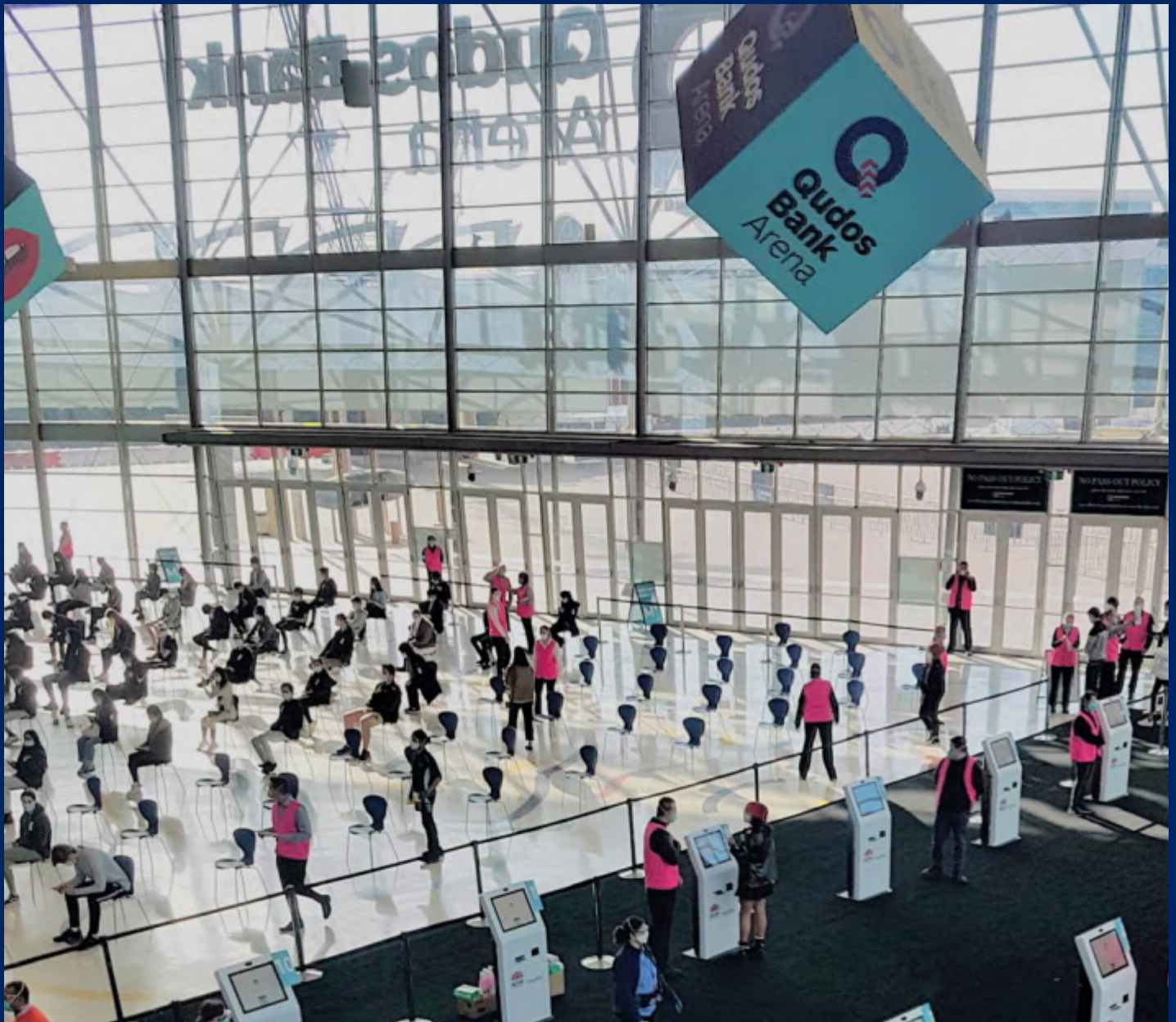


NSW Health

Annual Report



2021-22

The NSW health system works to protect, promote and maintain the health and wellbeing of the people of NSW.

NSW Ministry of Health

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November 2022.

Our vision

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

2021-22

About this report

This annual report describes the performance and operation of NSW Health during 2021–22. It has been prepared according to parliamentary reporting and legislative requirements and is arranged in six sections.

Section 1: Overview

Introduces NSW Health values and priorities, organisational structure and the NSW Health executive.

Section 2: Performance

Summarises performance against the Future Health strategy.

Section 3: Management and accountability

Reports on governance, public accountability, information management, people management, environmental sustainability, funding for research and development, and equity and diversity.

Section 4: Finances

Details key financial management reporting.

Section 5: Financial reports

Presents NSW Health's audited financial statements for 2021–22.

Section 6: NSW Health organisations

Presents the year in review with reports provided by the NSW Ministry of Health, 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. Brad Hazzard MP
Minister for Health
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Minister

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the *Annual Reports (Departments) Regulation 2015*, the *Government Sector Finance Act 2018* and the *Government Sector Finance Regulation 2018*, I submit the annual report and financial statements of NSW Health organisations for the financial year ended 30 June 2022, 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 2021–22. I am also sending a copy of the report to the Treasurer.

Yours sincerely



Susan Pearce
Secretary, NSW Health

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Snapshot

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



8 million residents on 809,444 km²



\$33.5 billion in funding for healthcare services in 2022-23*



Approximately **178,000** people (131,866 full-time equivalent staff)



228 public hospitals



15 local health districts



1 million emergency and non-emergency incidents responded to by NSW Ambulance



290,167 surgeries performed, including **20,463** in private hospitals



1.8 million inpatient episodes



3 million emergency department attendances

The NSW community

People aged **65 and over:**

28%

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

3.4%

People **born overseas:**

30%

Regional Australia grew by:

11%

People aged **14 and under:**

18.5%

Households where a **non-English language** is spoken:

26.5%

In 2021-22



72,507 babies were born in a public hospital



990,543 overnight admitted patients in a public hospital



99,028 people had unplanned surgery in a public hospital



24 million meals were served to patients



1 million people were admitted to a public hospital



17.4 million non-admitted patient services events



191,139 people had planned surgery in a public hospital



20,463 surgeries were provided in private facilities under relevant contracting arrangements

1.4 million Triple Zero (000) calls received

25.6 million PCR tests performed

16 million vaccines administered in NSW

148,089 users logged into the Electronic Medical Record and **10.9 million** patient charts were opened

158,200 children cared for by the Sydney Children's Hospitals Network

12.9 million clean bed sheets supplied to public hospitals

575,000 dental service appointments provided

71 notifiable conditions tracked by Health Protection NSW

Secretary's year in review



As we reflect on another extraordinary year for NSW Health – and my first as its Secretary – it is the commitment and dedication of our staff that impresses me most.

Their tireless work in delivering safe and high quality, patient-centred care to the people of NSW, while protecting them through the next stage of a persistent pandemic and multiple emergency events like the devastating floods we have seen across the state, is nothing short of extraordinary.

I would like to also thank my leadership colleagues across NSW Health and to acknowledge the work of the former Secretary, Elizabeth Koff, who helped guide the state's health system through many months of the COVID-19 pandemic. Most of all I would like to thank each of the remarkable humans of NSW Health – all of us, every day, who continue to work together to improve outcomes for our patients, carers, community and each other.

Future Health is now

The Future Health Strategic Framework builds on the foundations of the previous NSW State Health Plan and continues the work we've done over recent years in areas such as value-based healthcare, the integration of care and in improving the patient experience.

We consulted extensively with our staff, our partners across the sector, as well as patients and the community to formulate the development of Future Health. These insights helped shape our ambitious 10-year plan to deliver a vision for a sustainable health system that delivers outcomes that matter the most to our patients and the community.

Instrumental to the success of Future Health will be the ways that we can support our workforce to collaborate and innovate, to improve health outcomes, and to continue delivering superior healthcare. Realising our vision requires effort from all of us, and all parts of the NSW Health system have a role to play in leading change. Together, we can help make our exceptional health system even stronger and ready to deliver for the next decade.

Powering through a persistent pandemic

The COVID-19 pandemic remained a focus for our health system in 2021–22 and has seen the health system work together like never before to protect the community.

The importance of NSW Health in the whole-of government response to the pandemic should not be understated. In the rollercoaster second year of the State Health Emergency Operations Centre's operation, we saw both the Delta and Omicron outbreaks across the globe and here in NSW. The State Health Emergency Operations Centre expanded significantly to include critical areas such as the vaccination program, testing clinics, border control, the quarantine and exemptions programs, airports and maritime surveillance, aged care planning, intensive care unit and ventilator preparedness. There was also a focus on logistics and supply chain delivery, regional assistance and communications.

It is a significant achievement that we were able to stand up more than 450 testing clinics, conduct more than 25 million PCR tests, manage around 557,000 high-risk patients via outbound telephone calls, and deliver 16.4 million vaccines. Our vaccination program contributed to Australia becoming a world leader in the rollout of COVID-19 vaccinations, and NSW being the first state to reach a more than 90% double dose vaccination rate.

This volume of work has never been seen before. It was an effort like no other, and everyone involved should be proud.

Supporting our friends in crisis

We saw again this year, the devastation of floods across the state, and I saw firsthand the heartbreaking aftermath in the Northern NSW region.

Many communities experienced significant and personal loss, but that didn't stop our local health districts in quickly responding and continuing to provide health care to those who needed it most – including, in some cases, health staff who had also lost their homes.

We banded together in this extraordinary time of need, with NSW Health staff from across the state including Western Sydney, Northern Sydney, Sydney, Mid North Coast, and Hunter New England local health districts as well as Ambulance NSW, responding to the call and travelled to affected areas when help was needed most.

I was in genuine awe of the determination, community spirit, dedication and commitment shown by the Northern NSW staff, and am deeply grateful to those who travelled from other parts of NSW Health to assist them.

Regional health focus

NSW Health is committed to ensuring that people living in regional, rural and remote NSW can access high quality, timely healthcare and have excellent patient experiences and optimal health outcomes.

The resilience, and resourcefulness, of regional communities has shone through the most difficult of times and continues to be a source of great strength.

The establishment of the Regional Health Division of NSW Health is a key driver in ensuring better health outcomes and a continued focus on regional health. Led by the Coordinator General for Regional Health, the regional health team is working in local health districts across regional NSW, building and maintaining relationships with key stakeholders and communicating in a collaborative, respectful and culturally appropriate way.

This ensures strong advocacy of regional health matters and strengthens the coordination, alignment, and integration of activities across the health sector.

A significant apology

This year, we commemorated National Sorry Day on the 26 May with a special event where on behalf of NSW Health, I made a formal apology to survivors of the Stolen Generations.

While past government policies very much still impact the health and wellbeing of our Aboriginal families today, we hope that our apology marks a significant milestone in our history and embraces truth-telling and the ongoing process of healing for our Aboriginal communities.

Clinical care and the human experience

The team at NSW Health continues to lead the way to achieve the three NSW Premier's Priorities. Across the health system, we are working towards improving service levels in hospitals, improving outpatient and community care, and reducing NSW rates of suicide by 20% by 2023.

Delivering the best care during challenging times

There can be little doubt that 2021–22 was one of the most challenging years NSW Health has faced. The Delta and Omicron outbreaks have had a marked impact on our state's health system at every level. The pandemic, combined with the damage wrought on the state as a result of extreme weather events, has meant our already hard-working staff have had to go the extra mile time and time again.

It is thanks to all staff across the NSW Health system that we have continued to deliver safe care to the millions of people who need us every day of every year.

Virtual care enhancing outpatient care

Like all healthcare systems around the world, COVID-19 changed the way care is delivered in NSW. While virtual care is not a new healthcare model, the pandemic provided new opportunities for us to accelerate and invest in the way we deliver virtual care across the state.

NSW Health launched the next stage of our NSW Virtual Care Strategy 2021–2026 to integrate virtual care as a safe, effective, and accessible option for healthcare delivery in NSW. In the last year, 152,500 virtual consultations were hosted via the myVirtualCare platform and used by 25,000 clinicians.

The NSW Telestroke service is another example of how a virtual care model of care is enhancing access to specialist care no matter where you live. It is now fully implemented at 23 regional and rural hospitals across NSW, linking more than 2,300 stroke patients to specialist stroke physicians in metropolitan hospitals via telehealth.

Towards Zero Suicides

We continue to deliver mental health services and care to support the wellbeing of people across the state and there was also a focus on supporting people in flood-affected communities.

New suicide prevention support was rolled out across the state with 20 calming non-clinical hubs called Safe Havens and 20 Suicide Prevention Outreach Teams embedded in communities across NSW. To support flood-affected communities, four pop-up Safe Havens were set up in the areas hardest hit. Instead of struggling alone or heading to an emergency department, anyone who is experiencing mental health distress can now go to one of these purpose-designed Safe Havens.

We also upskilled and supported staff to provide the very best mental health care, with 6,700 staff trained in suicide awareness and response skills under the Community Gatekeeper initiative and trained 1,700 NSW Government staff working outside mental health services in suicide prevention.

In a landmark agreement, NSW was the first state to sign a \$383 million Bilateral Mental Health and Suicide Prevention Schedule with the Australian Government. The agreement will see an even greater increase in mental health and suicide prevention supports for the people of NSW over the next four years.

Delivering health infrastructure

Across NSW, 12 projects were completed, improving health services and creating employment opportunities in both metropolitan and regional areas.

Major new regional construction included the final stage of the \$241.3 million Dubbo Hospital redevelopment, the \$35 million Dubbo Western Cancer Centre, and the \$470 million New Maitland Hospital. Two facilities combining health and aged care services were completed under the \$296.5 million Multipurpose Service Program – the Hay Health Service and Tocumwal Multipurpose Service.

We also fast-tracked the completion of wards in the \$341 million Concord Hospital redevelopment to address the surge in COVID-19 patient numbers.

Under the \$700 million Statewide Mental Health Infrastructure Program, an acute mental health unit at Blacktown Hospital and the first specialist mother and baby mental health unit at Royal Prince Alfred Hospital were opened. To help address growing community need in Western Sydney and South West Sydney, we completed Stage 1 of the \$550 million Nepean Hospital redevelopment and a new clinical service building for Campbelltown Hospital.

The human experience

Several years ago we recognised that supporting our workforce was core to our efforts to transform the patient experience. We listened carefully to our staff members to curate a program of events and activities offered both online and in person, such as monthly Conversations in Human Experience, the Gathering of Kindness, Patient Experience Week and Mini Compassion Labs. These provide safe spaces for reflection, contemplation, and learning. More than 5,000 staff members from all parts of the state have participated and the feedback has been extraordinarily positive.

Our commitment to improve the patient experience was awarded The Beryl Institute's Organizational Innovation Award for creating our reference guide Elevating the Human Experience – A Guide to Action. The award is international recognition for our efforts to put more humanity back into healthcare, for both patients and all of our staff.

Looking back on the year that was, the impacts of COVID-19 do indeed continue to be felt and they will be for some time, but our work in delivering the health system of the future must progress nonetheless. We will continue to do that work with our hallmark integrity, strength, and resilience but most of all with kindness and compassion.



Susan Pearce
Secretary, NSW Health

An ongoing response to COVID-19



As the COVID-19 pandemic continued to impact our state throughout 2021–22, NSW Health worked together to maintain exceptional service delivery and respond quickly to the needs of our community across the state.

We faced the challenge of adapting to surges in the pandemic caused by the Delta and Omicron BA.1 and BA.2 variants. Our specialist teams continued their commitment to provide world-class care.

NSW Health managed and supported:

- 2.6 million positive COVID-19 cases (1.5 million identified via PCR tests and 1.2 million via RAT tests)
- 25.6 million PCR tests
- more than 450 COVID-19 testing clinics
- 1.9 million text messages to close contacts between June 2021 and December 2021, during the Delta outbreaks.

Boosting vaccination take-up

The focus of the whole-of-government emergency response to COVID-19 quickly shifted to include the rollout of the NSW COVID-19 vaccination program.

In 2021–22, 16.4 million vaccines were administered in NSW and NSW Health delivered 4.2 million of them. NSW Health also accelerated vaccination coverage in the community by providing tailored strategies, targeted campaigns, and convenient access to vaccines. This was particularly important for vulnerable populations and in low-uptake areas in preventing higher rates of serious illness and death from COVID-19. This led to Australia becoming a world leader in the rollout of COVID-19 vaccinations, with NSW being the first Australian state to reach a more than 90% double-dose vaccination rate.

16.4 million vaccines were administered in NSW

Managing our borders

The NSW Hotel Quarantine Program was pivotal in protecting NSW residents and minimising the impact and spread of the pandemic.

The State Health Emergency Operations Centre (SHEOC) provided operational governance for the health and welfare of Australian residents, airline crew and staff at quarantine hotels and special health accommodation facilities. This included implementing evolving public health risk mitigation measures and managing continually improving processes.

The Surveillance Testing Program for transport providers and airport and quarantine workers was established to prevent, prepare for, respond to, and recover from the pandemic. A dedicated maritime team was also established to support the systems, processes and procedures at NSW ports.

There were circumstances where systems were adapted for people who needed to enter or leave the country for compassionate reasons. During 2021–22, the Quarantine Exemptions Unit processed around 9,600 applications.

Keeping People Healthy Award – (COVID-19 category)

An impressive response

The State Health Emergency Operations Centre (SHEOC)

The SHEOC was established to implement Public Health Orders; assist local health districts and specialty health networks to build critical care and emergency department capacity and establish COVID-19 testing clinics; manage hotel quarantine; and coordinate the supply of personal protective equipment.

Over time it adapted to include critical areas, such as operationalisation of the vaccination program, testing clinics, airport surveillance and more.

The team achieved significant and meaningful outcomes, showed incredible resilience and commitment, and worked collaboratively with our health partners. A well-deserved win!

Managing supplies

The SHEOC supported the rapid deployment of resources to meet surge demands in times of outbreak. It operationalised several rapid testing clinics for close and household contacts.

The team managed procurement and logistics-based requests so that the supply of medical consumables was not interrupted during the pandemic emergency response. Despite global supply chain disruption, NSW has not experienced a single stock outage in protective personal equipment (PPE), medical consumables or devices since the start of the pandemic.

Managing COVID-19 in aged care settings

Additional PPE was provided to residential aged care and disability facilities at risk of having no PPE stock available due to the outbreak. This included supplying more than 2 million items to assist more than 100 residential aged care and disability facilities during the first Omicron wave. This also included supplying RAT kits.

All local health districts supported the sector to help put an end to outbreaks as quickly and safely as possible by:

- enabling access to specialist services to support the clinical care of residents
- providing advice and support to implement infection prevention and control measures.

NSW Health continually engaged with the Commonwealth, the aged care and disability sector and the Aged and Community Care Providers Association through fortnightly and monthly meetings to advise on the public health response to the pandemic. This was in addition to the regular advice the NSW Chief Health Officer provided to the aged care and disability sector.

The Public Health Response Branch revised the comprehensive outbreak management guidance developed early in the pandemic. This includes advice on outbreak management, infection prevention and control, use of PPE and management of COVID-19 cases and contacts. The public health advice on managing COVID-19 outbreaks was expanded to include outbreaks due to other respiratory viruses, including influenza.

NSW was the first state to develop a Joint Protocol with the Australian Government Department of Health and the Aged Care Quality and Safety Commission. The protocol outlines roles and responsibilities for outbreak management in residential aged care and disability settings. This includes:

- coordinated whole-of-government plans
- emergency response by SHEOC and local health districts (in addition to public health advice).

Bringing private hospitals on board

In response to the outbreaks of the Delta and Omicron variants, the System Purchasing Branch worked with private hospital operators to increase health system capacity.

Private hospitals conducted additional elective surgery on behalf of the public health system for patients who had their non-urgent elective surgery postponed. In the 2021–22 Budget an extra \$80 million was committed by the NSW Government to fast-track these elective surgeries.

Managing intensive care capacity

The management of NSW's intensive care unit capacity was a critical priority throughout the pandemic. The System Management Branch monitored and implemented strategies to support intensive care unit capacity to meet surge demand for patients with COVID-19 requiring treatment. This optimised the management and care of critically ill patients who needed treatment in an intensive care unit, ensuring world-class clinical care.

Clinical communities of practice

More than 3,500 clinicians joined 30 clinical communities of practice to publish almost 100 guidance documents and develop local solutions. There were more than 755,000 views of the communities of practice webpages by more than 444,000 users. The Agency for Clinical Innovation's Critical Intelligence Unit provided rapid, evidence-based advice on COVID-19 and published the weekly Risk Monitoring Dashboard. This assessed transmission risk in healthcare settings to protect staff and patients.

Identifying contacts and supporting those who tested positive

The State Operational Data Store Program and COVID-19 Care in the Community Team partnered to manage COVID-19 cases in the community using the Patient Flow Portal, NSW Health's enterprise patient flow and care coordination system. The teams ensured positive PCR and RAT results registered through Service NSW were automatically assigned to local health districts for care, and matched with each patient's clinical record.

Support was provided to local health districts around the clock as they managed outbreaks, particularly in priority locations, including educational, correctional, and residential aged care settings. The NSW Health Flu and COVID-19 Care at Home Support Line provided free symptom assessment by connecting patients to virtual medical consultations, and provided assistance with medical clearance certificates.

The increased support for COVID-19 patients in the community relieved the pressure on emergency departments across the state by ensuring patients could receive information, care and support within their home settings.

Additionally, cases who were eligible for life-saving anti-viral therapies were automatically referred to a local health district community health team or a GP to receive treatment. This resulted in:

- 407,000 cases completing secondary screening surveys designed to identify high-risk cases requiring further care
- 25,000 eligible patients being referred to NSW Health and primary care providers to access potentially lifesaving COVID-19 antiviral therapies in partnership with HealthDirect.

The Clinical Excellence Commission's collaborative access model also enabled community clinicians to prescribe treatments that reduced hospitalisation and deaths for dispensation at NSW Health pharmacies. This departure from standard practice helped more than 5,000 patients access treatment.

The Operational Data Store Team also set up a process to assist GPs to send letters to COVID-19 patients, including information about how to self-manage at home and what to do if their condition deteriorated. This significantly reduced the number of concerned patients presenting to emergency departments unnecessarily.

As well as processing more than 3.4 million COVID-19 tests, NSW Health Pathology created a Results Portal for patients to access their results quickly. The 2021 winter testing strategy enabled patients tested for COVID-19 to also be tested for influenza and, in some cases, other respiratory viruses. Its genomics team also helped map transmission, assisted with contact tracing, identified variants of concern, and detected drug resistance in new variants.

The Case and Contact Team was set up as part of the Public Health Response Branch early in the pandemic. In collaboration with the Centre for Epidemiology and Evidence, this team was supported and strengthened throughout the pandemic by the enhancement of data and telephony systems.

It was scaled up and down as required and had capacity to surge to more than 330 internal staff, supported by extra staff from 7 external agencies. The team completed 557,521 outbound calls to high-risk COVID-19 cases and contacts, answering more than 214,115 inbound calls from the public.

When the number of COVID-19 cases increased rapidly from several hundred a day to several thousand, the contact tracing system transitioned from individual phone calls to SMS. Those affected were provided with links to information on how to manage their illness, their self-isolation obligations and how to access support. Close contacts were also provided with information on self-isolation, testing advice and support services.

To streamline contact tracing the Venue Management Team was established as part of the Public Health Response Branch to assess the risk to customers and clients at various venues. They also informed on appropriate messaging to contacts identified via QR codes and provided advice to enable them to manage outbreaks in their staff.

Sewage surveillance

From July to December 2021, the NSW Sewage Surveillance Program provided advance warning of the spread of the COVID-19 Delta variant, particularly in regional communities.

Data from sewage surveillance was reviewed daily to assess the need for regional restrictions and lockdowns.

Managing COVID-19 in Aboriginal communities

In collaboration with local health districts, SHEOC established culturally safe and welcoming spaces for the Aboriginal community to access COVID-19 vaccines.

In conjunction with NSW Health Infrastructure, SHEOC coordinated the setting up of Australia's first mobile community-supported accommodation. The model provided respectful, safe accommodation on Country for people with COVID-19 and close contacts, supporting the needs of the community.

The Centre for Aboriginal Health also supported minimising the impact of COVID-19 in Aboriginal communities by delivering tailored, culturally safe communications and support. A new Living with COVID-19 Communication and Engagement Strategy was developed with NSW Health, the Aboriginal Health and Medical Research Council of NSW and Aboriginal Affairs NSW.

Looking after dental health during COVID-19 lockdowns

The development of additional COVID-19 infection control and risk management guidelines supported dental health professionals to build confidence in performing dental care in a COVID-safe way. The procedures for tele-dentistry and dentistry in the home, and guidance for reconfiguring service models maximised the number of patients being cared for within infection control guidelines.

Developing tech solutions to scale up our response

The COVID-19 testing clinics information system was developed by eHealth and SHEOC to streamline information to digital platforms, ensuring it was of high quality, integrated and accessible.

Health Protection NSW also collaborated with eHealth to create a:

- case interview system to rapidly identify contacts and risks in community settings
- scaled close contact interview system to manage communication with people exposed to COVID-19 in the community
- risk assessment system for managing exposures in community settings.

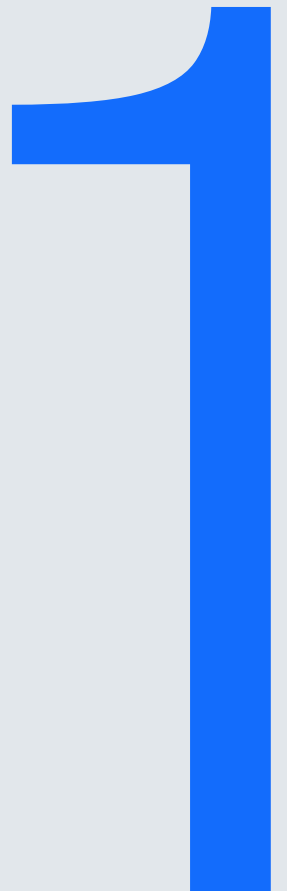
Modelling the ongoing impact of COVID-19

The Centre for Epidemiology and Evidence supported the Public Health Response Branch to make daily cases, testing and vaccination data available to the health system and public. At the same time, the System Information and Analytics Branch created tools to model the effects of the virus on our health system to help manage resources. The Centre for Epidemiology and Evidence also worked closely with Health Protection NSW to provide data on the prevalence of influenza to internal and external modelling teams.

Data was also collected on the effectiveness of the COVID-19 vaccination program and any adverse events following immunisation. The System Information and Analytics Branch generated weekly reports on the NSW vaccination program. These reports were based on data from the Australian Immunisation Register analysed by the Centre for Epidemiology and Evidence and the Public Health Response Branch. This supported service delivery and planning, including during the emergence of the Omicron subvariant BA.2 in March 2022.

The branch's work with dynamic forecasting continues to support healthcare planning to meet predicted surges in case numbers as the pandemic evolves.

Overview



About NSW Health

NSW Health is the largest 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.²

As the largest and busiest public health system in Australia, NSW Health's 228 public hospitals and more than 131,866 full-time equivalent dedicated staff ensure that NSW citizens have continuous access to an extensive range of physical and mental health services.

Our patients and consumers speak highly of their experiences with clinicians and health professionals. In the face of challenge, particularly during the COVID-19 pandemic, we saw every part of our health system come together committed to delivering safe, quality healthcare for our patients and communities.

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.

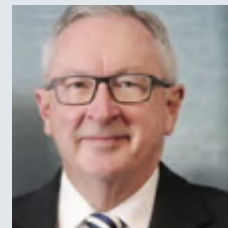
Premier's Priorities

NSW Health is guided by the Premier's Priorities. These priorities represent the government's commitment to making a significant difference to enhance the quality of life of the people of NSW.

For the health system these priorities are:

- improving service levels in hospitals
- improving outpatient and community care
- Towards Zero Suicides – reducing the rate of suicide deaths in NSW.

Our Health Portfolio Ministers



The Hon. Brad Hazzard MP
Minister for Health



The Hon. Bronnie Taylor MLC
Minister for Mental Health,
Regional Health and Women

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

Our system's challenges

Health is expected to remain the largest category of recurrent state spending. NSW Health spends more than \$30 billion on healthcare services in NSW:

- This spend is largely concentrated in hospitals, with 85% of spend on outpatient, ambulatory, emergency, inpatient and sub-acute/rehabilitation care.
- Prevention and promotion currently account for 10% of NSW Health expenditure.
- The remainder, or about 5%, is invested in community or other care settings.

This distribution of cost reflects the historic hospital-focused approach to healthcare, and has been an appropriate model for decades, given traditional patient needs and methods of service delivery.

The burden of disease in the community that the NSW Health system faces now and will continue to experience in coming decades, requires a different approach. A national focus on keeping people healthy and well, and effective management of chronic conditions is needed to reduce demand for hospital care and keep health spending sustainable, while maintaining optimal health outcomes. This will need to be complemented by greater integration with primary care and non-government organisations.

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

**The roadmap for how we deliver
our services over the coming decade**



Future Health builds on our previous strategic priorities and achievements and looks to position our health system to meet the needs of our patients, community and workforce over the coming years.

It will help guide our next decade of care in NSW, while adapting to and addressing the demands and challenges facing our system. NSW Health has consulted extensively with staff and partners across the sector, as well as patients and the community.

Thousands of individuals have generously shared their views and aspirations for the NSW Health system. These insights have shaped our ambitious 10-year plan to deliver a vision for a sustainable health system that delivers outcomes that matter most to patients and the community.

Instrumental to the success of Future Health will be the ways that we can turn the strategy to action and deliver the Future Health Strategic Framework over the next decade. This framework provides the priorities for the whole system and includes six strategic outcomes and 30 key objectives (see page 4).

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



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 **Accelerated digital investments** in systems, infrastructure, security and intelligence



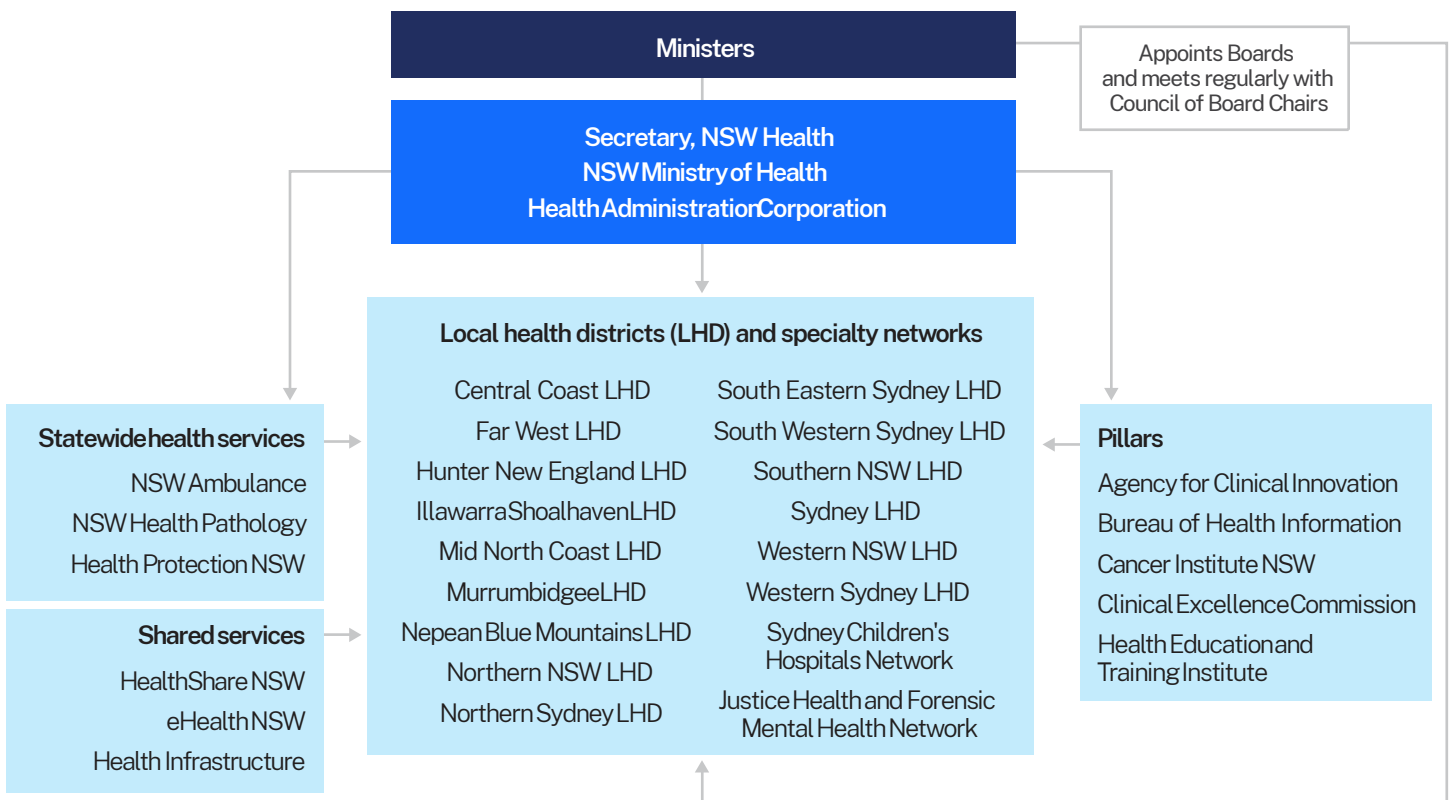
The health system is managed sustainably

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

Our organisational structure

NSW Health includes the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*) 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 (ICT) led healthcare. eHealth NSW is responsible for establishing, implementing and ensuring compliance with eHealth 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 surveillance and public health response in NSW, including monitoring the incidence of notifiable infectious diseases and taking appropriate action to control the spread of diseases. Reporting to the Chief Health Officer, it also provides public health advice and response to environmental issues affecting human health.

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.

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. Eight local health districts cover the greater Sydney metropolitan regions, with seven 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 Sydney Children's Hospitals Network (Randwick and Westmead) and the Justice Health and Forensic Mental Health Network.

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 hospital and services for children in Australia. Each year the network manages 51,000 inpatient admissions, 92,000 emergency department presentations and over one million outpatient occasions of service. The team of more than 4,000 talented staff (full time equivalent) across the network is committed to providing world-class paediatric health care in a family-focused, healing environment.

Pillar organisations

Agency for Clinical Innovation is a board-governed statutory health corporation responsible for reviewing clinical variation and supporting clinical networks in clinical guideline/pathway development with encouragement toward standardised clinical approaches based on best evidence. The Agency for Clinical Innovation works with clinicians, consumers and managers to design and promote better healthcare for NSW.

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 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 in the health system 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 2022, there were 14 affiliated health organisations in NSW managed by religious and/or charitable groups as part of the NSW public health system. These organisations 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, the Sacred Heart Health Service at Darlinghurst and St Joseph's Hospital at Auburn have been declared a NSW Health network.

NSW Health Executive Team

Chief executives of local health districts, specialty health networks, statutory health corporations and the Health Administration Corporation form the NSW Health Executive Team. The roles and responsibilities of chief executives are set out in the *Health Services Act*.

Local health districts

Chief executives of local health districts and specialty health networks are employed by the Health Executive Service (part of NSW Health), through the Secretary, under section 116 of the *Health Services Act*. The role of Chief Executive is set out in section 24 of the *Health Services Act*.

The Chief Executive manages and controls the affairs of the local health district. 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.

NSW Ministry of Health

The NSW Ministry of Health supports the Secretary, the Minister for Health (who is the health cluster minister) and the Minister for Mental Health, Regional Health and Women to perform their executive government and statutory functions. This includes promoting, protecting and developing, maintaining and improving the health and wellbeing of the people of NSW, while considering the needs of the state and the available finances and resources.

The NSW Ministry of Health is also the system manager for the NSW public health system and consists of ministry branches, centres and offices, and two temporary emergency operations centres.



NSW Ministry of Health Executive Team

Secretary

Ms Susan Pearce
B App Sci (Nursing) Dip Law
Secretary, NSW Health
March 2022 to present



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.

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.

Former Secretary

Ms Elizabeth Koff
BSc, Dip Nut&Diet, MPH,
GAICD, FIPAA
Secretary, NSW Health
May 2016 to March 2022



Elizabeth Koff has held senior executive roles within the NSW health system, across operational and policy portfolios. She was chief executive of the Sydney Children's Hospitals Network from 2010 to 2015 and deputy secretary for Strategy and Resources at the NSW Ministry of Health from 2015 to 2016 before being appointed Secretary, NSW Health in May 2016.

Elizabeth is an adjunct professor at the University of Technology Sydney, a member of the Australian Institute of Company Directors, a Fellow of the Institute of Public Administration Australia (IPAA) and president of IPAA NSW, and a member of Chief Executive Women.

