its inaugural sparQ Tank event as part of Human Experience Week 2024. All staff were invited to pitch their best quality improvement idea to an executive panel. Funding was granted to nine finalists who pitched their ideas to support their initiatives to improve the experiences of patients or colleagues.
- A new Supportive and Palliative Care Unit opened at Auburn Hospital in November 2023. With community input, the new unit has been designed to prioritise comfort and support, and to accommodate family members as well as patients.
- Partnering with Macquarie University and the Australian Institute of Health Innovation, the Western Sydney Local Health District Head of Physiotherapy, Katherine Maka, and team have conducted landmark research into models of care to contribute to the development of the new Rouse Hill Hospital.
- The Multicultural Health Services team hosted a guided tour at Auburn Hospital with Dari speaking healthcare interpreters facilitating connections with culturally and linguistically diverse communities and giving local students and their families a hands-on experience of navigating the healthcare system to bridge access barriers and support knowledge and understanding.
- The inaugural Falls Forum 2024 was held – a collaborative event focusing on the pressing issue of fall prevention within healthcare facilities. The forum saw experts, clinicians and stakeholders come together to share insights, educate staff, and spark meaningful conversations about enhancing patient safety.

Western Sydney Local Health District organisational chart



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Appendix

14

Appendix 1

Health statistics

Early disease management

Childhood immunisation coverage

Although overall rates of immunisation remain high, in NSW modest declines have been recorded since 2020 when coverage was at 94.8 per cent, 92.3 per cent and 94.9 per cent compared to 93.0 per cent, 91.2 per cent and 94.1 per cent at June 2024 for children aged one year, two years and five years respectively.

At June 2024, 90.5 per cent of Aboriginal children at two years were fully vaccinated compared to 91.2 per cent of non-Aboriginal children. Coverage for Aboriginal children at five years (96.1 per cent) was higher than non-Aboriginal children (93.9 per cent) and above the national coverage (95.3 per cent).

Source: Australian Immunisation Register.

Palliative care

Expenditure

The following content includes the total amount spent on palliative care during the financial year preceding the reporting year. Total expenditure on end-of-life and palliative care services in 2022–23 was \$389 million.

Table 1: Palliative care expenditure by local health district and specialty health network, 2022–23

| Local health district and specialty health network | Amount (\$) |
|--|--------------------|
| Central Coast Local Health District | 21,557,000 |
| Far West Local Health District | 5,082,000 |
| Hunter New England Local Health District | 34,978,000 |
| Illawarra Shoalhaven Local Health District | 20,496,000 |
| Mid North Coast Local Health District | 12,484,000 |
| Murrumbidgee Local Health District | 19,025,000 |
| Northern NSW Local Health District | 24,720,000 |
| Southern NSW Local Health District | 11,189,000 |
| Western NSW Local Health District | 16,286,000 |
| Nepean Blue Mountains Local Health District | 12,532,000 |
| Northern Sydney Local Health District | 35,767,000 |
| South Eastern Sydney Local Health District | 29,694,000 |
| South Western Sydney Local Health District | 41,634,000 |
| Sydney Local Health District | 34,135,000 |
| Western Sydney Local Health District | 24,573,000 |
| St Vincent's Health Network | 16,851,000 |
| Sydney Children's Hospitals Network | 8,589,000 |
| Other | 19,305,000 |
| Total | 388,897,000 |

Source: Data as of June 2024. **Note:** Other includes the Health Administration Corporation, which provides palliative care services, and the NSW Ministry of Health which provides grants to palliative care providers.

Total amount spent on palliative care during the five financial years preceding the reporting year.

Total expenditure on end-of-life and palliative care services has increased over the past five years from \$287 million in 2018–19 to \$320 million in 2019–20, \$325 million in 2020–21, \$351 million in 2021–22 and \$389 million in 2022–23.

Table 2: Palliative care expenditure, NSW, from 2018–19 to 2022–23

| Local health district and speciality health network | Amount (\$) | | | | |
|--|--------------------|--------------------|--------------------|--------------------|--------------------|
| | 2018–19 | 2019–20 | 2020–21 | 2021–22 | 2022–23 |
| Central Coast Local Health District | 7,867,000 | 11,582,000 | 12,476,000 | 24,212,000 | 21,557,000 |
| Far West Local Health District | 3,587,000 | 4,007,000 | 4,525,000 | 5,755,000 | 5,082,000 |
| Hunter New England Local Health District | 23,586,000 | 27,653,000 | 30,619,000 | 31,846,000 | 34,978,000 |
| Illawarra Shoalhaven Local Health District | 18,960,000 | 19,292,000 | 17,968,000 | 18,212,000 | 20,496,000 |
| Mid North Coast Local Health District | 17,814,000 | 18,285,000 | 14,103,000 | 13,809,000 | 12,484,000 |
| Murrumbidgee Local Health District | 15,555,000 | 15,868,000 | 18,599,000 | 18,930,000 | 19,025,000 |
| Northern NSW Local Health District | 15,568,000 | 15,618,000 | 15,737,000 | 19,426,000 | 24,720,000 |
| Southern NSW Local Health District | 8,041,000 | 8,613,000 | 9,084,000 | 9,798,000 | 11,189,000 |
| Western NSW Local Health District | 11,198,000 | 12,945,000 | 11,876,000 | 12,728,000 | 16,286,000 |
| Nepean Blue Mountains Local Health District | 10,972,000 | 11,340,000 | 11,342,000 | 10,584,000 | 12,532,000 |
| Northern Sydney Local Health District | 22,294,000 | 24,992,000 | 27,128,000 | 32,195,000 | 35,767,000 |
| South Eastern Sydney Local Health District | 26,265,000 | 27,947,000 | 27,090,000 | 28,939,000 | 29,694,000 |
| South Western Sydney Local Health District | 32,950,000 | 34,982,000 | 38,367,000 | 34,384,000 | 41,634,000 |
| Sydney Local Health District | 23,927,000 | 26,839,000 | 25,333,000 | 26,167,000 | 34,135,000 |
| Western Sydney Local Health District | 22,974,000 | 21,855,000 | 23,017,000 | 25,322,000 | 24,573,000 |
| St Vincent's Health Network | 18,179,000 | 18,134,000 | 17,093,000 | 17,709,000 | 16,851,000 |
| Sydney Children's Hospitals Network | 7,115,000 | 9,257,000 | 8,164,000 | 8,404,000 | 8,589,000 |
| Other | 0 | 11,088,000 | 12,430,000 | 12,563,000 | 19,305,000 |
| Total | 286,852,000 | 320,207,000 | 324,951,000 | 350,983,000 | 388,897,000 |

Source: Data as of June 2024. **Note:** Other includes the Health Administration Corporation, which provides palliative care services, and the NSW Ministry of Health which provides grants to palliative care providers.

Patient numbers

The following content includes the numbers of palliative care admitted patients and non-admitted patients.

Table 3: Palliative care admitted patients, 2023–24

| Local health district and specialty health network | Number of admitted patients |
|--|-----------------------------|
| Central Coast Local Health District | 1,509 |
| Far West Local Health District | 81 |
| Hunter New England Local Health District | 2,064 |
| Illawarra Shoalhaven Local Health District | 1,124 |
| Mid North Coast Local Health District | 783 |
| Murrumbidgee Local Health District | 901 |
| Northern NSW Local Health District | 960 |
| Southern NSW Local Health District | 523 |
| Western NSW Local Health District | 830 |
| Nepean Blue Mountains Local Health District | 657 |
| Northern Sydney Local Health District | 1,502 |
| South Eastern Sydney Local Health District | 1,728 |
| South Western Sydney Local Health District | 1,057 |
| Sydney Local Health District | 976 |
| Western Sydney Local Health District | 966 |
| St Vincent's Health Network | 441 |
| Sydney Children's Hospitals Network | 129 |

Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

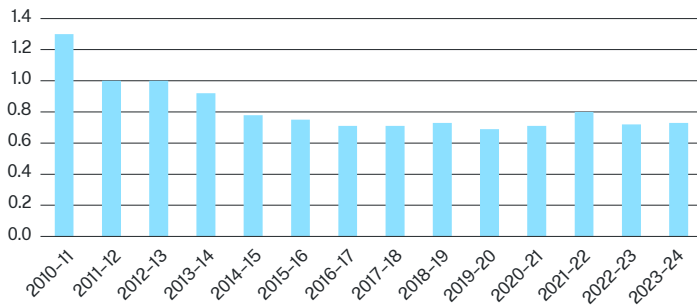
Table 4: Palliative care non-admitted patients, 2023–24

| Local health district and specialty health network | Number of non-admitted patients |
|--|---------------------------------|
| Central Coast Local Health District | 1,525 |
| Far West Local Health District | 286 |
| Hunter New England Local Health District | 6,399 |
| Illawarra Shoalhaven Local Health District | 1,921 |
| Mid North Coast Local Health District | 1,528 |
| Murrumbidgee Local Health District | 1,611 |
| Northern NSW Local Health District | 1,369 |
| Southern NSW Local Health District | 931 |
| Western NSW Local Health District | 2,003 |
| Nepean Blue Mountains Local Health District | 1,263 |
| Northern Sydney Local Health District | 4,129 |
| Soth Eastern Sydney Local Health District | 2,158 |
| South Western Sydney Local Health District | 3,599 |
| Sydney Local Health District | 2,512 |
| Western Sydney Local Health District | 2,931 |
| Justice Health and Forensic Mental Health Network | 1,409 |
| St Vincent's Health Network | 140 |
| Sydney Children's Hospitals Network | 336 |

Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

Staphylococcus aureus bloodstream infections

Staphylococcus aureus bloodstream infections (SA-BSI) rate per 10,000 occupied bed days

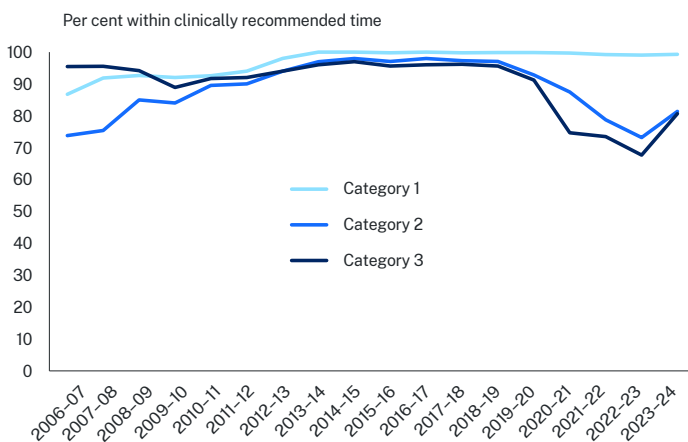


Note: Data extracted 11 September 2024. SA-BSI data validated for all local health districts except April to June 2024 quarter for the Murrumbidgee Local Health District.

The above graph shows the aggregate rate of healthcare associated Staphylococcus aureus bloodstream infections (SA-BSI) for NSW public hospitals. The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 cases per 10,000 occupied bed days in 2010-11 to 0.73 cases per 10,000 occupied bed days in 2023-24. The overall rate of SA-BSI in NSW is below the revised national benchmark of less than one case per 10,000 bed days.

NSW hospital performance

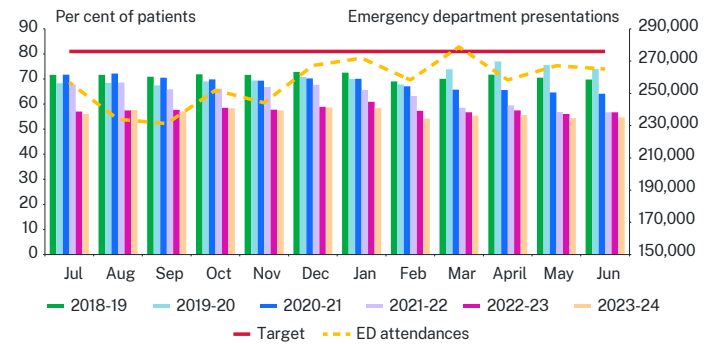
Elective surgery patients admitted within clinically recommended times



Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

The percentage of patients who received their planned surgery within clinically recommended timeframes improved in NSW compared to the previous year. In 2023-24, the percentage of patients receiving their surgery on time was 99.3 per cent for Category 1 (urgent surgery), with Category 2 (semi-urgent surgery) at 81.4 per cent and Category 3 (non-urgent surgery) at 80.7 per cent. Surgery on time performance was impacted by the COVID-19 pandemic in 2019-20 and subsequent years.

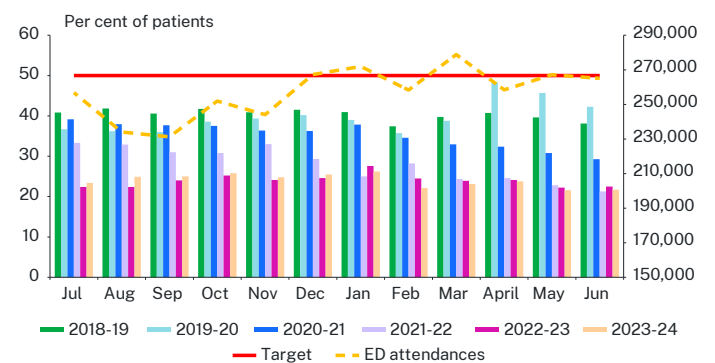
Emergency treatment performance – percentage of patients with total time in emergency department less than or equal to four hours



Source: Health Information Exchange/NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD). Note: The emergency department presentations include all presentations i.e. emergency and planned.

NSW Health remains committed to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate manner. During 2023-24, 56.4 per cent of patients who presented to a NSW emergency department left within four hours following treatment or admission, a small reduction on the result in 2022-23. Emergency department performance was impacted by the COVID-19 pandemic in 2019-20 and subsequent years.

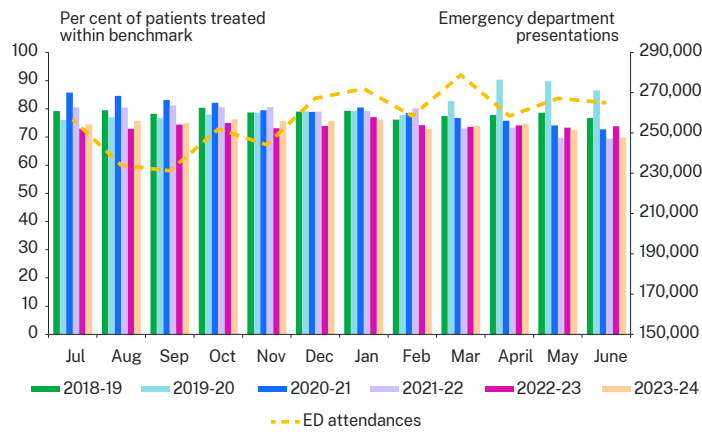
Admitted emergency treatment performance – percentage of patients with a total time in emergency department less than or equal to four hours



Source: Health Information Exchange/NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD). Note: The emergency department presentations includes all presentations i.e. emergency and planned.

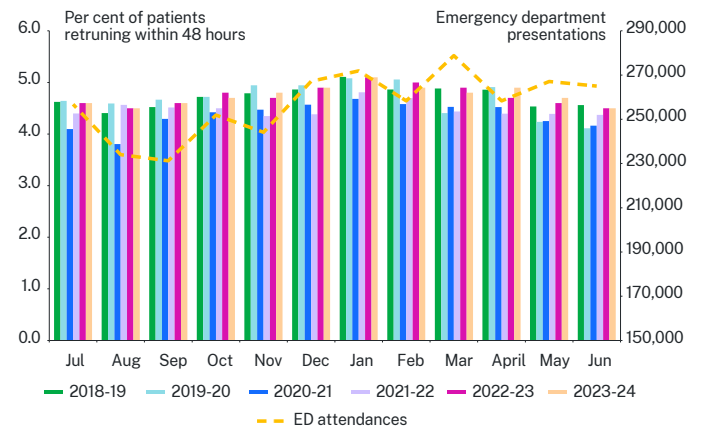
Emergency treatment performance for patients subsequently admitted to hospital slightly decreased in 2023-24 compared to the previous year. The overall proportion of patients admitted from the emergency department in 2023-24 who spent four hours or less was 23.9 per cent. Admitted patients spend longer in emergency departments due to the complexity of their condition, the treatments, and investigations required prior to admission.

Percentage of emergency department patients treated within benchmark times



Source: Health Information Exchange/NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD). **Note:** The emergency department presentations include all presentations i.e. emergency and planned. Triage calculated on the subset of data that includes only emergency presentations. In 2023–24, more than three million patients attended a NSW public hospital emergency department, slightly more than in 2022–23. Emergency department attendances peaked in January 2024 and March 2024. The overall percentage of patients seen within benchmark times increased in 2023–24 compared to the previous year. Emergency department performance was impacted by the COVID-19 pandemic in 2019–20 and subsequent three years.

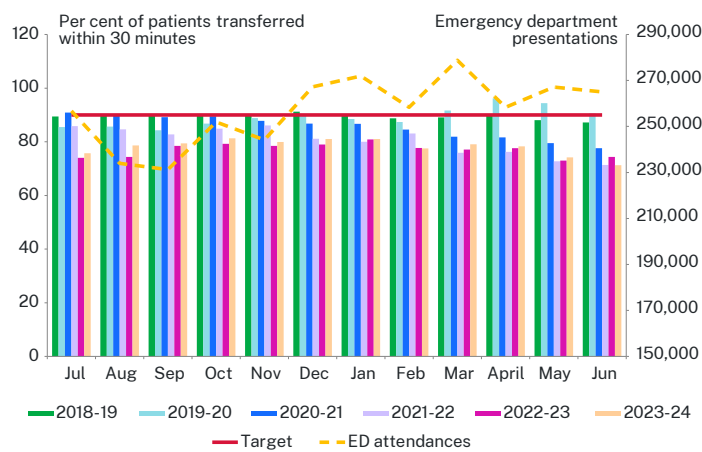
Re-presentations to the same emergency department within 48 hours



Source: Health Information Exchange/NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD). **Note:** The emergency department presentations include all presentations i.e. emergency and planned.

The percentage of re-presentations to emergency departments remained stable in 2023–24. Emergency departments are maintaining high-levels of care while caring for increasing volumes of patients. Local health districts and specialty health networks continue their efforts towards improving patient flow in emergency departments and hospital wards.

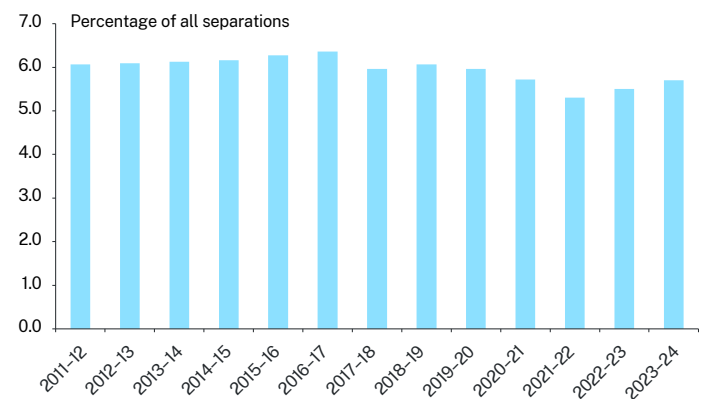
Ambulance to emergency department transfer of care



Source: Health Information Exchange/NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD). **Note:** The emergency department presentations include all presentations i.e. emergency and planned.

In 2023–24, NSW public hospitals experienced increasing volumes of patients attending the emergency department and increasing volumes arriving by ambulance. The proportion of patients whose care was transferred from ambulance staff to hospital staff within 30 minutes followed an increasing trend for the first half of the year. Although the state target of 90 per cent was not achieved, more than 78 per cent of patients were transferred within the benchmark time. The transfer of care performance was impacted by the COVID-19 pandemic in 2019–20 and subsequent years.