Population and Public Health

Dr Kerry Chant PSM
MBBS, FAFPHM, MHA, MPH
Chief Health Officer
Deputy Secretary
Population and Public Health
and Public Health Emergency
Operations Centre Controller
NSW Ministry of Health



Dr Kerry Chant is a public health physician. Prior to her appointment as chief health officer and deputy secretary for Population and Public Health, she was director of Health Protection NSW and deputy chief health officer.

Kerry has extensive public health experience, having held senior positions in NSW public health units since 1991. She has a particular interest in blood-borne virus infections, communicable diseases prevention and control and Aboriginal health.

Kerry was appointed to the role of chief health officer and deputy secretary on 1 February 2009. On 21 January 2020 she was appointed Public Health Emergency Operations Centre controller to oversee the public health response to the COVID-19 pandemic. She was awarded the NSW Premier's Woman of the Year Award and the NSW Woman of Excellence Award in March 2021 for her leadership.

Division overview

The Population and Public Health Division coordinates the strategic direction, planning, monitoring and performance of population health services across the state. It responds to the public health aspects of major incidents or disasters in NSW, monitors health, identifies trends and evaluates the impact of health services. The division is responsible for improving health through measures that prevent disease.

Population health services aim to create social and physical environments that promote health and provide people with accessible information to encourage healthier choices.

Financial Services and Asset Management

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



Alfa D'Amato was appointed in May 2022, having acted in the role since April 2021.

Prior to this, he 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 financial services, financial performance and activity based management experience, including specialist skills in developing, implementing and leading innovation and transformation projects. He is an adjunct professor at the University of Technology Sydney Business School, a certified practising accountant and vice-president of the Patient Classification Systems International.

Division overview

The Financial Services and Asset Management Division leads a range of functions including financial performance, accounting, insurance, financial data analysis and reporting, strategic procurement, corporate services and business improvement and statewide asset management. The division provides financial leadership 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 is 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, MEc
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.

Patient Experience and System Performance

Ms Joanne Edwards
 Acting Deputy Secretary
 Patient Experience and System Performance
 NSW Ministry of Health
 16 May to 20 July 2022

Mr Wayne Jones
 Acting Deputy Secretary
 Patient Experience and System Performance
 NSW Ministry of Health
 1 June to 31 October 2021
 10 January to 13 May 2022

Ms Susan Pearce
 Deputy Secretary
 Patient Experience and System Performance
 and State Health Emergency Operations
 Centre Controller
 NSW Ministry of Health
 Until March 2022

Division overview

The Patient Experience and System Performance Division leads the monitoring and management of overall health system performance and coordinates purchasing arrangements with NSW public health services. It is a critical interface with local health districts, specialty health networks, the pillars and other health organisations for understanding and supporting the delivery of high quality and safe care for the residents of NSW.

The division's functions are divided between teams devoted to the system: information and analytics, purchasing, performance support and management.

The division supports performance improvement strategies and statewide initiatives to improve service delivery. It oversees the management of surgery waiting lists, specialist outpatient services, the Hospital in the Home service and emergency access service delivery.

The division leads the system-level strategy for patient and carer experience.

Health System Strategy and Planning

Dr Nigel Lyons
 BMed (Hons) MHA
 Deputy Secretary
 Health System Strategy
 and Planning
 NSW Ministry of Health



Dr Nigel Lyons has more than 30 years of experience in the NSW health system, as a clinician, manager and executive.

In October 2016, he became deputy secretary. Nigel is responsible for strategic health policy development, interjurisdictional negotiations and funding strategies and system-wide planning of health services, including mental health. He is also responsible for setting the direction for child and family health policy. He has held other executive roles in NSW Health including chief executive, Agency for Clinical Innovation and chief executive, Hunter New England Local Health District.

Division overview

The Health System Strategy and Planning Division is responsible to the Secretary for strategic health policy development. The division manages interjurisdictional negotiations and funding strategies, including activity-based management, and system-wide planning of health services, including mental health, capital planning and investment and systems integration. Setting the strategic direction for maternal, child, youth and paediatric health policy and working across government agencies to respond to many intractable social issues is also the responsibility of the division.

In line with managing government relations, the division supports the strategic relationships with the Commonwealth and other state and territory governments, including leadership in the negotiation and management of national health reforms. The division also supports the Health Chief Executives Forum, ensuring the provision of ongoing policy advice and direction to the design of structural reform of the Australian healthcare system.

Regional Health Division

Mr Luke Sloane
B Nursing, Dip Mgmt
Coordinator General
Regional Health Division
NSW Ministry of Health



Luke Sloane brings more than two decades of health experience to his role as the coordinator general 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 over 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 has a strong interest in health research and is committed to fostering its development in regional, rural and remote settings.

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

Performance



Priority 1

Patients and carers have positive experiences and outcomes that matter

Our future

NSW Health strives to ensure that 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.

Our key objectives

- 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

Key achievements

- Awarded The Beryl Institute's Organizational Innovation Award – international recognition for our efforts to put more humanity back into healthcare with the first statewide strategy, Elevating the Human Experience – Our Guide to Action.
- NSW Ambulance staff volunteered their time to the Community Defib Project which installed its 50th defibrillator in the community which significantly reduced the time to treatment for patients.
- Our Pathways to Community Living Initiative continues to improve health outcomes for long-stay mental health inpatients.
- To reach and support culturally and linguistically diverse communities with current COVID-19 information, regular multicultural press conferences were held and thousands of information resources were translated in 53 languages.
- Developed cancer resources in 35 community languages, including emerging languages such as Lao, Swahili, Urdu and Dinka, improving cancer literacy in multicultural communities.

Putting the care back into healthcare

Patient experience is more than just receiving good-quality clinical care. This year, as part of our commitment to the Future Health priorities, we actively partnered with patients, families and caregivers to better understand what outcomes matter to them when interacting with our health system.

We built on the work of Elevating the Human Experience – Our Guide to Action and, through our conversations with patients, families, and caregivers, we identified 23 evidenced-based, scalable and sustainable projects for implementation. These will directly contribute to providing patients, carers, and staff with more positive experiences of our health system.

Supporting the Elevating the Human Experience initiative, the Clinical Excellence Commission partnered with the NSW Ministry of Health and the Health Education and Training Institute in the design and implementation of the Good to Great – Elevating the Human Experience in the Emergency Department program which focused on leadership capability, building positive workplace culture and nurturing collaborative partnerships as a means of meeting the Premier's Priority of 'Improving service levels in hospitals'.

Social media metrics from 1 July 2021 to 30 June 2022			
	Facebook	Instagram	Twitter
Followers	311,824 54% increase	91,297 90% increase	167,000 98.5% increase (336,000 total followers)
Engagement	25 million 1,230% increase	967,000 5,841% increase	561,000 950% increase
Impressions	1.6 billion 927% increase	110 million 1,627% increase	

The right information at the right time

The presence of NSW Health on Facebook and other social media platforms grew significantly during the pandemic as it provided a channel for timely information. Millions of people watched the daily press conferences online and used the NSW social media pages for the latest COVID-19 updates.

During the pandemic, supporting culturally and linguistically diverse communities was critical in our response. To reach and support culturally and linguistically diverse (CALD) communities, regular multicultural press conferences were held and more than 2,000 information resources were translated in more than 60 languages.

Community care benefits for mental health patients

Our Pathways to Community Living Initiative was created six years ago to support mental health patients to transition back into the community. It focuses on long-stay patients: those who have been in inpatient care for 12 months or longer. The initiative has improved outcomes for long-stay mental health inpatients.

An independent evaluation conducted by The University of Wollongong covering 674 patients¹ showed the following results from moving patients into the community with Pathways to Community Living Initiative support:

- Mental health admissions were of shorter duration.
- Emergency department presentations were uncommon, suggesting that community management works for many of these patients.
- Cost-of-care modelling for 156 people who also had significant ageing issues showed that moving older patients with mental health issues out of hospital and into community care could lead to a total saving of \$32.8 million.

Reducing emergency department presentations

The Emergency Department to Community initiative identifies patients who frequently present to the emergency department so that they can be supported in the community with coordinated multidisciplinary care.

A resource pack was created to guide local health districts in creating local models for planning and implementing more effective support services. Early modelling showed patients who were enrolled in the Emergency Department to Community program had on average 10 emergency department presentations compared to 22 in those who were not enrolled. Early modelling also indicated that if every local health district implemented this approach, the potential activity benefit would be \$17.7 million.

Defibs save lives in the community

NSW Ambulance paramedics volunteered their time and expertise to the Community Defib Project – a registered not-for-profit organisation that installs automated external defibrillators in easy-to-reach locations like pubs, shopping centres and community halls in regional communities. This has significantly reduced the time to treatment for patients in these areas, with the project installing its 50th defibrillator this year.

1. The findings of the Centre for Health Service Development evaluation were published by the Mental Health Branch of NSW Health. NSW Health (2022), [Pathways to Community Living Final Evaluation Report](#).

Transforming Patient Experience Award

The Sydney Children's Hospitals Network

The Quiet Pathway

The Quiet Pathway for Special Kids is a successful peri-operative program for children with anxiety, autism, and other behavioural and intellectual disabilities. This individualised stewardship program makes the peri-operative journey safe and stress-free for these special kids.

Treatment goals are shared, and plans tailored to suit the individual circumstances of each child, making it a winning patient experience. The program has radically transformed peri-operative care for this vulnerable group of children and their carers.



The Quiet Pathway team makes the peri-operative journey safe and stress-free for vulnerable kids and their parents and carers.

Cancer Institute NSW

In 2021–22, the Cancer Institute NSW undertook a wide range of activities to respond to the evolving pandemic and improve access to care for cancer patients.

Pandemic response

A multidisciplinary community of practice convened to support the cancer care system to respond to the pandemic. Members shared information and strategies to deliver care safely while reducing the risk of exposure to COVID-19. They adapted models of care based on emerging evidence, such as the increased use of virtual care in cancer services.

Better access to services

The National Bowel Cancer Screening Program is the Australian Government initiative that invites eligible Australians to participate in bowel screening. This year the 'Do the Test' campaign encouraged people to complete and return the test, and we saw an increased demand for colonoscopy services.

The Colonoscopy Access in NSW project informs funding decisions to ensure NSW public hospitals can meet the increased demand for colonoscopy services over the coming years. Access to colonoscopies for people who have received positive bowel cancer screening results has improved. There are now 13 localised direct access colonoscopy services in public hospitals, with 3 services opening in 2021–22.

Working alongside key stakeholders, the Cancer Institute NSW also increased access to hypofractionated radiotherapy for women with early-stage breast cancer. Hypofractionated radiation therapy is given over a shorter period of time (fewer days or weeks) than standard radiation therapy. This can improve patients' quality of life and health outcomes. Uptake of this type of therapy increased in 2021–22, accounting for more than 90% of treatment courses delivered in NSW public facilities.

Cancer data analysis

The Cancer Institute NSW's analysis and reporting of cancer data was redesigned to better respond to emerging issues and improve service planning, design and delivery. The Cancer Institute NSW provided actionable data insights to the cancer care system through the Reporting for Better Cancer Outcomes program to:

- reduce variation of clinical care
- improve patient experiences
- reduce inequalities in access and outcomes for priority populations.

The program delivered 16 Impacts of COVID-19 in Cancer Services reports, which supported the pandemic response and recovery.

Patient feedback

Patient-centred care improved through the patient-reported measures program, which collects feedback about patients' experiences and outcomes. In 2021–22, the program reached 8,000 electronic patient information surveys. Results were available to clinicians in real time to support their discussions on patient care and enable them to provide tailored information and support.

Multicultural support

The Cancer Institute NSW funded in-language surveys at existing cancer services sites and the employment of multicultural support staff members to establish links to local services and referral pathways.

Cancer resources in 35 community languages were developed, including emerging languages to improve cancer literacy in multicultural communities.

Online resources for carers

The Cancer Institute NSW supported best-practice cancer care through the expansion of eviQ, an online resource providing evidence-based, peer-reviewed cancer treatment protocols and information. eviQ had more than 727,000 users during 2021–22, which was a 12% increase from 2020–21.

eviQ published information on the safe administration of chemotherapy, including resources supporting pharmacists with oral chemotherapy delivery. It now has more than 1,000 treatment protocols, each with information resources for patients. The Cancer Institute NSW led the development of eviQ's International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction, with public consultation in May 2022.

eviQ Education supports the rapid uptake of emerging evidence into clinical practice and provides online education for oncology professionals. It had more than 122,000 users in 2021–22, which is an increase of 13% from 2020–21. Innovations included resources to support the delivery of culturally appropriate services and a course on personal protective equipment.

Patient Safety First Award

Southern NSW Local Health District

Keeping pregnant women safe and close to home

Improving women's safety and reducing unnecessary preterm transfers to tertiary maternity facilities was the key aim of Southern NSW Local Health District when they implemented quantitative fetal fibronectin (fFN) testing.

The world-class technology helps to predict the likelihood of a preterm birth occurring within seven days of testing. With this care, women can safely stay in their rural communities with family, have healthy pregnancies, and grow their babies longer closer to home.



Staff from Southern NSW Local Health District are surprised by their NSW Health Award win.

Priority 2

Safe care is delivered across all settings

Our future

NSW Health is committed to safe, high quality, reliable healthcare that is delivered in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.

Key objectives

- 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 the future care needs

Key achievements

- Integrated virtual care as a safe, effective, and accessible option for healthcare delivery in NSW with 152,500 virtual consultations hosted via the myVirtualCare platform was used by 25,000 clinicians.
- Delivered care to 16,124 COVID-positive children in the community through virtualKIDS. Numbers peaked at 2,517 in one day, on 20 September 2021.
- Provided free dental care to 139,359 NSW primary school students through the NSW Health Primary School Mobile Dental Program.
- Delivered 24,231 Out of Hospital Care Program packages across NSW.
- The Lumos program, which links de-identified data from general practices and other sources, exceeded the target of 500 enrolments with a total of 600 GPs enrolled.

Delivering safe care in all settings

Putting patient safety first

The Patient Safety First Unit monitors, identifies, assesses and escalates emerging risks to deliver safe, high-quality, reliable care for patients in hospitals and other settings throughout the state. This includes overseeing reportable incident notifications.

The team worked with a broad range of stakeholders in 2021–22 to identify and mitigate emerging risks. They also reviewed the NSW Health Safety and Quality Framework, which outlines key principles for how NSW Health staff members can provide safe, high-quality care. The team also coordinated NSW Health's responses to the NSW Attorney General for all coronial findings, recommending potential statewide learnings for the state's health system.

A COVID-19 Patient Carousel was established to load-balance the distribution of NSW ambulances with COVID-19 patients across hospitals in the Greater Sydney area. This ensured patients were transported to the right hospital the first time, reducing secondary patient transfers.

To coordinate system capacity and patient flow across the state, the System Flow Control Centre was established. The centre's establishment aligns with the Future Health Framework: to prepare for, respond to, and recover from threats to population health such as the COVID-19 pandemic.

Reducing fall injuries

The Clinical Excellence Commission's Comprehensive Care safety model aims to minimise harm by ensuring safe, reliable, high-value care for older people. To scale up the model and reduce fall-related injuries in hospital, the Clinical Excellence Commission developed the Quality Improvement Data System (QIDS) Comprehensive Care Minimising Harm dashboards for local health districts. The dashboards facilitate data-informed decisions on quality improvement initiatives and practice changes. They are supported by the Clinical Excellence Commission and are in use across three districts.

Mental health patient safety

The Clinical Excellence Commission partnered with NSW Ministry of Health branches, local health districts and specialty health networks on a number of projects to implement mental health patient safety priorities across NSW Health. The priorities are to reduce the suicide rate and to reduce seclusion.

Other partnership achievements throughout the year include:

- publishing a Seclusion Reduction quality improvement toolkit, designed to support NSW Health staff to reduce harm associated with seclusion
- having graduates participate in the Mental Health Improvement Coach Program Graduation eForum demonstrating support provided to clinical teams for safety and quality work, including seclusion reduction
- supporting and training the Sydney Local Health District Restrictive Practices steering committee and working groups in improvement science to increase capability for clinical teams to reduce harm associated with seclusion
- developing a dashboard on seclusion reduction that is in use in selected local health districts to enable clinical teams to understand improvement over time and which change ideas are beneficial and which need refinement to reach the intended outcome.

Maternal and neonatal care

The Clinical Excellence Commission Maternal and Neonatal Safety Program supports the continued improvement of the safety and quality of perinatal care for mothers and babies across NSW. Statewide learnings are incorporated into safety programs, including the Perinatal Safety Education program. The Clinical Excellence Commission has continued to support the four research sites for the Safer Baby Bundle program including the development of statewide resources and the facilitation of learning sets.

The NSW Maternity and Neonatal Service Capability Framework was first published in 2016 to describe the planned activities and clinical complexity that a maternity or neonatal facility is capable of safely providing. In 2020–21 the guideline was reviewed with the help of an expert advisory group and extensive consultation with key stakeholders. The revised guideline strengthens governance, accountability and reporting processes for the delivery of maternity and neonatal services.

Equitable emergency care

A collaboration between the Agency for Clinical Innovation, senior nurses and other stakeholders has seen the development of new emergency protocols to improve the experiences of patients and health staff during initial emergency care. The emergency protocols initiating care – or EPIC – enables nurses to take a standardised approach to initiate care where appropriate across NSW emergency departments.

Programs to elevate care and provide targeted services

The Good to Great program was piloted in 11 emergency departments in metropolitan, rural and remote sites as a key initiative to achieve the Premier's Priority of improving service levels in hospitals. A collaboration between the Health Education and Training Institute, the Clinical Excellence Commission and the NSW Ministry of Health, the program focused on building leadership capability, a positive workplace culture and collaborative partnerships in our emergency departments. Building on the NSW Ministry of Health's Elevating the Human Experience – Our Guide to Action principles, emergency department teams were empowered to consider performance from multiple perspectives: leadership; staff and patient experience; organisational culture; and thriving within complex systems.

Incident management

The Clinical Excellence Commission's new incident management system, ims+, continued in its development in partnership with eHealth NSW and vendors. An evaluation process is now embedded in formal committee structures that will enable the ongoing realisation of benefits and the ability to respond to stakeholder feedback on how to improve the system's functionality.

Our response to the Henry Review

Work on the Henry Review Implementation Plan has been completed as well as details of NSW Health's response to the findings and recommendations of the review of health services for children, young people and families in the NSW health system.

Keeping People Healthy Award

Agency for Clinical Innovation

ACE-ing it!

Approximately 50% of people seeking alcohol and drug treatment are affected by impaired brain function (or cognitive impairment), which can impact the success of treatment.

The Alcohol and Drug Cognitive Enhancement (ACE) program has been co-designed by the Agency for Clinical Innovation's Alcohol and Drug Network with clinicians and consumers, with impressive results.

It provides clinicians with simple tools to screen for, assess and respond to cognitive impairment. This can help clinicians improve a client's brain function and target treatment to match a client's capacity, helping to ensure people engage with and stay in treatment.



Agency for Clinical Innovation staff and stakeholders at the NSW Health Awards, where the Alcohol and Drug Cognitive Enhancement (ACE) program won the Keeping People Healthy Award.

A monitoring and reporting approach provides regular progress updates against the recommendations. Progress will be overseen by the Children, Young People and Families Executive Steering Committee, and updates will be published on the NSW Health website.

COVID-19 response

The Clinical Excellence Commission's hotel quarantine and airport support work concluded, with an external audit of the hotel quarantine program. A total of 981 audit reports were generated by the Clinical Excellence Commission Infection Prevention and Control team, with 543 recommendations for improvement all actioned. Hotel infection and prevention control compliance rates were between 86% and 100%. A total of 83 formal education sessions were provided across agencies.

Connecting patients virtually

Advances in virtual care

NSW Health is committed to providing world-class care that is safe, reliable and personalised. Virtual care helps us to do this. Virtual care safely connects patients with health professionals to deliver care when and where it is needed, through various channels such as telephone, video conferencing and remote monitoring. NSW Health launched the next stage of our NSW Virtual Care Strategy 2021–2026 to integrate virtual care as a safe, effective, and accessible option for healthcare delivery in NSW. In the last year, 152,500 virtual consultations via the myVirtualCare platform were hosted, and was used by 25,000 clinicians.

To raise awareness of virtual care options, and to address the misconceptions and promote the benefits of virtual care, a range of communication was developed. This included an animation to explain virtual care and its benefits, and 20 published stories from patients, carers and clinicians about their experiences of virtual care. More than 23,000 people visited the website.

One example of NSW Health's push towards virtual care is the NSW Teletroke service. It is available at 23 regional and rural hospitals across NSW. Over the reporting period there were 2,106 calls made to the Teletroke 1300 service.

Digital solutions

eHealth supported NSW Ambulance to manage surging triple zero calls by fast-tracking the establishment of the Virtual Clinical Care Centre at Gladesville. eHealth NSW continued to support the Leading Better Value Care program by developing and enhancing digital solutions within NSW Health's Electronic Medical Record system. These solutions targeted patients with renal disease, chronic osteoarthritis and the risk of osteoporotic refracture. Statewide pilots are underway.

The Radiology Information System and the Picture Archiving and Communication System expanded to 10 health organisations, providing clinicians with easy access to medical images to make timely decisions regarding patient care.

This is also aligned with the Future Health priority: to have research, innovation and digital advances inform service delivery.

Out of Hospital Care

An Australian first in paediatric care

The Sydney Children's Hospitals Network established virtual KIDS as Australia's first paediatric-specific virtual care service. The 24/7 nursing-led service supports patients receiving care closer to home in collaboration with local care teams. It does this by offering remote monitoring, a patient and family hotline, and collaborative virtual ward rounds. It also coordinates the provision of specialist advice.

As part of the network's COVID-19 response, virtual KIDS delivered care to 16,124 COVID-positive children in the community. Numbers peaked at 2,517 in one day, on 20 September 2021.

Out of Hospital Care Program

NSW Health implemented the Out of Hospital Care Program across NSW on 1 July 2021. The community packages (ComPacks) and safe and supported at home (SASH) strategies were extended to include end-of-life home support packages. Overall, 24,231 packages were delivered across NSW. Non-clinical packages, including case management and home care services, support hospital discharges and prevent avoidable admissions.

The Out of Hospital Care initiatives support people living in regional and rural NSW, with 42% of all packages supporting people in those areas. The ability of Out of Hospital Care service providers to subcontract smaller agencies to carry out their work has allowed priority populations, such as the Aboriginal population, to access local, culturally appropriate services.

Wellbeing nurses for vulnerable communities

The Wellbeing and Health In-reach Nurse Coordinator program supports the health and wellbeing needs of school students and their families living in vulnerable communities. It facilitates the coordination of appropriate early interventions, assessments, and referrals to health and social services.

The NSW Government has committed \$46.8 million over four years to 2023–24 for an additional 100 wellbeing nurses to work in schools in rural and metropolitan NSW.

These positions are in addition to six wellbeing nurse positions funded as part of the Wellbeing and Health In-reach Nurse Coordinator program.

As of 30 June 2022, NSW Health has recruited 78 of the 106 wellbeing nurse positions, including the pilot sites. In 2021–22, local health districts reported wellbeing nurses delivered services to more than 3,400 individual students as part of the program. Wellbeing nurses were found to positively impact on the health, wellbeing and educational outcomes of students in the pilot site evaluation.

In 2021–22, NSW Health continued to implement the program in schools in priority locations, based on high community need. Selection of locations was influenced by data on child and family vulnerability; health and mental health risk factors; socioeconomic disadvantage; the effects of bushfires and drought on communities; and regional, rural or remote location.

Dedicated care for the LGBTIQ+ community

In 2021–22, the NSW Government provided \$3 million towards the establishment of ACON's LGBTIQ+ Health Centre. Set to open in Sydney's inner west, the centre will provide primary care, mental and sexual health and cancer screening services to people of diverse sexualities and genders and intersex people.

Strengthening outpatient referrals

NSW Health began developing statewide criteria for referrals to ophthalmology and gastroenterology specialist clinics, to improve the quality and appropriateness of outpatient referrals. The criteria will help to accurately and consistently prioritise patients to optimise equity of access to outpatient care.

Linking GPs statewide

The Lumos program, which links de-identified data from general practices and other sources to build a clearer picture of the patient journey through the NSW health system continued to grow in its second year. GP enrolments increased from 450 to 600, exceeding the three-year target of 500 enrolments.

New user-friendly business intelligence dashboards have made it easier to access information from the Lumos platform. In 2021–22, analyses of data explored GP activity and hospital outcomes to continue to support value-based healthcare initiatives. Negotiations began on including Medicare Benefits Schedule data in the mix of data analysed through the Lumos program. Lumos has been nationally recognised in Australia's Primary Healthcare 10 Year Plan 2022–2032 as the 'standard of effective use of data which the Government would like all regions around Australia to reach'.

Integrating care for better patient management

As part of integrated care, a process for managing long COVID through the Planned Care for Better Health initiative was implemented. In late 2021, the Agency for Clinical Innovation's Rehabilitation and Respiratory Networks collaborated to develop the Clinical Assessment Guide for Assessment and Management of Post-acute Sequelae of COVID-19, with the input of a broad range of subject matter experts. This was used to update the original post-COVID-19 conditions Health Pathway, ensuring consistent guidance for primary care in managing patients with COVID-19.

Preventing and responding to violence, abuse and neglect

Support for survivors of abuse

The Integrated Prevention and Response to Violence, Abuse and Neglect Framework is being implemented from 2019 to 2025 to strengthen NSW Health's response to violence, abuse and neglect including domestic and family violence, sexual assault, all forms of child abuse and neglect, and problematic or harmful sexual behaviours. NSW Health has begun Phase 2 of the implementation, focusing on integrating violence, abuse and neglect services into the broader health system and interagency partners. To achieve this, violence, abuse and neglect services established a strategic relationship with NSW Health Social Work in 2021–22.

Integrated trauma-informed care

In 2021–22, NSW Health continued to develop its Integrated Trauma-Informed Care Framework for vulnerable children and young people, and their families and carers. The framework includes practical tips for clinicians and other patient-facing staff based on feedback from community consultations, as well as guiding policy makers, administrators, managers and executives. Feedback on the framework from community and professional groups has been incorporated, and a draft implementation and communications plan has been developed.

NSW Health continued implementing a pilot project on domestic violence routine screening (DVRS) and response in six emergency departments across three local health districts. The service model for the pilot DVRS in emergency departments was to integrate screening, response and clinical documentation into existing emergency department processes and the Electronic Medical Record system. A number of pilot sites will continue to provide DVRS in emergency departments and NSW Health is developing an interim suite of information and resources to support the future.

Boosting oral healthcare

In 2021–22 NSW public dental services provided more than 575,000 appointments to more than 260,000 people. The NSW Health Primary School Mobile Dental Program offered free dental care to 139,359 NSW primary school students. Established in 2019, the program builds on existing free dental health services for Medicare-eligible children aged under 18. It aims to offer check-ups to at least 136,000 children each year, maximising access to comprehensive oral health services for primary school children in areas of greatest need, including those in priority populations such as low-income and rural households.

Following COVID-19 restrictions, more than \$6.6 million was allocated to local health districts for COVID-19 waiting list catch up. Of those who were waiting assessment, 79% of children and 63% of adults were seen within recommended benchmark waiting times.

Supporting regional and rural health expertise

Medical recruitment and support

The Health and Education Training Institute facilitated the recruitment of 31 Rural Generalist Advanced Skills trainees as part of the NSW Rural Generalist Medical Training Program. The trainees began the 2022 clinical year in various rural locations.

The institute plays a key role within NSW Health in accrediting medical intern facilities to accept and train medical interns in their first two post-graduate years. It adopted various means to maintain the accreditation process during COVID-19 restrictions. For the 2022 clinical year, the institute filled 1,048 medical intern positions (including two job-share positions) from 1,050 applicants to ensure high standards of ongoing clinical care.

The institute introduced regular meetings to support directors of prevocational education in NSW and ensure that ongoing training such as the Surgical Sciences Intensive Course could be delivered virtually during COVID-19 restrictions. It also supported medical specialist training networks.

Commissioning services for vulnerable people

Collaborative Commissioning established an additional three regionally based co-commissioning partnerships between local health districts, primary health networks and other health organisations, focusing on services for vulnerable people. There are now a total of six partnerships providing cardiology services, value-based urgent care services, rapid care for frail and older people, and support for people with type 2 diabetes. They will also improve outcomes for people with chronic obstructive pulmonary disease and congestive heart failure.

Far West P25 Radio Network project

The Far West P25 Radio Network project won the prestigious International Critical Communications Award for the Best Use of Critical Communications in Public Safety. The award acknowledges the success of products, organisations and individuals that have pushed boundaries and capabilities within the field. NSW Ambulance partnered with Vertel Telecommunications to design, construct and implement the digital radio network in the Far West (Broken Hill) area. This innovative project has resolved radio communication issues experienced by paramedics in a large section of remote regional NSW.

Aligning infrastructure with future needs

Targeted capital investment

In 2021–22, the NSW Ministry of Health consolidated its new approach to capital investment planning to align future capital investments with the long-term, statewide directions in NSW Health's 20-Year Health Infrastructure Strategy. Capital proposals submitted by NSW Health organisations were reviewed against strategic alignment tests contained in the NSW Health Statewide Investment and Prioritisation Framework, and assessed as having either met requirements for inclusion in the NSW Health 10-year forward plan or requiring further development. The forward plan was refreshed to reflect the outcome of the assessment process, and submitted to NSW Treasury in accordance with the annual state budget process.

New ambulance fleet and services

In January 2022, NSW Ambulance launched a fleet of five new Beechcraft King Air 350C fixed-wing aircraft, commencing a partnership with aircraft operator Pel-Air. The new aircraft are faster and quieter, and come with state-of-the-art electronic systems. They also have an improved medical fit-out to treat patients in the aircraft.

The new planes are capable of carrying two stretcher patients and three sitting patients, and are fitted with an updated loading arm that removes the need to manually lift patients in and out of the aircraft.

NSW Ambulance rolled out the first of 80 new four-wheel drive retrieval vehicles featuring an optimised layout for use on challenging terrain during patient transfers and rescues.

End-of-lifecare

Funding for end-of-life and palliative care has been used to enhance the workforce and services by:

- moving 14 specialist palliative care services online with myVirtualCare.
- creating new palliative care nurse positions across NSW.
- funding more than 30 new palliative care refurbishment projects.

A total of \$37 million has been allocated over four years to enhance community care for people with late-stage degenerative and chronic conditions and disability.

Following engagement and planning, the funding will be used to increase the number of clinical staff in community services that support people with late-stage chronic obstructive pulmonary disease, chronic heart failure, dementia and neurodegenerative diseases.

Working together to deliver person-centred care

The Joint Statement

The NSW Primary Health Network – NSW Health Joint Statement² (the Joint Statement) is an agreement between NSW Health, the NSW primary health networks and the Primary Care Division of the Australian Government Department of Health.

The Joint Statement was released in August 2021. It encourages a one health system mindset which supports us to think and act beyond our current healthcare structures and boundaries. It aims to drive integrated reform across the healthcare system and break down silos in healthcare. The Joint Statement sets out how NSW Health, the NSW Primary Healthcare Networks and the Commonwealth will work together to address three priority areas:

- Focusing on care in the community.
- Establishing regional planning processes and governance.
- Data and outcomes.

2. The [NSW Primary Health Network – NSW Health Joint Statement](#), August 2020

Priority 3

People are healthy and well

Our future

Investing in keeping people healthy to prevent ill health and tackle health inequality is a key priority for the future of health in NSW.

Focusing on promoting positive health behaviours across the population, delivering early risk-based interventions that support people to manage chronic conditions and take responsibility for their own health across their lifespan, will help strengthen the opportunity for people to benefit from wellness no matter their age and relieve some of the pressure on the system.

Key objectives

- 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

Key achievements

- Increased the number of Safe Havens² – a drop-in service for people needing mental health support – to 17; suicide prevention outreach teams to 19; and trained more than 1,700 NSW Government staff working outside mental health services in suicide prevention.
- Provided \$9.7 million in funding to support Aboriginal Community Controlled Health Organisations to deliver tailored, culturally safe oral health care for Aboriginal people.
- More than 13,300 women were referred to the Get Healthy in Pregnancy program to encourage women to eat healthily, be active, abstain from drinking alcohol and achieve healthy weight gain during pregnancy.
- NSW Health aged care assessment teams delivered 100,285 high-quality and timely aged care assessments to NSW residents so they could access assistance to remain living safely at home.
- Provided 11,000 mental health service sessions to NSW residents to access privately practising psychologists, psychiatrists and other mental health professionals.

Building the resilience of our community and health systems

\$130 million for COVID-19 responses

The NSW Government announced \$130 million in funding for mental health services to assist NSW residents in their recovery from the COVID-19 pandemic. It earmarked \$35 million over two years to boost the surge capacity of the state's mental health clinical workforce, in partnership with primary health networks. The funding enables NSW residents to access privately practising psychologists, psychiatrists and other mental health professionals. As of June 2022, more than 11,000 sessions had been provided.

The funding included \$20 million over 18 months to provide up to 55,000 additional services to young people through local Headspace centres. These services are enabled by offering masters and doctorate psychology students (clinical and general registration), and social work and occupational therapy students (pre-registration and masters) placements at Headspace centres. As of June 2022, 42 students had been placed across the state. Clinical educators are also being recruited to supervise students conducting comprehensive mental health assessments. The funding also enabled increases in GP and psychiatrist sessions at Headspace centres.

3. People experiencing suicidal thoughts or in distress can visit a Safe Haven to seek refuge and support from people with lived experience. The spaces are welcoming and have a range of activities to help people divert their suicidal thinking. No referral is required to access a Safe Haven.

The government has dedicated \$14 million over two years to train more than 275,000 people across NSW in suicide prevention. The training is being offered to high school teachers and support staff, as well as parents, youth influencers (such as sports coaches and sports club managers), community group members and peer leaders at high schools. By the end of June, more than 1,100 people had been trained.

Responding to natural disasters

The NSW Government is investing \$25 million over three years from 2021–22 for people in flood-affected communities. This includes:

- \$7 million to enable the North Coast Primary Health Network to engage clinical and non-clinical staff, including for Safe Havens that provide local psychological and clinical support.
- \$3.5 million to enable the North Coast Primary Health Network to recruit 10 local recovery coordinators.
- \$5 million to establish a grants scheme for non-government organisations to fund trauma-based programs, focusing on supporting young people, older residents and Aboriginal communities.
- \$1 million to set up four pop-up Safe Havens in the areas hardest hit by floods.
- \$5 million for statewide needs-based resourcing and support for the Northern Sydney, Nepean Blue Mountains and Hunter New England Primary Health Networks, focusing on wellbeing and resilience grants for community-based organisations.
- \$3.5 million over three years for Headspace to work with affected communities.

State preparedness and response

NSW Health worked hard in February and March 2022 – alongside partner agencies such as Resilience NSW and primary health networks – to provide support to all flood-affected communities, particularly in the Northern Rivers and Hawkesbury regions. NSW Health staff continued to care for their patients, while also experiencing the devastation of floods that affected their own communities, families and homes.

On 1 March 2022, Ballina Hospital was evacuated. Northern NSW Local Health District and NSW Ambulance staff – working with NSW Police and the NSW State Emergency Service – safely moved patients amid concerns that rising water would put their lives at risk. All 55 patients were evacuated to a temporary emergency department established at the Xavier Catholic College.

Flooding in NSW affected healthcare services in the area, particularly as healthcare workers were personally impacted and unable to get to work. NSW Health sent staff to assist colleagues and communities, particularly in Northern NSW. This included paramedics, clinicians, registered nurses and mental health specialists.

NSW Health worked closely with other government agencies such as the Department of Communities and Justice to provide support to evacuation centres. Healthcare workers, including nurses, pharmacists, and mental health support and public health staff were also sent to help in evacuation centres that were set up across flood-affected communities.

In addition, we worked closely with the Australian Government on planning and preparing for evacuation of residential aged care facilities at risk from floodwaters.

NSW Health public health teams also advised public health and response agencies on health issues including infection risks during flood clean-up; mosquitos and other pests; animal bites, including snake bites; water supply and ‘boil water’ alerts.

Public health teams provided support and expertise to evacuation centres on the management of people presenting with or suspected of having COVID-19.

NSW Health’s mental health staff helped these communities process the consequences of these tragic events once the immediate danger passed and people were safe. The urgent focus of mental health staff was identifying and providing urgent mental health support to clients most in need. NSW Health staff continue to support recovery activities, providing ongoing mental health support to communities in flood-impacted areas.