Unplanned readmissions to the same hospital within 28 days

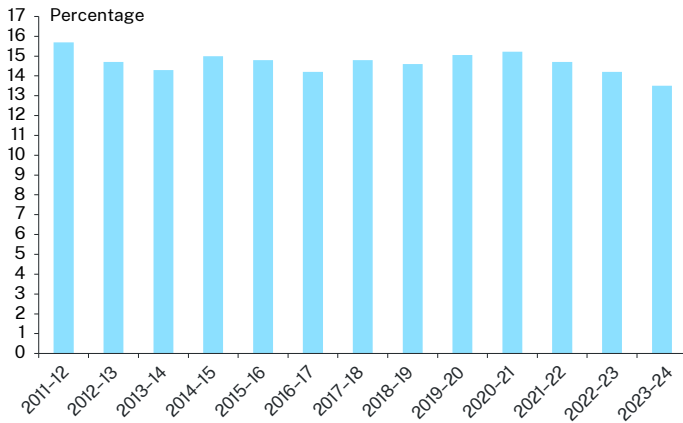


Source: Health Information Exchange/NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD).

Unplanned readmissions in 2023–24 showed a small increase of 0.2 percentage points from the previous year, continuing the improved results of less than six per cent since 2020–21. This data reflects the volume of unplanned readmissions within 28 days but does not provide an indication of whether these readmissions were preventable, unexpected, or clinically related to the original admission.

Mental health

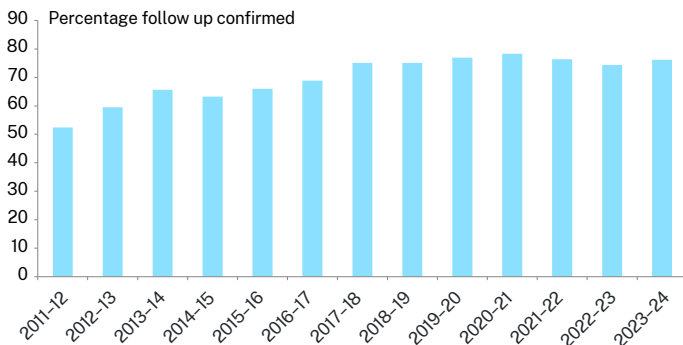
Mental health acute readmission rate



Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD). **Notes:** This indicator shows the proportion of separations from an acute public mental health unit which were followed by a readmission within 28 days to any NSW acute public mental health unit.

The rate of mental health acute readmission was 13.5 per cent, a decrease of 0.7 per cent compared to the previous financial year.

Mental health: proportion of patients discharged from an acute public mental health unit and seen by a community mental health team within seven days

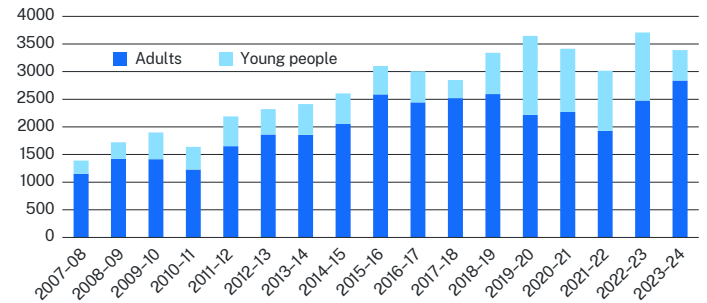


Source: NSW Health Enterprise Data Warehouse for Analysis, Reporting and Decision Support (EDWARD). **Notes:** This indicator shows the proportion of clients discharged from an acute public mental health unit who are seen by a community mental health team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services.

The rate of follow up within seven days was 76.2 per cent. This was an increase of 1.8 per cent from the previous financial year.

Adults and young people with mental health illness or issues diverted into community-based treatment

Diversion is used to support people in the criminal justice system with mental illness. Adults and young people with a mental health concern are assessed by Justice Health NSW court liaison clinicians and diverted into community-based treatment to receive mental health care.



During 2023–24, 14,083 adults were screened. Of these, 3,429 received a comprehensive mental health assessment and 3,382 were assessed as having a mental illness. From these, 2,839 (84 per cent) were diverted away from custody into community-based treatment by the Justice Health and Forensic Mental Health Network (excludes diversions by the Hunter New England Local Health District).

Of the 3,382 patients assessed as mentally ill, 1,016 identified as being Aboriginal and/or Torres Strait Islander People and 787 (77 per cent) were successfully diverted.

Appendix 2

Workforce statistics

Human resources

The number of full-time equivalent staff employed by local health districts, specialty health networks, pillars and the Health Administration Corporation.

Pillars

Agency for Clinical Innovation

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|-------------------------------|------------|------------|------------|------------|
| Medical | 1 | | | |
| Nursing | 2 | | 0.3 | |
| Allied health | 1 | 0.4 | 1 | |
| Clinical staff total | 4 | 0.4 | 1 | |
| Clinical support | 169 | 172 | 195 | 181 |
| Corporate | 7 | 9 | 7 | 7 |
| Clinical support total | 176 | 181 | 203 | 188 |
| Total | 180 | 181 | 203 | 188 |

Bureau of Health Information

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|------------------|-----------|-----------|-----------|-----------|
| Clinical support | 27 | 23 | 26 | 27 |
| Corporate | 17 | 18 | 16 | 14 |
| Total | 44 | 42 | 41 | 40 |

Cancer Institute NSW

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|-----------------------------|------------|------------|------------|------------|
| Medical | 0.6 | 0.6 | 0.6 | 0.6 |
| Allied health | 0.8 | 1.0 | 1.0 | 9 |
| Clinical staff total | 1.4 | 1.6 | 1.6 | 10 |
| Clinical support | 181 | 193 | 205 | 217 |
| Corporate | 56 | 52 | 51 | 51 |
| Total | 239 | 247 | 258 | 279 |

Clinical Excellence Commission

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|-----------------------------|------------|------------|------------|------------|
| Medical | 4 | 4 | 4 | 5 |
| Nursing | 3 | 6 | 2 | 1 |
| Clinical staff total | 6 | 10 | 6 | 6 |
| Clinical support | 95 | 98 | 112 | 128 |
| Corporate | 11 | 9 | 9 | 10 |
| Total | 113 | 117 | 127 | 144 |

Health Education and Training Institute

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|------------|------------|------------|------------|
| Medical | 6 | 10 | 8 | 7 |
| Nursing | 3 | 1.0 | 0.3 | 1.0 |
| Allied health | | | 0.6 | 0.6 |
| Scientific and technical clinical support staff | | | 0.6 | 0.4 |
| Clinical staff total | 9 | 11 | 10 | 9 |
| Clinical support | 129 | 132 | 130 | 134 |
| Corporate | 15 | 14 | 12 | 15 |
| Total | 153 | 156 | 152 | 159 |

Specialty health networks

Justice Health and Forensic Mental Health Network

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 75 | 72 | 77 | 80 |
| Nursing | 852 | 897 | 900 | 965 |
| Allied health | 60 | 62 | 74 | 86 |
| Other professions and paraprofessionals and support staff | 10 | 6 | 10 | 10 |
| Scientific and technical clinical support staff | 9 | 10 | 6 | 6 |
| Oral health practitioners and support workers | 12 | 11 | 15 | 11 |
| Clinical staff total | 1,018 | 1,058 | 1,081 | 1,158 |
| Corporate services | 187 | 173 | 173 | 177 |
| Clinical support | 156 | 166 | 179 | 202 |
| Hotel services | 29 | 26 | 24 | 26 |
| Clinical support total | 372 | 365 | 376 | 405 |
| Total | 1,390 | 1,424 | 1,457 | 1,562 |

Sydney Children's Hospitals Network

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 924 | 946 | 961 | 922 |
| Nursing | 2,006 | 1,955 | 2,012 | 2,061 |
| Allied health | 554 | 557 | 580 | 589 |
| Other professions and paraprofessionals and support staff | 27 | 21 | 22 | 17 |
| Scientific and technical clinical support staff | 308 | 307 | 313 | 326 |
| Oral health practitioners and support workers | 10 | 10 | 10 | 9 |
| Clinical staff total | 3,828 | 3,795 | 3,898 | 3,925 |
| Corporate services | 177 | 164 | 144 | 131 |
| Clinical support | 910 | 945 | 975 | 1,039 |
| Hotel services | 192 | 191 | 189 | 194 |
| Maintenance and trades | 14 | 11 | 10 | 8 |
| Other staff | 15 | 12 | 13 | 13 |
| Clinical support total | 1,308 | 1,322 | 1,331 | 1,386 |
| Total | 5,136 | 5,118 | 5,228 | 5,310 |

Health Administration Corporation

NSW Ambulance

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 33 | 30 | 37 | 43 |
| Nursing | 43 | 42 | 53 | 63 |
| Allied health | 15 | 11 | 12 | 9 |
| Scientific and technical clinical support staff | 10 | 10 | 11 | 11 |
| Ambulance Staff | 5,258 | 5,642 | 6,134 | 6,390 |
| Clinical staff total | 5,360 | 5,735 | 6,248 | 6,515 |
| Corporate services | 314 | 304 | 300 | 349 |
| Clinical support | 102 | 97 | 107 | 112 |
| Hotel services | 1 | 1 | 1 | 1 |
| Maintenance and trades | 46 | 50 | 56 | 54 |
| Other staff | | 0 | 0.1 | 6 |
| Clinical support total | 463 | 451 | 464 | 522 |
| Total | 5,823 | 6,186 | 6,712 | 7,037 |

Health Infrastructure NSW

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|--------------------|-----------|------------|------------|------------|
| Corporate services | 91 | 129 | 160 | 174 |
| Total | 91 | 129 | 160 | 174 |

HealthShare NSW

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 1 | 1 | 1 | 1 |
| Nursing | 138 | 135 | 135 | 146 |
| Allied health | 48 | 48 | 55 | 58 |
| Other professions and paraprofessionals and support staff | 285 | 217 | 179 | 176 |
| Scientific and technical clinical support staff | 6 | 5 | 6 | 6 |
| Clinical staff total | 477 | 406 | 376 | 388 |
| Corporate services | 535 | 526 | 520 | 489 |
| Clinical support | 1,835 | 1,891 | 1,979 | 2,037 |
| Hotel services | 3,838 | 3,824 | 3,779 | 3,847 |
| Maintenance and trades | 35 | 28 | 28 | 27 |
| Other staff | | 1 | | 1 |
| Clinical support total | 6,243 | 6,271 | 6,305 | 6,400 |
| Total | 6,720 | 6,677 | 6,681 | 6,788 |