Redeploying resources

NSW Ambulance used key strategies to respond to the increased demands of the pandemic. These included:

- activating a rolling State Incident Management Team
- appointing a dedicated State Operations Controller
- establishing the System Flow Centre with health partners
- enhancing capacity in its control centres.

Alongside HealthShare NSW, it also worked with stakeholders across NSW Health to rapidly roll out a Make Ready Service for emergency departments. This allowed faster redeployment of resources and reduced bed block within the health system, which leaves ambulances stuck with patients at emergency. The service included sanitisation of vehicles while paramedics transferred patients to the care of hospital staff.

State Health Emergency Operations Centre Workforce Operations Team also collaborated with other branches and teams to redeploy clinical and non-clinical staff to meet demand during COVID-19 surges and in the aftermath of the flood emergency in Northern NSW. These deployments included staff from the NSW Ministry of Health Workforce Planning and Talent Development Branch, the Rural Fire Service, NSW State Emergency Service, local health districts and specialty health networks.

Managing communicable diseases

Response to *Cronobacter* contamination of infant formula

Health Protection NSW responded to two separate instances of *Cronobacter* contamination of infant formula. Both formula products were for specialist infant brands only available under the Pharmaceutical Benefits Scheme for children with special nutritional needs. NSW Health worked closely with specialists in NSW, the NSW Food Authority and the infant-formula company to develop advice to parents and guardians. Active surveillance for illness associated with the imported product did not identify any infections in NSW or elsewhere in Australia. Information for parents and caregivers was made available on the [NSW Health website](#).

HIV

Health Protection NSW and partners made further progress towards the virtual elimination of HIV transmission. From January to December 2021 there was a 36% drop in new HIV diagnoses compared to the January to December 2016–2020 average.

This result is likely driven by the effects of COVID-19 restrictions, altered health-seeking behaviour, lower levels of casual sex and testing, as well as altered service provision and access.

The NSW HIV Strategy 2021–2025 aims to prevent transmission, normalise testing, reduce stigma and encourage anyone who does test positive to start and maintain treatment soon after diagnosis.

Hepatitis C

The NSW Hepatitis C Strategy 2022–2025 aims to eliminate hepatitis C as a public health concern by 2028. Between 2016 and March 2022, NSW Health treated 46% of the estimated 33,182 people living with hepatitis C and saved an estimated \$98,425,280 in avoided healthcare costs as a result.

We also worked with partners to increase access to testing and treatment for vulnerable populations. This was achieved through the NSW Dried Blood Spot testing pilot, which incentivised testing at Needle and Syringe Program sites and broad testing in emergency departments. We're also improving access to hepatitis C care in settings where alcohol and other drugs are used. This is being done in partnership with the Centre for Alcohol and Other Drugs, local health districts and non-government organisations.

NSW Health partnered with the Royal Australian College of General Practitioners to provide hepatitis C education to GPs. The team also partnered with Hepatitis NSW and the NSW Users and AIDS Association to launch a comprehensive communications campaign – Hep Cured – aimed at encouraging people who inject drugs to access hepatitis C care.

Influenza

The influenza season started early in 2022, at the beginning of May, after two years in which the influenza virus was largely absent from the community. To raise awareness of the importance of the influenza vaccination, a campaign was rolled out to target people at high risk of severe flu. NSW Health also rolled out a free influenza program.

Monkeypox

The monkeypox pandemic escalated from May 2022 in NSW, with 10 cases reported to 3 June 2022.

The cases were all male, with a median age of 38 (age range 26–55 years). Most lived in metropolitan Sydney and had travelled overseas recently.

NSW Health worked with clinicians, ACON and other community organisations to develop a targeted response. This included vaccination and prevention messages based on up-to-date health information. Doses of Imvanex (JYNNEOS), a third-generation smallpox vaccine used to protect against monkeypox infection were procured and distributed via sexual health GP clinics and community sites.

Japanese encephalitis

Thirteen acute infections of locally acquired Japanese encephalitis were identified between February and June 2022. These were the first locally acquired cases in the state and they were all acquired between mid January to mid February 2022.

Health Protection NSW and the NSW Department of Primary Industries acted on the outbreak to quickly implement controls, including increasing mosquito surveillance, and alerted the community through communications alerts and social media.

Health Protection NSW also commenced a blood sample survey to estimate prevalence of Japanese encephalitis in the NSW community to inform the vaccine strategy.

NSW Health purchased several thousand doses of JE vaccine from the private market, at the cost of \$1.4 million, to commence a targeted vaccination response to people exposed to infected animals in March 2022. This was later supplemented by vaccines provided by the Commonwealth Department of Health, for people who meet the vaccination priority group criteria announced by the Communicable Diseases Network of Australia.

Health Protection NSW and NSW Department of Primary Industries continue to collaborate on planning to protect the community in next year's mosquito season.

Supporting mental health and wellbeing

Bilateral agreement to tackle suicide

The NSW Government signed a \$383 million Bilateral Mental Health and Suicide Prevention Schedule with the Australian Government on 7 March 2022. The agreement will see an even greater increase in mental health and suicide prevention supports for the people of NSW over the next four years. The schedule includes seven co-funded initiatives spanning four years from 2022-23.

Initiatives include:

- \$121.3 million to create universal aftercare services in NSW to support individuals following a suicide attempt and/or suicidal crisis (\$60.65 million from NSW).
- \$106.1 million to substantially expand and enhance Headspace services, ensuring it can reach more young people across the state (\$46.48 million from NSW).
- \$84.5 million to establish 14 adult Head to Health treatment centres, including five new centres and nine satellite centres across the state (\$26.37 million from NSW).
- \$35.9 million to establish Head to Health Kids Hubs to improve access to multidisciplinary team care for children (\$17.94 million from NSW).
- \$15.7 million to improve perinatal mental health screening and enhance capture and reporting of nationally consistent perinatal mental health data (\$6.41 million from NSW).
- \$14.7 million to ensure all people in NSW who are bereaved or affected by suicide can access postvention support services (\$6.83 million from NSW).
- \$4.9 million to implement a Distress Intervention Trial Program to prevent and reduce suicidal behaviour (\$2.44 million from NSW).

NSW Government-funded initiatives include:

- \$35 million over two years to boost the surge capacity of the mental health clinical workforce.
- \$20 million over 18 months for young people to access additional Headspace support services. These will be provided by the following:
 - Masters and doctorate psychology students (clinical and general registration) and social work and occupational therapy students (pre-registration/masters) who will undertake placements at Headspace centres. As of 30 June 2022, 42 students had been

Excellence in the provision of mental health services award

Nepean Blue Mountains Local Health District

Space Camp launch

The Space Camp program was developed as a neuroscience evidence-informed early intervention program, supporting families and school staff to meet a child's broad developmental needs based on the child's unique diversities.

The program supports all presentations, including neurotypical, neurodivergent and trauma, across all age spans. It provides skills for both caregiver and child within a single framework.



The Space Camp early-intervention program in action.

- placed across the state. Clinical educators are also being recruited to supervise students conducting comprehensive mental health assessments.
- GPs and psychiatrists, through increased numbers of sessions.
 - \$14 million over two years to train more than 275,000 people across NSW in suicide prevention. The training is being offered to high school teachers and support staff across the state, as well as parents, youth influencers (for example, sports coaches and club managers), community groups and peer leaders at high schools. As of 30 June 2022, more than 1,100 people had been trained.
 - \$21 million over four years to employ 18 full-time equivalent Aboriginal care navigators and 18 full-time equivalent Aboriginal peer workers in all local health districts and networks. These roles link Aboriginal Australians to a range of culturally appropriate mental health and suicide prevention services.
 - \$16.5 million over four years for 18 eating disorders mental health clinicians across all local health districts and networks.
 - \$3 million over 12 months to assist NSW sporting bodies to deliver mental health and wellbeing initiatives.
 - \$3 million over 12 months to provide access to private beds for those aged 1 to 24 experiencing complex trauma and eating disorders.
 - \$2.6 million over two years to expand the Gidget Foundation's services and access to the online Gidget Perinatal Support Centre.
 - \$3.2 million over four years to establish the Transcultural Mental Health Line.
 - \$1.5 million for Stand Tall school events to reach around 12,000 students in person and livestream to 100,000 students.

Towards Zero Suicides

Towards Zero Suicides seeks to provide best practice crisis care and support, build on local community resilience, and improve systems and practices to reduce the suicide rate in NSW. Progress in 2021–22 included:

- increasing the number of Safe Havens to 17 and suicide prevention outreach teams to 19
- funding rural counsellors to continue to support rural communities across NSW
- supporting aftercare in nine locations and trialling Youth aftercare supports for young people
- fully operationalising post-suicide support services at NSW Government-funded sites
- delivering suicide prevention programs for local communities through 12 Aboriginal Community Controlled Health Organisations

- training 6,700 people in suicide awareness and response skills under the Community Gatekeeper initiative
- training more than 1,700 NSW Government staff working outside mental health services in suicide prevention
- ensuring 1,400 NSW Health staff completed the SafeSide Prevention program
- publishing the [NSW Health suicide care pathway: A framework for clinicians](#)
- activating the Transvitality Program to support the trans community
- supporting organisations engaging with priority groups by delivering five community response packages
- operationalising local suicide prevention networks and community collaboratives at 12 locations
- completing a review of the Strategic Framework for Suicide Prevention in NSW 2018–2023 by the Mental Health Commission of New South Wales.

Improving Aboriginal peoples' experience of mental health services

The NSW Ministry of Health Mental Health Branch is working to improve Aboriginal peoples' mental health outcomes and their experiences of mental health services. This includes implementing the NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025.

A key focus of its work has been to develop holistic models of care that provide referral pathways to and from acute services. Every year, NSW Health delivers the Aboriginal Mental Health and Wellbeing Forum. This year the forum was hosted by Southern NSW Local Health District in Narooma (Yuin Country) on 17 and 18 May.

This year's theme was 'From little things, big things grow'. Around 180 delegates from government, non-government and the Aboriginal Community Controlled sector attended. The forum provides professional development opportunities for delegates and allows them to hear from subject matter experts on mental health, community-based projects, co-design and lived experience. The forum assists and supports the retention of Aboriginal mental health workers and enables them to feel culturally supported, reduce burnout and network with peers. Feedback from delegates highlighted the event as an important measure for workforce retention, capacity building, networking and upskilling the Aboriginal workforce.

The forum is in partnership with the Aboriginal Health and Medical Research Council and aligns to the strategic priorities of the NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025. The forum showcases and demonstrates how culture can be implemented into NSW Health successfully.

Other highlights included:

- the launch of the Central West Mental Health and Wellbeing Project, a collaborative and community led program addressing service gaps in trauma-informed wellbeing services for Aboriginal people in the region
- development of an Aboriginal-led mental health and wellbeing program created in collaboration with Centre of Aboriginal Health, Condobolin Aboriginal Health Service, Orange Aboriginal Medical Service, Weigelli Centre Aboriginal Corporation and Yoorana Gunya Family Healing Centre Aboriginal Corporation.

Perinatal care

A new Mother and Baby Unit opened at Royal Prince Alfred Hospital in May 2022. Naamuru is a purpose-built unit with eight inpatient beds that are open 24/7. It is the first statewide facility in NSW designed to keep families together when a parent requires hospitalisation for a severe perinatal mental illness. Building works have commenced for a similar unit at Westmead Hospital.

The Acute Adult Mental Health Inpatient Service opened at Blacktown in March 2022. This state-of-the-art 30-bed unit is designed to support recovery-orientated contemporary models of care.

Supporting timely access to mental health services

Changes to the *Mental Health Act 2007* in June 2022 support mental health services and increase timely access to mental health care. The changes enable mental health assessments to be carried out using audio-visual link where appropriate. A guideline to assist in the implementation of this practice has been published and communicated to the health sector.

The Mental Health Branch has continued to oversee the establishment of 11 Safeguards Teams across the state. Five Safeguards Teams were operational at the end June 2022, and NSW Health was finalising recruitment for the remainder. Safeguards Teams are a new dedicated Child and Adolescent Mental Health Service designed to provide care to young people aged 0 to 17 years who are experiencing acute mental health distress. These community-based teams are designed to provide rapid, mobile, intensive and flexible support in the short term. They provide extended-hours mental health services, and partner with relevant health services to offer 24/7 support to young people and families in crisis.

Data's role in keeping people well and preventing ill health

NSW mothers and babies report

The Centre for Epidemiology and Evidence published the NSW mothers and babies report, which provides information on the number of births across NSW in 2020, recent trends in the health of mothers and babies in NSW, maternity services provided by hospitals, and the health of Aboriginal mothers and babies.

The report examines stillbirths, and neonatal and maternal deaths, including causes, maternal characteristics, timing and investigations. Understanding these issues helps us work towards improving outcomes for mothers and the state's littlest Australians.

NSW Population Health Survey

The NSW Population Health Survey captures information on a range of health risk factors, behaviours and outcomes from a sample of the NSW population.

In 2021, the survey transitioned to a 100% mobile phone sampling frame, with more than 13,000 respondents. Data collected via the Survey helps NSW Health monitor key risk factors in the community such as smoking, alcohol consumption and overweight and obesity.

Data from the survey are made available via HealthStats NSW.

Closing the Gap initiatives – Aboriginal health

Access to dental care

In 2021–22, NSW Health provided \$9.7 million in funding to support Aboriginal Community Controlled Health Organisations to deliver tailored, culturally safe oral health care for Aboriginal people.

By delivering primary preventive care and increasing access to oral health services, Aboriginal Community Controlled Health Organisations aim to reduce disparities between the oral health status of Aboriginal people and non-Aboriginal people in NSW.

Dental services are now incorporated at three additional Aboriginal Community Controlled Health Organisations.

Improving cancer outcomes

The Cancer Institute NSW prioritised improving cancer outcomes for Aboriginal people in 2021–22 by:

- commencing a pilot Coordination of Care in Cancer Services model to support the Optimal Care Pathway for Aboriginal people

- working in partnership with stakeholders on programs and resources
- funding local community cancer control initiatives
- ensuring all public education campaigns were pre-tested to ensure cultural appropriateness
- completing a project to understand best practice anti-tobacco programs for Aboriginal people to prevent uptake and reduce smoking, as well as inform the NSW Aboriginal Tobacco Program
- delivering the Aboriginal Quitline service.

Introducing an Aboriginal health lens to policy and planning

Aboriginal Health Impact Statements are designed to improve Aboriginal health outcomes by systematically applying an Aboriginal health lens to the development of all policies, programs and strategies. During 2021–22, the Centre for Aboriginal Health held 65 events and presentations across NSW Health to support the completion of 91 Aboriginal Health Impact Statements.

To improve Aboriginal health outcomes, the Centre of Aboriginal Health also promoted the inclusion of Aboriginal-specific key performance indicators in service agreements with all districts. It also undertook regular monitoring through the improved Aboriginal Health Dashboard, and participated in quarterly meetings between NSW Health and each district to improve performance.

The Centre for Aboriginal Health led the coordination and development of input for the next iteration of the Closing the Gap implementation plan, in partnership with the Aboriginal Health and Medical Research Council of NSW.

Delivery plans were also developed to implement Closing the Gap activities across NSW. Key focus areas included:

- providing culturally safe models of mental health care
- building on Aboriginal community resilience to reduce suicide
- ensuring better access and support services for misuse of alcohol and other drugs
- improving cancer care pathways for Aboriginal people.

In late 2021–22, the NSW Government announced significant funding for these measures, including:

- \$10.1 million over four years to develop culturally safe models of mental health care
- \$9.8 million over three years to expand the Building on Aboriginal Communities' Resilience initiative
- \$9.7 million over four years to improve cancer treatment for Aboriginal people.

Aboriginal peoples' experience of hospital care

The Bureau of Health Information released the [Aboriginal People's Experiences of Hospital Care](#) report in 2021–22. Part of the Insights Series, the report reflects the experiences of more than 8,000 Aboriginal people who were admitted to, or gave birth in, a NSW public hospital.

It includes information on the gap between the experiences of Aboriginal and non-Aboriginal people, differences in Aboriginal patients' experiences in rural and urban hospitals, and the importance of contact with Aboriginal health workers. The report also provided government, system managers and healthcare professionals with actionable insights to support programs to improve care for Aboriginal patients.

Improving cultural safety across NSW Health

During 2021–22, the Centre for Aboriginal Health developed an updated Aboriginal Cultural Engagement Self-Assessment Audit Tool for all districts. It is designed to help districts to better assess and improve their level of culturally safe service delivery for Aboriginal patients.

Expanding the sexual assault services' Aboriginal workforce

We have increased the accessibility of sexual assault services for Aboriginal clients and services for children and young people with problematic and harmful sexual behaviours. This is in response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse.

NSW Health also expanded its dedicated services for children and young people with problematic and harmful sexual behaviours, as outlined below:

- New Street services have been established across the state. New Street provides high-quality therapeutic services for children over the age of criminal responsibility (10 years in NSW) who exhibit harmful sexual behaviours. Expansion of the New Street network has significantly increased the number of service users in the past year. The network accepted 111 new clients.
- A new Safe Wayz program for children under the age of criminal responsibility with problematic or harmful sexual behaviours is being rolled out across the state. Local health districts are implementing the program with the help of a statewide communications package.

Our Sexual Assault Services' Aboriginal workforce has been expanded by more than 23 full-time equivalent roles across the state. We have also finalised and released the NSW Sexual Assault Services Cultural Safety Roadmap and Cultural Safety Toolkit on our website. The roadmap and toolkit have been endorsed by all local health district chief executives.

To support implementation of the roadmap, toolkit and locally developed Sexual Assault Services Aboriginal Action Plans, the NSW Ministry of Health engaged ABSTARR Consultancy to undertake targeted training and forums in 2022.

Healthy for life

Mothers, babies and children

The Centre for Population Health's work supports the Future Health strategy, which aims to get children off to a good start. One strategy under this program is Get Healthy in Pregnancy. In 2021–22, more than 13,300 women were referred to the program. It aims to encourage women to eat healthily, be active, abstain from drinking alcohol and achieve healthy weight gain during pregnancy, in line with the Institute of Medicine guidelines. The program is available in 13 local health districts and also refers smokers to Quitline.

In partnership with local health districts, the Centre for Population Health also delivers Munch & Move. This program supports the healthy development of children from birth to five years by promoting healthy eating and physical activity. In 2021–22, a majority of 3,679 (87%) centre-based early childhood services participated in the program.

Virtual residential parenting service

The Virtual Residential Parenting Service was opened in July 2021 by affiliated health organisations Karitane and Tresillian. This is a five-day, four-night, 24-hour online support service for NSW parents and carers of children aged 0–3 years. It provides intensive support for issues with sleeping and settling, feeding, and child development and behaviour, to improve parent and carer mental health and wellbeing.

Enrolled families are connected virtually to a team of healthcare providers, such as a child and family nurse, GP, psychologist and social worker.

Alcohol and other drug treatment services for parents and carers

NSW Health supports pregnant women with substance use issues for up to two years after birth. These services aim to improve health and social outcomes for women, children and their families.

This is achieved through partnerships between maternity, child and family health, alcohol and other drugs treatment services, and other health and welfare providers. In 2020–21, more than 550 women were supported by substance use in pregnancy and parenting services across NSW.

Through the Stay Strong Facebook page, we reached more than 233,000 people. The page provides health messages to raise the awareness of Aboriginal pregnant women, their partners and families about the risks of consuming alcohol and other drugs during pregnancy and breastfeeding.

Staying healthy through school

The Centre for Population Health led a NSW Health partnership with the NSW Department of Education to strengthen student mental and physical health and wellbeing through the Supporting Student Wellbeing Memorandum of Understanding and annual workplan. It attracted strong support. Highlights included:

- 82% of NSW primary schools participating in the school-based health program Live Life Well @ School, which supports healthy eating and physical activity
- more than 94% of government schools meeting the Healthy School Canteen Strategy.

NSW Health also offered a community-based program, Go4Fun, which helped children and their families to adopt healthier lifestyles. Children aged 7 to 13 who were above a healthy weight could use the program to achieve statistically significant reductions in weight and improvements in eating habits and fitness.

Go4Fun is available face to face, and as a culturally adapted program for Aboriginal families. It is also available online. Go4Fun online provided children and families with the opportunity to participate when face-to-face activities weren't available during lockdown.

Educating NSW youth

In partnership with the NSW Department of Education, NSW Health launched the 'Do you know what you're vaping?' information campaign and resources to raise awareness of the health risks of young people vaping. The campaign was targeted at young people aged 14 to 17 years, parents, teachers, and health professionals, and is accompanied by a resource toolkit.

In 2021–22 NSW Health continued its comprehensive compliance and enforcement program for illegal tobacco and e-cigarettes containing nicotine. NSW Health undertook 9 successful prosecutions against retailers for the sale of e-cigarettes containing nicotine, seized more than 75,000 e-cigarette products containing nicotine or labelled as containing nicotine, conducted 46 seizures of illegal tobacco, and seized and destroyed more than 284,000 cigarettes and 260 kilograms of other tobacco.

Excellence in Aboriginal Healthcare Award Winner

St Vincent's Hospital

Stay'n Deadly and Stay'n in (SDSI)

The SDSI project is a collaboration between the St Vincent's Hospital emergency department and Aboriginal Health Unit, aimed to improve the quality of care for Aboriginal and Torres Strait Islander patients.

The introduction of a flexi-clinic model saw a significant reduction in the rate of Aboriginal and Torres Strait Islander patients who "Did not wait" (DNW) for treatment or "Left at their own risk" (LAOR). The average rate falling from 19.5% to 5.2% of presentations over 12 months.



Staff at St Vincent's Hospital and the Aboriginal Health Unit are improving the quality of care for Aboriginal and Torres Strait Islander patients who attend hospital.

Staying healthy as we age

Helping people to live more years in full health is a key objective of the Centre for Population Health. Programs include Stepping On, a falls prevention program, and Staying Active, an initiative that increases the availability of exercise classes suitable for those aged over 50.

During 2021–22, some local health districts offered Virtual Stepping On as an alternative to face-to-face delivery, particularly during periods of lockdown.

Staying Active programs were also delivered virtually when face-to-face classes were not feasible.

In 2021–22, NSW Health continued to expand the Healthy and Active for Life Online pilot program, which saw a 39% increase in registrations during the 2021 lockdown period.

Helping older people stay in their homes for longer

NSW Health aged care assessment teams delivered 100,285 high-quality and timely aged care assessments to NSW residents so they could access assistance to remain living safely at home. The assessment teams adapted service delivery and incorporated COVID-19 practices to ensure that older people were assessed in a safe manner.

Preventative health

Support to quit smoking

The Cancer Institute NSW delivered the mass media tobacco control campaign, Beat the Cravings, from September 2021 to June 2022. As a result, one in four people who smoke attempted to quit or sought help for their smoking.

In 2021–22, there were more than 5,600 inbound calls to Quitline, which made 9,500 outbound calls. Compared to 2020–21, this is a decrease of 3.6% in inbound calls, and an increase of 3.9% in outbound calls. In 2021–22, about 4,200 people accessed the iCanQuit website.

The Cancer Institute NSW introduced new data fields in medical records systems to enable clinicians to record patients' smoking status. It also improved clinicians' ability to assist patients to stop smoking by integrating functionality for Quitline e-referrals. This was part of the implementation of the Smoking Cessation Framework for NSW Health Services.

Benchmarking sun-safe playgrounds

In partnership with two Queensland universities, the Cancer Institute NSW undertook a project to benchmark levels of shade in NSW playgrounds, with the ultimate aim of establishing future standards. More than 2,590 community playgrounds in 91 local government areas in NSW were mapped to assess the quality and quantity of shade.

The Cancer Institute NSW developed an action tool outlining 20 steps to be considered when planning playgrounds, selecting materials and engaging with stakeholders. Insights from the project to advise councils on the health benefits of creating shade, which will help protect the state's children from cancer-causing ultraviolet radiation.

Other public health awareness campaigns

The Centre for Population Health delivered social marketing campaigns and communications to address key health risk factors, such as from tobacco and other drug and alcohol use. Campaigns also promoted healthy weight and immunisation.

There was a particular focus on NSW Needle and Syringe Program transmission, with campaigns aimed at culturally diverse and heterosexual men who may not have received messaging directed to them in the past. Hepatitis C testing and treatment was also targeted, with campaigns to reduce barriers to prevention, testing and treatment. Specifically, it focused on the stigma associated with hepatitis C and injecting drug use.

Opioid treatment

The opioid treatment program continues to assist opioid-dependent people to reduce or stop opioid use, improve their quality of life, and prevent harms linked to drug use.

On a snapshot day in July 2021 in NSW, more than 24,000 patients were on opioid treatment in public and private healthcare settings. In public opioid treatment settings (including in custody), around 32% of patients were treated with depot buprenorphine.

NSW Health further increased access to take-home naloxone in 2021–22. The program provides free naloxone to people at risk of experiencing or witnessing an opioid overdose; education about preventing overdose; and training to recognise a suspected overdose and respond by administering naloxone.

Online options for treating drug dependency in regional areas

In 2021–22, the Centre for Alcohol and Other Drugs funded two virtual care hubs: one provided by the Hunter New England Local Health District and the other through the St Vincent's Hospital Network.

Both are designed to increase access to specialist support in rural and regional areas, including the Mid North Coast, Hunter New England, Western NSW, Far West, Murrumbidgee and Southern NSW Local Health Districts. The hubs provide access to specialist treatment alcohol and other drug clinicians via online platforms. They collaborate with local clinicians to deliver expert, person-centred care and support to people requiring treatment for alcohol and other drugs.

The hubs also facilitate workforce capability development, with addiction medicine specialists delivering education, training and support to local clinicians. This improves confidence in the ongoing delivery of best practice treatment for alcohol and other drugs.

Reducing stigma

In 2021–22, the Stigma and Discrimination project was undertaken as a partnership between the Centre for Alcohol and Other Drugs, the Agency for Clinical Innovation, Network of Alcohol and Other Drugs and the NSW Users and AIDS Association.

The Centre for Alcohol and Other Drugs has commissioned three reports that together address:

- health professionals' attitudes and behaviours towards people with lived experience of alcohol and other drug use
- consumer experiences of stigma and discrimination
- existing efforts in Australia to reduce stigma and discrimination.

Priority 4

Our staff are engaged and well supported

Our future

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

Key objectives

- 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

Key achievements

- More than 800 postgraduate scholarships were awarded to support NSW Health nurses and midwives in their professional development, with more than 25% of them located in rural and regional areas.
- More than 70 undergraduate and 22 postgraduate Aboriginal scholarships were awarded to support nursing and midwifery studies.
- Supported NSW Health staff development with Health Education and Training Institute managing \$8.3 million in grants and scholarships on behalf of the NSW Ministry of Health in 2021–22.
- For the first time in its history, NSW Ambulance had more women than men employed in two generational brackets: Gen Y (1980–1994) and Gen Z (1995–2010).

Our people

Growing our people, talent and leadership

NSW Health is committed to attracting, retaining and developing a skilled workforce who put our patients first. Part of this strategy is to develop current and future health professionals, managers and leaders.

The NSW Health Workforce Plan 2022–2032 outlines our approach to support the state's health workforce to deliver safe, reliable and person-centred care, driving the best outcomes and experiences. It provides a whole-of-system commitment to growing talent, encouraging greater internal talent mobility and attracting exceptional external talent.

Leader success profiles have demonstrated what qualities are required to succeed in roles and build a talent pipeline for succession planning. They can be used to inform decision-making across the NSW employee life cycle, including recruitment, selection and on-boarding, leadership development and career mobility.

Public Service Commission Leadership Academy is a joint initiative between the NSW Public Service Commission and NSW Government clusters, including NSW Health. It aims to foster leadership excellence in the NSW public sector. Leadership academy programs are designed to create a pipeline of future leaders for the sector at each key level of leadership.

Collaborative Staff Member of the Year Award

Western NSW Local Health District

Dr Shannon Nott

Rural Director of Medical Services, Dr Shannon Nott, has become a leading authority on rural healthcare, not just in NSW, but nationally.

He is a natural collaborator who listens and seeks advice from communities, clinicians, representative groups, and parliamentary representatives across government jurisdictions to deliver solutions.

As Clinical Director of the NSW Virtual Care Accelerator, Shannon drove the scaling and translation of virtual solutions and knowledge, critical for transforming the NSW Health response to the COVID-19 pandemic.



Dr Shannon Nott is the winner of the NSW Health Collaborative Staff Member of the Year Award.

A fit-for-purpose workforce

NSW Health is committed to unlocking the ingenuity of our staff to achieve its Future Health workforce by ensuring our people are equipped with the skills and capabilities to be agile and responsive. The NSW Health workforce is being provided with the necessary capabilities to manage future disruptions that will transform the future of work by creating a culture of innovation.

The Focus on the Future Workforce Signature Project aims to support the health system to ensure a resilient and digitally enabled workforce prepared for the future of work.

Key initiatives that have been developed:

- Leading for Innovation program and masterclasses aimed at developing and embedding leadership capabilities in innovation in NSW Health.
- Future of Work Thought Leadership Package: a series of papers that explore how technology will impact the future of work across key NSW Health workforces.
- Future Health podcast and On the Horizon newsletter.

NSW Health has also partnered with high school education providers to create a digital health workforce pilot. The aim is to strengthen STEM capability (particularly for a female cohort) and workforce relevance within school student's curriculum to encourage future educational and workforce choices in health.

Visibility of the pipeline of students undertaking health qualifications will be supported by the development of a student pipeline dashboard. This will enable improved workforce planning and forecasts and deepen partnerships with major feeder education providers.

Improving staff experience

Long before the pandemic and the natural disasters that have caused devastation in NSW in the past two years, we recognised that supporting our workforce was core to our efforts to transform patient experiences. We listened carefully to our staff members to curate a program of events and activities offered online, such as monthly Conversations in Human Experience, the Gathering of Kindness, Patient Experience Week and Mini Compassion Labs. These provide safe spaces for reflection, contemplation and learning. More than 5,000 staff members from all parts of the state have participated and the feedback has been extraordinarily positive.

In collaboration with local health districts, we are exploring more opportunities to implement programs that will improve staff experiences including:

- expanding the Allyship Program, a communication program that explores the art and science of effective communication
- procuring 20 additional licences for Schwartz Rounds, a safe multidisciplinary forum where healthcare workers can discuss the social and emotional aspects of working in healthcare.

Working through a pandemic

Surge workforce strategies

NSW Health developed surge workforce solutions to support the health system due to impacts of the COVID-19 pandemic. The NSW Health workforce demonstrated its ability to work flexibly and responded in agile and innovative ways. Novel workforce solutions were developed to increase system capacity by enabling clinical staff to work to their full scope of practice. These solutions included:

- Care Assistant COVID-19 Workforce Surge Response – the care assistant role is purpose-designed for the COVID-19 surge workforce role and is supported by an industrial agreement. It was piloted across local health districts and specialty health networks and demonstrated value through connecting patients with their communities while also giving patients individual support through augmented care teams.
- COVID-19 vaccination strategies – NSW Health worked closely with the Australian Government to plan and implement a safe and effective COVID-19 vaccination program in NSW. To ensure NSW Health could continue to meet its vaccination targets, a two-pronged strategy was developed by the NSW Ministry of Health to ensure adequate workforce supply, focusing on additional workforce models, as well as sourcing and recruitment support.
- Central recruitment – a centralised recruitment process with statewide talent pools and large-scale screening of candidates was established to rapidly recruit additional staffing to support NSW Health's COVID-19 workforce. This provided NSW Health with a consistent statewide approach to workforce sourcing, marketing, recruitment and onboarding.
- Assistant in Medicine – this role was developed by the NSW Ministry of Health in early 2020 as part of the medical workforce response to the COVID-19 pandemic. The Assistant in Medicine role is filled by final year medical students of NSW and ACT universities. Between August 2021 and June 2022, 724 final year medical students (494.11 full-time equivalent) worked as assistants in medicine in NSW public health organisations.

In addition, the NSW Health Allied Health Dashboard released in mid-2022 provides local health districts with information and data about the allied health workforces and supports tactical and operational workforce planning. It can be used to monitor local allied health workforce to ensure appropriate distribution of experience and skills across the organisation according to service need.

Allied health support and delivery

Evaluation of COVID-related allied health workforce models

COVID-19 has led to a rapid uptake of new and innovative models of care (telehealth and virtual care, increased presence of allied health in emergency departments and intensive care units). An evaluation exploring how allied health workforces have been used across NSW Health during the pandemic and lessons learned have been canvassed. The most effective multidisciplinary workforce models that evolved have been documented, with a strengths and challenges workshop with almost 50 service delivery leaders from districts and networks looking at impactful and scalable allied health-led models.

Principles of Allied Health Governance report

Variations in allied health governance in NSW Health was identified as a key opportunity for strengthening the allied health workforce and services. The project brought together multidisciplinary lines of evidence including current governance practice findings, literature and consultation insights regarding best-practice governance to provide a view of principles of governance for the allied health workforce in NSW.

Excellence in Allied Health Awards

The NSW Health Excellence in Allied Health awards formally recognises the important value and contribution that allied health professionals have in delivering patient-centred care. The 2021 inaugural NSW Health Excellence in Allied Health Awards were held in April 2022 at Darling Harbour. The NSW Allied Health Awards allowed NSW Health to show its appreciation to allied health professionals for their diligence, persistence and flexibility in proficiently responding to the demands of the COVID-19 pandemic.

Workforce projects

Allied Health Workforce Modelling to 2040

The Allied Health Workforce Modelling to 2040 project is the third stage of the NSW Ministry of Health's Workforce Planning Methodology. It is the first time NSW Health Allied Health workforces have been modelled with key outputs including, establishing indicative allied health workforce requirements to 2040; and delivering data to assist the NSW Ministry of Health, local health districts and specialty health networks and other partner agencies, to identify risk factors associated with the allied health workforces and make informed decisions regarding future workforce planning.

Genetic counsellors and allied health assistants workforce planning

Workforce Planning and Talent Development completed workforce planning projects for genetic counsellors and allied health assistants in 2021–22. These projects explored challenges experienced across NSW and opportunities to grow and support these allied health workforces in a discipline-specific context. The [NSW Genetic Counsellor Workforce – Horizon scanning and scenario generation](#) report is available online and the Allied Health Assistant – Horizon scanning and scenario generation report is due for publication in September 2022.

Allied Health Workforce Macrotrends Report

The landmark [NSW Health Allied Health Macro Trends Report](#) was released and published in June 2022. This report was a culmination of 18 allied health workforces horizon scanning and scenario generation projects previously undertaken by the Workforce Planning and Talent Development Branch. The NSW Health Allied Health Macro Trends Report brings together the findings of these workforce projects, identifies commonalities among the different allied health workforces and provides guidance for future allied health workforce priorities and initiatives at both the local and state level. These include promoting the value of the allied health workforce, leadership and governance, training and career progression, workforce planning and data, service delivery, and access and equity.

Aboriginal workforce projects

To enhance the capacity and capability of culturally and clinically safe service provision, including the expansion of Aboriginal Health Practitioner Implementation Project and the establishment of specific targets for establishing Aboriginal health practitioner roles in local health districts and specialty health networks.

The Aboriginal Workforce Unit has been engaged with the following teams. The Medical Workforce Unit to:

- support the identification of challenges impacting Aboriginal medical students as they progress through the training pipeline
- identify opportunities to engage changes in the pipeline which enable greater success and further the opportunities of Aboriginal people moving into medical roles and specialties.

The Health Education and Training Institute to:

- engage Aboriginal medical students in the Aboriginal Trainee Doctor's Forum
- facilitate a culturally safe and supportive space for peer engagement, professional development, and networking.

The Allied Health Workforce Unit and Health Education and Training Institute to:

- engage Aboriginal Allied Health professionals and cadets in the Aboriginal Allied Health Network Forum
- facilitate a culturally safe and supportive space for peer engagement, professional development and networking
- review and refresh the Aboriginal Allied Health Cadetship Program and governance mechanisms
- support the expanded target of 20 cadets per year since 2019 (up from the previous target of 10).

Strengthening diversity

Boosting the numbers of Aboriginal people working in public health

We're committed to increasing the Aboriginal nursing and midwifery workforce by improving career development opportunities for Aboriginal employees working in the public health system.

In 2022, 106 Aboriginal nursing and midwifery cadets were supported. More than half of the cadets were located in rural and regional areas. There were also 71 undergraduate and 22 postgraduate Aboriginal scholarships awarded to support nursing and midwifery studies in 2022.

The Centre for Epidemiology and Evidence offers three-year workplace-based traineeships aimed at increasing the number of Aboriginal people working in population health. In 2021–22, three trainees were recruited and two people graduated with a Master of Public Health.

The Health Education and Training Institute supports Aboriginal and Torres Strait Islanders studying in areas of allied health by providing paid cadetships each year, and the Agency for Clinical Innovation produced community engagement tools that draw on the 8 Ways learning methodology to assist staff working with Aboriginal communities directly.

Tackling gender equity

Six women from NSW Ambulance were recognised in the 2022 Council of Ambulance Authority's Women in Ambulance Awards. The awards recognise and promote the hard work of inspirational women who work in ambulance services across Australia, New Zealand and Papua New Guinea. The campaign aims to empower and inspire women to progress into leadership and management roles. The NSW Ambulance recipients represent both operational and corporate sections of the organisation.

Preparing for the next pandemic – developing statistics and data skills

Our health system relies on increasingly large amounts of data to provide evidence-based public health responses. The pandemic highlighted the value of using data effectively in decision-making and being able to call on a surge workforce with biostatistics training to respond to large-scale public health crises.

We have developed education modules on the My Health Learning platform to support NSW Health staff and community health providers looking to upskill in this area.

The Centre for Epidemiology and Evidence coordinates workplace-based training programs to build public health and biostatistical capacity within NSW Health.

In 2021–22:

- 35 public health and biostatistics trainees supported the NSW Health COVID-19 response
- 17 new trainees were recruited
- 16 people completed their training, including 8 trainee biostatisticians who graduated with a Master of Biostatistics

The Centre for Epidemiology and Evidence has also expanded online resources on the Analytics Assist website to build data literacy capability across the NSW Health workforce.

People and Culture Award

John Hunter Hospital

Promoting safety and excellence

The People and Culture Award recognises teams who develop and support our people and culture, and ensure a safe and healthy environment for patients and staff. The physiotherapy team at John Hunter Hospital developed a departmental structure and culture reflecting patient-centred innovative care, which improved patient and staff outcomes.



Improving patient and staff outcomes is a winning formula for the physiotherapy team at John Hunter Hospital.

Training more midwives and nurses

- As part of the MidStart program, the Nursing and Midwifery Office recruited 207 registered nurses into midwifery training positions, of which 45% were located in rural and regional areas.
- More than 800 postgraduate scholarships were awarded to support NSW Health nurses and midwives in their professional development, with more than 25% of them located in rural and regional areas.
- More than 450 clinical placement grants were awarded to NSW nursing and midwifery students to support diversity of clinical experiences across rural and metropolitan areas.
- NSW Health funded 10 rural postgraduate midwifery student scholarship positions for small rural maternity services.
- The Nursing and Midwifery Office coordinated graduate nurse and midwife recruitment, with more than 3,000 graduates employed for 2022, of which 41% are located in rural and regional areas.

The 2021 Excellence in Nursing and Midwifery Awards acknowledged the incredible contribution of nurses and midwives in keeping some of our most vulnerable people safe during the COVID-19 pandemic. The awards ceremony was streamed to all NSW Health staff.

Health Education and Training Institute

Managing scholarships and grants to support our people's development

The Health Education and Training Institute managed \$8.3 million in grants and scholarships on behalf of the NSW Ministry of Health to support NSW Health staff development in 2021–22. These included:

- nursing and midwifery scholarships
- allied health workplace learning grants
- the Emergency Medicine Training Program
- rural research capacity building
- Aboriginal allied health cadetships
- leadership development
- rural medical scholarships and other rural scholarships
- scholarships for Health Education and Training Institute Higher Education qualifications.

The new Graduate Diploma in Applied Mental Health Studies

Integrating professional development with higher education allows us to tap into new, more flexible study options for our people to improve mental health care. Micro credentials are an innovative approach to learning that lets people break degrees into smaller certifications in particular areas. These can be 'stacked' towards a variety of postgraduate qualifications. This structure supports the NSW Health workforce, and others, to choose their desired intensity and focus of development. The structure is also agile enough for rapid development of new units to meet emerging demands. This structural change has resulted in a 13% lift in student numbers for the Applied Mental Health Studies over the last six months.

Management and leadership training

The Health Education and Training Institute delivered the redesigned Financial Management Essentials Series, launched a second cohort of the Finance Executive Development Program, continued delivery of the Next Generation of Leaders and Managers in NSW Health, and commenced design and preparation for a General Managers Program for NSW Health. The Health Education and Training Institute also delivered a range of management programs, including support for the Public Health Response Branch and NSW Ambulance.

Additional online learning programs

Nursing and allied health staff can now access the Mental Health Pathways in Practice program modules available in the My Health Learning platform. As of 30 June 2022, more than 7,000 staff had enrolled in the program.

The Agency for Clinical Innovation delivered the Accelerating Implementation Methodology program, providing a practical set of principles and tools to manage the human elements critical to successfully implementing programs in clinical and non-clinical settings. There were 21 newly accredited practitioners in 2021–22, and 19 practitioners undertook reaccreditation.

The Agency for Clinical Innovation partnered with local health districts, specialty health networks, pillars, eHealth NSW and the NSW Ministry of Health to support the ongoing adoption and implementation of innovative virtual care services across NSW.

A ‘train the trainer’ module was released that supported local champions to train more than 10,000 users via My Health Learning. All users of myVirtual Care can now access an extensive digital user guide, and a virtual module has been made available to clinicians. The Agency for Clinical Innovation offered two training programs: ‘Engaging in the virtual frame’ and ‘Having difficult conversations virtually’.

The Agency for Clinical Innovation launched a roadmap to working with consumers, which provided guidance and tools covering foundations, recruiting and maintaining consumer partnerships.

eHealth NSW also implemented the Recruitment and Onboarding platform to recruit and onboard junior medical officers, and continued its successful NSW Digital Academy. Since going live in January 2020, almost 5,000 training offerings have been completed by staff.

Aboriginal Cultural Mentoring Framework and toolkit project

It has been demonstrated that retention rates are higher when allied health professionals from Aboriginal backgrounds are provided with cultural support and mentoring. Indigenous Allied Health Australia in partnership with the Health Education and Training Institute and the NSW Health Workforce Planning and Talent Development branch, are developing a cultural mentoring framework and toolkit specifically designed to support Aboriginal allied health professionals employed by NSW Health. The next phase of this project is for the framework and toolkit to be piloted for six months in early 2023 with a group of interested NSW Health Aboriginal allied health employees.

Building positive work environments

Health Infrastructure oversees the planning, design and construction of health capital works valued at more than \$10 million in NSW. Work health and safety is a priority for all construction works undertaken for NSW Health. For this reason, Health Infrastructure developed its Safety, Health and Wellbeing Strategy in 2021–22 to drive:

- development of leadership and capability
- investment in technology and systems to enable data-driven decision making
- development of clear standards for risk management and assurance
- integration of the Safety, Health and Wellbeing Strategy considerations into our procurement and contract management processes.

Project 5 – A weekend for every worker

Project 5 – A weekend for every worker was a two-year study undertaken by Health Infrastructure with Roberts Co and the University of New South Wales that trialled a Monday to Friday work week on the \$341 million Concord Hospital redevelopment.

The five-day week had a big impact. Workers reported an increase in all areas of job satisfaction including work hours, pay, job security, and family and work relationships. The shorter work week also led to a decreasing trend in injury rates and no increase in variable costs. The project was delivered on budget and three months earlier than scheduled.

As a result, Health Infrastructure updated its tender assessment criteria, asking contractors to include initiatives that drive positive wellbeing outcomes.

The Clinical Excellence Commission was a top performer in the People Matter Employee Survey

The Clinical Excellence Commission’s People Matter Employee Survey results on ‘take action’ improved from 56% in 2019 to 77% in 2021. The Clinical Excellence Commission reviewed its results, developed a plan, and communicated achievements and interventions to all staff members. It also established a staff wellbeing baseline survey and responsive wellbeing initiatives as pandemic-related demands on the agency continued.

During some periods of the year, up to 40% of staff members were redeployed for the COVID-19 response. Following a dip in wellbeing mid-pandemic, the Clinical Excellence Commission continued its initiatives and staff wellbeing has rebounded.

Priority 5

Research and innovation, and digital advances inform service delivery

Our future

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

Key objectives

- 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

Key achievements

- Received funding totalling \$4.5 million for ten projects of the Translational Research Grants Scheme, which supports NSW Health employees to build research capability and accelerate the translation of evidence into the health system.
- Enabled more clinical trials to be conducted in rural, regional and remote areas of NSW and the ACT via a multimillion-dollar infrastructure project that kicked off in April 2022.
- Linked more than 4 billion records from health and human services to support 100 data linkage projects across NSW Health, the broader state government and the research sector.
- Introduced SafeScript NSW in May 2022, an online, real-time prescription monitoring system that has been adopted by 13,752 health practitioners and used to support clinical decision making regarding the monitored medication of 51,496 patients.
- Worked with Investment NSW to attract investment, collaborations and partnership by promoting NSW's advanced therapeutics and clinical trials ecosystem to a global audience.

Applying health and medical research where it's needed most

More clinical trials in regional areas

A multimillion-dollar infrastructure project that will enable more clinical trials to be conducted in rural, regional and remote areas of NSW and the ACT kicked off in April 2022. NSW Health was awarded \$30.6 million in funding for the project in 2020. In collaboration with 34 state and national partners across health, research, and the private and community sectors, a network of up to three regional, rural and remote clinical trial support units have been established.

In another boost for clinical trials in the state, NSW Health has licensed a Clinical Trial Management System for use within public hospitals and healthcare services. The system will support central oversight and efficient delivery. Implementation of the system will be rolled out to districts and networks over the next 12 months.

Priority projects for the COVID-19 response

In 2021–22, \$1.6 million was invested in COVID-19 emergency priority research projects as part of the NSW Health COVID-19 Research Program. Projects included investigating transmission in schools, paediatric surveillance, vaccine effectiveness, and modelling and epidemiological analysis.

The COVID-19 Research Program Impact Evaluation Report found that an initial round of research contributed to the COVID-19 response through the creation of knowledge and innovation. For example, a new methodology improved the sensitivity of genome sequencing from clinical samples with low viral loads, meaning more accurate viral sequences could be established. Another project enabled the rapid provision of information on the health and social impacts of the disease and related restrictions, from 61,000 NSW residents.

Program funding highlights

- Ten projects totalling \$4.5 million received funding in round six of the Translational Research Grants Scheme, which supports NSW Health employees to build research capability and accelerate the translation of evidence into the health system. Three of the projects focused on rural health, one on Aboriginal people, and another on both priority areas.
- Three research projects shared \$7.79 million in the ninth round of the Medical Devices Fund. These include the development of a 3D bioprinting system for intraoperative skin regeneration, a device to provide thermal protection for vital transplant organs, and a footprint medical isotope generator that will provide GMP1 clinical doses of a high-value radionuclide for targeted alpha cancer therapy.

Recruitment and training

NSW Health delivered the first cycle of its expanded Commercialisation Training Program. The program is open to researchers, scientists, clinicians, entrepreneurs, intrapreneurs and others in the health sector who are working on a novel medical device, diagnostic or therapeutic product, or digital health technology.

The first cycle of the expanded program trained more than 1,000 people, including more than 150 participants who undertook intensive training in developing intellectual property.

Encouraging global interest in NSW medical research

NSW Health worked with Investment NSW to promote the state's health and medical research sector to a global audience to attract investment, collaborations and partnerships.

In June 2022, NSW Health supported a delegation, led by the Hon Brad Hazzard, Minister for Health, to BIO International Convention 2022 in San Diego. The delegation comprised senior government representatives, key opinion leaders and life sciences companies.

A showcase event promoted NSW's advanced therapeutics and clinical trials ecosystem to international convention delegates. NSW Health continues to support local delegates to convert the opportunities from the convention into significant outcomes.

Improving research with KPIs

NSW Health has established key performance indicators (KPIs) to measure the success of research grant programs run through the Office for Health and Medical Research. Through this work, we have standardised data collection across all grants to enhance data analysis and enable dynamic reporting. This will support monitoring, evaluation and reporting on the impacts of research.

NSW Health has revised the KPIs used to monitor research governance. The revised KPIs, which came into effect on 1 July 2022, provide a more accurate measure of study start-up times. This is done by measuring total days from application submission to ethics approval, rather than just the time spent in review by an ethics committee or the research governance office. These amendments are in step with the clinical trials industry, creating a culture of research as core business and shifting the focus to a whole-of-system responsibility for research.

The NSW Ministry of Health has worked to streamline governance processes for biobanking research projects with a data linkage component. Researchers can now submit a single ethics application for these projects. Previously, two separate ethics applications were required for the biobanking and data linkage components.

Fast-tracking new clinical therapies for children

The Paediatric Precision Medicine Program enabled 217 completed and current research projects by the end of 2021–22. Now in its third year, the four-year research program has focused on a range of conditions across cancer and rare diseases.

The program has facilitated multiple early-phase clinical trials and fast-tracked translation to clinical practice to support access to novel therapies for children. It is an initiative of the Luminesce Alliance, a non-profit cooperative joint venture established with NSW Government support to coordinate and integrate paediatric research.

Health Research and Innovation Award

Illawarra Shoalhaven Local Health District

Paving the way for system-wide change

Aimed at reducing patient deterioration, History, Identify Red flags, Assessment, Interventions, Diagnostics (HIRAID), is a validated emergency framework.

It was developed, tested, then implemented in Illawarra Shoalhaven Local Health District emergency departments with 302 nurses. The results: emergency department-related deterioration halved, as did treatment delays and failure to escalate when abnormal vital signs were identified.

The Australian Commission on Safety and Quality in Healthcare, NSW Agency for Clinical Innovation, National Health and Medical Record Council and the NSW and Commonwealth chief nurses have partnered to upscale HIRAID in another 32 emergency departments across Australia.



The HIRAID emergency framework was developed by Illawarra Shoalhaven Local Health District and implemented in their emergency department.

Cancer care

Less common cancers

In Australia, more than 52,000 people are diagnosed each year with a rare or less common cancer. Of these, 25,000 will die as few treatment options are available for their cancers. The Australian Genomic Cancer Medicine Program aims to change this. Now in the third year of a four-year funding grant, the program represents the first step in introducing advances from precision medical research into Australia's healthcare system.

The program is led by research work in NSW and delivered via a network of eight cancer centres, with one in every state and territory. It promises to not only enhance cancer patients' quality of life, but also reduce overall healthcare costs by finding ways to prevent cancers, detect them earlier, and deliver care more efficiently.

Strengthening cancer research and data collection

The Cancer Institute NSW worked to make NSW a global leader in cancer research through ongoing investment in early-phase clinical trials and translational research programs. These trials and programs support the rapid uptake of innovative therapies into clinical practice.

The Institute funded Advanced Health Research and Translational Centres to strengthen cancer research capacity in NSW and foster a collaborative culture of research to continually improve cancer care and outcomes.

The Enduring Cancer Data Linkage initiative which provides researchers with data to improve cancer care, was expanded in 2021–22. Five sub-study protocols received ethical approval.

Improving access to quality data

Data linkages

The Centre for Health Record Linkage (CHeReL) has compiled more than four billion linked records from health and human services and supported more than 100 data linkage projects across NSW Health, the broader state government and the research sector in 2021–22.

Data released by the Centre for Health Record Linkage this financial year enabled a wide range of projects aligned with NSW Government strategic priorities. The data:

- supported an evaluation of Towards Zero Suicide initiatives (in line with Future Health key objective 3.3) to gather evidence that will improve the design and delivery of suicide prevention initiatives
- accelerated the Human Services Dataset (HSDS) 2021 linkage and supported the annual refresh of the HSDS asset
- combined with other data from the Department of Communities and Justice to inform adult vulnerability projects, such as demand and supply modelling, and Future Directions and Pathways of Care initiatives
- enabled the completion of evaluation program linkages for the NSW Better Outcomes Lab
- enhanced the scale-up of primary care linkage to support Integrated Care and Collaborative Commissioning
- enhanced data linkage for projects arising from Biospecimen Collection Grants and formed part of NSW's contribution to the national Master Linkage Key pilot.

Ensure health data and information is high quality and accessible

HealthStats NSW has provided statistics and insights on the health of the NSW population to health services and the public since 2011. The Centre for Epidemiology and Evidence launched a major enhancement to the platform to integrate end-to-end data analytics and text management processes with a new front-end interactive website – providing more data more efficiently to health services and the public. The platform enables users to interrogate, visualise and download data for their own use.

Cross-agency collaboration

The Centre for Epidemiology and Evidence represents NSW Health in cross-agency collaborations such as the Stronger Communities Data Partnership, NSW Better Outcomes Lab, and the Social Policy Integrated Data and Analytics (SPIDA) group. The centre ensures that health and human services data is being used safely and effectively to enhance service delivery, guide investment and drive policy reform across NSW.

Working smarter with digital information systems and analytics

- NSW Health has selected an external clinical coding partner to create an application to facilitate computer-aided clinical coding (CAC).
- Work is underway to streamline and centralise the reporting of virtual care activities across the state's health system to encourage more widespread use. Information about the use of virtual care is currently collected in various systems within NSW Health. The aim is to ensure that information is easily accessible, reflects the use of virtual care in a variety of patient care settings, and is robust enough to add value in supporting good patient care and experiences.
- Enterprise Patient Repository and the Enterprise Data Warehouse for Analysis Reporting and Decision Support (EDWARD) are collaborating on a program to facilitate internal linkage of NSW Health clinical data sets. This work includes increasing data quality reporting of identifier data issues and collaborating with local health districts to address missing or incorrectly recorded data.
- The Child Illness and Resilience Program is facilitating work to develop and implement new data assets and data visualisation tools for violence, abuse and neglect, and child, youth and family services. The focus of this project in 2021–22 was the child, youth and family data set. Extensive stakeholder consultation via design focus groups led by eHealth NSW will inform the data set extension design and related updates to source systems.

Digital systems streamline payments and referrals

HealthShareNSW's Accounts Receivable team implemented innovative online collections software that replaces the time-consuming process of manually entering data from monthly reports into Excel spreadsheets.

The software also enables finance teams in local health districts to view real-time data on overdue debts and HealthShareNSW recovery activity.

eHealthNSW, in partnership with the NSW Ministry of Health and local health districts, refined a statewide electronic outpatient referral management system. A prototype was launched for selected services at Royal Prince Alfred Hospital in April 2022.

Using data to improve cost management

NSW Health engaged with and supported NSW public health organisations in applying activity-based management. This evidence-based management approach focuses on patient-level data to inform strategic decision making.

Collecting and comparing accurate, high-quality costing data from a range of public health organisations provides a better understanding of service delivery costs and informs local decision making.

Digital strategies to enhance pathology research and services

In November 2021, NSW Health Pathology launched its Towards 2025 Research Strategy, which committed to supporting aspiring and ambitious researchers and partnering with customers and communities to deliver research outcomes that matter to them.

It outlined plans to deliver evidence-based value in its research and has delivered initiatives including:

- a NSW Health Pathology Research Forum
- increased research in strategic and focus areas
- a statewide education program providing continuous professional development for NSW Health Pathology researchers.

NSW Health Pathology and eHealthNSW circulated a request for proposal for NSW Health's Single Digital Patient Record system, including a statewide laboratory information management system. More than 150 NSW Health Pathology staff members participated in a tender evaluation process that was near completion at the end of 2021–22.

NSW Health Pathology undertook several strategic digital initiatives during the financial year, including:

- launching a Health Interoperability Toolkit that processes messages faster at lower cost, connecting laboratory instruments and processing test results
- creating an Internet of Things system connecting pathology devices in laboratories, hospitals and the community with data securely captured and sent via the cloud
- trialling the PathWorks app, which gives referring clinicians secure, convenient access to patient results no matter where they are
- enhancing COVID-19 testing services to include testing for flu and in some cases respiratory syncytial virus (RSV)
- creating a business case to transition from physical to digital microscopy, including service design, technology platform architecture, validation and procurement of software and hardware (e.g. scanners and stainers).

NSW Health Pathology engaged an external vendor to conduct an information security management system readiness audit to provide a gap analysis that will assist with the ISO 27001 Information Security Management System certification process. The organisation reconvened its Information Security Working Group, which met monthly to progress the audit process and reporting to its Data Information Governance Committee.

Infrastructure investment and partnerships

During 2021–22, Health Infrastructure worked with partners and experts to define and clarify NSW Health's approach to precinct planning and development, consistent with whole-of-government directions.

The draft NSW Health Precincts Strategy defines the outcomes and actions for developing healthcare places and precincts over the next five years. The strategy informs, coordinates and aligns precinct activities to unlock new opportunities to improve health, economic and social outcomes, including by leveraging health assets, innovation and partnerships.

Health Infrastructure worked across health and the NSW Government to develop an industry prospectus that highlights NSW Health's key strengths and capabilities, as well as opportunities to drive industry partnership and investment.

To facilitate these opportunities within the health network, the Commercial and Partnerships Framework was developed to guide NSW Health entities involved in planning and delivering health-related partnerships that affect a health asset. The framework helps deliver commercial partnerships and transactions more effectively, efficiently and consistently.

Viral vector manufacturing

One of the first commercial partnerships is facilitating the creation of a viral vector manufacturing facility in the Westmead Health and Innovation District in Western Sydney. The facility will leverage world-class cell and gene therapy expertise to establish Australia's first commercial-scale facility. It will also seek industry co-investments of expertise and capital.

Health Infrastructure is working with government and industry partners to operate and expand the licensed, clinical-grade facility. The expansion will ensure Australians have faster access to next-generation medical treatments and will help address the global demand for gene and cell therapies.

Health Infrastructure also worked with partners to progress the Ribonucleic Acid (RNA) Pilot Manufacturing Facility. The facility will translate research strengths into a sustainable commercial pipeline of RNA therapeutics and products. Local production of RNA will attract global industry investment to Australia and secure domestic-market access to future therapeutics. In addition, funding for the NSW RNA Future Leaders Program supports the development of the next generation of innovators in ribonucleic acid medicine, building the pipeline of advanced therapeutics in NSW. Five early-to-mid career researcher grants and five PhD scholarships totalling \$2.9 million were funded under the program.

Integrated care through online systems

In May 2022, eHealth NSW went live with the NSW Health Enterprise Data Lake. This enables health organisations to perform data queries on statewide data, drawn from one or more frontline systems, to support reporting and research.

eHealth NSW also introduced SafeScript NSW, an online, real-time prescription monitoring system. Since implementation was completed in May 2022, SafeScript has been adopted by 13,752 health practitioners and used to support clinical decision making regarding the monitored medication of 51,496 patients.

Electronic records improve patient care and safety

NSW Health's investments in developing digital record keeping in 2021–22 enabled the following initiatives:

- More than 109,600 patients have benefitted from the Electronic Record for Intensive Care (eRIC) system, which was rolled out statewide for adult patients. eHealth NSW will now focus on extending eRIC to neonatal and paediatric intensive care units, with a pilot underway at Nepean hospital.
- eHealth NSW developed new clinical workflows within the Electronic Medical Record system to help create Comprehensive Care Plans for patients. Pilots are underway.
- The Single Digital Patient Record will consolidate key NSW Health systems for patient administration, electronic medical records, and laboratory information management. It will improve patient safety, quality and continuity of care, and provide a consistent experience for patients and clinicians. Procurement activities progressed throughout the year.
- NSW Health is delivering a new statewide digital referral management solution to improve the referral experience of patients, referrers and clinicians in outpatient services. A pilot is underway in the Sydney Local Health District and planning for statewide implementation has begun.
- eHealth NSW implemented the Health Outcomes and Patient Experience (HOPE) platform in 457 NSW Health sites to enable the collection of patient-reported measures.

Cloud-based systems

NSW Health systems continued to be transitioned to government data centres and the cloud throughout 2021–22. To date, eHealth NSW has transitioned around 400 systems and de-commissioned more than 1,000 servers. A further 12 critical systems were also transitioned to the cloud.

Global firsts included using cloud-native technology for iPatient Manager and the TrakGene clinical genetics database, and transitioning the Enterprise Imaging Repository to the cloud to streamline the use of X-rays, CT scans and other diagnostic imaging. Australian firsts included Enterprise Patient Record and Electronic Oral Health Records.

Cyber security

eHealth NSW continued to uplift the cyber security maturity of NSW Health's systems, in line with Australian Cyber Security Centre recommendations. The statewide cyber security incident response plan was endorsed by NSW Health's chief information officers and will undergo regular mock scenario testing, facilitated by Cyber Security NSW.

Working with NSW Health's Health Education and Training Institute, eHealth NSW developed cyber security training for NSW Health staff, with high completion rates.

Volunteer of the Year Award

Mid North Coast Local Health District

Helen Mears

Helen Mears has been a United Hospital Auxiliary (UHA) volunteer at Coffs Harbour Health Campus for approximately 40 years and the President of the local group, affectionately known as the Pink Ladies, for more than 30 years.

Helen tirelessly fundraises for medical equipment, staffs the hospital's cafe and gift shop and inspires countless volunteers.



Coffs Harbour Health Campus volunteer Helen Mears wins the NSW Health Volunteer of the Year Award for her unparalleled service.

Making information more accessible

The Bureau of Health Information's new data portal ensures healthcare performance information is high quality, integrated and accessible. In 2021-22, the Bureau of Health Information uploaded patient experience survey results for emergency departments, and adult-admitted and outpatient cancer clinic patients for the first time. These were added to the Healthcare Quarterly results, which were first released via the portal in mid-2021.

Its staged implementation is part of a transition to a digital-first way of reporting healthcare performance information and making results more accessible and user-friendly.

Advanced locational technology for NSW Ambulance

NSW Ambulance successfully implemented Advanced Mobile Location (AML) technology into its control centres. AML technology calculates a triple zero caller's location using a combination of GPS, wi-fi and mobile network information and other sensor inputs.

Around 78% of triple zero calls originate from a mobile telephone. AML has the potential to better assist a significant proportion of callers, particularly in rural and remote locations, by saving time in responders reaching patients in difficult-to-find locations. This technology can provide accurate location coordinates within a 5-metre radius outdoors and a 25-metre radius indoors.

Supporting knowledge about clinical innovation

The Agency for Clinical Innovation published a web-based toolkit and information about available treatments through the NSW Health Immune Effector Cell Service. The toolkit provides information for clinical staff, patients, carers and the general community. It includes an animation explaining the service, patient videos, and resources on treatments, eligibility criteria, potential complications, and locations where services are provided. It also offers information on how cells are collected and prepared for the treatment process.

Priority 6

The health system is managed sustainably

Our future

NSW Health is committed to achieving system-wide, long-term structural and cultural change and managing the business with an outcomes-focused lens to deliver a financially and environmentally sustainable future.

Our priorities

- 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

Key achievements

- Established a statewide governance framework for the evaluation and use of medicines in NSW public health facilities and services optimising clinical governance and supporting better value healthcare.
- Establishing a new Climate Risk and Net Zero Unit in the System Purchasing Branch to coordinate NSW Health's approach and scale up its climate-risk response.
- Launching the Registry of Outcomes, Value and Experience (ROVE) analytics application to support measurement of value-based healthcare initiatives.
- Completing 12 infrastructure projects across NSW in 2021–22, improving health services and creating employment opportunities in both metropolitan and regional areas.
- Implementing the South Eastern Sydney Local Health District Patient Transport Service to deliver services across all metropolitan and local health districts, giving NSW Health greater flexibility to meet non-emergency patient transport demands in metropolitan areas.

Pharmaceutical Procurement and Clinical Governance Review

For two and half years NSW Health has led the Pharmaceutical Procurement and Clinical Governance Review project to support optimum clinical governance and better value healthcare. This has been done by developing a holistic framework governing the usage and procurement of pharmaceuticals.

The last 12 months has seen the project enter the establishment phase with the:

- creation of a statewide governance framework comprising the NSW Medicines Formulary Committee and NSW High-cost Medicines sub-committee, which evaluate and approve medicines for use across the public health system
- development of the NSW Medicines Formulary – a continually updated list of medicines approved for use in all NSW public hospitals, health services and by NSW Ambulance. The formulary will also include the approved indications, dose formulations and any prescribing restrictions.

Strategic financial views for local health districts, networks and the system

Outcomes budgeting

NSW Health maintains outcome-based budgeting and performance in line with the NSW Government framework as part of the cluster's budget cycle and performance framework.

The alignment of success measures to outcomes with a strategic financial lens informs the planning and delivery of healthcare as well as supports sustainable resource allocation across the NSW public hospital system.

Financial leadership

NSW Health continues to enhance reporting frameworks to improve the ability to measure and evaluate the effectiveness of an investment from both a service delivery and financial perspective.

NSW Health remains focused on providing financial leadership, including sustainable resource allocation across the NSW public hospital system. In 2021–22, the NSW Ministry of Health continued to work closely with NSW Treasury to assess key budget pressures to drive system improvement and performance to deliver outcomes for the state.

In addition, NSW Health develops the capability of finance staff from entry level to executive, to provide the necessary skills to create value, support decision making and enhance financial sustainability.

Financial leadership capability is enhanced through secondment programs and workplace rotations to provide staff with new professional experiences and a range of learning and development opportunities.

Embedding new accounting standards

Following the implementation of new accounting standards over the past three years, a key focus in 2021–22 was to embed these new requirements into operational processes and ensure ongoing compliance. Key achievements in 2021–22 included standardising grant register templates, enhancing guidance papers, upgrading systems, simplifying accounting policies and upskilling NSW Health entities with training and education courses through different channels.

Deliver a strategy to link financial data across the system

The NSW Ministry of Health continues to drive collaboration across functional areas to further enhance and drive best practice within data governance.

This has driven technology systems upgrades to enhance data analytics for decision making. NSW Health's five-year vision for corporate analytics includes financial data to facilitate alignment between functional areas to continue to create value and improve decision making through enhanced data insights.

Supporting our health system with new technology

Drive value in procurement

The NSW Ministry of Health is implementing a statewide procurement reform program, focused on improving ways of working and building partnerships across local health districts and shared service entities. This program of work is focused on delivering enhanced procurement and supply chains across the NSW health system to support value-based healthcare. This will deliver better health outcomes for patients, improve patient experience and streamline processes for clinical staff, as well as enhancements to procurement and supply chain practices.

Additionally, NSW Health is working with stakeholders to determine how best to use artificial intelligence and automation to streamline the procurement processes. In October 2021, the SmartChain business case for implementing intelligent automation was endorsed. This means SmartChain can now work with product managers and clinical teams to develop an end-to-end procurement solution that simplifies the procurement processes.

Piloting new ways of allocating cleaning and porter services at hospitals

HealthShare NSW has completed a pilot of the Task Allocation System at Royal North Shore Hospital. The Task Allocation System is a software system that helps facilities management staff to efficiently allocate tasks. It enables staff to track and submit cleaning and porter service tasks through a single online system, replacing verbal instructions and the use of handheld radio systems. During the pilot, The Task Allocation System provided complete oversight of staff workload and increased management's ability to provide surge capacity during peaks in demand. The system will be used to better plan resource requirements in advance and view overall service delivery and performance.

Shining a light on patients' progress through the health system

The Planned Care for Better Health program is designed to identify patients at risk of hospitalisation early, so that they can receive timely care to improve long-term health outcomes. Implementation of the Planned Care for Better Health program statewide will see the use of the Integrated Care Outcomes Database – in conjunction with qualitative information – to accurately measure patient outcomes.

Lumos links de-identified patient information from GPs together with other health services data. For instance, Lumos has shown that if a patient visits their GP following unplanned admissions to hospital, it reduces the likelihood of future readmissions within a 12-week period. Using this information will help system managers to plan for the future and better coordinate patient care more effectively across a range of settings.

Delivering the technology for NSW Health's Cash Transformation Program

During 2021–22, eHealth NSW supported the NSW Ministry of Health, HealthShare NSW and NSW Treasury to progress a three-year Cash Transformation Program which has digitised and automated the previously paper-based, manual revenue collection from non-patient billing.

Environmental sustainability

NSW Ambulance invests in renewables

NSW Ambulance is closer than ever to realising its ambition of reaching net-zero carbon emissions by 2040.

As of May 2022, the organisation installed solar panels at 62 ambulance stations, with more installations anticipated. Solar panels were also installed on 260 emergency ambulances and 16 emergency support vehicles as part of the new vehicle design specification. A retrofit program to install solar panels on the current fleet of 1,018 emergency ambulances has commenced and is scheduled for completion in 2022–23.

Sustainability solutions for personal protective equipment

Finding a solution to the supply and disposal of the increasing amounts of personal protective equipment (PPE) that healthcare professionals have used during the pandemic was required. HealthShare NSW provided guidance and support to two small businesses to successfully complete feasibility studies to commercialise sustainable solutions for PPE. Their research was enabled through their participation in the 2021–22 NSW Small Business Innovation and Research program. They were selected from among other participants to progress to the next stage of the program: creating a proof of concept for their solutions.

Working towards net zero across NSW Health

As part of the ongoing focus on delivering sustainable healthcare, NSW Health is refreshing its Resource Efficiency and Energy Strategy to align with the target for net zero CO₂ emissions for NSW by 2050. Increased solar, LED lighting, and other resource efficiency measures will reduce operating costs and improve environmental performance.

NSW Health has implemented a new performance target that will drive down energy use and reduce NSW Health's energy spend year on year. This coming year, NSW Health will continue to lead government in the energy efficiency space by requiring each asset-owning health organisation to deliver energy-efficiency projects equal to 1.5% of their total annual energy consumption. This target may be increased in subsequent years to ensure that NSW Health meets its net zero objectives. In 2021–22 there were 114 new resource efficiency and major energy-use upgrades implemented. All resource efficiency projects in the network saved \$15.7 million and abated 60,000 tonnes of CO₂e.

The NSW Health fleet will be transformed, with electric cars to represent half of all cars purchased by 2026. By 2030 NSW Health will only purchase electric passenger vehicles. This will convert more than 7,500 vehicles to more cost-effective, non-CO₂ emitting vehicles. Over the last two years the first electric vehicle charging stations were installed at NSW Health sites. Currently around 40% of passenger vehicle fleet are hybrid electric vehicles. This year further progress has been made with the first eight fully electric vehicles being delivered at Central Coast Local Health District and the NSW Ministry of Health.

To scale up its climate risk response, NSW Health established a new Climate Risk and Net Zero Unit in the System Purchasing Branch to coordinate our approach. The unit's activities are guided by a steering committee established in April 2022.

HealthShare NSW is responsible for a range of such support services. These include patient transport, food preparation, the provision of linen, procurement, and human resources functions. As part of its practical commitment to sustainability, HealthShare launched its first sustainability plan in March 2022 to make sustainability practices part of its everyday business.

In line with this, it was also involved in the 2021–22 NSW Small Business Innovation and Research program. As part of the program, HealthShare NSW supported three external companies to successfully complete feasibility studies aimed at removing microplastics

from linen services' wastewater and increasing water recycling in the state's hospitals. Proof-of-concept solutions will be developed in the next phase with these applicants selected for progression in the program.

Patient transport services

Patient transport services are staffed by trained patient transport officers and, where necessary, nurses. The South Eastern Sydney Local Health District patient transport services transition was successfully implemented in April 2022. It allows NSW Health greater flexibility to meet non-emergency patient transport demand across the metropolitan area, especially with patient transport services now delivering services across all metropolitan local health districts.

Value-based care

Strategic reform and planning

In NSW, value-based care means continually striving to deliver care that improves:

- health outcomes that matter to patients
- the experience of receiving care
- the experience of providing care
- the effectiveness and efficiency of care.

A major focus in 2021–22 was to improve alignment across statewide programs. Key initiatives were:

- Hosting value-based healthcare week for all NSW Health staff in May 2022, with the theme Embedding value-based healthcare across NSW. More than 580 people attended, which is more than for previous events, and 88% of survey respondents said they would attend again.
- Releasing the System priorities for value-based healthcare research report, a guide for researchers seeking partnership or involvement from NSW Health. We also integrated value-based healthcare into the assessment process for applications to the NSW Health Translational Research Grants Scheme.
- Launching the Registry of Outcomes, Value and Experience (ROVE) analytics application to support measurement of value-based healthcare initiatives. Based on data from the ROVE virtual registry, the app provides NSW Health staff with direct access to linked data on service and system use, patient experience and outcomes, and clinical benchmarking.
- Conducting economic appraisals for four clinical cohorts: wound management, renal supportive care, direct access colonoscopy, and hypofractionated radiotherapy for breast cancer. Despite the impacts of COVID-19⁴, early results indicated that health districts generated extra capacity compared to business as usual. The appraisals helped to inform future resourcing decisions and the provision of efficient health services.