NSW Health Pathology

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 364 | 375 | 389 | 397 |
| Nursing | 84 | 80 | 77 | 83 |
| Allied health | 17 | 17 | 19 | 19 |
| Other professions and paraprofessionals and support staff | | | | 1 |
| Scientific and technical clinical support staff | 3,218 | 3,270 | 3,288 | 3,411 |
| Clinical staff total | 3,683 | 3,742 | 3,773 | 3,911 |
| Corporate services | 248 | 260 | 233 | 209 |
| Clinical support | 481 | 509 | 540 | 599 |
| Hotel services | 59 | 59 | 57 | 67 |
| Maintenance and trades | 3 | 3 | 3 | 3 |
| Other staff | | | 3 | 20 |
| Clinical support total | 792 | 832 | 836 | 899 |
| Total | 4,475 | 4,575 | 4,609 | 4,810 |

eHealth NSW

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|-------------------------------|--------------|--------------|--------------|--------------|
| Medical | 5 | 5 | 5 | 5 |
| Nursing | 1 | 1 | 1 | 1 |
| Allied health | | 1 | 1 | 2 |
| Clinical staff total | 6 | 7 | 7 | 8 |
| Corporate services | 106 | 94 | 101 | 94 |
| Clinical support | 1,163 | 1,325 | 1,605 | 2,037 |
| Clinical support total | 1,269 | 1,419 | 1,706 | 2,131 |
| Total | 1,276 | 1,426 | 1,713 | 2,140 |

Local Health Districts

Central Coast Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 735 | 767 | 765 | 804 |
| Nursing | 2,713 | 2,703 | 2,765 | 2,815 |
| Allied health | 594 | 582 | 636 | 609 |
| Other professions and paraprofessionals and support staff | 323 | 323 | 319 | 313 |
| Scientific and technical clinical support staff | 146 | 131 | 134 | 141 |
| Oral health practitioners and support workers | 79 | 70 | 76 | 83 |
| Clinical staff total | 4,590 | 4,575 | 4,695 | 4,765 |
| Corporate services | 184 | 180 | 184 | 176 |
| Clinical support | 850 | 842 | 845 | 853 |
| Hotel services | 148 | 144 | 152 | 153 |
| Maintenance and trades | 38 | 36 | 38 | 41 |
| Other staff | 11 | 7 | 9 | 10 |
| Clinical support total | 1,230 | 1,209 | 1,228 | 1,234 |
| Total | 5,820 | 5,784 | 5,923 | 5,999 |

Far West Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|------------|------------|------------|------------|
| Medical | 26 | 27 | 25 | 26 |
| Nursing | 307 | 305 | 321 | 361 |
| Allied health | 52 | 55 | 60 | 63 |
| Other professions and paraprofessionals and support staff | 58 | 54 | 59 | 67 |
| Scientific and technical clinical support staff | 9 | 9 | 9 | 5 |
| Oral health practitioners and support workers | 6 | 7 | 5 | 6 |
| Clinical staff total | 458 | 457 | 478 | 527 |
| Corporate services | 63 | 52 | 58 | 69 |
| Clinical support | 92 | 102 | 112 | 121 |
| Hotel services | 65 | 65 | 67 | 62 |
| Maintenance and trades | 15 | 15 | 16 | 11 |
| Other staff | 9 | 9 | 9 | 13 |
| Clinical support total | 245 | 244 | 261 | 275 |
| Total | 702 | 701 | 740 | 803 |

Hunter New England Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|---------------|---------------|---------------|---------------|
| Medical | 1,559 | 1,662 | 1,710 | 1,803 |
| Nursing | 6,278 | 6,540 | 6,727 | 6,841 |
| Allied health | 1,399 | 1,427 | 1,510 | 1,587 |
| Other professions and paraprofessionals and support staff | 182 | 258 | 321 | 353 |
| Scientific and technical clinical support staff | 332 | 321 | 321 | 330 |
| Oral health practitioners and support workers | 139 | 147 | 151 | 157 |
| Clinical staff total | 9,889 | 10,354 | 10,740 | 11,071 |
| Corporate services | 256 | 251 | 246 | 222 |
| Clinical support | 1,871 | 1,879 | 1,917 | 1,938 |
| Hotel services | 191 | 210 | 313 | 314 |
| Maintenance and trades | 138 | 129 | 124 | 130 |
| Other staff | 67 | 61 | 67 | 77 |
| Clinical support total | 2,522 | 2,530 | 2,667 | 2,681 |
| Total | 12,411 | 12,884 | 13,407 | 13,752 |

Illawarra Shoalhaven Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 751 | 774 | 786 | 790 |
| Nursing | 2,878 | 2,901 | 2,981 | 3,063 |
| Allied health | 751 | 777 | 787 | 804 |
| Other professions and paraprofessionals and support staff | 195 | 195 | 195 | 202 |
| Scientific and technical clinical support staff | 136 | 130 | 123 | 129 |
| Oral health practitioners and support workers | 51 | 45 | 45 | 48 |
| Clinical staff total | 4,761 | 4,822 | 4,917 | 5,037 |
| Corporate services | 186 | 188 | 177 | 187 |
| Clinical support | 852 | 910 | 904 | 873 |
| Hotel services | 373 | 370 | 359 | 350 |
| Maintenance and trades | 27 | 25 | 30 | 34 |
| Other staff | 13 | 11 | 12 | 7 |
| Clinical support total | 1,450 | 1,503 | 1,483 | 1,451 |
| Total | 6,212 | 6,325 | 6,400 | 6,487 |

Mid North Coast Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 366 | 383 | 420 | 441 |
| Nursing | 2,009 | 2,053 | 2,090 | 2,070 |
| Allied health | 367 | 373 | 410 | 409 |
| Other professions and paraprofessionals and support staff | 69 | 68 | 79 | 74 |
| Scientific and technical clinical support staff | 104 | 90 | 88 | 95 |
| Oral health practitioners and support workers | 43 | 41 | 37 | 39 |
| Clinical staff total | 2,957 | 3,007 | 3,123 | 3,127 |
| Corporate services | 111 | 116 | 126 | 103 |
| Clinical support | 576 | 605 | 605 | 603 |
| Hotel services | 282 | 296 | 314 | 279 |
| Maintenance and trades | 22 | 26 | 25 | 28 |
| Other staff | 3 | 5 | 4 | 4 |
| Clinical support total | 995 | 1,048 | 1,074 | 1,016 |
| Total | 3,952 | 4,055 | 4,197 | 4,143 |

Murrumbidgee Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 234 | 256 | 263 | 279 |
| Nursing | 1,958 | 1,956 | 2,009 | 2,061 |
| Allied health | 388 | 403 | 398 | 432 |
| Other professions and paraprofessionals and support staff | 98 | 114 | 110 | 111 |
| Scientific and technical clinical support staff | 55 | 56 | 56 | 57 |
| Oral health practitioners and support workers | 41 | 39 | 44 | 40 |
| Clinical staff total | 2,774 | 2,824 | 2,879 | 2,980 |
| Corporate services | 129 | 127 | 122 | 133 |
| Clinical support | 464 | 483 | 478 | 469 |
| Hotel services | 44 | 44 | 60 | 56 |
| Maintenance and trades | 50 | 45 | 47 | 46 |
| Other staff | 5 | 10 | 12 | 8 |
| Clinical support total | 693 | 708 | 719 | 713 |
| Total | 3,467 | 3,532 | 3,598 | 3,693 |

Nepean Blue Mountains Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 663 | 690 | 720 | 745 |
| Nursing | 2,269 | 2,311 | 2,415 | 2,545 |
| Allied health | 565 | 587 | 608 | 644 |
| Other professions and paraprofessionals and support staff | 100 | 107 | 112 | 113 |
| Scientific and technical clinical support staff | 142 | 157 | 173 | 186 |
| Oral health practitioners and support workers | 90 | 92 | 102 | 104 |
| Clinical staff total | 3,829 | 3,943 | 4,130 | 4,337 |
| Corporate services | 263 | 259 | 251 | 230 |
| Clinical support | 635 | 660 | 653 | 693 |
| Hotel services | 219 | 237 | 250 | 251 |
| Maintenance and trades | 32 | 28 | 29 | 30 |
| Other staff | 24 | 20 | 26 | 6 |
| Clinical support total | 1,173 | 1,204 | 1,209 | 1,210 |
| Total | 5,002 | 5,147 | 5,339 | 5,548 |

Northern NSW Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 492 | 512 | 542 | 581 |
| Nursing | 2,546 | 2,458 | 2,489 | 2,881 |
| Allied health | 538 | 529 | 551 | 607 |
| Other professions and paraprofessionals and support staff | 145 | 148 | 163 | 163 |
| Scientific and technical clinical support staff | 92 | 88 | 95 | 103 |
| Oral health practitioners and support workers | 72 | 65 | 58 | 56 |
| Clinical staff total | 3,885 | 3,800 | 3,898 | 4,392 |
| Corporate services | 195 | 208 | 230 | 249 |
| Clinical support | 687 | 696 | 699 | 732 |
| Hotel services | 294 | 285 | 289 | 361 |
| Maintenance and trades | 38 | 43 | 33 | 38 |
| Other staff | 5 | 6 | 3 | 3 |
| Clinical support total | 1,219 | 1,238 | 1,253 | 1,383 |
| Total | 5,104 | 5,039 | 5,152 | 5,775 |

Northern Sydney Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 1,327 | 1,349 | 1,419 | 1,394 |
| Nursing | 3,970 | 3,913 | 4,021 | 4,129 |
| Allied health | 1,111 | 1,087 | 1,128 | 1,195 |
| Other professions and paraprofessionals and support staff | 137 | 146 | 156 | 158 |
| Scientific and technical clinical support staff | 222 | 228 | 234 | 237 |
| Oral health practitioners and support workers | 49 | 48 | 45 | 47 |
| Clinical staff total | 6,817 | 6,770 | 7,004 | 7,160 |
| Corporate services | 438 | 449 | 458 | 467 |
| Clinical support | 1,250 | 1,165 | 1,125 | 1,141 |
| Hotel services | 177 | 208 | 218 | 219 |
| Maintenance and trades | 44 | 40 | 40 | 38 |
| Other staff | 30 | 31 | 30 | 31 |
| Clinical support total | 1,939 | 1,893 | 1,871 | 1,897 |
| Total | 8,756 | 8,663 | 8,875 | 9,057 |