- Developing a clinician experience survey, which collects information about quality of care, clinician engagement, interprofessional collaboration and psychological safety. This is being used to evaluate the impact of existing health services on clinicians' experiences, and to inform how health services are developed in the future.
- Finalising monitoring, evaluation and implementation plans for the Commissioning for Better Value Strategy 2021–24. Activities focused on promoting the strategy, developing capability and supporting partnerships including a [case study video](#) showcasing how Northern NSW Local Health District used this commissioning approach to design, implement and manage value-based medical imaging services.
- Publishing articles in Australian and international journals, including Collaborative Commissioning: regional funding models to support value-based care in New South Wales in the *Medical Journal of Australia* authored by Elizabeth Koff, Susan Pearce and David P Peiris.
- Producing a wound self-assessment tool and related resources to support health services across NSW to understand their current service capacity and capability around chronic wound management, supported by the Agency for Clinical Innovation. This tool supports services to meet the NSW Health Leading Better Value Care Standards for chronic wound management.

Managing performance through analytics

NSW Health monitors, assesses, and responds to system performance indicators as outlined in the NSW Health Performance Framework. The framework details how performance expectations are set and supports the delivery of NSW Health strategies and priorities. To ensure the system was performing within the guidelines of the framework, regular performance review meetings with all local health districts and specialty health networks, and relevant pillar organisations were conducted.

It also identified pressures on local health districts and specialty health networks when it came to delivering against some access performance indicators. In response, measures and funding models were adapted to ensure they were in line with teams' ability to deliver a sustainable health system.

4. In 2021–22, Leading Better Value Care focused on working with local health districts to scale and embed eight Tranche 1 and five Tranche 2 initiatives. COVID-19 affected the capacity of staff to implement some of these or impacted the availability and use of relevant health services.

Building facilities fit for our future

Kids HQ at Westmead

As part of the redevelopment of The Children's Hospital at Westmead, the first clinical area for stage 2 was delivered in December 2021 – a new virtual care centre named Kids HQ. The purpose-built space comprises Patient Flow, Integrated Care, Kids GPS, virtual KIDS and a Disaster Response room. The space also links the hospital with other critical care services, such as the Newborn and Paediatric Emergency Transport Service, otherwise known as NETS.

The designs for Kids HQ were finalised in March 2022 following 12 months of consultation. Feedback from hundreds of staff and consumers assisted in the establishment of the look and feel of spaces where kids receive best-level care. The fit-for-purpose spaces are designed to incorporate the latest technology to enhance their experiences in our health system.

Delivering \$11.9 billion in health infrastructure

Completed 12 projects across NSW in 2021-22, improving health services and creating employment opportunities in both metropolitan and regional areas. Major new regional construction included the final stage of the \$241.3 million Dubbo Hospital redevelopment, the \$35 million Dubbo Western Cancer Centre, and the \$470 million New Maitland Hospital. Two facilities combining health and aged care services in one facility were completed under the \$296.5 million Multipurpose Service Program – the Hay Health Service and Tocumwal Multipurpose Service. The completion of wards was fast tracked in the \$341 million Concord Hospital redevelopment to address the surge in COVID-19 patient numbers.

Under the \$700 million Statewide Mental Health Infrastructure Program, an acute mental health unit at Blacktown Hospital and the first specialist mother and baby mental health unit at Royal Prince Alfred Hospital were opened. To help address growing community needs in Western Sydney and South-West Sydney, stage 1 of the \$550 million Nepean Hospital redevelopment was completed, as well as a new clinical services building for Campbelltown Hospital.

Securing additional Commonwealth funding to manage COVID-19

The COVID-19 pandemic continued to affect health system funding arrangements during 2021-22. Working collaboratively with all Australian governments, NSW Health was integral to securing an extension of Commonwealth financial assistance towards the COVID-19 response, in addition to ongoing National Health Reform Agreement funding. The additional funding supported hospital capacity in both the public and private sectors, a range of public health measures, and the delivery of the COVID-19 vaccine rollout.

Secretary's Award for Integrated Value-Based Care

NSW Health Pathology

Fast-moving genomics service combats the spread of COVID-19

When COVID-19 was first detected in NSW in late 2020, the genomics service worked collaboratively to rapidly design a novel genomics assay for COVID-19. Within two weeks, the first genomes were generated. This breakthrough led to the ability to link importations from returning overseas travellers to known international hotspots.



The winning team at NSW Health Pathology.

Management and accountability

NSW Health relies on frameworks and structures that promote excellence in healthcare management and service delivery, to provide a high-quality, world-class health system that delivers vital and essential services.

Our governance structure, financial frameworks and approach to risk management ensures our commitment to health services are needs-based and that we provide safe, high-quality, and patient-centred care for the 8 million citizens of NSW.



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 the NSW Health organisational chart on page 5).

The NSW Ministry of Health 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

The Patient Experience and System Performance Safety and Quality Framework provides guidance to all NSW Health organisations on the key components required to continuously improve health services to deliver safe, value-based care to patients.

These activities include:

- improving access to health services
- greater efficiencies in providing care
- reducing hospital-acquired complications
- developing integrated governance systems to maintain and improve the reliability and quality of patient care.

The framework reinforces NSW Health's commitment to partnering with patients, consumers, families and carers in healthcare decision making and improving staff culture and wellbeing to provide high-quality care.

Across NSW Health, clinical governance systems are governed by the following key principles:

- openness about errors – these are reported and acknowledged without fear, and patients and their families are told what went wrong and why
- emphasis on learning – the system is oriented towards learning from its mistakes
- obligation to act – the obligation to take action to remedy problems is widely instilled
- accountability – the limits of individual accountability are clear

- a just culture – individuals are treated fairly and not blamed for system failures
- appropriate prioritisation of action – actions are prioritised according to resources and where the greatest improvements can be made
- teamwork – cooperation is recognised as the best defence against system failures and is explicitly encouraged.

In collaboration with the NSW Ministry of Health Patient Safety First Unit, the Clinical Excellence Commission is responsible for the quality and safety of the NSW public health system and for providing leadership in clinical governance.

Local health districts and specialty health networks have primary responsibility for providing safe, high-quality care for patients. To protect patients from harm and ensure the quality of health services, hospitals, dental services and oral health clinics within hospitals must be accredited. Accreditation is determined by assessment against the National Safety and Quality Health Service Standards, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme.

The Clinical Excellence Commission risk-assessed 928 notifications for issues with medical devices, medicines and biological agents. Of these, 53 required system-wide critical responses and 32 required urgent safety alert broadcasts. Three critical device issues and four urgent medication issues required rapid activations of an Inter-agency Management Team with weekly management meetings.

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.

NSW Health completed the transition to a new incident management system (ims+) at the end of 2020. This system records consumer feedback and complaints. In the six months since system implementation (January to June 2021) there were 4,400 compliments recorded and 9,065 complaints recorded*. The top five issues related to clinical care, communication, timing and access, management of facilities and patient rights and humanness.

NSW Health has local and statewide processes in place to enable staff across NSW Health to manage complaints from patients, carers and the community.

*This figure also includes complaints recorded by St Vincent's Health Network.

In 2016, NSW Health committed to improving complaints handling processes in line with the NSW Ombudsman's Complaints Handling Improvement Program (CHIP). As part of this commitment, NSW Health agreed to implement the six criteria for effective complaints handling:

1. Respectful treatment
2. Information and accessibility
3. Good communication
4. Taking ownership
5. Timeliness
6. Transparency.

Finance and performance management

Organisation performance monitoring and review of financial management form a key part of the system of internal controls for public health organisations.

Chief executives and boards are responsible for putting into place appropriate arrangements to:

- ensure the efficiency and effectiveness of resource utilisation by public health organisations
- regularly review the adequacy and effectiveness of organisational financial and performance management arrangements.

NSW Health Performance Framework

The framework includes the performance expected of affected organisations to achieve the required levels of health improvement, service delivery and financial performance. The framework and associated key performance indicators listed in service agreements apply at both whole-of-health-service and facility or service levels, promoting and supporting a high-performance culture.

The framework sets out the performance improvement approaches, responses to performance concerns, and management processes that support the achievement of these outcomes in accordance with government policy.

The NSW Health Performance Framework applies to:

- the 15 geographical NSW local health districts and other NSW Health services: NSW Ambulance, Sydney Children's Hospitals Network, St Vincent's Health Network, Justice Health and Forensic Mental Health Network and affiliated health organisations
- NSW Health support organisations: Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, Health Education and Training Institute, HealthShare NSW and NSW Health Pathology.

In relation to affiliated health organisations, the role of the framework is to provide the context for the service agreements between local health districts and individual AHOs, while recognising the different legal status and governance of AHOs. Regarding support organisations, the framework's principles and processes apply to the extent appropriate to each organisation's roles and functions.

Service agreements

Service agreements are a central component of the Performance Framework. They clearly set out the service delivery and performance expectations for the funding and other support provided to districts, other health services and support organisations.

Annual service agreements between the NSW Ministry of Health and local health districts and specialty health networks include budgets for the level and mix of services each health service needs for their communities. In activity-based funding, the purchasing methodology has evolved to clearly align with Future Health. Funding decisions consider the outcomes for patients and the public health system, and funding adjusters are used to incentivise value-based care.

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 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.

Internal auditing at the ministry

Internal Audit provides an independent review and advisory service to the Secretary and the Risk Management and Audit Committee. It provides assurance that the NSW Ministry of Health's financial and operational controls, designed to manage the organisation's risks and achieve the entity's objectives, are operating in an efficient, effective and ethical manner.

Internal Audit assists management in improving the entity's business performance, advises on fraud and corruption risks and internal controls over business functions and processes.

External agency oversight

Several statutory and government agencies are involved in the oversight and governance of NSW public health organisations. These include the NSW Ombudsman, Information and Privacy Commission, Independent Commission Against Corruption, NSW Treasury, Department of Premier and Cabinet, the Auditor-General, Audit Office of NSW and the Public Accounts Committee of the NSW Parliament.

NSW Ombudsman

The NSW Ombudsman tabled one report involving NSW Health during 2021–22:

1. NSW Child Death Review Team Annual Report 2019–20 – published 26 October 2021.

The tabled report, including relevant data and updates on implementation of previous recommendations, is provided by NSW Health and can be accessed on the Ombudsman's website ombo.nsw.gov.au.

In addition, the Biennial Report of the Deaths of Children in New South Wales: 2018 and 2019 – Incorporating reviewable deaths of children, was tabled in Parliament on 23 August 2021.

NSW Audit Office

This NSW Audit Office fulfils the external oversight function for the NSW Ministry of Health and the public health organisations and undertakes financial audits, performance audits and compliance audits. In addition to the three types of audits, the NSW Audit Office also tables special reports on internal controls. In 2021–22, the NSW Audit Office tabled one performance audit report in Parliament that was specific to NSW Health:

1. Access to Health Services in Custody – tabled 23 September 2021.

The NSW Ministry of Health, along with 39 other NSW Government agencies, was involved in the preparation of the Auditor General's Report: Internal Controls and Governance 2021. This was released on 23 December 2021. The focus of the report was on whole-of-government compliance and cyber security. All tabled reports, including the related response from NSW Health, are available at audit.nsw.gov.au.

Public Accounts Committee of the NSW Parliament

The Public Accounts Committee of the NSW Parliament reviews performance audit reports tabled by the Auditor-General of NSW in Parliament as part of a 12-month follow-up program, with status updates being sought from NSW Health on the implementation of the audit recommendations that were accepted by NSW Health. In 2021–22, NSW Health made two submissions to the committee on the implementation of recommendations following earlier performance audits:

1. Health Capital Works – original report tabled 12 August 2020
2. Managing the Health, Safety and Wellbeing of Nurses and Junior Doctors in High Demand Hospital Environments – original report tabled 9 December 2020.

The committee also held a hearing on 6 June 2022 on the above two audits and witnesses from NSW Health participated at those hearings which were followed up by supplementary questions from the committee.

Internal audit and risk management attestation

NSW Health



Internal Audit and Risk Management Attestation Statement for the 2021-2022 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 compliant with the seven (7) 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.	<i>Compliant</i>
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.	<i>Compliant</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.	<i>Compliant</i>
2.2 The Accountable Authority shall ensure the internal audit function operates consistent with the International Standards for Professional Practice for Internal Auditing.	<i>Compliant</i>
2.3 The Accountable Authority shall ensure the agency has an Internal Audit Charter that is consistent with the content of the 'model charter'.	<i>Compliant</i>
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.	<i>Compliant</i>
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'.	<i>Compliant</i>

Membership

The Chair and members of the Risk Management and Audit Committee are:

- Ms Carolyn Walsh, Independent Chair (23 March 2020 to 22 March 2024)
- Ms Julie Newman, Independent member (26 June 2021 to 25 June 2023)
- Mr Greg Rochford, Independent member (23 June 2021 to 22 June 2025)
- Ms Rhonda Wheatley, Independent member (9 December 2021 to 9 December 2025)

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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:

Central Coast Local Health District	The Sydney Children's Hospitals Network
Far West Local Health District	Western NSW Local Health District
Hunter New England Local Health District	Western Sydney Local Health District
Illawarra Shoalhaven Local Health District	Agency for Clinical Innovation
Justice Health & Forensic Mental Health Network	Ambulance Service of NSW
Mid North Coast Local Health District	Bureau of Health Information
Murrumbidgee Local Health District	Cancer Institute NSW
Nepean Blue Mountains Local Health District	Clinical Excellence Commission
Northern NSW Local Health District	eHealth NSW
Northern Sydney Local Health District	HealthShare NSW
South Eastern Sydney Local Health District	Health Education and Training Institute
South Western Sydney Local Health District	Health Infrastructure
Southern NSW Local Health District	NSW Health Pathology
Sydney Local Health District	

Departures from Local Policy

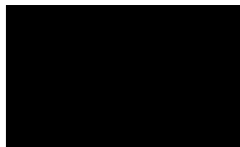
I, Ms Susan Pearce, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the policy requirements outlined below, as set out in the *Internal Audit* policy (PD2016_051) for the NSW Health.


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>Core Requirement:</p> <p>2. Internal Audit</p> <p>Local Procedure:</p> <p>1.7 Internal Audit Quality Assurance and Improvement</p> <p>The Chief Executive must ensure that the Internal Audit function, whether in-house, co-sourced, or outsourced, is subject to a quality assurance review by an accredited provider or reviewer at least once every five (5) years, as required by the Institute of Internal Auditors.</p>	<p>One Health Organisation attested to the Secretary that an independent quality assurance review was not completed within the 5 year period due to an internal oversight which included turnover of key staff.</p> <p>An internal assessment was completed by the Health Organisation in Feb 2022. An independent review has been scheduled and the departure will be resolved in 2022/23.</p>

<p>Core Requirement:</p> <p>3. Audit and Risk Committee</p> <p>Local Procedure:</p> <p>2.3.2 Appointment of Independent Member as Chair</p> <p>The Chair of the Audit and Risk Committee must be appointed for one (1) term only for a period of at least three (3) years, with a maximum period of five (5) years.</p> <p>The member's total term on the Committee (inclusive of a term as chair and a term as a member) must not exceed a total of eight (8) years.</p>	<p>One Health Organisation attested to the Secretary that the Chair of the Audit and Risk Committee was appointed for a 1 year term instead of the minimum 3 year term due to a misinterpretation of the local policy.</p> <p>The Organisation was granted an exception for the Chair to have a 1 year term to allow for the knowledge to remain within the Committee while not exceeding the overall tenure on the Committee of 8 years.</p> <p>Future Chair appointments will comply with the local policy.</p>
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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
 Secretary, NSW Health
 Date: 



 Lorraine Stevens
 Chief Audit Executive, Ministry of Health
 Telephone: 9461 7383

Public accountability

Public interest disclosures

NSW Health values the contributions of staff to improve administrative and management practices. Staff report any alleged wrongdoing under the *Public Interest Disclosures Act 1994*. NSW Health has a Public Interest Disclosures Policy (PD2016_027) which covers management of public interest disclosures across all NSW Health organisations.

During 2021–22 NSW Health organisations received 57 public interest disclosures. Twenty-four were made by staff in the course of their day-to-day functions, and 33 fell into the category of ‘all other public interest disclosures’.

Of the 57 public interest disclosures received, 54 primarily related to reports alleging corruption, two related to allegations of maladministration and one related to local government pecuniary interest contraventions.

Across NSW Health, 31 public interest disclosures were finalised during the 2021–22 period.

The number of public interest disclosure reports received in the 2021–22 financial year is down from the 70 reports received in the 2020–21 reporting period.

Public interest disclosure coordinators for NSW Health implement tailored staff awareness strategies to suit their organisational needs. The COVID-19 pandemic impacted the ability of NSW Health to implement face-to-face training and forums. NSW Health organisations used training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning, and employee induction training to improve awareness. Information about public interest disclosures is available on intranet sites, and some organisations provided information via newsletters, posters and surveys.

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 2021–22 the NSW Ministry of Health received 222 formal access applications under the *Government Information (Public Access) Act 2009 (the GIPA Act)* and of these, 37 applications were transferred to other agencies for completion. During the reporting period, 40 applications were initially assessed as invalid, for not complying with the formal requirements of section 41 of *the GIPA Act*.

A total of 143 formal applications were completed within the reporting period, including 31 originally received in the 2020–21 reporting period. There were a further 34 applications undecided, as well as 3 applications under review, as of 30 June 2022.

There were 78 informal *GIPA Act* requests completed, 35 external third party consultation requests, as well as 6 disclosure log requests processed within the 2021–22 reporting period.

Three internal reviews were conducted in 2020–21, with 18 external reviews completed in this same period.

Of the 143 formal access applications decided in 2021–22, the NSW Ministry of Health made 4 decisions to refuse access to information referred to in Schedule 1 of *the GIPA Act* (1 in full and 3 in part), where there was a conclusive presumption of overriding public interest against disclosure.

There were 27 decisions to release information in full, with 59 decisions made to refuse access to part of the information requested. A further five applications resulted in a full refusal of access to the information requested.

Statistical information regarding formal access applications received during 2021–22 is provided in the following tables.

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 (52)	14	1	3	14	4	11	0	5
Members of Parliament (18)	2	1	0	0	1	8	0	6
Private sector business (13)	4	4	1	2	0	2	0	0
Not-for-profit organisations or community groups (10)	3	1	1	2	0	2	0	1
Members of the public (application by legal representative) (14)	1	0	0	10	0	1	0	2
Members of the public (other) (55)	3	1	0	31	11	9	0	0

Total = 162. *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* (22)	1	0	0	20	0	0	0	1
Access applications (other than personal information applications) (134)	25	7	5	36	15	33	0	13
Access applications that are partly personal information applications and partly other (6)	1	1	0	3	1	0	0	0

TOTAL = 162. *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). PLEASE NOTE: The total number of decisions in Table B should be the same as Table A.

Table C. Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	43
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	43
Invalid applications that subsequently became valid applications	4

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	2
Executive Council information	0
Contempt	1
Legal professional privilege	1
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	4
Law enforcement and security	0
Individual rights, judicial processes and natural justice	5
Business interests of agencies and other persons	5
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)	124
Decided after 35 days (by agreement with applicant)	14
Not decided within time (deemed refusal)	5
Total	143

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	1	0	1
Review by Information Commissioner*	4	10	14
Internal review following recommendation under section 93 of Act	1	1	2
Review by NCAT	0	4	4
Total	6	15	21

*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	20
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	1

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	37
Applicant-initiated transfers	0

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
- *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

Legislative changes

New Acts

Nil

Amending Acts

Health Legislation(Miscellaneous Amendments) Bill 2020

Repealed Acts

Nil

Significant Orders

A range of public health orders under s.7 of the *Public Health Act 2010* have been made by the Minister for Health including orders relating to:

- Public Health (COVID-19 Additional Restrictions for Delta Outbreak) Order
- Public Health (COVID-19 Aged Care Facilities) Order
- Public Health (COVID-19 Air and Maritime Arrivals) Order
- Public Health (COVID-19 Air Transportation Quarantine) Order
- Public Health (COVID-19 Care Services) Order
- Public Health (COVID-19 Gathering Restrictions) Order
- Public Health (COVID-19 General) Order
- Public Health (COVID-19 Interstate Travellers) Order
- Public Health (COVID-19 Maritime Quarantine) Order
- Public Health (COVID-19 Safety) Order
- Public Health (COVID-19 Self-Isolation) Order
- Public Health (COVID-19 Spitting and Coughing) Order
- Public Health (COVID-19 Vaccination of Education and Care Workers) Order
- Public Health (COVID-19 Vaccination of Health Care Workers) Order

Principal regulations made

Nil


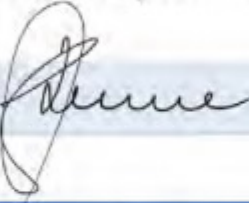
Amending regulations made

- Health Legislation Amendment (Fees) Regulation 2021
- Health Practitioner Regulation (New South Wales) Amendment (Membership of Councils) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Correctional Centres) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Cosmetic Use) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Prescription Requirements) Regulation 2022
- Poisons and Therapeutic Goods Amendment (Restricted Substances) Regulation (No 2) 2021
- Poisons and Therapeutic Goods Amendment (Vaccines) Regulation 2022
- Private Health Facilities Amendment (COVID-19 Prescribed Period) Regulation (No 2) 2021
- Public Health Amendment (COVID-19 Air and Maritime Arrivals) Regulation 2022
- Public Health Amendment (COVID-19 Delta Outbreak) Regulation 2021
- Public Health Amendment (COVID-19 Mandatory Face Coverings) Regulation (No 4) 2021 (SI 432)
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 2) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 3) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 4) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 5) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 6) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation (No 7) 2021
- Public Health Amendment (COVID-19 Penalty Notice Offences) Regulation 2022
- Public Health Amendment (COVID-19 Penalty Notice Offences— Air Transportation Quarantine) Regulation 2021
- Public Health Amendment (COVID-19) Regulation (No 2) 2022
- Public Health Amendment (COVID-19) Regulation 2021
- Public Health Amendment (COVID-19) Regulation 2022
- Public Health Amendment (Rapid Antigen Tests) Regulation 2022

Repealed regulations

Nil

Cyber security policy attestation

	<p>Brief for the NSW Health Secretary eHealth NSW</p>	Approval
<h2>NSW Health Cyber Security Annual Attestation 2021-22</h2>		
Topic	NSW Health Annual Attestation Statement to Cyber Security NSW	
Analysis	NSW Cyber Security requires NSW Health to provide an annual attestation statement and include this statement in the NSW Health Annual Report. eHealth NSW has sought cyber security attestations from all the Chief Executives of NSW Health Local Health Districts, Health Agencies, and Pillars (clusters). The individual attestations have been collated to support the NSW Health annual attestation for endorsement.	
<h3>Recommendation</h3>		
<ol style="list-style-type: none"> Approve and sign the Cyber Security Attestation Statement 2021-22 for the NSW Health clusters to be submitted to Cyber Security NSW and for inclusion in the NSW Health Annual Report (Tab A). 		
Secretary's signature		Date 25/8/22
<h3>Key reasons</h3>		
<h4>Consolidated annual attestation statements 2021-22</h4>		
<p>All NSW Government public service agencies are required to provide an annual attestation to Cyber Security NSW as stated in the <i>NSW Cyber Security Policy</i> (Tab B).</p>		
<p>Included in the attestation, all agencies must ensure:</p>		
<ul style="list-style-type: none"> • Cyber security risks are assessed • Cyber security is appropriately addressed at agency governance forums • The cyber incident response plan, which is integrated with the security components of business continuity arrangements, has been tested over the previous twelve months • Information Security Management System (ISMS) or a Cyber Security Framework (CSF) is in place • Taken steps to continuously improve the management of cyber security governance and resilience. 		
<p>eHealth NSW has worked with NSW Health clusters to prepare a consolidated attestation statement for inclusion in the NSW Health Annual Report 2021-22. This attestation report needs to be submitted in time for publication (no later than 1 October 2022). A copy of the signed attestation will be provided to Cyber Security NSW as per their requirements.</p>		
<p>In addition to the annual attestation, annual compliance reporting requirements, mandated by the policy, include a maturity-based assessment of standard cyber security controls, the 'Essential 8' identified by the Australian Cyber Security Centre, and a list of cyber security risks with a residual rating of 'high' and 'extreme'. The reports submitted will be summarised by Cyber Security NSW and provided to the relevant governance group including the Cyber Security Senior Officers Group (CSSOG), ICT and Digital Leadership Group (IDLG), and the NSW Auditor General.</p>		
<p>eHealth NSW is working with agencies across NSW Health on compliance reporting and will be providing a full set of reports to Cyber Security NSW as required by the policy.</p>		
<h3>Context</h3>		
<p>Robust cyber security is an important component of the NSW Beyond Digital Strategy, enabling the effective use of emerging technologies and ensuring confidence in the services provided by the NSW Government.</p>		
HP ERM H22/76119	RMB Folder HS22/11323	1 of 2

NSW Health Annual Attestation to Cyber Security NSW

The policy includes strengthening cyber security governance, identifying an agency's most valuable or operationally vital systems or information (known as 'crown jewels'), strengthening cyber security controls, developing a cyber security culture across all staff, and working with other government agencies to share security and threat intelligence with a whole of government approach to cyber incident response.


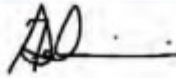
The requirements of the policy are enforced via the *NSW Health Policy Directive Electronic Information Security Policy - NSW Health (PD2020_046)*, which all NSW Health Chief Executives are responsible for implementing.

The NSW Ministry of Health has a process in place for the Audit and Risk Attestation that is defined in the *Corporate Governance & Accountability Compendium*. Other attestation processes managed through the NSW Ministry of Health include Audit and Risk & Corporate Governance Attestation Statements.

Contact and approval

Contact	Position	Phone
Dr. Peter Croll	Director, Information Security Services, Service Delivery, eHealth NSW	8644 2400

Approval

Name	Position	Signature	Date
Dr Zoran Bolevich	Chief Executive eHealth NSW Chief Information Officer NSW Health		14.08.2022
Mr Farhoud Salimi	Executive Director, Service Delivery, eHealth NSW		10/8/22

Attachments

Tab	Title
A	NSW Health 2021-22 Annual Attestation Statement
B	NSW Electronic Information Security Cyber Security Policy v5.0

ANNUAL ATTESTATION STATEMENT

Cyber Security Annual Attestation Statement for the 2021-2022 Financial Year for NSW Health.

I, Susan Pearce, am of the opinion that NSW Health has managed cyber security risks in a manner consistent with the Mandatory Requirements set out in the NSW Government Cyber Security Policy.

Governance is in place to manage the cybersecurity maturity and initiatives of NSW Health.

Risks to the information and systems of NSW Health have been assessed and are managed.

The cyber incident response plan for NSW Health has been developed by eHealth NSW. The plan integrates with the security components of business continuity arrangements and has been implemented and tested during the reporting period. The test has been facilitated by Cyber Security NSW and involved NSW Health Senior Business Executives.

eHealth NSW is responsible for delivery and management of state-wide ICT infrastructure and systems for NSW Health. eHealth NSW has an Information Security Management System (ISMS) and is an ISO27001 certified organisation.


NSW Health is doing the following to continuously improve the management of cyber security governance and resilience:

1. Ongoing awareness training of NSW Health staff about cyber safety
2. Providing mandatory training of cyber security fundamentals for all staff
3. Prompt reporting of cyber security incidents to Cyber Security NSW
4. Regular reviews of cyber security risks, treatments and incidents by the ISMS Committee and the Cyber Security Executive Committee
5. Rapid response to alerts issued on cyber security vulnerabilities
6. Regular patching and hardening activities of workstations and servers
7. Maturity improvements to address the Australian Cyber Security Centre's Essential 8.

This attestation covers the following agencies:

1. Agency for Clinical Innovation
2. Bureau of Health Information
3. Cancer Institute NSW
4. Central Coast LHD
5. Clinical Excellence Commission
6. eHealth NSW
7. Far West LHD
8. Health Care Complaints Commission
9. Health Education and Training Institute
10. Health Infrastructure
11. Health Professional Councils Authority
12. HealthShare NSW
13. Hunter New England LHD
14. Illawarra Shoalhaven LHD
15. Justice Health & Forensic Mental Health Network
16. Mental Health Commission NSW
17. Mid North Coast LHD
18. Murrumbidgee LHD

19. Nepean Blue Mountains LHD
20. Northern NSW LHD
21. Northern Sydney LHD
22. NSW Ambulance
23. NSW Health Pathology
24. NSW Ministry of Health
25. South Eastern Sydney LHD
26. South Western Sydney LHD
27. Southern NSW LHD
28. St Vincent's Health Network
29. Sydney Children's Hospitals Network
30. Sydney LHD
31. Western NSW LHD
32. Western Sydney LHD



Susan Pearce
Secretary, NSW Health

Information management

Privacy

The NSW Ministry of Health provides ongoing privacy information and support within the NSW Ministry of Health, and to the NSW public health system. In 2021–22, work includes:

- participation in the Mandatory Notifiable Data Breach Scheme interagency working group to inform the drafting of the Exposure Bill to amend the *NSW Privacy and Personal Information Protection Act 1998*
- consultation on amendments to the NSW Health Records and Information Privacy Regulation 2017
- briefing eHealth representatives on the Australian Digital Health Agency's Jurisdictional Advisory Committee, on matters including harmonisation of privacy laws, national digital ID proposals and My Health Record
- assisting state records authorities with review of 110-year access direction on health records
- assisting with the response to a cyber-attack, including responding to affected patients' queries, complaints and privacy internal review applications
- providing advice to the COVID-19 contact tracing team regarding the confidentiality of personal information
- review of Privacy Impact Self-Assessment submissions for new ministry projects and initiatives as part of the Privacy and Security Assurance Framework
- providing advice on information-sharing arrangements for a range of ministry projects including NSW Health interactions with the National Disability Insurance Scheme, the National Health Act highly expensive drug co-payment scheme, the National Information Sharing framework for SafeScript, NSW school immunisation program, COVID-19 SMS notifications, Bureau of Health Information patient surveys, and staff data management in the Stafflink, recruitment and onboarding, and performance and training systems
- update of the NSW Health Privacy Management Plan and NSW Health Privacy Manual for Health Information, with publication of both documents expected in the first half of the 2022–23 financial year.

Internal review

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

During 2021–22, the NSW Ministry of Health received eight applications for internal review relating to the cyber-attack that was communicated to affected individuals in mid-2021. A breach of Health Privacy Principle 5 relating to the retention and security of health information was found in the eight reviews. In addition, in January 2022 the NSW Ministry of Health received one application for internal review under the *Health Records and Information Privacy Act 2002*.

Our people

The NSW Health Workforce Plan is a 10-year strategic statewide workforce plan that aligns with, supports and reinforces NSW Health's Future Health goals.

The plan outlines the NSW Ministry of Health workforce vision and its urgent system priorities to achieve this vision.

The Health Professional Workforce Plan 2012–22 facilitates multiple system-wide improvements to create a Future Health workforce that is fit for purpose. The NSW Health Workforce Plan 2022–32 builds on those achievements and provides a delivery framework to guide the implementation of Future Health's workforce-related strategies across the health system. It supports the state's health workforce to deliver safe, reliable and person-centred care, driving the best outcomes and experiences for NSW residents.

More than 3,000 nursing and midwife graduates were recruited for 2022, with 41% recruited in rural and regional areas. The MidStart program recruited 207 registered nurses into midwifery training positions, with 45% located in rural and regional areas.

Ten rural postgraduate midwifery scholarships were provided in 2021 to small, rural maternity units. The initiative promotes a sustainable midwifery workforce in rural NSW through the 'grow your own' approach, whereby staff train and work in their local areas.

NSW Health awarded 245 enrolled nurse scholarships in 2022. The scholarship positions are linked to areas of workforce need and included employment with NSW Health on completion.

Building positive workplace culture

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, 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.

The survey is conducted by the NSW Public Service Commission with assistance from NSW public sector agencies and Big Village, an external service provider. Big Village (which was previously known as ENGINE) is a member of the Association of Market and Social Research Organisations (AMSRO) and adheres to the Privacy (Market and Social Research) Code 2014 (the Code).

Responding to bullying and complaints

NSW Health agencies implemented local strategies to reduce the incidence of bullying and unacceptable behaviour and enhance workplace culture. These are in addition to the following statewide strategies:

- Anti-bullying management advisors, responsible for development of strategies for improving communication, increasing information sharing and providing support and coaching to managers on effective complaints management processes.
- The confidential Anti-Bullying Advice Line, responsible for provision of guidance and information to employees about the complaint resolution process.
- Bullying data collection where NSW Health organisations are responsible to report individual complaint data to the NSW Ministry of Health, where complaints are initially assessed as potential bullying complaints.
- Addressing Grievances and Concerns Managers' Portal – a web portal to support managers across NSW Health to address workplace issues and address grievances and concerns, including bullying appropriately and as soon as they arise.
- Bullying Risk Assessment Tool to assist health organisations assess the potential to bullying in the workplace to prevent or minimise the potential to psychological injury.

There were 66 bullying complaints between 1 July 2021 to 30 June 2022, down from 114 complaints in 2020–21. This represents 0.05% of the total full-time equivalent staff in the NSW Health system (based on full-time equivalent staff as of 30 June 2022).

The NSW Ministry of Health is developing an Addressing Grievances and Concerns Staff Portal, which will provide staff with guidance and tools on resolving grievances directly with the other party. It will also provide advice on how to participate in the grievance process when the matter is escalated to their manager.

Workforce diversity

NSW Health welcomes people of diverse backgrounds and recognises the crucial role a sense of belonging plays in delivering an effective, functioning, diverse and inclusive workplace.

The Diversity Inclusion Belonging resource hub provides direction to NSW Health organisations to help them meet the diversity and inclusion targets set under the Premier's Priorities.

The NSW Health human resources information system has been modified to allow a person with disability, an Aboriginal person or a person who is serving, or has served, in the Australian Defence Force to self-identify, resulting in more accurate NSW Health diversity data that reflects our workforce and the community it serves.

Together, the Centre for Aboriginal Health and the Workforce Planning and Talent Development Branch fund 20 cadetships per year as a workforce target in the NSW Health Health Professionals Workforce Plan 2012–2022. The program has been managed by the Health Education and Training Institute. As at June 2022, NSW Health employed 14 Aboriginal allied health cadets across all NSW Health services.

Aboriginal workforce representation continues to develop across the breadth of role types in NSW Health services. In 2021–22 NSW Health introduced specific workforce targets to drive improvements in the establishment of the Aboriginal health practitioner role across clinical multidisciplinary teams.

People, Culture and Governance has, for the whole of NSW Health, established a stretch target of 16 Aboriginal people in leadership roles by 2025, exceeding the previous goal of doubling Aboriginal people in leadership roles from 5 to 10 by 2025 and achieving 11 Aboriginal senior leaders by December 2020.

As of June 2022, 16 Aboriginal people were employed in a senior leadership role.

The cultural safety of NSW Health's Aboriginal and Torres Strait Islander workforce and client group continues to be a priority. The focus is to address racism and unconscious bias through the delivery of the Respecting the Difference – an Aboriginal cultural training program – as well as refreshing the program to drive improvements into the future.

Trends in the representation of workforce diversity groups

Workforce diversity group	Benchmark/Target	2020	2021	2022
Women	50%	74.5%	74.6%	74.4%
Aboriginal and/or Torres Strait Islander People	3.3%	2.8%	2.8%	2.9%
People whose first language spoken as a child was not English	23.2%	25.7%	25.2%	24.1%
People with disability	5.6%	1.8%	1.8%	1.7%
People with disability requiring work-related adjustment	N/A	0.4%	0.4%	0.4%

Note 1: The benchmark of 50% for representation of women across the sector is intended to reflect the gender composition of the NSW community.

Note 2: The NSW Public Sector Aboriginal Employment Strategy 2019–2025 takes a career pathway approach in that it sets an ambitious target of 3% Aboriginal employment at each non-executive grade of the public sector by 2025. **Note 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% is the percentage of the NSW general population born in a country where English is not the predominant language. **Note 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% to 5.6% by 2027. More information can be found 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 of workforce diversity groups

Workforce diversity group	Benchmark	2020	2021	2022
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	76	76	77
People whose first language spoken as a child was not English	100	99	99	96
People with a disability	100	88	88	88
People with disability requiring work-related adjustment	100	87	87	88

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. **Note 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.

Workplace health and safety

The NSW Ministry of Health is committed to maintaining the health, safety and welfare of staff and visitors, in accordance with the *Work Health and Safety Act 2011 (NSW)* and the *Work Health and Safety Regulation 2017 (NSW)*.

To support the comprehensive work health and safety policy framework for safety, security injury management and recovery to work, a work health and safety resource manual to assist health clusters meet their work health and safety legal obligations during the COVID-19 pandemic has been developed.

Keeping the workforce safe is a high priority in these challenging times. During the NSW Health response to COVID-19, risk management principles have been used to establish new services and deliver current services in new locations using additional technology. A significant investment in worker safety occurred with infection control processes, additional training and resources, workforce recruitment, management, and provision of personal protective equipment (PPE) and vaccination. The Clinical Excellence Commission led a respiratory protection program to ensure frontline staff are fit tested for the correct P2/N95 masks. The NSW budget in 2021–22 included \$340 million for PPE and associated costs. When determining the vaccination needs for the workforce, decision making has been underpinned by a risk assessment process to ensure staff and patient safety.

The COVID-19 pandemic has also seen an increase in implementation of flexible work arrangements across the NSW Health cluster due to the need to work from home. This includes processes to ensure staff safety in the home environment.

The NSW Ministry of Health continues to lead and coordinate the NSW Government Sector Workplace Health and Safety Sector Plan 2018–2022 response from health agencies, including compiling self-assessments and peer reviews. These reviews informed a Workplace Health and Action Plan for 2021–2022, which focuses on strategies to address leadership support, fatigue and mental health. Creating a framework for psychosocial hazards in the workplace is underway, in partnership with icare, to assist in delivering statewide projects. Governance arrangements have been reviewed and strengthened with the Clinical Excellence Commission to enable sharing of incident data. This data informs current and ongoing projects across NSW Health for continuous improvement of Workplace Health and Safety systems.

The Security Risk Management Team was established in 2020 to reduce aggression and violence in hospitals by improving compliance with NSW Health security standards and increasing professionalisation of the security workforce. Several key projects were completed in 2020–21 including creating opportunities for health agencies to share innovation and best practice.

Workers compensation

Where our workers are injured at work, NSW Health is committed to their supported recovery at work, or the early return to work. Recovery at work or early return to work after a work-related injury is a critical step and supports employees to resume their life with minimal disruption to family, work and social interactions.

The NSW Health Directive Rehabilitation, Recovery and Return to Work (PD2022_02) policy was released and provides procedures for all NSW Health employees on actions that will be taken in the event an individual sustains a work-related injury or illness.

Prosecutions under the *Work Health and Safety Act 2011*

There were no prosecutions against the NSW Ministry of Health under the *Work Health and Safety Act* in 2021–22.

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. In the 2020–24 round 13 institutions were granted funding. The following grants were paid in 2021–22:

Organisation	Amount (\$)
Black Dog Institute	\$1,613,807.00
Centenary Institute of Cancer Medicine & Cell Biology	\$1,901,934.00
Children's Cancer Institute Australia	\$1,169,700.00
Children's Medical Research Institute	\$787,217.00
Garvan Institute of Medical Research	\$2,045,289.00
Hunter Medical Research Institute	\$13,107,469.90
Illawarra Health & Medical Research Institute Ltd	\$1,255,784.00
Ingham Institute for Applied Medical Research	\$2,015,594.00
Neuroscience Research Australia	\$4,623,068.20
The George Institute for Global Health	\$9,008,158.18
The Westmead Institute for Medical Research	\$7,443,743.88
Victor Chang Cardiac Research Institute Ltd	\$1,778,413.00
Woolcock Institute of Medical Research Ltd	\$1,198,767.00

Schizophrenia Research Chair

The Schizophrenia Research Chair provides scientific leadership at the Schizophrenia Research Laboratory, which conducts research into schizophrenia and provides mentorship for schizophrenia researchers throughout the state.

Organisation	Amount (\$)
Neuroscience Research Australia	\$1,000,000

Networks

This funding supports statewide research collaboration.

Organisation	Amount (\$)
National Heart Foundation (Cardiovascular Research Network)	\$250,000

Genomics

Australian Genomic Cancer Medicine Program

This investment supports and leverages the national expansion of the Genomics Cancer Medicine Program.

Organisation	Amount (\$)
Garvan Institute of Medical Research	\$3,552,872

Paediatric precision medicine

Investment in technology and staff to advance paediatric precision medicine to help treat childhood cancer and other genetic disorder.

Organisation	Amount (\$)
Luminesce Alliance	\$5,000,000

Biobanking

Biospecimen Collection Grants

The Biospecimen Collection Grant forms part of the Sydney O'mics Collaborative Initiatives. The funding covers collection, processing and storage, retrieval and transport of biospecimens to the NSW Health Statewide Biobank.

Organisation	Amount (\$)
The Sax Institute	\$50,000
University of NSW	\$24,867
University of Sydney	\$436,294

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 (\$)
Advancell Isotopes Pty Limited	\$2,102,050
iiShield Pty Ltd	\$2,000,000
Inventia Life Science Pty Ltd	\$3,624,650

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 the NSW institutes over the past five years to increase NSW's capacity to commercialise research discoveries. NSW Health gains access to its expertise, training and mentoring through this funding.

Organisation	Amount (\$)
Medical Research Commercialisation Fund (MRCF)	\$450,000
Cicada Innovations Pty Ltd	\$1,500,000

Cardiovascular research capacity

The NSW Cardiovascular Disease Research Capacity Building Program attracts and retains high-quality cardiovascular researchers in NSW to build a vibrant and highly skilled workforce, aiming to make NSW the leading state for cardiovascular research in Australia.

Organisation	Amount (\$)
Garvan Institute of Medical Research	\$450,000
Macquarie University	\$750,000
University of NSW	\$7,343,661
University of Sydney	\$8,304,278

Early-mid career fellowship and PhD programs

The early-mid career grant program provides funding to promote the participation of early to mid-career researchers in high-quality research projects across the spectrum, from basic science through to health services and population health research.

NSW Health's PhD program provides for PhD students conducting research in drug development and biopharmaceuticals under the joint supervision of an academic and industry supervisor.

Organisation	Amount (\$)
Macquarie University	\$80,000
The Westmead Institute for Medical Research	\$390,000
University of Newcastle	\$240,000
University of NSW	\$1,476,705
University of Sydney	\$997,879
University of Technology Sydney	\$80,000

Spinal cord injury research grants

This program provides grants to NSW spinal cord injury researchers to drive cutting-edge, cure and care related projects.

Organisation	Amount (\$)
University of NSW	\$1,285,787
University of Sydney	\$1,287,207
University of Technology Sydney	\$390,690

Translational Research Grants Scheme

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

Organisation	Amount (\$)
Macquarie University	\$403,504
Southern Cross University	\$490,170
University of Newcastle	\$495,771
University of NSW	\$363,726
Hunter New England Local Health District	\$855,666
Illawarra Shoalhaven Local Health District	\$124,225
Nepean Blue Mountains Local Health District	\$136,556
Northern Sydney Local Health District	\$44,551
South Eastern Sydney Local Health District	\$337,405
St Vincent's Hospital Network	\$123,827
Sydney Children's Hospitals	\$500,216
Sydney Local Health District	\$1,377,461
Western NSW Local Health District	\$155,000
Western Sydney Local Health District	\$154,145

COVID-19 research funding

NSW Health COVID-19 Research Grants are designed to fund research projects in priority areas to directly support the NSW Health response to the COVID-19 pandemic.

Organisation	Amount (\$)
Hunter Medical Research Institute	\$220,560
Ingham Institute for Applied Medical Research	\$994,696
The Sax Institute	\$1,481,930
The Westmead Institute for Medical Research	\$5,626,067
University of New England	\$335,680
University of Newcastle	\$459,046
University of New South Wales	\$5,472,286
University of Sydney	\$6,766,145
University of Wollongong	\$793,125
Sydney Water	\$46,000
NSW Health Pathology	\$147,663
Sydney Children's Hospitals Network	\$775,495
Health Services Support Group	\$1,825,495

Population health and health services research support

The Sax Institute helps policy makers find and use evidence to inform real-world decisions. In 2021–22, NSW Health provided \$1.8 million to the Sax Institute to manage several large-scale research assets and platforms, broker evidence reviews on health system priorities, and provide training in appraising evidence.

The Population Health Evaluation and Research Group support and promote activities to generate and use population health evidence, including strategies to build NSW Health's research and evaluation capability. The Centre for Epidemiology and Evidence delivered professional development workshops to 140 NSW Health staff on evaluation, economic evaluation, program logic, research design and research methods.

The Prevention Research Support Program (Round 5) supports research organisations that are conducting prevention and early intervention research aligned with NSW Health priorities. In 2021–22, more than \$2.7 million in funding was provided to seven NSW research organisations to support research infrastructure, capability building initiatives, and translation of research evidence to directly inform policy and practice across NSW. Round 6 of the program runs from July 2022 to June 2026.

Grants paid in 2021–22	Amount (\$)	Purpose
Hunter Medical Research Institute	\$400,000.00	Public Health Program Capacity Building Group
University of New South Wales	\$250,000.00	Centre for Primary Health Care and Equity
University of New South Wales	\$500,000.00	The Kirby Institute
University of Sydney	\$372,656.00	Women and Babies Research
University of Sydney	\$499,994.00	Prevention Research Collaboration
University of Wollongong	\$250,000.00	Early Start Research Institute
Western Sydney Local Health District	\$500,000.00	Centre for Infectious Diseases and Microbiology – Public Health
TOTAL	\$2,772,650.00	

The Co-Creating Evidence initiative brings together NSW Health staff and researchers to answer policy-relevant questions using administrative health data. Participation in the initiative continues to grow, with studies investigating important topics like the needs of cardiac arrhythmia patients and use of drug and alcohol treatment services. Work is underway to expand the initiative and maximise the use of NSW Health data assets.

The Centre for Epidemiology and Evidence and the Office of Health and Medical Research have adapted a research impact framework with the Hunter Medical Research Institute to measure research translation and impact of research funding.

Environmental sustainability

Resource efficiency and energy management remain at the centre of combating CO₂ emissions and electricity cost reduction for NSW Health. A new energy management strategy for the upcoming decade will align with the NSW Government Resource Efficiency Policy and the Net Zero Plan Implementation Update, ensuring NSW Health moves towards net zero emissions by 2050.

Energy management

Electricity consumption increased by 1% from last year while floorspace growth continues across the network. The electricity bill decreased by 3% due to falling prices secured by the NSW Government contract for electricity supply. The 2021–22 bill for natural gas was \$17.5 million and LPG was \$5.1 million. A combination of energy-efficiency measures, including large-scale solar installations, were coordinated by the NSW Ministry of Health and managed by local health districts. These have seen NSW Health's building energy consumption remain stable for a fourth consecutive year. Based on this, and coupled with a greening electricity-grid, net carbon emissions for NSW Health is falling.

Energy leadership across the system

NSW Health remains the leader in NSW Government for energy-efficiency projects. It also leads public healthcare nationally, installing the largest number of solar-power systems on hospitals in Australia. In 2021, NSW Health built the single largest solar installation on a hospital in the world, at John Hunter Hospital in the Hunter New England Local Health District.

In addition, NSW Health has begun expanding its solar installations to rooftop solar at carparks around the state. One leading example is the carpark at the new Maitland Hospital, which is also part of the Hunter New England Local Health District. It has 2,600 solar panels providing shade for hundreds of parking spaces for patients and carers, generating enough electricity each year to power around 300 homes.

Energy contract use

Year	LPG (non-automotive) use KL	Natural gas use TJ	Electricity use GWh	Total electricity bill \$ million*
2020–2021	4,548	1,260	775	\$135.9
2021–2022	6,495	1,278	786	\$132.5

*Incl GST

The solar carpark also provides power to the electric vehicle charging stations on site, and as electric vehicles are rolled out in the NSW Health fleet over the coming decade, the New Maitland Hospital's carpark will be an example of how NSW Health will power new vehicles.

All 15 local health districts now have solar installations completed or planned on their major hospitals, including John Hunter, Hornsby, Gosford, Port Macquarie, Canterbury, Blacktown, Parkes, Broken Hill, Fairfield and Coffs Harbour. More than 20 Megawatts-peak (MWp) is generated by solar panels installed on NSW Health buildings. Collectively, the energy generated by the NSW Health buildings places NSW Health within the top 25 solar farms in the state.

There are also up to 200 small to medium-scale systems on all types of NSW Health facilities. Since its inception in 2016, the NSW Health Large-scale Solar Program has reduced the carbon emissions of the network by more than 33,000 tonnes, the equivalent of removing about 18,000 cars from the road. NSW Health remains on track to exceed its 2024 solar installation target in the Government Resource Efficiency Policy.

Storing solar energy into an onsite battery system is another way NSW Health has begun adopting new technology to reduce its electricity bills and emissions. Port Macquarie Hospital led the way by installing the first large-scale battery system at a hospital in Australia in 2021. This allows the hospital to switch to the energy in the batteries during peak periods, when electricity companies are charging their highest rates. The batteries can also send electricity back to the grid, selling it back to the energy companies during peak periods to generate revenue.

Electric vehicles are now a part of the passenger fleet, with the first purchases occurring at Central Coast locations and the St Leonards head office. The rollout of electric vehicles will be further piloted over the next two years. The whole fleet will transition to electric vehicles through new purchases over the next eight years.

A combination of energy-efficiency measures and equipment upgrades managed by the local health districts has seen NSW Health's building energy consumption remain stable for a seventh consecutive year.

Equity and diversity

NSW LGBTIQ+ Health Strategy 2022–2027

In March 2022, the NSW Minister for Health officially released the first NSW LGBTIQ+ Health Strategy 2022–2027. The strategy provides direction to all NSW Health organisations and staff to collectively deliver the best care to LGBTIQ+ people, working with them to achieve optimal health and wellbeing. This includes the health, wellbeing and safety of our staff who are LGBTIQ+.

The strategy is to ensure LGBTIQ+ people in NSW receive high-quality, safe, inclusive and responsive healthcare that delivers outcomes that matter to them.

The following are the priorities of the strategy over the next five years:

1. Deliver high quality, safe, inclusive and responsive care
2. Respond to the health needs of transgender and gender diverse people in NSW
3. Respond to the health needs of intersex people in NSW
4. Capture data on sexuality, gender and intersex variations at the point-of-care and population level

The strategy is built on the voices, experiences, and insights of more than 1,600 LGBTIQ+ people across the state, as well as more than 750 NSW Health staff. The development of the strategy is supported by an advisory committee including community representation from ACON, The Gender Centre, Trans Pride Australia, Twenty10 and Intersex Human Rights Australia. The NSW Government has committed \$12 million in funding to support its implementation.

Disability Inclusion Action Plan 2016–2019

The NSW Health Disability Inclusion Action Plan 2016–2019 supports improved access to quality healthcare and employment for people with disability. It remains ongoing until a new plan is released in 2023.

Key achievements in 2021–22 include:

- developing targeted and accessible information for people with disability about maintaining health, wellbeing and supports during COVID-19

- facilitating additional health supports for people with disability in quarantine, where required
- providing expert health advice to NSW agencies to interpret COVID-19 Public Health Orders for people with disability, including children in out of home care and those living in care facilities
- the statewide Intellectual Disability Health Service, which operates in all local health districts, is made up of six teams, nine specialised clinicians, provides clinical assessments for people with intellectual disability with complex health needs, as well as education, training and clinical support for general practitioners, NSW Health staff and disability practitioners
- the Intellectual Disability Health Service team was accessed by 446 people with intellectual disability during 2021–22.

The plan is currently under review. The next version involves the consultation of the disability sector and will align with Australia's Disability Strategy 2021–2031.

NSW Carers (Recognition) Act 2011

Carers play an important role in supporting the health and wellbeing of people across the state. NSW Health acknowledges and supports carers in their role through a range of initiatives.

Consultation in early 2022 brought together stakeholders from across the NSW Health System to discuss the future direction of this work. Projects implemented this year include:

- training for clinicians around supporting carers of people living with a mental illness
- the development of several new clinical guidelines including Management of Withdrawal from Alcohol and Other Drugs, and Management of Substance Use During Pregnancy, Birth and the Postnatal Period
- better carer-specific information in initiatives around palliative care, wellbeing and healthy lifestyle
- the continuation of the Hospital Liaison Officers Program in collaboration with the National Disability Insurance Agency (NDIA).

NSW Health-funded carer support services continue to assist carers to access appropriate services and current information, as well as raise awareness of carers and their needs. Although COVID-19 brought continued challenges for both carers and health services, NSW Health is able to provide continued support.

Multicultural health

Multicultural NSW oversees the Multicultural Policies and Services Program. A whole-of-government initiative, it focuses on ensuring government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public.

In 2021–22 NSW Health continues to ensure the 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 2019–23 aligns with the Multicultural Policies and Services Program framework and is a statewide policy for meeting the health needs of CALD consumers in NSW over the medium term. The plan focuses on outcomes in areas of access and quality of healthcare; health literacy; cultural responsiveness; and understanding community health needs. Examples of significant work across each of these outcomes in 2021–22 are shown below.

NSW Health continues to play an integral part in the response to COVID-19 by engaging with stakeholders from CALD backgrounds to ensure safe, effective, and clear communication. A key example includes the NSW Multicultural Health Communication Service, in partnership with Multicultural NSW, leading media and translations support for COVID-19 messaging.

In 2021–22 the Health and Social Policy Branch launched a new NSW Refugee Health Flexible Fund, which provided more than \$2 million to 16 initiatives across the NSW Health system in support of refugee healthcare. In 2022–23 NSW Health will publish the NSW Refugee Health Plan 2022–27. NSW Health will also respond to a review project to guide statewide service planning and delivery for healthcare interpreting services.

NSW Health improves access and quality of care for people from CALD backgrounds

Cancer Institute NSW

The Institute's Primary Care Cancer Control Quality Improvement toolkit aims to increase participation in national cancer screening within a general practice setting. The toolkit highlights the importance of a practice having a good understanding of the health needs of the cultural groups within the practice population and routinely recording ethnicity, country of birth, language other than English spoken at home and cancer screening status.

Resources and information to support primary care providers include:

- Translated Appointment Reminder Translation Tool
- Refugee Health Assessment Template
- Availability of plain English and translated educational materials
- Doctor's Priority Line through the translating and interpreting service.

Central Coast Local Health District

Maternity services at Central Coast Local Health District, together with the diversity and inclusion manager, led a multidisciplinary team to develop an inclusive maternity model of care for mums who are deaf or hearing impaired. The need was identified after a deaf mum with a high-risk twin pregnancy required care. Tools for clinical teams and midwives were developed, including an education package with helpful tips, Auslan video interpreting resources and a communication toolkit. The project won the Caring for the Coast award for Excellence in Inclusion and Diversity and will be shared with maternity services across Australia.

Centre for Oral Health Strategy

The centre commenced the Refugee and Asylum Seeker Oral Health Project. Due to COVID-19, there were limitations to NSW public dental services and an increase in the number of patients waiting to receive routine clinical care. With the support of the NSW Refugee Health Flexible Fund, dedicated refugee clinics were established in two metro and four regional local health districts. This reduced waiting times and increased access to dental care for patients from refugee and asylum seeker backgrounds.

Western Sydney Local Health District

The Western Sydney Local Health District successfully secured funding to continue 20 years of ground-breaking work by its Gamble Aware Multicultural Service. The specialist statewide multicultural problem gambling service will continue to support CALD community members experiencing negative consequences of gambling through developing mainstream service capacity in counselling and through community education.

Health Education and Training Institute (HETI)

Health Education and Training Institute Higher Education developed and delivered a new unit for professional development called 8ALK009 Diversity and mental health. This unit has an emphasis on understanding and meeting diverse needs through culturally inclusive practice.

Hunter New England Local Health District

Refugee health in Armidale has been enhanced through the addition of allied health positions with the support of the NSW Refugee Health Flexible Fund.

The model supported the existing nurse-led model, particularly with disability and aged care supports, pain management, counselling, and providing linkages to other support services. The University of Newcastle evaluated the model of care and recommended that other refugee settlement sites are provided access to dedicated refugee allied health services.

Mental Health Branch, NSW Ministry of Health

All resources have been developed for the launch of Australia's first Transcultural Mental Health Line. Available Monday to Friday between 9.00 am and 4.30pm, it will improve access to mental health care and support for CALD communities. The line will be staffed by registered bilingual mental health professionals who can provide mental health support in up to 30 languages. It is not a crisis service and will act as a bridge between individuals and culturally appropriate and responsive mental health services.

NSW Ambulance

NSW Ambulance published a new electronic multilingual phrasebook to help paramedics communicate with people from non-English speaking backgrounds. It covers questions that paramedics ask patients during preliminary assessments in 30 community languages. The phrasebook forms part of the reference section of the NSW Ambulance Protocols mobile application.

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

STARTTS has increased the number of clinical and community development positions focusing on Afghan communities in response to the Taliban takeover of Afghanistan and its impact on clients. STARTTS has provided assessments for all newly arrived Afghan evacuees, increased access to counselling, undertaken multiple community consultations, increased group interventions for all age groups, enhanced mental health literacy initiatives and community capacity building for Afghan refugee-led organisations. In response to the Russian invasion of Ukraine, STARTTS quickly engaged with the Ukrainian community and now employs Ukrainian casual staff on the Witness to War project, Ukrainian bicultural facilitators in the Families in Cultural Transition Program, as well as two project staff in a project with the Ukrainian Council of NSW, funded by Be Kind Sydney.

Northern Sydney Local Health District

The Tibetan community project officer assisted Tibetan refugees with a disability to access a range of services, including a comprehensive GP health assessment, and the following supports:

- Accessing a rehabilitation specialist and orthopaedic surgeon.
- Using infographics and the teach-back tool to explain and check understanding of health services, the National Disability Insurance Scheme (NDIS) and cultural beliefs about disability.
- Completing NDIS applications.
- Liaison with a local charity to fund medical aids and medication until NDIS plans were approved.
- A volunteer mentor to provide emotional support, information on health services and assist with transport to and from health appointments.

South Eastern Sydney Local Health District

The Cross-Cultural Workers Service and Maternity and Child and Family Health Services were expanded and made permanent. The workers support women from migrant and refugee backgrounds to navigate, access and engage with the district's maternity and child and family health services from pregnancy to the early parenting period (birth to five years). They are instrumental in providing education, health promotion, resource development, translating resources, client advocacy, and development in providing care and services for migrant and refugee communities. Evaluation of the service found a high degree of consumer satisfaction, increased understanding of pregnancy, birth and parenting, and that 100% of respondents would recommend the service to friends and family. The service won the district Award for Integrated Valued Based Care, were joint winners of the Consumer Choice Health Awards, and received an Honourable Mention for the NSW Health Awards – Secretary's Award Integrated Valued Based Care.

St Vincent's Health Network Sydney

The Clinical Research Unit for Anxiety and Depression launched multicultural mental health support resources through This Way Up, an online mental health education and support website for stress, anxiety and depression. Resources were developed together with the NSW Multicultural Health Communication Service in 10 community languages and English.

Western Sydney Local Health District

The Centre for Population Health and the Multicultural Health Service co-designed an education package to address local CALD community misconceptions and concerns about COVID-19 vaccination.

More than 30 bilingual staff and community educators speaking 18 languages were trained and delivered 167 sessions to almost 6,000 community members from July to September 2021. Ongoing conversations with communities enabled staff to proactively identify concerns, questions and update content.

The COVID-19 Outreach Vaccination Service delivered 13,078 vaccinations to CALD communities via 234 COVID-19 outreach clinics, with the support of more than 15 CALD partner organisations. Australian Immunisation Register data and collaboration with Western Sydney Local Health District Multicultural Health and Community and Consumer Engagement teams helped identify areas of low vaccination uptake and high incidence of infection. Multicultural health staff, local refugee, asylum seeker and multicultural organisations were engaged to host and promote the clinics, deliver key messages and support community members and outreach teams with bookings. The collaborations and learnings will continue beyond the pandemic to identify health protection and promotion opportunities and prioritise potential interventions.

NSW Health supports people from CALD backgrounds to be active partners in their healthcare

Agency for Clinical Innovation

The Agency for Clinical Innovation undertook a project to identify and share four regional local health district refugee health service models with the support of the NSW Refugee Health Flexible Fund. In late 2022 the Agency for Clinical Innovation will publish implementation tools and resources online to support regional districts that might establish a refugee health service to accommodate new settlements. In the consultation phase of the project, consumer and family perspectives were captured with the support of bilingual workers, multicultural health workers and multicultural liaison officers.

Cancer Institute NSW

The institute expanded its patient information multilingual portal to include information on diagnosis and cancer treatment. Through easy-to-understand, text, video and audio content, the portal helps multicultural communities access in-language information and increase their cancer literacy, empowering them to be more involved in their care. The portal won the 2021 Multicultural Health Communication Award for Patient Information.

eHealth NSW

In 2022 eHealth NSW consulted more than 40 people from non-English speaking backgrounds on the usability and future functionality of the NSW Health App. eHealth NSW also consulted with the Health Literacy Hub at Western Sydney Local Health District to better understand the barriers and challenges faced by CALD communities when accessing health information. These insights will be taken into consideration when planning for future engagement with CALD communities and determining future priorities for enhancing the app.

Illawarra Shoalhaven Local Health District

The Macedonian Pain Management Program developed an audio resource in English and Macedonian titled Talking Pain Our Way – Chronic Pain Self-Management. The program, which worked with local Macedonian-speaking women, received a special nomination in the 2021 Illawarra Shoalhaven Local Health District Quality and Innovation Awards. It was also nominated for the NSW Premier's Awards for 2021: the Putting Customer at the Centre.

Mid North Coast Local Health District

The district formed the Multilingual Information Co-Op together with its local CALD communities, STARTTS, Red Cross, North Coast Settlement Service and the Police. Video-recordings were made by CALD community volunteers in 17 different languages about: stay safe COVID-19 messages, COVID-19 signs and symptoms, what to do if you get COVID-19, vaccination information and where to get vaccines. The Coffs Harbour refugee health nurses and interpreters, in collaboration with the local primary health network and a local GP practice, administered COVID-19 vaccinations to the CALD community (including people without Medicare). A further partnership with North Coast Primary Health Network is underway to deliver COVID-19 and influenza vaccinations (via outreach) to seasonal agricultural workers in the next year.

Murrumbidgee Local Health District

Child and family health nurses continued to support refugee clients in a safe and trusted environment at the Refugee Health Assessment Centre and the Multicultural Council of Wagga Wagga. Interpreters flew to Albury from Sydney to support the CALD community during the peak of COVID-19 cases, and the Public Health Unit targeted members of CALD communities for testing and vaccination at community venues in Albury. The district provided in language communication to key organisations for CALD community members and enhanced connections with local CALD organisations such as Red Cross and the Multicultural Council.

Nepean Blue Mountains Local Health District

CALD consumers are represented on at least 12 District committees, including the Nepean Hospital Communication for Safety Governance Committee, Partnering with Consumers Committee, Mental Health and Redevelopment Committees, and the newly established CALD Consumer Advisory Committee at the Nepean Cancer and Wellness Centre. Active CALD consumer representations in Stage 1 of Nepean Redevelopment Committee and Project User Groups provided input towards overall design, hospital interpreter signage and the wayfinding strategy.

NSW Transcultural Mental Health Centre

The centre's practical guide series A Good Night's Sleep and Stress and Stress Management are highly requested resources. Mental health literacy is particularly low among newly arrived refugee communities while stigma around mental illness is high. Sleep and stress affect the mental health and wellbeing of newly arrived communities but hold less of a stigma than mental illness, which has supported the introduction of concepts in an acceptable manner. The centre translated these resources into Burmese, Farsi, Nepali, Swahili, Tamil and Tibetan. The original content was updated, and bilingual clinicians and community consultation reviewed them for cultural relevance.

Sydney Local Health District

Through the Canterbury Leaders Forum, the district took a hyper-local, neighbourhood approach to addressing COVID-19 vaccination through co-design and co-implementation. Regular meetings were held between the chief executive, key district stakeholders and community leaders in the Canterbury area to discuss community sentiment, understand enablers and barriers to testing and vaccination, and co-design solutions. As a result, mobile vaccination clinics were run with community members and organisations, which were promoted through trusted community networks. Both the district and community leaders are keen to continue the forum and expand its scope beyond COVID-19, as an ongoing mechanism to address health issues in CALD communities in Canterbury.

Western Sydney Local Health District

The NSW Education Program on Female Genital Mutilation/Cutting (FGM/C) endeavours to support women and girls affected by or at risk of the FGM/C practice. The Program's clients often become strong advocates for other women in their communities to seek appropriate support. Since 2021 the program's main effort has been the development and implementation of formative research – Make your voice heard.

The evidence collected will help develop strength-based strategies focusing on prevention, health promotion and early intervention approaches to increase awareness about FGM/C, and support and improve the health of women and girls affected by or at risk of FGM/C.

NSW Health is responsive to people's individual needs, language and culture

Health Education and Training Institute

In 2021–22 Health Education and Training Institute online courses: Working with Interpreters; Meeting the Healthcare Needs of Refugees; and Working in Culturally Diverse Contexts were completed by almost 8,500 staff across NSW Health.

More than 80% of people who completed post-course surveys agreed that they could make a difference in their job by using what they had learned.

Nepean Blue Mountains Local Health District

The district partnered with NSW TAFE and Nepean Multicultural Access on the Refugee Employment Working Group. This resulted in a custom designed six-week rolling training by TAFE NSW, which built capacity in job readiness for refugees to apply for 60 vacant assistant grade 2 positions in the new Nepean Hospital at the end of March 2022. Of the applicants, 11 applicants have received job offers and four were waiting for their clearances and official offers as at 30 June. A proposal for CALD traineeship positions is also under consideration by the Workforce, People and Culture team. A partnership with the executive at the Blue Mountains Hospital also led to three people from the Tibetan community being employed at the hospital.

NSW Transcultural Mental Health Centre

The Clinical Supervision Program provides clinical staff and the centre's sessional workforce with monthly group supervision supporting cultural responsiveness across their work. The program supported 300 hours of supervision, with an average of 40 attendees per month. Evaluation of the program indicates that participants enhanced their clinical care and cultural responsiveness.

Sydney Local Health District

The Sydney Health Care Interpreter Service was able to rapidly implement new service delivery procedures and use of technology to provide on-site telephone and video support to all COVID-19 vaccination clinics, including Sydney Olympic Park, delivering more than 199,000 occasions of service to more than 64,000 people from CALD backgrounds.

Western NSW Local Health District

The district took targeted and inclusive approaches to support CALD community members to access COVID-19 vaccinations, this included promotion through councils, multicultural groups and dedicated community vaccination clinics outside of work hours. The district organised on-site clinics at meat works for people in Dubbo and weekend clinics for Thai solar farm workers in Wellington. Remote interpreting services and multi-language resources were used, and family bookings were encouraged to maximise use of interpreters.

NSW Health understands the needs, experiences and identities of CALD communities

Clinical Excellence Commission

The commission undertook a research project to assess the efficacy of under-mask beard covers in achieving an adequate seal with tight-fitting disposable P2/N95 respirators. The commission's Infection Prevention and Control team worked with doctors and health workers from the Sikh community, who cannot shave their beards for religious reasons. Published in the May 2022 Journal of Hospital Infection, the research led to comprehensive guidance and videos demonstrating the technique to improve the safe use of P2/N95 respirators for health workers with beards.

Centre for Oral Health Strategy

Using data collected from the evaluation of the Refugee and Asylum Seeker Oral Health Project, research was published in the Frontiers in Oral Health journal on how trauma informed care training can support oral health professionals to provide culturally safe and responsive care. As a result, trauma informed care training was made available to oral health teams from all districts and specialty networks. The Centre for Oral Health will continue to work closely with patients, families, and carers from CALD backgrounds to conduct and publish research that improves the evidence-base for oral health promotion and prevention.

Justice Health and Forensic Mental Health Network

Justice Health Drug and Alcohol services monitor the outcomes of patients coming from a non-English speaking background who completed the Connections Program. This data helps to better understand the clinical and non-clinical needs of patients who are released from the correctional environment to ensure patients are referred to culturally appropriate services that speak their language and provide long-term support after release.

Mental Health Branch, NSW Ministry of Health

The Mental Health Community Living Supports for Refugees (MH-CLSR) program has been operating since 2019. It provides trauma-informed, recovery-oriented, culturally safe and responsive psychosocial supports to refugees and asylum seekers experiencing psychological distress, mental ill health and impaired functioning to recover and live independently in the community. The Mental Health Branch commissioned an independent evaluation of the program from 2019 to 2021.

The evaluation showed that the program is well received by consumers and the sector, and that it is being governed and delivered in accordance with the program model of care. By the end of the evaluation period 165 consumers were receiving support from MH-CLSR, which is more than double the minimum contracted benchmark.

St Vincent's Health Network Sydney

The network established a Non-Resident People Experiencing Homelessness Working Group with the City of Sydney to advocate, address issues and support culturally competent services for non-residents, including asylum seekers, who are experiencing homelessness. The working group also participated in research on the experience of people without Australian permanent residency, including asylum seekers accessing emergency accommodation

Western Sydney Local Health District

The Epidemiology/Research and Education Network published six reports and research articles to guide planning, develop strategies, and strengthen prevention programs. The reports included:

- top 10 CALD groups and percentage of top five countries of birth with all causes of hospitalisations
- region of birth of public patients who gave birth and the association with antenatal consultations
- case-mix variables of residents born in non-English speaking countries, and associations between acute hospitalisation, rehabilitation and mortality at 120 days
- age-distribution and rates of type 2 diabetes, cardiovascular disease, asthma, chronic obstructive pulmonary disease, arthritis and depression, among the top five CALD countries (Lebanon, India, Philippines, Italy and China).

Finances



4

Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer's report

Expenses

NSW Health is a provider of patient-centred health services. Approximately \$17.2 billion (58.8%) of costs incurred during 2021–22 were labour related, including the costs of employee salaries and contracted Visiting Medical Officers. Other operating costs include approximately \$2.4 billion in pharmaceutical, medical and surgical supplies and \$722.8 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health-related services totalled approximately \$2 billion in 2021–22, including payments of \$1.1 billion in operating grants being paid to affiliated health organisations.

Revenue

Key items include a range of fees for patient-related services such as payments from the Department of Veterans' Affairs, accommodation fees from health funds for privately insured patients, workers compensation and non-patient fees (\$880.3 million), the sales and recoveries of pharmaceutical supplies, mainly the recoup of costs from the Commonwealth through Medicare for highly specialist drugs (\$401.4 million), and compensable payments received from statutory insurers for the costs of people hospitalised or receiving treatment as a result of motor vehicle accident (\$134.8 million).

Commonwealth Payments as part of the National Health Reform Agreement and National Partnership Agreement on COVID-19 are receipted under grants and contributions (\$9.4 billion).

NSW Health's full-year capital expenditure allocation for 2021–22 (excluding capital expensing) was \$1.8 billion for works in progress and completed works. The total capital allocation in 2021–22 represents 6.6% of the total Property, Plant, Equipment and Intangibles asset base.

Net assets

NSW Health's net assets at 30 June 2022 were \$25 billion. This is made up of total assets of \$33.1 billion, netted off by total liabilities of \$8.1 billion. The net assets are represented by accumulated funds of \$15.3 billion and an asset revaluation reserve of \$9.7 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 2021–22 Annual Report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

Further information

Variation to the initial budget result is included in the 2021–22 audited financial statements (Note 43) included in this Annual Report.

Adjunct Professor Alfa D'Amato

Deputy Secretary, Financial Services and Asset Management and Chief Financial Officer, NSW Health

Financial management

Implementation of price determination

The NSW State Efficient Price per national weighted activity unit (NWAU21) for 2021–22 was \$4,931. NSW local health districts and specialty health networks were funded for their activity at this single price, with exception for some specific contractual funding arrangements. The NSW State Efficient Price is not directly comparable year on year due to changes in NWAU versions and local health district and specialty health network costing results.