South Eastern Sydney Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|---------------|---------------|---------------|---------------|
| Medical | 1,585 | 1,611 | 1,655 | 1,691 |
| Nursing | 4,966 | 5,003 | 5,082 | 5,231 |
| Allied health | 1,268 | 1,265 | 1,329 | 1,401 |
| Other professions and paraprofessionals and support staff | 241 | 240 | 234 | 234 |
| Scientific and technical clinical support staff | 318 | 305 | 316 | 327 |
| Oral health practitioners and support workers | 43 | 47 | 46 | 47 |
| Clinical staff total | 8,421 | 8,471 | 8,662 | 8,932 |
| Corporate services | 331 | 354 | 363 | 359 |
| Clinical support | 1,530 | 1,527 | 1,528 | 1,612 |
| Hotel services | 482 | 473 | 496 | 539 |
| Maintenance and trades | 72 | 64 | 59 | 61 |
| Other staff | 24 | 23 | 23 | 21 |
| Clinical support total | 2,439 | 2,441 | 2,469 | 2,593 |
| Total | 10,860 | 10,911 | 11,131 | 11,525 |

South Western Sydney Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|---------------|---------------|---------------|---------------|
| Medical | 1,622 | 1,642 | 1,716 | 1,748 |
| Nursing | 5,508 | 5,600 | 5,853 | 6,164 |
| Allied health | 1,356 | 1,378 | 1,447 | 1,474 |
| Other professions and paraprofessionals and support staff | 377 | 364 | 393 | 419 |
| Scientific and technical clinical support staff | 289 | 283 | 309 | 314 |
| Oral health practitioners and support workers | 102 | 97 | 104 | 111 |
| Clinical staff total | 9,253 | 9,363 | 9,823 | 10,230 |
| Corporate services | 347 | 341 | 350 | 333 |
| Clinical support | 1,574 | 1,543 | 1,621 | 1,663 |
| Hotel services | 557 | 589 | 633 | 652 |
| Maintenance and trades | 50 | 48 | 49 | 52 |
| Other staff | 55 | 45 | 38 | 29 |
| Clinical support total | 2,582 | 2,565 | 2,690 | 2,728 |
| Total | 11,835 | 11,929 | 12,513 | 12,959 |

Southern NSW Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 99 | 131 | 146 | 133 |
| Nursing | 1,277 | 1,304 | 1,291 | 1,374 |
| Allied health | 297 | 297 | 302 | 310 |
| Other professions and paraprofessionals and support staff | 49 | 50 | 50 | 51 |
| Scientific and technical clinical support staff | 33 | 29 | 30 | 32 |
| Oral health practitioners and support workers | 31 | 30 | 24 | 29 |
| Clinical staff total | 1,785 | 1,840 | 1,843 | 1,928 |
| Corporate services | 147 | 154 | 116 | 130 |
| Clinical support | 321 | 329 | 408 | 401 |
| Hotel services | 111 | 84 | 95 | 93 |
| Maintenance and trades | 23 | 25 | 24 | 25 |
| Other staff | 1 | 0 | 1 | 2 |
| Clinical support total | 603 | 591 | 643 | 651 |
| Total | 2,388 | 2,432 | 2,486 | 2,580 |

Sydney Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|---------------|---------------|---------------|---------------|
| Medical | 1,552 | 1,626 | 1,664 | 1,673 |
| Nursing | 5,021 | 4,833 | 4,728 | 4,667 |
| Allied health | 1,097 | 1,111 | 1,120 | 1,098 |
| Other professions and paraprofessionals and support staff | 229 | 206 | 186 | 174 |
| Scientific and technical clinical support staff | 361 | 365 | 358 | 359 |
| Oral health practitioners and support workers | 250 | 226 | 237 | 244 |
| Clinical staff total | 8,510 | 8,368 | 8,293 | 8,216 |
| Corporate services | 576 | 577 | 624 | 619 |
| Clinical support | 1,558 | 1,427 | 1,412 | 1,353 |
| Hotel services | 639 | 620 | 620 | 599 |
| Maintenance and trades | 97 | 88 | 86 | 78 |
| Other staff | 19 | 16 | 19 | 18 |
| Clinical support total | 2,890 | 2,729 | 2,762 | 2,667 |
| Total | 11,400 | 11,097 | 11,055 | 10,883 |

Western NSW Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|--------------|--------------|--------------|--------------|
| Medical | 397 | 438 | 437 | 447 |
| Nursing | 2,623 | 2,643 | 2,715 | 2,879 |
| Allied health | 542 | 564 | 611 | 629 |
| Other professions and paraprofessionals and support staff | 178 | 191 | 188 | 182 |
| Scientific and technical clinical support staff | 93 | 95 | 96 | 107 |
| Oral health practitioners and support workers | 53 | 43 | 45 | 54 |
| Clinical staff total | 3,886 | 3,973 | 4,093 | 4,298 |
| Corporate services | 258 | 260 | 255 | 289 |
| Clinical support | 712 | 747 | 772 | 748 |
| Hotel services | 587 | 574 | 587 | 583 |
| Maintenance and trades | 81 | 84 | 75 | 75 |
| Other staff | 12 | 18 | 24 | 13 |
| Clinical support total | 1,650 | 1,682 | 1,712 | 1,707 |
| Total | 5,536 | 5,655 | 5,805 | 6,005 |

Western Sydney Local Health District

| Treasury group | June 2021 | June 2022 | June 2023 | June 2024 |
|---|------------------|------------------|------------------|------------------|
| Medical | 1,699 | 1,776 | 1,808 | 1,786 |
| Nursing | 5,047 | 5,073 | 5,430 | 5,659 |
| Allied health | 1,177 | 1,186 | 1,184 | 1,222 |
| Other professions and paraprofessionals and support staff | 494 | 478 | 488 | 475 |
| Scientific and technical clinical support staff | 374 | 360 | 368 | 379 |
| Oral health practitioners and support workers | 258 | 235 | 252 | 291 |
| Clinical staff total | 9,050 | 9,108 | 9,530 | 9,813 |
| Corporate services | 419 | 412 | 410 | 370 |
| Clinical support | 1,637 | 1,517 | 1,553 | 1,494 |
| Hotel services | 525 | 468 | 484 | 490 |
| Maintenance and trades | 59 | 75 | 63 | 67 |
| Other staff | 38 | 37 | 35 | 32 |
| Clinical support total | 2,677 | 2,509 | 2,546 | 2,454 |
| Total | 11,727 | 11,617 | 12,076 | 12,266 |

Source: Corporate Analytics. **Notes:** **1.** Full time equivalent (FTE) staff calculated as the last fortnight in June, paid productive, non-productive and overtime hours. **2.** All non-salaried staff such as visiting medical officers and other contracted staff are excluded. **3.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **4.** Allied health assistants who were reported under the Treasury Group 'scientific and technical clinical support staff' were re-aligned and report under the 'allied health'. **5.** Health Professionals Council Authority and Mental Health Review Tribunal are included in NSW Health but do not have a breakdown.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2024 part one^{1,2}

| Local health districts and specialty health networks | Separations | Planned separation % | Same-day separation % | Total bed days | Average length of stay (acute) ^{3,6} | Daily average of inpatients ⁴ |
|--|------------------|----------------------|-----------------------|------------------|---|--|
| Justice Health and Forensic Mental Health Network | 989 | 92.6 | 60.0 | 58,697 | 14.1 | 161 |
| Sydney Children's Hospitals Network | 61,469 | 51.8 | 46.9 | 170,518 | 2.6 | 467 |
| St Vincent's Health Network | 42,463 | 56.3 | 54.5 | 162,119 | 3.3 | 444 |
| Sydney Local Health District | 169,771 | 51.7 | 47.9 | 678,763 | 3.0 | 1,860 |
| South Western Sydney Local Health District | 258,510 | 46.7 | 49.3 | 929,703 | 2.8 | 2,547 |
| South Eastern Sydney Local Health District | 190,941 | 45.2 | 47.8 | 695,139 | 3.0 | 1,904 |
| Illawarra Shoalhaven Local Health District | 109,052 | 40.2 | 45.4 | 448,323 | 3.1 | 1,228 |
| Western Sydney Local Health District | 184,861 | 46.4 | 47.9 | 739,474 | 3.1 | 2,026 |
| Nepean Blue Mountains Local Health District | 92,190 | 39.7 | 39.6 | 389,062 | 3.1 | 1,066 |
| Northern Sydney Local Health District | 151,400 | 40.1 | 43.7 | 647,864 | 3.1 | 1,775 |
| Central Coast Local Health District | 99,051 | 39.3 | 41.8 | 385,052 | 3.0 | 1,055 |
| Hunter New England Local Health District | 223,220 | 47.6 | 43.9 | 925,305 | 3.3 | 2,535 |
| Northern NSW Local Health District | 99,185 | 43.8 | 49.2 | 333,805 | 2.6 | 915 |
| Mid North Coast Local Health District | 83,095 | 47.5 | 50.6 | 268,734 | 2.6 | 736 |
| Southern NSW Local Health District | 50,955 | 52.9 | 51.3 | 157,868 | 2.4 | 433 |
| Murrumbidgee Local Health District | 73,302 | 62.0 | 46.1 | 261,741 | 2.6 | 717 |
| Western NSW Local Health District | 86,288 | 48.6 | 45.3 | 365,372 | 2.6 | 1,001 |
| Far West Local Health District | 9,044 | 60.7 | 59.2 | 27,988 | 2.3 | 77 |
| Total NSW | 1,985,786 | 46.6 | 46.7 | 7,645,527 | 2.9 | 20,947 |
| 2022–23 Total | 1,878,441 | 46.5 | 46.5 | 7,035,569 | 3.1 | 19,276 |
| Percentage change (%)⁹ | 5.7 | 0.1 | 0.2 | 8.7 | -3.7 | 8.7 |
| 2021–22 Total | 1,798,372 | 44.3 | 44.9 | 7,021,858 | 3.2 | 19,238 |
| 2020–21 Total | 1,900,719 | 45.4 | 46.1 | 6,583,563 | 2.8 | 18,037 |
| 2019–20 Total | 1,830,062 | 43.7 | 45.0 | 6,802,115 | 3.0 | 18,636 |
| 2018–19 Total | 1,912,489 | 43.2 | 44.2 | 7,276,803 | 3.1 | 19,936 |
| 2017–18 Total | 1,918,130 | 42.9 | 44.3 | 7,219,575 | 3.0 | 19,780 |
| 2016–17 Total | 1,961,400 | 41.3 | 45.2 | 6,982,063 | 3.0 | 19,129 |
| 2015–16 Total | 1,886,668 | 41.5 | 44.9 | 6,983,473 | 3.2 | 19,133 |
| 2014–15 Total | 1,840,632 | 41.9 | 44.8 | 6,815,650 | 3.3 | 18,673 |
| 2013–14 Total | 1,803,458 | 41.8 | 44.4 | 6,650,650 | 3.2 | 18,221 |
| 2012–13 Total | 1,737,103 | 41.5 | 43.7 | 6,551,065 | 3.3 | 17,948 |
| 2011–12 Total | 1,682,685 | 41.3 | 43.3 | 6,490,848 | 3.4 | 17,783 |
| 2010–11 Total | 1,629,572 | 41.6 | 43.1 | 6,389,471 | 3.5 | 17,505 |
| 2009–10 Total | 1,598,991 | 41.6 | 43.2 | 6,429,314 | 3.6 | 17,615 |