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 2021–22

Centre for Aboriginal Health

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council NSW	2,579,600	Peak body to build capacity and capability of Aboriginal Community Controlled Health Services in priority areas such as governance, financial management and business, contribute to policy development processes aimed at improving the health outcomes of Aboriginal people across NSW and be a formal partner with NSW Health on Aboriginal health issues. Funding is given for capacity and capability building, policy leadership and influence, chronic disease and health ethics.
Aboriginal Medical Service Co-Operative Ltd	697,200	Provision of population health and drug and alcohol services for the Aboriginal community in the Sydney region.
Albury Wodonga Aboriginal Health Service	228,800	Provision of population health services to the Aboriginal community in the Albury Wodonga area.
Armajun Health Service Aboriginal Corporation	303,900	Provision of population health services to the Aboriginal community in the Armidale, Glen Innes, Inverell, Tenterfield and Tingha regions.
Awabakal Ltd	689,400	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Newcastle area.
Biripi Aboriginal Corp Medical Centre	444,800	Provision of population health, drug and alcohol and family health services for the Aboriginal community in the Taree area.
Bourke Aboriginal Corporation Health Service	386,100	Provision of population health, family health and drug and alcohol services for the Aboriginal community in Bourke and surrounding areas.
Bulgarr Ngaru Medical Aboriginal Corporation	647,200	Provision of population health and family health services in the Grafton area and population health services in the Casino area.
Bullinah Aboriginal Health Service Ltd	244,600	Provision of population health services to the Aboriginal community in the Ballina area.
Catholic Care Wilcannia-Forbes Ltd	202,600	Provision of family health services in Narromine and Bourke.
Condobolin Aboriginal Health Service Inc	244,600	Provision of population health services to the Aboriginal community in the Condobolin area.
Coomealla Health Aboriginal Corporation	135,200	Provision of population health services to the Aboriginal community in the Dareton area.
Coonamble Aboriginal Health Service	629,600	Provision of population health and family health services in the Coonamble area and provision of population health services to the Aboriginal community in the Dubbo area.
Cummeragunja Aboriginal Corporation	195,000	Provision of population health services for the Aboriginal community in the Cummeragunja, Moama and surrounding areas.

Grant recipient	Amount \$	Description
Dubbo Neighbourhood Centre Inc	105,100	Provision of family health services for communities in the Dubbo area.
Durri Aboriginal Corp Medical Service	584,500	Provision of population health, drug and alcohol services for the Aboriginal communities in the Kempsey and Nambucca Valley area.
Galambila Aboriginal Health Service Inc	337,300	Provision of population health services for the Aboriginal communities in the Coffs Harbour area.
Griffith Aboriginal Medical Service Inc	244,600	Provision of population health services to the Aboriginal community in the Griffith and Hay region.
Illaroo Cooperative Aboriginal Corp	67,900	Personal care worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	370,600	Provision of population health and drug and alcohol services for the Aboriginal community in the Illawarra area.
Intereach Ltd	123,300	Provision of family health services in the Deniliquin area.
Katungul Aboriginal Corporation Community & Medical Services	359,700	Provision of population health and ear health services for the Aboriginal communities of the Far South Coast region and Bega.
Maari Ma Health Aboriginal Corporation	425,000	Provision of population health and family health services in Broken Hill and across Far West NSW.
Ngaimpe Aboriginal Corp	224,900	Residential drug and alcohol treatment and referral program providing statewide services, located in the Central Coast area.
Orana Haven	186,700	Residential drug and alcohol treatment and referral program providing statewide services located near Brewarrina.
Orange Aboriginal Medical Service	303,900	Provision of population health services for the Aboriginal communities in the Orange area.
Pius X Aboriginal Corp	194,500	Provision of population health services to the Aboriginal community in the Moree area.
Riverina Medical & Dental Aboriginal Corporation	566,700	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region.
South Coast Medical Service Aboriginal Corp	283,800	Provision of population health and drug and alcohol services for the Aboriginal community in the Nowra area.
South Coast Womens Health & Welfare Aboriginal Corporation (WAMINDA)	250,100	Provision of population health and family health services to Aboriginal women and their families in the South Coast region.
Tamworth Aboriginal Medical Service Inc	277,200	Provision of population health services to the Aboriginal community in the Tamworth area.
Tharawal Aboriginal Corporation	388,700	Provision of population health and drug and alcohol services for the Aboriginal community in the Campbelltown area.
The Oolong Aboriginal Corporation	251,400	Residential drug and alcohol treatment and referral program providing statewide services located in the Nowra area.
Tobwabba Aboriginal Medical Service	283,900	Provision of population health and family health services for the Aboriginal community in Forster and surrounding areas.
Ungooroo Aboriginal Corporation	244,600	Provision of population health services to the Aboriginal community in the Singleton and Muswellbrook areas.
Walgett Aboriginal Medical Service	474,100	Provision of population health, family health and drug and alcohol services for the Aboriginal community in the Walgett, Brewarrina and surrounding areas.
Weigelli Centre Aboriginal Corp	93,900	Residential drug and alcohol treatment and referral program providing statewide services located in the Cowra area.
Wellington Aboriginal Corporation Health Service	1,307,300	Provision of population health, drug and alcohol and family health services for the Aboriginal communities around Wellington and Western Sydney.
Werin Aboriginal Corporation	244,600	Provision of population health services to the Aboriginal community in the Port Macquarie area.
Yerin Aboriginal Health Services Inc	442,100	Provision of population health, ear health, and family health services for the Aboriginal communities in the Central Coast area.
Yoorana Gunya Family Healing Centre Aboriginal Corp	454,200	Provision of population health and family health services for the Aboriginal community in Forbes and surrounding areas.
Total	16,719,200	

Aboriginal maternal and infant health

Grant recipient	Amount \$	Description
Durri Aboriginal Corp Medical Service	234,100	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Maari Ma Health Aboriginal Corporation	350,700	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Walgett Aboriginal Medical Service	234,100	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Total	818,900	

HIV, blood-borne viruses and STI

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council NSW	132,000	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	12,128,000	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.
Australasian Society For HIV, Viral Hepatitis & Sexual Health Medicine (ASHM)	683,800	ASHM provides: <ul style="list-style-type: none"> • general practitioner (GP) engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV and hepatitis B • training that supports GPs involved with patients who have HIV and STIs • 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	1,927,200	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	2,764,325	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	2,089,400	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 & Aids Association Inc	1,795,808	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	1,042,100	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	1,437,000	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	23,999,633	

Aged care, disability and community care

Grant recipient	Amount \$	Description
Cystic Fibrosis NSW	307,700	Cystic Fibrosis NSW 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	102,000	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	29,900	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	439,600	

Community services – NSW children, youth and families

Grant recipient	Amount \$	Description
Albury Wodonga Aboriginal Health Service	265,400	This organisation provides child and family health services including the provision of child health and development checks.
Aust Assoc For the Wellbeing Of Children In Health Care (AWCH)	217,400	AWCH is a not-for-profit organisation that co-ordinates and supports the AWCH Ward Grandparent Program in NSW public hospitals and advocates for the needs of children and young people through advocacy, education, policy development, awareness raising and partnerships.
Centre For Disability Studies Ltd	230,900	Provision of specialised medical, dental and psychological services for adolescents and adults with intellectual or developmental disability.
Council Of Social Service Of NSW (NCOSS)	295,300	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 (HCNSW)	435,100	HCNSW 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 (UHA)	223,500	Funding supports delivery of administrative and communication support to the affiliated hospital auxiliaries and UHA 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	251,300	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	1,918,900	

Community services – NSW children, youth and families

Grant recipient	Amount \$	Description
Australian Breastfeeding Association (NSW Branch)	172,600	The association 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	374,200	Residential program that builds the capacity of young pregnant women at more than 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.
Catholic Care Sydney Trust	95,800	This organisation recruits and trains personnel to deliver Family Life Education (FLE) services. The organisation also supports ongoing learning and professional development of FLE and Natural Fertility Planning (NFP) educators.
Red Nose Saving Little Lives (formerly SIDS and Kids NSW)	189,500	Red Nose 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 death of a child up to six years.

Grant recipient	Amount \$	Description
Royal Far West Children's Health Scheme	4,176,300	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.
Youthsafe	205,700	Youthsafe works with schools, workplaces and community organisations to provide information, build capacity and deliver programs to prevent youth injury on the road, at work, while playing sport and when out socialising with friends.
Youth Action	137,800	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.
Total	5,351,900	

Drug and alcohol

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council of NSW	190,900	Develop capacity of NSW Aboriginal Community Controlled Health Services to identify and respond to alcohol and other drug related harm.
Aboriginal Medical Service Co-Operative Ltd	330,600	Alcohol and other drug treatment and support services, including opioid substitution prescribing and dosing for Aboriginal people, at the Redfern location.
Drug and Alcohol Multicultural Education Centre (DAMEC)	814,500	Works with people from a range of culturally and linguistically diverse (CALD) communities, primarily in Western and South Western Sydney. Provides alcohol and other drug (AOD) prevention, harm minimisation and treatment services. Conducts community development activities, and conducts and disseminates AOD research for CALD clients and communities.
Network of Alcohol & Other Drugs Agencies Inc	1,566,600	As the NSW peak body for non-government alcohol and other drug service providers, they represent and build organisation and service delivery capacity of members, and contribute AOD policy and practice.
The Oolong Aboriginal Corporation	364,300	Alcohol and other drug residential rehabilitation in Nowra primarily for Aboriginal men, with priority access for Magistrates Early Referral Into Treatment program participants.
Uniting (NSWACT)	4,299,800	Medically supervised injecting centre.
Total	7,566,700	

Health promotion

Grant recipient	Amount \$	Description
Asthma Australia Ltd	551,000	Asthma Australia aims to build the capacity of the health workforce to provide evidence-based care to people with asthma, develop and implement programs and services that support people with asthma to proactively self manage their disease and help develop policies and systems to create safer environments for people with asthma.
Family Drug Support	393,000	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	419,600	Delivery of key activities in relation to the NSW Healthy School Canteen Strategy, and activities associated with the Centre for Population Health – Healthy Eating and Active Living in schools portfolio.
Kidsafe NSW Inc	266,700	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 Limited	2,295,200	Delivers alcohol and other drugs and healthy lifestyle related education to primary school children across NSW.
Total	3,925,500	

Mental health

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council NSW	203,700	Mental Health statewide coordination to support and develop the capacity of Aboriginal health services to deliver mental health services and provide advice to NSW Health on Aboriginal mental health issues.
Aboriginal Medical Service Co-Operative Ltd	337,100	Mental Health project and mental health youth project for the Aboriginal community in the Sydney inner city area.
Albury Wodonga Aboriginal Health Service	102,800	Mental Health project for the Aboriginal community.
Awabakal Ltd	115,500	Mental Health project for the Aboriginal community in the Newcastle area.
Black Dog Institute	1,653,900	Education and training programs for health professionals, schools and community. Online clinic offering mental health screening and assessment. Depression Clinic offering face-to-face and telepsychiatry, psychiatry, psychology and exercise physiology. Neurostimulation clinic offering novel treatments to patients and training to psychiatrists.
Bulgarr Ngaru Medical Aboriginal Corporation	118,100	Mental Health project for the Aboriginal community.
Catholic Care Wilcannia-Forbes Ltd	890,800	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. Also includes One Door Mental Health Core Grant to support statewide services.
Coomealla Health Aboriginal Corporation	115,500	Mental Health project for the Aboriginal community.
Cummeragunja Aboriginal Corp	115,500	Mental Health project for the Aboriginal community.
Galambila Aboriginal Health Service Inc	102,800	Mental Health project for the Aboriginal community.
Katungul Aboriginal Corporation Community & Medical Services	108,800	Mental Health project for the Aboriginal community.
Lifeline Australia	3,491,700	Crisis support telephone service.
Mental Health Co-Ordinating Council Inc	650,600	NSW Mental Health peak organisation funded to support the non-government organisation sector efforts to provide efficient and effective delivery of mental health services.
Mission Australia	882,700	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	301,000	Peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people.
Riverina Medical & Dental Aboriginal Corporation	102,800	Mental Health project for the Aboriginal community.
Schizophrenia Fellowship Of NSW Ltd	3,269,100	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. Also includes One Door Mental Health Core Grant to support statewide services.
South Coast Medical Service Aboriginal Corp	221,500	Mental Health project for the Aboriginal community.
South Coast Womens Health & Welfare Aboriginal Corporation (WAMINDA)	111,800	Mental Health project for the Aboriginal community.
St Vincent De Paul Society	381,000	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	871,800	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	102,800	Mental Health project for the Aboriginal community.
UCA - Parramatta Mission	1,769,300	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
Walgett Aboriginal Medical Service	205,300	Mental Health project for the Aboriginal community.
Weigelli Centre Aboriginal Corp	102,800	Mental Health project for the Aboriginal community.
Wellington Aboriginal Corporation Health Service	215,400	Mental Health project for the Aboriginal community.
Yerin Aboriginal Health Services Inc	102,800	Mental Health project for the Aboriginal community.
WayAhead – Mental Health Association NSW Ltd	107,300	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 Incorporated	66,660	BEING – Mental Health Consumers Inc is the peak body for mental health consumers in NSW. BEING represent the interest of mental health consumers in NSW and advocate on behalf of consumers for changes in policy, legislation and service provision. BEING also deliver projects that support the expansion and growth of the lived experience workforce.
Mental Health Carers ARAFMI NSW Inc	38,317	Mental Health Carers NSW (MHCN) is the peak body for mental health carers in NSW. MHCN represent 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	16,859,177	

Oral health

Grant recipient	Amount \$	Description
Aboriginal Medical Service Co-Operative Ltd	401,900	Aboriginal Oral Health Services.
Albury Wodonga Aboriginal Health Service	572,500	Aboriginal Oral Health Services.
Armajun Health Service Aboriginal Corporation	545,800	Aboriginal Oral Health Services.
Awabakal Ltd	361,400	Aboriginal Oral Health Services.
Biripi Aboriginal Corp Medical Centre	204,600	Aboriginal Oral Health Services.
Bourke Aboriginal Corporation Health Service	394,100	Aboriginal Oral Health Services.
Bulgarr Ngaru Medical Aboriginal Corporation	495,600	Aboriginal Oral Health Services.
Condobolin Aboriginal Health Service	250,000	Aboriginal Oral Health Services.
Durri Aboriginal Corp Medical Service	495,600	Aboriginal Oral Health Services.
Griffith Aboriginal Medical Service Inc	150,000	Aboriginal Oral Health Services.
Illawarra Aboriginal Medical Service	462,000	Aboriginal Oral Health Services.
Katungul Aboriginal Corporation Community & Medical Services	372,600	Aboriginal Oral Health Services.
Maari Ma Health Aboriginal Corporation	224,600	Aboriginal Oral Health Services.
Orange Aboriginal Medical Service	496,300	Aboriginal Oral Health Services.
Pius X Aboriginal Corp	204,000	Aboriginal Oral Health Services.
Riverina Medical & Dental Aboriginal Corporation	539,500	Aboriginal Oral Health Services.
South Coast Medical Service Aboriginal Corp	310,100	Aboriginal Oral Health Services.
Tharawal Aboriginal Corporation	409,800	Aboriginal Oral Health Services.
Tobwabba Aboriginal Medical Service	394,100	Aboriginal Oral Health Services.
University of Sydney	686,800	Aboriginal Oral Health Services.
Walgett Aboriginal Medical Service	202,400	Aboriginal Oral Health Services.
Yerin Aboriginal Health Services Inc	391,800	Aboriginal Oral Health Services.
Total	8,565,500	

Rural doctors services

Grant recipient	Amount \$	Description
NSW Rural Doctors Network	1,738,400	The 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	1,738,400	

External health services

Grant recipient	Amount \$	Description
Royal Flying Doctor Service Of Australia (South Eastern Section)	1,756,800	Provision of Rural Aerial Health Service.
Total	1,756,800	

Community services – transport

Grant recipient	Amount \$	Description
Access Sydney Community Transport Inc	46,200	Community transport services.
ActiveCare Network	157,400	Community transport services.
Holdsworth Community Ltd	30,500	Community transport services.
Hornsby Kuring-Gai Community Aged/Disabled Transport Inc	21,500	Community transport services.
Inverell HACC Services Inc	19,600	Community transport services.
Lake Cargelligo Community Transport	9,800	Community transport services.
Care 'N' Go	30,300	Community transport services.
Mid-Western Regional Council	29,000	Community transport services.
Home Assistance & Regional Transport Services Inc	46,600	Community transport services.
Ourcare Services Ltd	23,100	Community transport services.
Transcare Hunter Limited	9,800	Community transport services.
The Community Transport Company Ltd	9,700	Community transport services.
Warrumbungle Shire Council	42,400	Community transport services.
Wee Waa Community Care Services	34,400	Community transport services.
Activus Transport Inc	25,200	Community transport services.
Australian Unity Home Care Services Pty Ltd	36,150	Community transport services.
Live Better	12,050	Community transport services.
Bankstown Canterbury Community Transport Inc	23,800	Community transport services.
Cabonne Shire Council	19,000	Community transport services.
Connect You Too Ltd	77,400	Community transport services.
Community Transport Central Coast Ltd	49,800	Community transport services.
Linked Community Services	30,300	Community transport services.
Neighbourhood Centre	32,800	Community transport services.
Peppercorn Services Inc	29,400	Community transport services.
Stryder	43,000	Community transport services.
Total	889,200	
Total	90,549,410	

Other funding grants in 2021–22

Tradingpartner	Amount \$	Description
2Connect Youth & Community Inc	135,773.00	Alcohol and Other Drugs Youth Treatment Services.
Aboriginal and Torres Strait Islander Healing Foundation Limited	70,000.00	Support for Stolen Generations Survivors.
Aboriginal Drug and Alcohol Residential Rehabilitation Network Ltd	100,000.00	Aboriginal Drug and Alcohol Residential Rehabilitation Organisation and Service Development.
Aboriginal Health & Medical Research Council NSW	150,000.00	Statewide Coordinator for TZS Building on Aboriginal Communities' Resilience Initiative.
Aboriginal Medical Service Co-Operative Ltd	280,000.00	COVID-19 Vaccination Support.
Acon Health Ltd	435,230.63	Mental Health Suicide Prevention Fund.
Acon Health Ltd	60,000.00	Statewide Community Response Packages for People of diverse sexualities and genders.
Advancell Isotopes Pty Limited	2,102,050.00	Medical Devices Fund.
Albury Wodonga Aboriginal Health Service	275,000.00	COVID-19 Vaccination Support.
Albury Wodonga Health	65,000.00	Wellbeing Nurse Partnership.
Anglican Community Services	1,056,079.82	Mental Health Community Living Supports for refugees.
Anglican Community Services	164,227.50	Mental Health Suicide Prevention Fund.
Armajun Health Service Aboriginal Corporation	290,000.00	COVID-19 Vaccination Support.
Armajun Health Service Aboriginal Corporation	288,266.00	Building on Aboriginal Communities' Resilience initiative.
ARTD Pty Ltd	41,283.00	Building on Aboriginal Communities' Resilience initiative.
Association of Drug Referral Centres Ltd	204,346.00	Alcohol and Other Drugs Youth Treatment Services.
Auscycling Limited	147,000.00	Bike Riding Program.
Aust Huntingtons Disease Assoc (NSW) Inc	60,000.00	Contribution towards organisation's Youth Connection Program.
Australian Breastfeeding Association	5,000.00	Health Professional Service Seminar sponsorship.
Australian Commission On Safety And Quality In Health Care	2,745,673.00	Contribution for the Australian Commission on Safety and Quality in Health Care.
Australian Mens Shed Association	100,000.00	Men's Shed Funding to support Mental Health.
Australian Red Cross Society	586,711.02	Mental Health Community Living Supports for refugees.
Australian Sickle Cell Advocacy	20,000.00	Contribution towards increasing awareness of Sickle Cell Disease.
Autism Advisory and Support Service	15,000.00	Contribution towards autism advisory and support services.
Awabakal Ltd	200,000.00	COVID-19 Vaccination Support.
Awabakal Ltd	95,000.00	Funding towards purchase of Capital Asset.
Awards Australia Pty Ltd	15,000.00	Contribution towards 7NEWS Young Achiever Health Award.
BEING – Mental Health Consumers Inc	760,014.87	BEING Core Funding 2021–22.
BEING – Mental Health Consumers Inc	20,000.00	COVID-19 Mental Health Peer Support Line Pilot Program.
Bentstix Hockey Club	30,000.00	LGBTIQ+ Mental and Physical Health Outreach Support Program.
Beyond Blue Ltd	1,200,000.00	Beyond Blue Core Funding.
Bila Muuji Aboriginal Corporation Health Service	200,000.00	Funding to refurbish dental van Bila Muuji .
Biripi Aboriginal Corp Medical Centre	265,000.00	COVID-19 Vaccination Support.
Black Dog Institute	150,000.00	Suicide Prevention Collaboratives Project.
Bourke Aboriginal Corporation Health Service	60,000.00	COVID-19 Vaccination Support.
Bourke Aboriginal Health Service	105,000.00	COVID-19 Vaccination Support.

Tradingpartner	Amount\$	Description
Bourke MPS Health Service	6,703.00	Contribution to Bourke MPS.
Bulgarr Ngaru Medical Aboriginal Corporation	365,000.00	COVID-19 Vaccination Support.
Bullinah Aboriginal Health Service Ltd	315,000.00	COVID-19 Vaccination Support.
Bullinah Aboriginal Health Service Ltd	288,266.00	Building on Aboriginal Communities' Resilience initiative.
Burn Bright Ltd	15,000.00	Regional Youth Leadership Forum.
Butterfly Residential Care Pty Ltd	974,000.00	Funding for Wandii Nerida Residential Eating Disorder Treatment Centre.
Cancer Council NSW	50,000.00	Grant Agreement for electronic cigarette education resources for schools in NSW.
Cancer Council NSW	16,170.61	Maintenance and updates of the Tobacco in Australia: Facts and Issues website in 2020–2023.
Canterbury Bankstown Bulldogs Rugby League Club Ltd	150,000.00	Changing Rooms Mental Fitness Program.
Careflight Pty Ltd	3,600,000.00	To operate CareFlight Rapid Response Helicopter.
Caring for Our Port Stephens Youth (COPSY) Inc	125,000.00	Jupiter counselling service for the youth of Port Stephens.
Centacare New England North West	302,342.00	Alcohol and Other Drugs Youth Treatment Services.
Centenary Institute	200,000.00	RPAH Cardiovascular Genetics Future Leader Fellowship.
Charlie Teo Foundation	25,000.00	Contribution towards Charlie Teo Foundation.
Childhood Dementia Initiative Ltd	45,000.00	Contribution towards Childhood Dementia Initiative.
Children's Tumour Foundation	100,000.00	Contribution towards Children's Tumour Foundation.
Children's Medical Research Institute	100,000.00	Funding support towards finding treatments and cures for conditions affecting children.
Community Links Wellbeing Ltd	44,162.00	Community Links Wellbeing Program Grant.
Community Restorative Centre	136,168.00	Drug and Alcohol Treatment Services Grant.
Cooma Hospital	160,000.00	Contribution to Cooma Hospital.
Condobolin Aboriginal Health Service Inc	225,000.00	COVID-19 Vaccination Support.
Condobolin Aboriginal Health Service Inc	16,852.72	Suicide Prevention Community Gatekeeper Training.
Coomealla Health Aboriginal Corporation	82,155.00	COVID-19 Vaccination Support.
Coomealla Health Aboriginal Corporation	288,266.00	Building on Aboriginal Communities' Resilience initiative.
Coonamble Aboriginal Health Service	225,000.00	COVID-19 Vaccination Support.
Coonamble Aboriginal Health Service	288,266.00	Building on Aboriginal Communities' Resilience initiative.
Coonamble Aboriginal Health Service - Dubbo Site	160,000.00	COVID-19 Vaccination Support.
Coonabarabran Pony Club	600.00	Contribution to Coonabarabran Pony Club.
Coordinare Limited	1,000,000.00	Funding to South East NSW Primary Health Network to support joint development phase of Collaborative Commissioning.
Coordinare Limited	1,111,000.00	NSW Pandemic Recovery Access Initiative.
Country Rugby Union of New South Wales Ltd	148,252.00	Get Talkin Tour – Mental Health Program.
Cox Inall Ridgeway Pty Ltd	243,000.00	Mental Health Suicide Prevention Fund.
Damec	338,758.00	Drug and Alcohol Treatment Services Grant.
Deniliquin RSL Bowling Club	17,700.00	Bowls Gr8 for Brains Expansion.
Deniliquin Golf Club Ltd	29,500.00	Mental Wellbeing Initiative: Up to Par.
Department of Communities and Justice	4,953.49	Funding contributions for National Redress Scheme.
Department of Health	64,486.00	Mental Health Professional Online Development.
Department of Health & Ageing	1,457,404.00	NSW contribution to Haemopoietic Progenitor Cell sector.

Tradingpartner	Amount \$	Description
Department of Health & Ageing	140,126.61	NSW contribution to the Health Star Rating Scheme.
Dermscreen	240,000.00	Contribution to Dermscreen.
Directions Health Services	742,846.00	Counselling for people using methamphetamines.
Dubbo Neighbourhood Centre Inc	127,807.00	Local Support Coordinator Grant.
Durri Aboriginal Corp Medical Service	305,000.00	COVID-19 Vaccination Support.
Durri Aboriginal Corp Medical Service	288,266.00	Building on Aboriginal Communities' Resilience initiative.
DV West Ltd	162,781.50	Grant to implement a Specialist Children and Young People's Domestic Violence Program.
East Coast Tribal League Aboriginal Corporation	150,000.00	Aboriginal Mental Health Initiatives.
EIS Health Ltd	339,282.00	Aftercare grant: Way Back Support Service.
EIS Health Ltd	2,276,000.00	Central and Eastern Sydney Primary Health Network NSW Pandemic Recovery Access Initiative.
Emerald City Kickball	30,000.00	Controlled Kickball Sports Program for LGBTIQ+ people in Sydney.
Family Planning NSW	800,000.00	Regional NSW Pilot Service.
Feel the Magic Ltd	298,789.92	Postvention support for children bereaved by suicide.
Filling The Gap Ltd	90,000.00	Funding for National Dental Foundation Program.
Filling The Gap Ltd	70,000.00	Funding to support Community Oral Health.
FND Australia Support Services Inc	73,000.00	Recovery and Wellbeing Group Program.
Galambila Aboriginal Health Service Inc	285,000.00	COVID-19 Vaccination Support.
Gamble Steven Anthony – Collaroy	10,000.00	Funding to Upskill Community Health Literacy.
Gandangara Health Services Ltd	140,000.00	COVID-19 Vaccination Support.
Garvan Institute of Medical Research	100,000.00	Contribution to Garvan Institute of Medical Research.
George Institute	250,000.00	Contribution to George Institute.
Gerringong Lions Club	3,000.00	Funding towards purchase of defibrillator.
Gidget Foundation Australia	2,000,000.00	Funding for The Family Project.
Gidget Foundation Australia	750,000.00	Funding to expand support services for families suffering emotional distress during pregnancy and early parenting.
Gidget Foundation Australia	1,950,000.00	Mental Health Recovery Funding.
Gladesville Gymnastics Club Inc	30,000.00	Transforming Culture and Practice in Gymnastics.
Grand Pacific Health Ltd	1,765,905.64	Housing and Accommodation Support Initiative.
Grand Pacific Health Ltd	674,717.68	Mental Health Community Living Supports for refugees.
Grand Pacific Health Ltd	798,881.26	Mental Health Suicide Prevention Fund.
Grand Pacific Health Ltd	825,000.00	Rural Adversity Mental Health Program Coordination and Management.
Griefline Community and Family Services Inc	238,636.36	Griefline funding.
Griffith Aboriginal Medical Service Inc	175,000.00	COVID-19 Vaccination Support.
Hamilton Azzuri Junior Soccer Club	92,350.00	Open Football Group to support the transition of newly arrived refugee and migrant youth.
Hammondcare	1,390,244.00	Mental Health Aged Care Partnership Initiative transition unit.
Hammondcare	7,500,000.00	Redevelopment at Greenwich Hospital.
Headspace National Youth Mental Health Foundation Ltd	3,500,000.00	Funding for Youth Supports COVID lockdown.
Headspace National Youth Mental Health Foundation Ltd	10,000,000.00	Headspace COVID-19 Recovery Package.
Headspace National Youth Mental Health Foundation Ltd	500,000.00	Headspace National Floods Support.
Headspace National Youth Mental Health Foundation Ltd	583,926.00	Headspace Parenting and Community Information Sessions.

Tradingpartner	Amount\$	Description
HeadspaceNational Youth Mental Health Foundation Ltd	2,040,776.00	HeadspaceSuicidePrevention.
Healthdirect Australia	384,000.00	2022–23FY HealthdirectGovernanceFunding.
Healthdirect Australia	384,000.00	HealthInformationand AdviceService.
Healthdirect Australia	13,633,519.02	HealthdirectAnnual ServiceManagementand Digital Services.
Healthdirect Australia	779,932.47	Healthdirect National Health Service Directory (NHSD) Funding.
Healthdirect Australia	188,451.00	NSW Palliative Care After hours helpline.
Healthdirect Australia	3,333.38	PregnancyOptionsHelpline.
HealthShareNSW	152,000.00	Winter Flu Campaign – provision of hand sanitiser.
Healthwise New England North West	527,878.13	Mental HealthSuicidePreventionFund.
Healthy North Coast Ltd	2,980,000.00	Mental Wellbeing Flood recovery Sydney North Coast.
Healthy North Coast Ltd	991,000.00	North Coast Primary Health Network Recovery Access Program.
Healthy North Coast Ltd	339,282.00	The Way Back Support Service – Aftercare Grant.
HelensburghDistrict Mens Shed Incorporated	7,500.00	Funding to support Helensburgh Men's Shed.
Hunter New England and Central Coast Ltd	2,643,000.00	Hunter New England and Central Coast Primary Health Network Recovery Access Program.
Hunter New England and Central Coast Ltd	333,000.00	Mental Wellbeing Flood Recovery HNECC.
Hunter New England and Central Coast Ltd	678,564.00	The Way Back Support Service – Aftercare Grant.
Humpty Dumpty Foundation Ltd	300,000.00	To purchase medical equipment.
Hunter Ageing Alliance	250,000.00	Funding support towards Active Stronger Better Pilot Program.
Hunter Primary Care Ltd	110,480.80	Alcohol and Other Drugs Youth Treatment Services.
iiShield Pty Ltd	2,000,000.00	Medical Devices Fund.
Illawarra Aboriginal Medical Service	275,000.00	COVID-19 Vaccination Support.
Inside Out	500,000.00	Contribution towards the development of an Australian Eating Disorder Research & Translation Centre.
Inventia Life Science Pty Ltd	3,624,650.00	Medical Devices Fund.
Jirrawich	15,000.00	Funding towards Indigenous Rugby League Event for Suicide Prevention.
Juvenile Arthritis Foundation Australia	100,000.00	Contribution to Juvenile Arthritis Foundation Australia.
Karitane	125,000.00	Funding for Virtual Residential Unit.
Karitane	1,400,000.00	Virtual Residential Parenting Service.
Karralika Programs Inc	547,830.00	Alcohol and Other Drugs Youth Treatment Services.
Katungul Aboriginal Corporation Community & Medical Services	340,000.00	COVID-19 Vaccination Support.
Kedesh Rehabilitation Services Ltd	317,624.00	Drug and Alcohol Treatment Services.
Kids of Macarthur Health Foundation Trust	15,000.00	Contribution towards Kids of Macarthur 2022 Annual Fundraising.
Kinchela Boys Home Aboriginal Corporation	70,000.00	Grant to support survivors of Stolen Generations.
Kolling Institute at RNSH	150,000.00	Funding to support Institute's Goals of Improving Care for Patients.
Lifeline Australia	40,000.00	Funds to deliver staff training programs.
Katungul Aboriginal Corporation Community & Medical Services	6,000,000.00	Lifeline COVID Supplement.
Katungul Aboriginal Corporation Community & Medical Services	1,500,000.00	Lifeline Text Service.
Lifeline Harbour to Hawkesbury Inc	27,350.00	Funding to develop new online platform for the community.

Tradingpartner	Amount\$	Description
Lifeline South Coast (NSW) WollongongMission	78,630.98	SuicidePreventionCommunityGatekeeperTraining.
Little Wings Ltd	300,000.00	Contribution towards Little Wings Operational Services.
Lives Lived Well Ltd	371,423.00	Counsellingfor people using methamphetamines.
Lives Lived Well Ltd	1,933,400.00	Drug and Alcohol PackageWomen and ChildrenResidentialRehabilitation.
Lives Lived Well Ltd	197,748.00	Drug and Alcohol Treatment Services.
Living Works Education(Australia) Pty Ltd	6,000,000.00	LivingWorksEducation Australia – StatewideSuicide Prevention Training initiative.
Living Works Education(Australia) Pty Ltd	123,348.52	SuicidePreventionCommunityGatekeeperTraining.
LourdesHospital	42,440.00	Contributionto LourdesHospital.
Lung Foundation Australia	10,000.00	Contribution towards Lung disease and Lung Cancer Research.
Maari Ma Health Aboriginal Corporation	250,000.00	COVID-19VaccinationSupport.
Maari Ma Health Aboriginal Corporation	288,266.00	Buildingon AboriginalCommunities' Resilienceinitiative.
Maari Ma Health Aboriginal Corporation	332,606.00	Drug and Alcohol Treatment Services.
Macarthur D & A (Youth Solutions)	170,000.00	ContributiontowardsFacilityEnhancementWorks.
Macquarie Shores Swimming Club Inc	10,149.00	Post-natal Mental Health and Wellbeing.
MacquarieUniversity	200,000.00	National Health and Medical Research Council Partnership.
Maitland Basketball Association Inc	29,900.00	Funding for Mental Health, Social and Emotional Wellbeing Workshops.
Manly Warringah Netball Association Inc	30,000.00	Wellbeing Training Programs.
Maranguka Ltd	89,853.00	Funding for Youth Camps and Mental Health Support.
Master Builders Assoc	56,015.75	SuicidePreventionCommunityGatekeeperTraining.
McGrath Foundation Ltd	925,000.00	Funding to support McGrath Breast Care Nurses.
McGrath Foundation Ltd	349,500.00	Contribution to McGrath Foundation.
Medibank Health Solutions Pty Ltd	8,094,253.23	Mental Health Line service.
Mental Health Assoc NSW Inc	1,526,813.63	WayAheadCore Funding.
Mental Health Carers ARAFMI NSW Inc	515,067.72	Mental Health Carers NSW Core Funding.
Mental Health Co-OrdinatingCouncil Inc	180,627.00	Funding to support 100 CertificateIV Peer Work Scholarshipsprogram.
Mental Health Co-OrdinatingCouncil Inc	251,125.00	Learning and Development Unit.
Merimbula Basketball Association	14,000.00	Wellbeing Training Programs.
Mission Australia	783,417.00	Alcohol and Other Drugs Continuing Care Sector Development.
Mission Australia	799,420.00	Alcohol and Other Drugs Youth Treatment Services.
Mission Australia	219,551.20	Annie Green Court Specialist Residential Aged Care Facility.
Mission Australia	230,665.52	Benjamin Short Grove Specialist Residential Aged Care Facility.
Mission Australia	2,156,720.07	CommunityLiving Support.
Mission Australia	5,436,841.59	Housingand AccommodationSupport Initiative.
Moree Junior Rugby Club	24,300.00	Improving the Mental Health, wellbeing and resilience of teenage players.
Mrcf Pty Ltd	450,000.00	OHMR Medical Research Commercialisation Grant.
MurrumbidgeePrimaryHealth Network	767,000.00	Murrumbidgee Primary Health Network Recovery Access Program.
MurrumbidgeePrimaryHealth Network	290,479.00	The Way Back Support Service – Aftercare Grant.