Selected data for the year ended June 2024 part two^{1,2,10}

| Local health districts and specialty health networks | Occupancy rate ⁵ June 24 | Acute bed days ⁶ | Acute overnight bed days ⁶ | Non-admitted patient service events ^{7,8} | Emergency department attendances |
|--|-------------------------------------|-----------------------------|---------------------------------------|--|----------------------------------|
| Justice Health and Forensic Mental Health Network | n/a | 12,531 | 11,947 | 657,033 | n/a |
| Sydney Children's Hospitals Network | 85.5% | 151,217 | 124,115 | 434,769 | 102,706 |
| St Vincent's Health Network | 107.0% | 130,756 | 107,650 | 359,256 | 54,909 |
| Sydney Local Health District | 88.7% | 476,721 | 396,271 | 1,382,186 | 178,902 |
| South Western Sydney Local Health District | 100.1% | 692,009 | 565,476 | 1,212,187 | 315,851 |
| South Eastern Sydney Local Health District | 100.3% | 493,901 | 411,045 | 1,264,029 | 241,260 |
| Illawarra Shoalhaven Local Health District | 94.9% | 301,700 | 252,640 | 699,142 | 171,887 |
| Western Sydney Local Health District | 108.8% | 520,126 | 432,973 | 1,288,343 | 219,260 |
| Nepean Blue Mountains Local Health District | 91.5% | 274,889 | 238,678 | 670,592 | 148,332 |
| Northern Sydney Local Health District | 97.0% | 419,924 | 356,915 | 961,112 | 232,993 |
| Central Coast Local Health District | 96.1% | 268,765 | 228,228 | 632,395 | 156,546 |
| Hunter New England Local Health District | 80.3% | 660,993 | 564,226 | 2,127,539 | 458,435 |
| Northern NSW Local Health District | 87.7% | 235,446 | 187,944 | 525,900 | 228,021 |
| Mid North Coast Local Health District | 90.9% | 199,438 | 158,043 | 564,446 | 148,823 |
| Southern NSW Local Health District | 85.8% | 108,161 | 82,266 | 330,352 | 125,278 |
| Murrumbidgee Local Health District | 78.8% | 173,434 | 139,860 | 414,891 | 161,120 |
| Western NSW Local Health District | 76.0% | 228,369 | 188,868 | 661,000 | 211,206 |
| Far West Local Health District | 67.5% | 19,801 | 14,488 | 82,406 | 22,523 |
| Total NSW | 92.5% | 5,368,181 | 4,461,633 | 14,267,578 | 3,178,052 |
| 2022–23 Total | 92.2% | 5,410,735 | 4,550,236 | 14,454,225 | 3,076,447 |
| Percentage change (%)⁹ | 0.3% | -0.8 | -1.9 | -1.3 | 3.3 |
| 2021–22 Total | 91.1 | 5,528,522 | 4,716,675 | 17,399,533 | 3,012,146 |
| 2020–21 Total | 89.0 | 5,142,519 | 4,280,409 | 18,459,100 | 3,068,887 |
| 2019–20 Total | 88.4 | 5,119,777 | 4,311,129 | 14,760,683 | 2,920,483 |
| 2018–19 Total | 93.5 | 5,536,493 | 4,706,766 | 16,367,143 | 2,980,872 |
| 2017–18 Total | 90.3 | 5,459,506 | 4,632,188 | 15,701,453 | 2,880,708 |
| 2016–17 Total | 90.7 | 5,631,650 | 4,768,339 | 15,212,465 | 2,784,731 |
| 2015–16 Total | 89.9 | 5,840,865 | 5,009,910 | 13,478,446 | 2,733,853 |
| 2014–15 Total | 85.2 | 5,675,482 | 4,865,590 | | 2,692,838 |
| 2013–14 Total | 89.0 | 5,533,491 | 4,746,307 | | 2,656,302 |
| 2012–13 Total | 87.8 | 5,484,364 | 4,735,991 | | 2,580,878 |
| 2011–12 Total | 88.6 | 5,475,789 | 4,757,507 | | 2,537,681 |
| 2010–11 Total | 89.1 | 5,449,313 | 4,757,219 | | 2,486,026 |
| 2009–10 Total | 88.3 | 5,549,809 | 4,869,508 | | 2,442,982 |

Source: Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD). **Notes:** 1. Data sourced from EDWARD from 2023–24 onwards. The number of separations include care type changes. 2. Activity includes services contracted to private sector. Data reported are as at 28 August 2024. 3. Acute average length of stay = (acute bed days/acute separations). 4. Daily average of inpatients = total bed days/365. 5. Bed occupancy rate is based on June Health Information Exchange (HIE) data only. Data is sourced from HIE and Bed Reporting System, Northern beaches hospital is not available due to missing available beds. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. 6. Acute activity is defined by a service category of acute only. Results for acute separations and bed days from 2018–19 onwards may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. 7. Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. 8. Pathology services are not included. 9. Data for previous years is not comparable. 10. Data as at 30 August 2024.

Appendix 4

Mental Health

Section 108 of the NSW Mental Health Act 2007

In accordance with Section 108 of the *NSW Mental Health Act (2007)* the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2023–24 in relation to:

- achievements during the reporting period in mental health service performance
- data relating to the utilisation of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to bed utilisation (availability and occupancy of beds), hospital separations (same day and overnight), and community contacts. Activity measure is based on all acute, sub-acute and non-acute mental health facilities.

Table 2 provides rates for three national key performance indicators. These indicators measure effectiveness (28 day readmission rate), appropriateness (seclusion rate, duration, and frequency) and continuity (seven days post discharge community care) of care in acute mental health service.

Table 1 includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. Primary Care, Rehabilitation and Aged Care). Therefore, the numbers reported here may differ from those in national reports (e.g. Report on Government Services, Mental Health Services in Australia, and National Mental Health Report).

Table 1. Mental Health – hospital and community activity 2022–23

Public Psychiatric Hospitals, Co-located Psychiatric Units in Public Hospitals and Specialist Mental Health Community Team Activity.

| Local health districts and specialty health networks | Average available beds ¹ | Average occupied beds ² | Same-day separations ³ | Overnight separations ⁴ | Specialist mental health community contacts ⁵ |
|--|-------------------------------------|------------------------------------|-----------------------------------|------------------------------------|--|
| Justice Health and Forensic Mental Health Network | 231 | 203.7 | 2 | 501 | 55,773 |
| Sydney Children's Hospitals Network | 15.6 | 10.1 | 6 | 231 | 26,299 |
| St Vincent's Health Network | 38.4 | 37 | 17 | 950 | 45,589 |
| Sydney Local Health District | 265.7 | 237.4 | 301 | 3082 | 294,484 |
| South Western Sydney Local Health District | 225.3 | 213 | 249 | 3908 | 450,859 |
| South Eastern Sydney Local Health District | 163.1 | 142.8 | 114 | 2741 | 586,117 |
| Illawarra Shoalhaven Local Health District | 115.5 | 80.8 | 91 | 2507 | 315,605 |
| Western Sydney Local Health District | 334.9 | 284.6 | 470 | 3755 | 322,300 |
| Nepean Blue Mountains Local Health District | 83.8 | 79.7 | 28 | 1732 | 183,049 |
| Northern Sydney Local Health District | 327 | 272.6 | 232 | 2988 | 821,849 |
| Central Coast Local Health District | 84 | 69 | 19 | 1380 | 369,132 |
| Hunter New England Local Health District | 323.9 | 257.5 | 112 | 4942 | 436,624 |
| Northern NSW Local Health District | 85.2 | 71.9 | 22 | 1783 | 224,369 |
| Mid North Coast Local Health District | 70.6 | 60.9 | 22 | 1390 | 209,007 |
| Southern NSW Local Health District | 68.1 | 48.3 | 75 | 1138 | 175,918 |
| Murrumbidgee Local Health District | 66 | 52.5 | 7 | 1127 | 173,774 |
| Western NSW Local Health District | 166.3 | 133.9 | 29 | 1625 | 220,038 |
| Far West Local Health District | 12.8 | 6.6 | 16 | 215 | 95,424 |
| NSW – Total | 2676.9 | 2262.5 | 1,812 | 35,995 | 5,006,210 |
| 2022–2023 | 2,659 | 2,219 | 1,785 | 35,134 | 5,499,062 |
| 2021–2022 | 2,604 | 2,127 | 1,876 | 35,407 | 5,866,856 |
| 2020–2021 | 2,663 | 2,278 | 2,563 | 38,657 | 6,355,663 |
| 2019–2020 | 2,683 | 2,282 | 2,613 | 38,048 | 5,936,566 |

Source: 1. Average Available Beds data is extracted from the Bed Reporting System by System Information and Analytics Branch, NSW Health. 2., 3., 4. Average Occupied Beds, Same Day Separations and Overnight Separations data extracted from NSW Health, Health Information Exchange (HIE). 5. Community contacts extracted from the NSW Health, Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD). **Definitions:** 1. “Average Available beds” are the average of 365 nightly census counts. An available bed is one that is staffed, open and available for admission of a patient. 2. “Average occupied beds” are calculated from the total Occupied Overnight Bed Days for the year. Higher numbers of occupied beds than available can sometimes be reported due to use of surge beds to cope with high demands. 3. “Same-day Separations” are those where the hospital episode begins and ends on the same day. 4. “Overnight Separations” are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharge, death, transfer to another hospital, or change to a different type of care at the same hospital. 5. Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. **Notes:** 1, 2. Components may not add to total in NSW due to rounding error.

Table 2. Mental Health – Acute Indicators 2023–24

Rates of 28 days readmission, seven days post discharge community care, seclusion rate, duration, and frequency in mental health service.

| Local health district, specialty health network and hospital | 28 days readmission rate (%) ¹ | 7 days post-discharge community care rate (%) ² | Seclusion rate ³ | Seclusion average duration ⁴ | Seclusion frequency (%) ⁵ |
|--|---|--|-----------------------------|---|--------------------------------------|
| Justice Health and Forensic Mental Health Network | 14.8 | 53.4 | 10.4 | 25.9 | 40.8 |
| Forensic Hospital | 40 | 28.6 | 10.4 | 25.9 | 40.8 |
| Long Bay ⁶ | 10.1 | 56.4 | | | |
| MRRC ⁶ | 12.3 | 61.1 | | | |
| Silverwater Women’s Correctional Centre ⁶ | 19.1 | 36.4 | | | |
| Sydney Children’s Hospitals Network | 14.3 | 78.1 | 4.5 | 0.9 | 0.4 |
| Children’s Hospital at Westmead | 19.8 | 90.1 | 11 | 0.8 | 3.7 |
| Sydney Children’s Hospital at Randwick | 8.1 | 64.6 | 0.3 | 4.3 | 0.1 |
| St Vincent Health Network | 7.3 | 68.4 | 1.5 | 2.1 | 1.3 |
| St Joseph’s | 10.5 | 68.4 | 0 | 0 | 0 |
| St Vincent’s ⁷ | 7.3 | | 1.7 | 2.1 | 1.3 |
| Sydney Local Health District | 12.2 | 71.3 | 7.3 | 10.7 | 6.7 |
| Concord | 10.4 | 74.8 | 8.9 | 10.1 | 10.1 |
| Royal Prince Alfred | 13.7 | 68.5 | 4.9 | 12.4 | 3.5 |
| South Western Sydney Local Health District | 14.4 | 52.7 | 6.6 | 7 | 5.1 |
| Bankstown | 16.5 | 42.4 | 6.3 | 4.5 | 6.9 |
| Braeside | 3.1 | 35.4 | 0 | 0 | 0 |
| Campbelltown | 14.4 | 73.5 | 2.3 | 4.1 | 2.2 |
| Liverpool | 14.1 | 35.5 | 14.5 | 8.3 | 8.1 |
| South Eastern Sydney Local Health District | 11.6 | 85.4 | 1.7 | 3.9 | 1.7 |
| Prince of Wales | 12.2 | 80.7 | 1 | 6.5 | 1.1 |
| St George | 11.9 | 87.4 | 2.7 | 3 | 2.3 |
| Sutherland | 10 | 92.5 | 2.1 | 2.6 | 2.5 |
| Illawarra Shoalhaven Local Health District | 15.5 | 85.2 | 4.4 | 3.4 | 3.1 |
| Shellharbour | 17.7 | 83.2 | 5.6 | 2.5 | 3.1 |
| Wollongong | 11.3 | 88.8 | 3.1 | 5.1 | 3.1 |
| Western Sydney Local Health District | 16.8 | 79.4 | 4.8 | 18 | 3.9 |
| Blacktown | 19 | 80 | 4.7 | 9.9 | 2.5 |
| Cumberland | 17.4 | 76.5 | 6.7 | 20 | 5.5 |
| Westmead | 9.1 | 88.8 | 0 | 0 | 0 |
| Nepean Blue Mountain Local Health District | 16.9 | 68.7 | 5.6 | 16.1 | 5 |
| Blue Mountains | 16.2 | 66.2 | 2.2 | 1.2 | 2.9 |
| Nepean | 17.1 | 69.3 | 6.3 | 17.2 | 5.4 |
| Northern Sydney Local Health District | 13.6 | 80.9 | 3.1 | 4.2 | 2.1 |
| Greenwich | 3.7 | 86.7 | 0 | 0 | 0 |

| Local health district, specialty health network and hospital | 28 days readmission rate (%) ¹ | 7 days post-discharge community care rate (%) ² | Seclusion rate ³ | Seclusion average duration ⁴ | Seclusion frequency (%) ⁵ |
|--|---|--|------------------------------|---|--------------------------------------|
| Hornsby | 15.1 | 84.4 | 6.5 | 3.1 | 4 |
| Macquarie | 9.1 | 86 | 1.7 | 12.6 | 3.3 |
| Northern Beaches | 12.9 | 67.5 | 1.2 | 3.6 | 0.9 |
| Royal North Shore | 14.7 | 86.5 | 1.6 | 8.2 | 1.4 |
| Central Coast Local Health District | 10.4 | 90.1 | 2.9 | 2.7 | 2.8 |
| Gosford | 7.9 | 90.1 | 3 | 4.1 | 3.2 |
| Wyong | 11.6 | 90.1 | 2.8 | 1.7 | 2.6 |
| Hunter New England Local Health District | 14.4 | 80.2 | 6.3 | 8.6 | 4.3 |
| Armidale | 11.9 | 89.5 | 0 | 0 | 0 |
| Hunter New England Mater | 14.8 | 81 | 7.3 | 11.4 | 4.4 |
| John Hunter | 23 | 91.7 | 4.2 | 1.1 | 3.3 |
| Maitland | 11.9 | 73.4 | 5.5 | 2.3 | 5.3 |
| Manning | 12.2 | 77.3 | 6.4 | 5.7 | 4.2 |
| Morisset | 0 | 42.9 | 2.4 | 3.9 | 2.9 |
| Tamworth | 14.7 | 77.5 | 6.4 | 4.1 | 5.5 |
| Northern NSW Local Health District | 11 | 92.5 | 2.7 | 6.9 | 2.3 |
| Lismore | 11.4 | 92.6 | 3.4 | 7 | 3.3 |
| Tweed | 10.1 | 92.2 | 1.7 | 6.5 | 1.2 |
| Mid North Coast Local Health District | 11.8 | 79.2 | 1.7 | 10.3 | 1.1 |
| Coffs Harbour | 11.2 | 78.6 | 1.5 | 16.7 | 1.5 |
| Kempsey | 11.5 | 82.9 | 0 | 0 | 0 |
| Port Macquarie | 13.5 | 76.2 | 3.3 | 3.4 | 1.4 |
| Southern NSW Local Health District | 12.7 | 83 | 4.6 | 3 | 1.8 |
| Goulburn | 11.7 | 82.8 | 5.7 | 1.8 | 2.3 |
| South East Regional | 14.6 | 83.3 | 2.5 | 8.3 | 0.9 |
| Murrumbidgee Local Health District | 7.5 | 76.7 | 0.6 | 0.4 | 0.5 |
| Wagga Wagga | 7.5 | 76.7 | 0.6 | 0.4 | 0.5 |
| Western NSW Local Health District | 10.1 | 72.9 | 2.4 | 0.8 | 1.6 |
| Dubbo | 8.7 | 65.6 | 0.6 | 0.1 | 0.6 |
| Orange Health Service | 10.4 | 74.4 | 2.7 | 0.8 | 1.8 |
| Far West Local Health District | 13.5 | 87.9 | 3.7 | 3.7 | 2.2 |
| Broken Hill | 13.5 | 87.9 | 3.7 | 3.7 | 2.2 |
| NSW – Total | 13.5 | 76.2 | 4.6 (4.8)⁵ | 9.1 (10.2)⁵ | 3.4 (3.5)⁵ |
| 2022–2023 | 14.2 | 74.4 | 4.7(5.0) ⁵ | 9.2(10.0) ⁵ | 3.4(3.5) ⁵ |
| 2021–2022 | 14.7 | 76.4 | 6.1(7.9) ⁵ | 6.3(8.9) ⁵ | 4.1(4.2) ⁵ |
| 2020–2021 | 15.2 | 78.3 | 6.1(7.9) ⁵ | 6.3(8.9) ⁵ | 4.1(4.2) ⁵ |
| 2019–2020 | 15 | 76.9 | 5.5(6.0) ⁵ | 5.6(12.7) ⁵ | 3.7(3.8) ⁵ |

Source: 1., 2. Acute 28 days readmission and seven days post discharge community care data is extracted from the NSW Health, Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD). 3., 4., 5. Seclusion rate, duration and frequency are calculated from numerator data (seclusion events and seclusion time) collected manually from local health districts and denominator data (occupied bed days and admitted episodes) extracted from NSW Health, Health Information Exchange (HIE). **Definitions:** 1. Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. 2. Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following that separation. 3. Rate: Acute Seclusion episodes per 1,000 occupied bed days. 4. Duration: Average duration of acute seclusion episodes (hours per episode). 5. Frequency: Percent of acute mental health hospital stays where seclusion occurred. **Notes:** 3., 4., 5. NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health NSW. Figures in parentheses include Justice Health NSW. 5. The Justice Health NSW figures are excluded from totals due to the differences in models of care and patient cohort. The Forensic Hospital is the only high-secure forensic mental health hospital in NSW and the level of acuity is generally higher among the patient cohort. 6. Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW. 7. St Vincents Hospital's seven days post discharge community care rate is missing because data from the hospital is lacking Enterprise Unique Person Identifier – which, is crucial for linking service events in different settings.

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Compliance and glossary

Compliance checklist

All reporting GSF agencies are required to present to Parliament an annual report containing financial and non-financial information on their operational activities. Reporting requirements for specific public entities are contained in the *Government Sector Finance Act 2018*, the *Government Sector Finance Regulation 2024* Treasurer's Directions and other legislation and policies.

NSW Health's reporting obligations and disclosure requirements are met in this annual report at:

| | Section | Page |
|---|---|--------------------|
| Acknowledgement of Country | Inside front cover | Inside front cover |
| Aims and objectives | Strategy | 15 |
| Charter | Overview | 3 |
| Combined annual reports | Overview | 5 |
| Consultants | Management and accountability | 75 |
| Consumer response | Management and accountability | 74 |
| Disability Inclusion Action Plans | Sustainability | 118 |
| Economic or other factors | Management and accountability | 99 |
| Events arising after the end of the annual reporting period | Management and accountability | 99 |
| Financial statements | Financial performance | 146 |
| Funds granted to non-government community organisations | Financial performance | 123 |
| <i>Government Information (Public Access) Act 2009</i> | Management and accountability | 106 |
| Human resources* | Management and accountability, Appendix | 71, 290 |
| Identification of audited financial statements | Financial performance | 147 |
| Implementation of price determination | Operations and performance | 67 |
| Internal audit and risk management policy attestation | Management and accountability | 101 |
| Investment and Liability Management Performance | Financial performance | 100 |
| Land disposal | Operations and performance | 64 |
| Legal Changes | Management and accountability | 98 |
| Letter of Submission | Preface | i |
| Management and activities | Operations and performance | 18, 61 |
| Management and structure | Overview, NSW Health organisations | 3, 250 |
| <i>Modern Slavery Act 2018 (NSW)</i> | Sustainability | 115 |
| Other information | Management and accountability | 99 |
| Performance information | Operations and performance | 19 |
| <i>Privacy and Personal Information Protection Act 1998</i> | Management and accountability | 105 |
| Promotion | Management and accountability | 80 |
| Requirements arising from employment arrangements* | Management and accountability, Appendix | 71, 290 |
| Research and development | Operations and performance | 65 |
| Risk management and insurance activities | Management and accountability | 100 |
| Senior Executive Service | Management and accountability | 70 |
| Strategic objectives and outcomes | Strategy | 15 |
| Summary review of operations | Preface | iii |
| Website | Inside front cover | Inside front cover |
| Workforce diversity | Sustainability | 117 |
| Workplace health and safety | Sustainability | 115 |

Glossary

Activity Based Funding (ABF)

Activity Based Funding is a management tool which helps allocate resources more equitably and effectively based on volume, cost and complexity of patient care. The Activity Based Funding tool provides advantages in allowing public health planners, administrators, consumers, and clinicians to more transparently observe and compare how and where taxpayer funding is being allocated.

Acute care

Short-term medical treatment, usually in a hospital, for patients with an acute illness or injury, or recovering from surgery. Acute illness/injury is one that is severe in its effect or approaching crisis point, for example acute appendicitis.

Attention-deficit/hyperactivity disorder (ADHD)

A chronic condition characterised by excessive levels of inattentive, hyperactive, and impulsive behaviour.

Antenatal

The period before birth.

Blood borne virus (BBV)

Viruses that are carried through blood and can be spread from one person to another. The most common BBVs are HIV, Viral Hepatitis, Hepatitis C Virus (HCV) and Hepatitis B Virus (HBV).

Chemotherapy

The treatment of disease by chemical agents, for example, the use of drugs to destroy cancer cells.

Chronic disease

The term applied to a diverse group of diseases, such as heart disease, cancer, and arthritis that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the term 'chronic diseases' is usually confined to non-communicable diseases.

Chronic obstructive pulmonary disease (COPD)

A progressive and disabling condition that limits airflow in the lungs. People with COPD experience increasing shortness of breath, a persistent cough with phlegm or mucus, and a limited ability to complete everyday activities due to poor exercise tolerance.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Collaborative commissioning

A whole-of-system approach to incentivise local autonomy and accountability for delivering patient-centred and outcome focused care in the community.

Community managed organisations (CMO)

A key provider of mental health, community support, and disability support services to people with lived experience.

Continuing professional development (CPD) home

An organisation accredited by the Australian Medical Council to provide a Continuing Professional Development (CPD) Home for medical practitioners. CPD Homes ensure doctors registered in their home meet their minimum CPD requirements.

ComPacks Program

Facilitates safe and early discharge of eligible patients from hospital by providing access to a short-term package of care designed to help them gain independence and prevent their readmission to hospital.

Diabetes

Refers to a group of syndromes caused by a malfunction in the production and release of insulin by the pancreas, leading to a disturbance in blood glucose levels. Type 1 diabetes is characterised by the abrupt onset of symptoms, usually during childhood, and inadequate production of insulin, requiring regular injections to regulate insulin levels. Type 2 diabetes is characterised by gradual onset commonly between 50 and 60 years old, and is usually able to be regulated through dietary control.

Dried blood spot (DBS)

Refers to a 'self-sampling' test that is self-performed for HIV or hepatitis C.

e-cigarette

Battery operated devices that heat a liquid (also known as e-liquid) to produce a vapour that users inhale. E-cigarettes are also called 'e-cigs' or 'vapes'.

e-learning

Education and training undertaken in electronic media, especially over the internet.

healthdirect

A government-funded service that provides Australians with easy access to trusted, quality health information and advice online and over the phone.

Hepatitis C (Hep C)

A blood-borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis C is usually transmitted by parenteral means (such as injection of an illicit drug or exposure to blood or blood products), or from mother to baby around the time of birth.

Hospital in the Home (HITH)

Delivers selected types of acute care to suitable patients at their home or clinic setting as an alternative to inpatient (hospital) care. Hospital separation from a healthcare facility occurs any time a patient (or resident) leaves because of death, patient discharge, sign-out against medical advice, take own leave, or transfer.

Hyperemesis gravidarum (HG)

Severe nausea and vomiting in pregnancy lasting for more than a few days.

Hypofractionated radiotherapy

An external beam radiotherapy using a smaller number of doses, each providing a higher amount of radiation than standard external beam radiotherapy.

Integrated care

Statewide strategies to coordinate care and processes within the health system and with other service providers.

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

NSW Health's Isolated Patients Travel and Accommodation Scheme provides financial assistance towards travel and accommodation costs when patients need to travel more than 100km one way, or 200km in a week, for specialised medical treatment that is not available locally.

Junior medical officer (JMO)

A medical graduate with at least 2 years' postgraduate experience, extending to a medical graduate working in a graduate training period of five to 10 years.

Key performance indicators (KPI)

Indicators that measure agency effectiveness in achieving program objectives.

Leading Better Value Care (LBVC)

A statewide program to identify and scale evidence-based initiatives for specific conditions. It focuses on managing conditions in the most appropriate setting and is accelerating value-based healthcare in NSW.

Local health districts (LHD)

Organisations which manage public hospitals and provide health services to communities within a specific geographic area. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Magnetic resonance imaging (MRI)

Magnetic resonance imaging (MRI) is a safe imaging technique. MRI uses a strong magnetic field, radiofrequency waves and a computer that produces detailed images of many parts of the body.

MidStart

The statewide recruitment process for registered nurses seeking employment as a midwifery student in a NSW public hospital.

My Health Learning

Statewide learning management system for NSW Health staff, managed by the Health Education and Training Institute.

National Disability Insurance Scheme (NDIS)

A national system of disability support focused on the individual needs and choices of people with disability, their families and their carers. Provides access to support services and funding support.

NSW Patient Survey Program

A NSW Health program of multiple surveys to ask people across the state about their recent experience with the public healthcare system, supporting improvement across the system and within individual care organisations.

Nurse practitioner (NP)

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations.

Oncology

The study and treatment of cancer and tumours.

Out of Hospital Care packages (OHC)

A short-term package of care (such as assistance with personal care, domestic assistance, transport and social support) provided to facilitate safe and early discharge of eligible patients from hospital.

Palliative care

Care provided to achieve the best possible quality of life for patients with a progressive and far-advanced disease, with little or no prospect of cure.

Patient flow

The movement of patients through a healthcare facility from the point of admission to the point of discharge.

Patient reported measures (PRMs)

A NSW Health program giving patients and their carers the opportunity to provide direct feedback about their treatment and its results, informing improvement across the NSW public health system.

Patient transport service

A transport service provided for patients who require clinical monitoring or supervision during transport, but do not require an urgent ambulance response.

Pathology

The study and diagnosis of disease through the examination of organs, tissues, cells and bodily fluids.

Performance framework

The NSW Health Performance Framework measures the performance expected of NSW Health organisations to achieve required levels of health improvement, service delivery and financial performance.

Photovoltaic

More commonly known as solar panels – power using devices that absorb energy from sunlight and convert it into electrical energy through semiconducting materials.

Pillars

The five pillar organisations in NSW Health provide expertise in the development of new models of care, quality and safety initiatives, training and development and performance reporting which helps local health districts and networks provide the best possible care. The pillar organisations are: Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, and Health Education and Training Institute.

Primary care

Provides the patient with a broad spectrum of care, both preventive and curative, over a certain period of time and coordinates all of the care the person receives.

Primary health networks (PHNs)

Primary health networks have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.

Radiotherapy

The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.

Safe Haven

Safe Havens are a drop-in alternative to the emergency department for people experiencing emotional and suicidal distress.

Service level agreements (SLAs)

A service-level agreement (SLA) is a contract between a service provider and its customers that documents what services the provider will furnish.

Single Digital Patient Record (SDPR)

The Single Digital Patient Record system is a single digital platform that will provide fast, secure and easy statewide access to an integrated record of an individual's medical history in real-time. The platform will incorporate Patient Administration System, Electronic Medical Record and Laboratory Information Management System capabilities.

Surgical plume

A by-product from the use of devices when cutting, vaporizing or coagulating tissue during surgical, diagnostic and therapeutic procedures. The damage to tissues creates a potentially hazardous by-product known as "plume". This plume may or may not be visible and can have an unpleasant odour. The visible plume is often referred to as a 'smoke' plume.

Transfer of care

Measures the percentage of patients arriving at hospital by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival.

Trauma-informed care

Understanding, recognising and responding to trauma based on knowledge and understanding of trauma, how it affects people's lives, their service needs as well as how clients might present to services.

It considers people's symptoms, responses and behaviours in the context of their past experiences, and emphasises physical, emotional and psychological safety for clients and staff.

Value based care

Is focused on generating value for patients by improving health outcomes, reducing costs and enabling healthcare access across a greater geographical area. In NSW, value based healthcare means continually striving to deliver care that improves:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care
- effectiveness and efficiency of care.

Venepuncture

The process of obtaining intravenous access – most commonly for the purpose of blood sampling.

Virtual care

Virtual care, also known as telehealth, safely connects patients with health professionals to deliver care when and where it is needed. It complements the face-to-face care that patients are used to.

Visiting medical officer (VMO)

A medical practitioner in private practice who also provides medical services in a public hospital. VMOs are not hospital employees but are contracted by the local health district to provide specific medical services.

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2023-24

2023-24