Tradingpartner	Amount\$	Description
Narranderra Rugby League Football Club Inc	63,921.00	Our Mob Matter Mental Health Wellbeing Program.
National Assoc for Loss & Grief NSW Inc	54,450.00	Drought Relief Mental Health Package.
National Assoc for Loss & Grief NSW Inc	573,899.00	Loss and Grief Support.
Neami Ltd	3,807,709.92	Community Living Support.
Neami Ltd	8,983,403.68	Housing and Accommodation Support Initiative.
Nelune Foundation	250,000.00	Contribution towards Nelune Foundation's fundraising for the establishment of the Nelune Men's Health Care Clinic.
Network of Alcohol & Other Drugs Agencies Inc	150,150.00	Alcohol and Other Drugs Continuing Care Sector Development.
NeuroEndocrine Cancer Australia	50,000.00	Contribution to NeuroEndocrine Cancer Australia.
Neuroscience Research Australia	343,755.25	Mindgardens Tertiary Referral Service for Psychosis.
Neuroscience Research Australia	125,000.00	Refugee Physical Health Research Project.
New Horizons Enterprises Ltd	6,815,312.18	Community Living Support.
New Horizons Enterprises Ltd	11,604,159.44	Housing and Accommodation Support Initiative.
New Horizons Enterprises Ltd	2,816,212.88	Mental Health Community Living Supports for refugees.
New Horizons Enterprises Ltd	2,775,000.00	Youth Aftercare Pilot.
New South Wales Rugby League Ltd	150,000.00	Changing Rooms Mental Fitness Program.
New South Wales Rugby Union Ltd	146,000.00	Rugby Tackle Life in Western Sydney.
Newcastle Netball Association Inc	29,525.00	Newcastle Netball Association Mental Health Strategy.
North Bondi Surf Lifesaving Club Inc	20,000.00	Mental Health First Aid Workshops.
North Tamworth Rugby League Football Club Inc	147,100.00	Mental Health and Wellbeing Training Programs.
Northern Beaches Council	130,776.39	Suicide Prevention Community Gatekeeper Training.
Northern Hawks Rugby League Club	26,100.00	Hawks Talk Initiative.
Northern NSW Football Ltd	108,380.00	Mental Health Aware Program.
NSW Gaelic Athletic Association	30,000.00	LGBTIQ+ Mental Health Workshop and Training.
NSW Nurses & Midwives Association	91,535.57	Bob Fenwick Mentoring Grants Program.
NSW Rural Doctors Network	396,000.00	National Rural Generalist Pathway Grant.
NSW Squash Ltd	24,750.00	Wellbeing Strategies for Challenging Times.
NSW Users & Aids Association Inc	250,000.00	Alcohol and Other Drugs funding.
NSW Users & Aids Association Inc	315,991.00	DanceWize.
NSW Users & Aids Association Inc	118,165.64	Peer Bus Project.
Obesity Australia Pty Ltd	75,000.00	Obesity Collective Grant.
Office of the Children's Guardian	25,500.00	Funding to commission an online registration portal for HSBCAS.
Open Minds Australia Ltd	1,798,802.40	Community Living Support.
Open Minds Australia Ltd	1,291,998.80	Housing and Accommodation Support Initiative.
Orange Aboriginal Medical Service	240,000.00	COVID-19 Vaccination Support.
Orange United Sports Club	26,000.00	Aboriginal Mental Health, Wellbeing and Sporting Activities.
Orygen Research Centre	1,500,000.00	Pilot of Moderated Online Social Therapy.
Outdoors NSW/ACT	149,540.00	Riding for Positive Mental Health Program.
Ovarian Cancer Foundation	100,000.00	Funding for Ovarian Cancer Research.
Palliative Care NSW Inc	280,000.00	Palliative Care Support Program.
Parkinson's NSW Ltd	650,000.00	Funding to Parkinson's NSW to support Community with Neurodegenerative disorder.

Tradingpartner	Amount\$	Description
Phage Australia	250,000.00	ContributiontowardsMedicalResearchon InfectiousDiseases.
Pharmaceutical Society of Australia Ltd	68,000.00	Hepatitis C DBS Testing Pilot.
Pharmacy Guild of Australia NSW Branch	3,261,588.69	PharmacyIncentiveScheme.
Pharmacy Guild of Australia NSW Branch	206,720.48	Pharmacy Needle and Syringe Program Fitpack Scheme.
PharmOnline	15,000.00	Contribution to Pharm Online.
Pink Hope Community Limited	200,000.00	ContributiontowardsPink Hope services.
Pius X Aboriginal Corp	270,000.00	COVID-19VaccinationSupport.
Police & Community Youth Clubs NSW Ltd	148,160.00	Growth-mindset, Resilience Intervention Program for Teens in Metro, Regional and Remote NSW.
QueanbeyanHospitalMaternityUnit	19,850.00	Contributionto QueanbeyanHospitalMaternityUnit.
QuotaInternationalof ForsterTuncurry Incorporated	600.00	Funding to Quota Club of Forster Tuncurry Inc to promote Mental Health.
Red Frogs Australia	44,890.00	Peer Based HarmReductionServicesat Music Festivals.
RegionalIndependent	5,000.00	The Queanbeyan Palerang 2022 Senior Festivals (Mental Health Focus).
RichmondPRALimited	2,574,338.64	CommunityLiving Support.
RichmondPRALimited	14,208,312.68	Housingand AccommodationSupport Initiative.
RichmondPRALimited	1,101,500.00	National Disability Insurance Scheme Mental Health OfficersProgram.
RichmondPRALimited	217,735.72	YouthCommunityLiving Support.
Riding for the Disabled Association NSW	133,000.00	Interrelate's Pull Up Your Socks Program for Disabled Groups.
RiverinaMedical & Dental Aboriginal Corporation	105,000.00	COVID-19VaccinationSupport.
Rotary Club of Narrabri Inc	6,000.00	DonationtowardsNarrabriCommunityWellnessGarden.
Rotary Club of Quirindi Inc	6,000.00	Funding to Quirindi Rotary Club to support Mental health and Wellbeing event.
Royal Society for the Welfare of Mothersand Babies	450,000.00	RegionalFCC Moruya.
Royal Society for the Welfare of Mothersand Babies	200,000.00	Sleep Well Baby Program.
Royal Society for the Welfare of Mothersand Babies	6,700,000.00	Tresillian – Funding for 6 FCC, Macksville and 5 T2U vans.
Royal Society for the Welfare of Mothersand Babies	2,251,206.00	Tresillian Family Care Centre Funding.
Royal Society for the Welfare of Mothersand Babies	1,400,000.00	TresillianVirtual ResidentialParentingService.
RSL Lifecare Ltd	418,062.68	Mental Health Aged Care Partnership Initiative transition unit.
Running for PrematureBabies FoundationLtd	50,000.00	Contributionto Running for PrematureBabies for lifesavingneonatal equipment.
Rural Doctors Network	250,000.00	Contribution to Rural Doctors Network.
Safe & Together Institute	75,000.00	Grant to provide training and mentoring to NSW Health staff to improve responses to domestic violence.
SamaritansFoundationDioceseof Newcastle	365,093.00	Drug and Alcohol Treatment Services.
Schizophrenia Fellowship of NSW Ltd	184,166.00	Forensic Reintegration Program.
Smiling Mind	680,460.00	Smiling Mind Digital Resources.
Sydney North Primary Health Network (SNPHN Ltd)	333,000.00	Mental Wellbeing Flood recovery Sydney North Primary Health Network.
Sydney North Primary Health Network (SNPHN Ltd)	297,600.00	NSW Health Joint Statement & workplan.

Tradingpartner	Amount\$	Description
Sydney North Primary Health Network (SNPHN Ltd)	1,325,000.00	NSWPandemicRecoveryAccessInitiative.
Sydney North Primary Health Network (SNPHN Ltd)	339,282.00	The Way Back Support Service – Aftercare Grant.
Sonder Australia Pty Ltd	3,000,000.00	Sonder App for people in isolation.
South Coast Medical Service Aboriginal Corp	270,000.00	COVID-19VaccinationSupport.
South Coast Medical Service Aboriginal Corp	288,266.00	Buildingon AboriginalCommunities'Resilienceinitiative.
South Coast Womens' Health & Welfare Aboriginal Corporation	310,000.00	COVID-19VaccinationSupport.
South Coast Women's Health & Welfare Aboriginal Corporation	288,266.00	Buildingon AboriginalCommunities'Resilienceinitiative.
South Western Sydney Primary Health Network Ltd	7,000.00	Funding to South West Sydney Primary Health Network for statewide VAN Health Pathway.
South Western Sydney Primary Health Network Ltd	1,981,000.00	South Western Sydney Primary Health Network Recovery Access Program.
South Western Sydney Primary Health Network Ltd	339,282.00	The Way Back Support Service – Aftercare Grant.
Southern Cross Care NSW & ACT	620,508.00	Specialist Residential Aged Care Facility.
Speers Point Physical Culture Club Inc	17,845.00	Mental Health Workshops.
St John Ambulance Australia (NSW)	10,210,000.00	St John Ambulance (NSW) COVID-19 Community medical Support.
St Johns Junior Rugby League Football Club Inc	47,249.00	Healthy Minds, Healthy Teams Program.
St Vincent De Paul Society NSW	3,278,766.72	Alcohol and Other Drugs Continuing Care Sector Development.
St Vincent De Paul Society NSW	85,001.00	Drug and Alcohol Treatment Services.
St Vincent De Paul Society NSW	400,000.00	SupportService– FredericHouse.
St Vincent's Hospital Sydney Ltd	22,000.00	Funding support to St Vincent Hospital network.
Stable Trauma Relief Ltd	150,000.00	Stable Bushfire Trauma Relief Project.
Street Side Medics	200,000.00	Contribution to Street Side Medics.
Stride Mental Health Ltd	1,831,500.00	LikeMind funding to provide integrated care and support in community.
SuicidePreventionAustralia	164,227.50	Mental HealthSuicidePreventionFund.
Surf Life Saving NSW Inc	139,985.00	Mental Health and Wellbeing Champion Program.
Survivors& MatesSupportNetwork Limited	50,000.00	Grant to provide trauma-informed groupwork to adult male survivors of child sexual abuse.
Swimming NSW Ltd	107,000.00	Swimming NSW Mental Health and Wellbeing Project.
Sydney Swans Ltd	150,000.00	Aboriginal and Torres Strait Islander Adolescent and Youth Health and Wellbeing.
TamworthAboriginalMedical Service Inc	245,000.00	COVID-19VaccinationSupport.
Teen Clinic Australia Ltd	125,000.00	Funding towards Teen Clinics.
Tennis NSW Ltd	29,560.00	LGBTIQ+ Community Inclusion, Mental Health and Wellbeing Program.
Tharawal Aboriginal Corporation	280,000.00	COVID-19VaccinationSupport.
Tharawal Aboriginal Corporation	288,266.00	Buildingon AboriginalCommunities'Resilienceinitiative.
The Buttery Ltd	454,326.00	Alcohol and Other Drugs Continuing Care Sector Development.
The Buttery Ltd	88,686.00	Alcohol and Other Drugs Youth Treatment Services.
The Buttery Ltd	371,080.00	Drug and Alcohol Treatment Services.
The Buttery Ltd	1,311,660.79	Housing and Accommodation Support Initiative Plus Mid North Coast Local Health District.
The Good Human Factory Pty Ltd	5,000.00	Contribution towards The Good Human Factory.

Tradingpartner	Amount\$	Description
The Men's Table Ltd	680,000.00	The Men's Table – Supporting Men in NSW.
The Salvation Army (NSW) Property Trust	227,435.00	Drug and Alcohol Treatment Services.
The Ted Noffs Foundation	175,504.00	Alcohol and Other Drugs Youth Treatment Services.
The Twenty Ten Association Inc	41,119.25	SuicidePreventionCommunityGatekeeperTraining.
TobwabbaAboriginalMedicalService	265,000.00	COVID-19VaccinationSupport.
UlladullaAnd DistrictsCommunity ResourcesCentre Inc	20,000.00	Grant to Ulladulla & Districts Community Resources Centre.
Ulster University	50,000.00	Development of the iMPAKT App.
UngoorooAboriginalCorporation	205,000.00	COVID-19VaccinationSupport.
UngoorooAboriginalCorporation	288,266.00	Buildingon AboriginalCommunities'Resilienceinitiative.
Unique Outcomes Pty Ltd	217.60	Carer Star Licencing and Training Program.
Uniting (NSWACT)	2,581,345.34	CommunityLiving Support.
Uniting (NSWACT)	3,425,970.96	Housingand AccommodationSupport Initiative.
Uniting (NSWACT)	3,520,120.32	Housing and Accommodation Support Initiative Plus.
Uniting (NSWACT)	1,800,000.00	LikeMind funding to provide integrated care and support in community.
Universityof Newcastle	981,249.75	Centre for Rural and Remote Mental Health.
Universityof Newcastle	128,849.99	New Fathers Pilot Project.
Universityof Newcastle	1,015,560.00	Rural Adversity Mental Health Program.
Universityof NSW	25,000.00	Follow up study on HIV & STI screening practices.
Universityof NSW	39,920.00	Hepatitis B social media messages – Research Project.
Universityof NSW	116,480.00	Implementation research to guide elimination of HIV transmission in NSW.
Universityof NSW	513,750.00	Intellectual Disability Mental Health Chair.
Universityof NSW	100,000.00	NSW HIV Prevention Partnership Project.
Universityof NSW	264,974.00	Supportevaluationof CollaborativeCommissioning.
Universityof Sydney	107,803.00	Educationalresourceson smoking& vaping for Aboriginalyoung people.
Universityof Sydney	30,000.00	FirstCPR NHMRC Partnership Grant.
Universityof Sydney	120,000.00	Funding for Chair Medical Physics to provide expert advice and support in radiation oncology.
Universityof Sydney	49,499.00	Funding support for research on pathways to entry into Bachelor of Oral Health/ Doctor of Dental Medicine for Aboriginal and Torres Strait Island students.
Universityof Sydney	30,000.00	Midwives and Obstetricians Helping Mothers to Quit.
Universityof Sydney	30,000.00	NHMRC Partnership Project – MODUS.
Universityof Sydney	352,649.00	NSW Health Chair of Population Oral Health.
Universityof Wollongong	1,176,285.36	Funding for Project Air.
Universityof Wollongong	145,093.00	LikeMindEvaluationServices.
Universityof Melbourne	25,170.00	Evidence to Support Safe & Together Implementation and Evaluation (ESTIE) Project.
WalgettAboriginalMedicalService	245,000.00	COVID-19VaccinationSupport.
WalhallowAboriginalCorporation	145,000.00	COVID-19VaccinationSupport.
Water Polo NSW Incorporated	149,865.00	Waterpolo NSW Mental Health Press.
We Help Ourselves	761,560.00	Drug and Alcohol Treatment Services.
Weave Youth & Community Services Inc	50,000.00	Contribution towards Speak Out Dual Diagnosis Program.
WellingtonAboriginalCorporation HealthService	505,000.00	COVID-19VaccinationSupport.

Tradingpartner	Amount\$	Description
WellingtonAboriginalCorporation HealthService	127,807.00	Local Support Coordinator Grant.
WellwaysAustraliaLtd	3,148,600.10	Community Living Support.
WellwaysAustraliaLtd	11,641,286.48	Housing and Accommodation Support Initiative.
WellwaysAustraliaLtd	164,227.50	Mental Health Suicide Prevention Fund.
WellwaysAustraliaLtd	169,989.92	Suicide Prevention Community Gatekeeper Training.
WellwaysAustraliaLtd	1,000,000.00	Suicide Prevention Peer Worker Support Strategy.
WellwaysAustraliaLtd	1,973,391.24	Youth Community Living Support Services.
Wentwest Ltd	339,282.00	The Way Back Support Service – Aftercare Grant.
Wentwest Ltd	3,822,462.00	Western Sydney Primary Health Network Grant.
Wentwest Ltd	1,827,000.00	Western Sydney Primary Health Network Recovery Access Program.
WentworthHealthcare Limited	968,000.00	Nepean Blue Mountains Primary Health Network Recovery Access Program.
Werin Aboriginal Corporation	265,000.00	COVID-19 Vaccination Support.
Wesley Community Services Ltd	3,420,548.00	Mums and Kids Matter Program.
Western Health Alliance Ltd	615,370.00	Joint Development Phase.
Western Health Alliance Ltd	290,479.00	The Way Back Support Service – Aftercare Grant.
Western Health Alliance Ltd	1,087,000.00	Western NSW Recovery Access Program.
Westside Tennis Club Inc	22,870.00	Indigenous Adult Tennis Activation.
Women's Alcohol & Drug Advisory Centre Inc	209,502.00	Drug and Alcohol Treatment Services.
Women's Health NSW	200,000.00	Funding to Support Women's Health Service in NSW.
Yacaaba Centre Information & Counselling Service Port Stephens Inc	160,000.00	Yacaaba Centre Information and Counselling Service.
Yerin Aboriginal Health Services Inc	295,000.00	COVID-19 Vaccination Support.
Yerin Aboriginal Health Services Inc	288,266.00	Building on Aboriginal Communities' Resilience initiative.
Yfoundations Incorporated	250,000.00	Sexual Health Capacity Building.
Yoorana Gunya Family Healing Centre Aboriginal Corp	152,120.00	COVID-19 Vaccination Support.
Yoorana Gunya Family Healing Centre Aboriginal Corp	288,266.00	Building on Aboriginal Communities' Resilience initiative.
Yourtown	1,375,000.00	Kids Helpline Service.
Youturn Ltd	1,680,000.00	Post Suicide Support initiative.
Total	310,236,284.50	

Research grants in 2021-22

Trading partner	Amount \$	Description
Anzics	382,717.00	Bi-national Intensive Care Databases.
Arcs Australia	20,000.00	NSW Health and Medical Research Sponsorship Program.
Aust Society for Medical Research	20,000.00	NSW Health and Medical Research Sponsorship Program.
Australasian Society For HIV Viral Hepatitis & Sexual Health Medicine	5,000.00	NSW Health and Medical Research Sponsorship Program.
Australian Genomic Cancer Medicine Centre Ltd	9,000.00	BIO 2022 Grant Sponsorship Grant.
Biotalk Pty Ltd	9,500.00	NSW Health and Medical Research Sponsorship Program.
Black Dog Institute	1,613,807.00	Medical Research Support Program.
Cancer Council NSW	35,000.00	Aboriginal Young People and Vaping Research.
Cancer Council NSW	20,000.00	Electronic Cigarette Use Among Young People Research.
Captix Biomedical Pty Ltd	5,000.00	BIO 2022 Grant.
Centenary Inst Of Cancer Medicine & Cell Biology	1,901,934.00	Medical Research Support Program.
Children's Cancer Institute Australia	1,169,700.00	Medical Research Support Program.
Children's Medical Research Institute	9,000.00	BIO 2022 Grant Sponsorship Grant.
Children's Medical Research Institute	5,000.00	BIO 2022 Grant.
Children's Medical Research Institute	787,217.00	Medical Research Support Program.
Event Studio Group Unit Trust	4,545.45	NSW Health and Medical Research Sponsorship Program.
Garvan Institute of Medical Research	3,552,872.00	Australian Genomic Cancer Medicine Grant.
Garvan Institute of Medical Research	100,000.00	Biospecimen Collection Grant.
Garvan Institute of Medical Research	450,000.00	Cardiovascular Research Capacity Grant.
Garvan Institute of Medical Research	2,045,289.00	Medical Research Support Program.
HA TECH Pty Ltd	5,000.00	BIO 2022 Grant.
Hunter Medical Research Institute	340,560.00	COVID-19 Platform Trials Grant.
Hunter Medical Research Institute	13,107,469.90	Medical Research Support Program.
Hunter Medical Research Institute	395,738.00	NSW Prevention Research Support Program for Hunter Medical Research Institute
Illawarra Health & Medical Research Institute Ltd	1,255,784.00	Medical Research Support Program.
Ingham Institute For Applied Medical Research	2,015,594.00	Medical Research Support Program.
Inventia Life Science Operations Pty Ltd	5,000.00	BIO 2022 Grant.
Investment NSW	22,500.00	Sponsorship AusBio Tech for BIO 2022.
Lucky Health Pty Ltd	5,000.00	BIO 2022 Grant.
Macquarie University	750,000.00	Cardiovascular Research Capacity Program.
Macquarie University	80,000.00	PhD and Early-Mid Career Grant Funding.
Macquarie University	403,504.00	Translational Research Grant Scheme.
Medical Technology Association of Australia Ltd	20,000.00	NSW Health and Medical Research Sponsorship Program.

Trading partner	Amount \$	Description
National Heart Foundation of Australia	250,000.00	Cardiovascular Research Network.
Neuroscience Research Australia	1,000,000.00	Funds for NSW Chair of Schizophrenia Research.
Neuroscience Research Australia	4,623,068.20	Medical Research Support Program.
Paediatric Ltd	5,000,000.00	Paediatric Precision Medicine Funding.
Paratus Clinical Pty Ltd	5,000.00	BIO 2022 Grant.
PolygenRx Pty Ltd	5,000.00	BIO 2022 Grant.
Royal Australasian College Of Surgeons	10,000.00	NSW Health and Medical Research Sponsorship Program.
Safe & Together Institute	70,000.00	Funding for Safe & Together™ Model to provide culturally safe response, addressing family violence in Aboriginal communities.
Southern Cross University	490,170.00	Translational Research Grant Scheme.
Southern Star Research Pty Ltd	5,000.00	BIO 2022 Grant.
The George Institute For Global Health	9,008,158.18	Medical Research Support Program.
The Macfarlane Burnet Institute for Medical Research and Public Health Ltd	202,650.00	COVID-19 – OHMR – NSW Covasim Analysis Grant.
The Peregrine Centre Pty Ltd	750,000.00	Rural Mental Health Research Partnership for Peregrine.
The Sax Institute	50,000.00	Biospecimen Collection Grant.
The Sax Institute	5,000.00	NSW Health and Medical Research Sponsorship Program.
The Sax Institute	250,000.00	Research and Evidence Services.
The Sax Institute	750,000.00	Sax Institute Core Funding.
The Sax Institute	437,500.00	The Australian Prevention Partnership Centre funding.
The Westmead Institute For Medical Research	7,433,743.88	Medical Research Support Program.
University of Melbourne	439,997.00	Funding for Safe & Together™ Model to provide culturally safe response, addressing family violence in Aboriginal communities.
University of Melbourne	70,000.00	National Health and Medical Research Council Partnership Grant – Chlamydia Case Management in GP.
University of Newcastle	240,000.00	PhD and Early-Mid Career Grant Funding.
University of Newcastle	495,771.40	Translational Research Grant Scheme.
University of NSW	30,000.00	Australia's adolescent HPV vaccination program.
University of NSW	9,000.00	BIO 2022 Grant Sponsorship Grant.
University of NSW	24,867.00	Biospecimen Collection Grant.
University of NSW	7,343,661.00	Cardiovascular Research Capacity Program.
University of NSW	550,591.20	COVID-19 – Modelling Support Grant.
University of NSW	126,185.00	COVID-19 RNA Production Research Network.
University of NSW	60,000.00	Early-Mid Career Fellowship Grant.
University of NSW	60,000.00	Funding to Access Indicators for NSW HIV Data Report.
University of NSW	250,000.00	NSW Prevention Research Support Program for Centre for Primary Health Care and Equity.
University of NSW	500,000.00	NSW Prevention Research Support Program for The Kirby Institute.
University of NSW	1,476,705.00	PhD and Early-Mid Career Grant Funding.
University of NSW	1,285,787.00	Spinal Cord Injury Research Grants.
University of NSW	363,726.00	Total Cardiac Care Plus Project.
University of Sydney	260,294.00	Biospecimen Collection Grant.
University of Sydney	8,304,278.00	Cardiovascular Research Capacity Program.

Trading partner	Amount \$	Description
University of Sydney	152,947.00	COVID-19 Vaccine Effectiveness Research.
University of Sydney	399,156.00	Funding for Opportunistic Influenza Vaccination.
University of Sydney	372,656.00	NSW Prevention Research Support Program for Clinical and Population Perinatal Health Research.
University of Sydney	374,995.50	NSW Prevention Research Support Program for Prevention Research Collaboration.
University of Sydney	997,879.00	PhD and Early-Mid Career Grant Funding.
University of Sydney	489,840.00	Schools and Early Childhood Education and Care Services Transmission Investigation Project.
University of Sydney	1,287,207.00	Spinal Cord Injury Research Grants.
University of Technology Sydney	80,000.00	PhD and Early-Mid Career Grant Funding.
University of Technology Sydney	390,690.00	Spinal Cord Injury Research Grants.
University of Wollongong	42,174.00	Funding for E-Cigarette Analysis Research.
University of Wollongong	250,000.00	NSW Prevention Research Support Program for Early Start Research Institute.
Victor Chang Cardiac Research Institute Ltd	1,768,413.00	Medical Research Support Program.
Victor Chang Cardiac Research Institute Ltd	10,000.00	NSW Health and Medical Research Sponsorship Program.
Western NSW Health Research Network Inc	15,000.00	NSW Health and Medical Research Sponsorship Program.
Woolcock Institute of Medical Research Ltd	1,198,767.00	Medical Research Support Program.
Total	90,617,608.71	

Promotion of research in 2021-22

Trading partner	Cost \$	Description
Western Sydney University	23,344.00	Development and evaluation of an evidence-based online Diabetes Oral Health training Program.
Total	23,344.00	

NSW Ministry of Health operating consultants in 2021-22

Consultant	Amount \$	Description
Consultancies more than \$50,000		
Managementservices		
ARTD Pty Ltd	99,999.00	Evaluation of the older people's suicide prevention pathway project.
Belay Pty Ltd	113,360.00	Review projects to support NSW Health's Facility Planning Process.
Daly Matthew	156,000.00	Development of Nepean Blue Mountains Local Health District financial management plan.
Daly Matthew	72,800.00	Assist the Program Management Office in a progress review of Efficiency Improvement Programs across the system.
Deloitte Touche Tohmatsu	165,000.00	Tactical pricing and strategic funding strategy recommendations for the eHealth IT chargeback operating model.
Emerson Health Pty Ltd	154,500.00	Mid-point review of the Adult Mental Health Intensive Care Networks policy.
Inside Out & Associates Australia Pty Ltd	132,078.20	Co-design of Suicide Prevention Outreach Teams.
KPMG	73,295.00	Asset componentisation and useful lives review project.
Mary Haines Consulting Pty Ltd	52,000.00	Provision of strategic research and evaluation advice to the Evidence and Evaluation Unit.
Parenting Research Centre Inc	139,905.85	Evaluation of virtual residential parenting services.
Policy by Proxy	69,800.00	Advisory support for the Get Healthy Service reform.
Roses in the Ocean Ltd	515,171.00	Co-design of Alternatives to Emergency Department Presentations.
Uncharted Leadership Institute Pty Ltd	79,843.31	Support the Good to Great faculty with a program of work designed to improve performance in Emergency Departments.
University of NSW	66,428.00	Inform the development of an Intellectual Disability Mental Health Strategic Plan.
University of Sydney	70,000.00	Provide a comprehensive stakeholder engagement and consultation process to inform the development of the NSW Peer Workforce Framework.
University of Wollongong	256,354.23	Qualitative research into the experiences of consumers of services for children and young people with problematic and harmful sexual behaviours and develop resources to communicate the findings.
Subtotal	2,216,534.59	
Organisational review		
Deloitte Touche Tohmatsu	244,406.00	Modelling the Future Health system costs for NSW Health.
Subtotal	244,406.00	
Training		
Callaghan Cultural Consultancy Trust	100,000.00	Review of the Aboriginal Mental Health Workforce Training Program.
Subtotal	100,000.00	
Legal		
HWL Ebsworth Lawyers	372,965.07	Legal review, development and implementation of the NSW Health Procurement Policy and Procurement Procedures.
Omedia Pty Ltd	107,911.05	Legal consultancy in relation to the South Eastern Sydney Local Health District.
Subtotal	480,876.12	
Consultancies equal to or more than \$50,000	3,041,816.71	

Consultant	Amount \$
Consultancies less than \$50,000	
During the year, 41 other consultancies were engaged in the following areas:	
Management Services	326,893.23
Organisational Review	76,949.46
Training	19,368.00
Legal Services	200,308.88
Environmental	40,000.00
Consultancies less than \$50,000	663,519.57
Total	3,705,336.28

Payment of accounts

The following tables provide payment performance information for the NSW Ministry of Health for 2021-22.

2021-22 Aged analysis at the end of each quarter

Quarter	Current Not yet due \$'000	Overdue 1-30 Days \$'000	Overdue 31-60 Days \$'000	Overdue 61 And over \$'000
All suppliers¹				
September	-	3,364	2,950	273
December	-	6,709	925	226
March	-	3,877	158	170
June	-	4,271	318	4
Small business suppliers¹				
September	-	340	43	0
December	-	2,394	280	0
March	-	303	154	144
June	-	330	209	0

Accounts due or paid within each quarter

	September	December	March	June
All suppliers¹				
Number of accounts due for payment	4,395	3,951	3,598	4,285
Number of accounts paid on time	4,320	3,898	3,573	4,253
Actual percentage of accounts paid on time (based on number of accounts)	98.29%	98.66%	99.31%	99.25%
Dollar amount of accounts due for payment	477,163	547,909	500,340	536,095
Dollar amount of accounts paid on time	476,179	547,093	500,219	535,591
Actual percentage of accounts paid on time (based on \$)	99.79%	99.85%	99.98%	99.91%

Quarter	Current Not yet due \$'000	Overdue 1-30 Days \$'000	Overdue 31-60 Days \$'000	Overdue 61 And over \$'000
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts (\$)	0	0	0	0
Small business suppliers²				
Number of accounts due for payment to small businesses	1,432	1,364	1,228	1,469
Number of accounts due to small businesses paid on time	1,404	1,344	1,223	1,453
Actual percentage of small business accounts paid on time (based on number of accounts)	98.04%	98.53%	99.59%	98.91%
Dollar amount of accounts due for payment to small businesses	17392	14,807	18,830	34,980
Dollar amount of accounts due to small businesses paid on time	17348	14,638	18,754	34,686
Actual percentage of small business accounts paid on time (based on \$)	99.75%	98.86%	99.60%	99.16%
Number of payments to small business for interest on overdue accounts	0	0	0	0
Interest paid to small businesses on overdue accounts	0	0	0	0

Notes: **1.** The reporting of all suppliers excludes payments between NSW Health entities. **2.** The reporting of small business suppliers is in accordance with the definitions and requirements for small business as prescribed in the NSW Treasury Circular 11/21 Payment of Accounts.

Commentary

Time for payment of accounts for the NSW Ministry of Health showed a consistent performance over the year. Actions are taken to monitor and promptly follow up invoice payments. The NSW Ministry of Health was not required to make any payment of interest on overdue accounts related to small business suppliers in the 2021-22 financial year.

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 Fund 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 Treasury Managed Fund, 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 of \$41 million was declared in 2021–22.

NSW Treasury Managed Fund

2021–22	Contributions paid to iCare (\$000)	Funding from NSW Treasury (\$000)	Variance (\$000)
Workers Compensation	241,252	238,486	(2,766)
Motor Vehicle	10,354	9,845	(509)
Property	21,345	20,827	(518)
Liability	264,757	264,757	0
Miscellaneous	507	507	0
Total TMF	538,215	534,422	(3,793)
VMO	48,022	48,022	0
Total	586,236	582,444	(3,793)

Asset Management overview

NSW Health has continued embedding and strengthening asset management governance to facilitate improved and informed asset management decision making. The NSW Ministry of Health supported by Health Infrastructure leads the implementation of the NSW Health Asset Management Framework, focusing on enhancing awareness of current systems and asset management operations and alignment with the Future Health Strategy and the 20-Year Health Infrastructure Strategy across NSW Health entities.

NSW Health completed its second cycle of producing the NSW Health Strategic Asset Management Plan (SAMP) and Asset Management Plan (AMP), which are aligned to the whole of Government Public Sector Policy for asset management. The 2021–22 SAMP and AMP aggregated information submitted from NSW Health entities, focussed on understanding Health's building asset portfolio to identify future asset opportunities and/or investment priorities in consultation with other key stakeholders to support safe, sustainable, and high-quality care for NSW citizens.

Land disposals

The 10 properties sold in 2021–22 realised gross proceeds of \$11.5 million. These figures represent a 33.3% decrease in the number of properties sold over the previous financial year (15 sold) and a 39.9% increase in realised gross proceeds (\$8.3 million in 2020–21). Bulli Hospital, located at 29 Hospital Road, Bulli, was disposed for \$5 million. As per government process, it was declared surplus to requirements and then first offered to other government agencies. Landcom expressed interest in acquiring the site and it was disposed of to them. Proceeds from the disposal will be reinvested into the NSW Health system. All sales were undertaken in accordance with government policy. Documents relating to these sales can be obtained under the *Government Information (Public Access) Act 2009*

Property	Status as at 30 June 2022	Revenue (\$'000's)
Bourke, 77 Mitchell Street	Contract Settled	\$135
Bulli, Bulli Hospital, 29 Hospital Road	Contract Settled	\$5,000
Cessnock (Allandale), Wine Country Dr – Vacant land (Part Lot 2 DP1078864 and Lot 4 DP1076684)	Contract Exchanged	\$365
Lismore, 137 Laurel Avenue – Apartments (lot1/DP317772 and lot1/DP317771)	Contract Settled	\$1,750
Macksville, 27 Cooper Street	Contract Settled	\$520
Marrickville, 158 Edinburgh Road – Former maintenance facility	Contract Exchanged	\$3,000
Mount Druitt, Mt Druitt Hospital, Traffic Signalisation, Off Luxford Road (compulsory acquisition of Lot 10 DP 1268736 (formerly Part Lot 1 in DP 1208657 by Blacktown City Council)	Contract Settled	\$160
Mt Druitt, Luxford Rd, Endeavour Energy easement	Contract Settled	\$5.5
Westmead, Pt Westmead Hospital, Pt Hawkesbury Road (Pt Lot 1 DP 1194390) (1,062m ²) (Compulsory Acquisition for Road Widening by City of Parramatta in connection w/ TfNSW's PLR)	Contract Settled	\$0
Wagga Wagga, 54 Johnston Street (2/38/759031)	Contract Settled	\$610
Total Gross		\$11,546
Total Net (Approx. Less 10% Sales Costs)		\$10,391

Capital works

NSW Health's full year capital expenditure for 2021–22 (excluding capital expensing) was \$2.1 billion for works in progress and completed works. The total spent on capital in 2021–22 represents 7% of the total Property, Plant, Equipment, Intangibles and Lease Asset base.

The latest Capital Works Program allocation for NSW Health in 2021–22 was \$2.2 billion, inclusive of capital expensing. The program is jointly delivered by local health districts and other NSW Health organisations for projects valued at less than \$10 million, and by Health Infrastructure for those projects valued at \$10 million or more.

Capital projects completed in 2021–22

Project	Total cost
NSW Ambulance	
Ambulance Fleet Replacement Program – Next Phase	\$57,134,999
Ambulance Medical Equipment Replacement Program – Next Phase	\$17,501,332
Intensive Care Ambulances – COVID-19	\$9,643,346
Kurri Kurri Station Rebuild	\$731,503
Tactical Upgrade of Computer Assisted Dispatch	\$396,442
Ambulance Information Communications Technology	\$24,540,089
Charlestown Northern Control Centre Expansion	\$1,997,873
Aeromedical Purchases Operational Training and Equipment	\$690,675
Central Coast Local Health District	
Gosford Hospital Solar PV System	\$1,879,072
Wyong Hospital Sterilising and Patient Monitoring Equipment	\$2,101,582
State-Wide Dental Van Program	\$100,000
Gosford Dental Clinics – Replacement of Dental Chairs	\$750,000
Hunter New England Local Health District	
Singleton Hospital New Birthing Suite	\$2,291,539
Maitland Hospital Car Park	\$24,004,644
Maitland Hospital (New)	\$436,389,024
Illawarra Shoalhaven Local Health District	
Milton Ulladulla Hospital Emergency Department	\$254,416
Bulli Hospital Solar Panel System	\$390,763
Rauland Cockpit System for COVID-19 Ward	\$184,997
Relocation of New St to Warilla Community Centre	\$247,869
Expansion of Wollongong Community Health Centre	\$213,446
Mirrabeek Health Unit Refurbishment	\$312,778
Cultural Environment Facilities Upgrade	\$58,808
Wollongong Hospital MH Unit Mechanical Air Management – COVID-19	\$318,483

Project	Total cost
Wollongong Hospital B2 West Ward Modification & Recommissioning – COVID-19	\$545,954
State-Wide Virtual Mental Health Expansion	\$412,591
Wollongong Hospital Children's Ward Redevelopment	\$2,268,110
Wollongong Hospital Climate Controlled Storage	\$832,640
Nepean Blue Mountains Local Health District	
Nepean Blue Mountains Local Health District Hospital Sites – Energy Efficient Projects	\$2,000,000
Hawkesbury Dental Clinic Refurbishment and Expansion	\$1,405,416
Northern NSW Local Health District	
Grafton Sterilisers	\$1,000,000
Lismore Hospital Cardiology Equipment	\$1,529,076
Northern Sydney Local Health District	
RNSH – New Interventional Neuroradiology Suites	\$1,462,114
Northern Sydney Local Health District Sites – LED lighting upgrades	\$371,915
RNSH Major Medical Equipment	\$2,872,000
Ryde Hospital Digital Radiography Replacement	\$319,687
Sydney Children's Hospitals Network	
Gamma Camera Equipment	\$1,505,530
OneView Patient Portal	\$1,265,333
Viral Vector Manufacturing Facility Related Projects	\$442,378
Oral Health Equipment	\$53,750
South Eastern Sydney Local Health District	
IVF Facility Enhancements	\$167,500
Sydney Local Health District	
Canterbury Hospital Solar PV System	\$995,788
RPAH ICT Relocation	\$250,000
RPAH Infusion Centre	\$1,500,000
Canterbury Hospital Mobile Coverage Enhancement	\$325,000

Project	Total cost
CanterburyHospitalOperatingTable Replacement	\$458,731
CanterburyHospitalSurgical MicroscopesReplacement	\$459,086
CanterburyHospitalLaparoscopic EquipmentReplacement	\$345,766
Oral Health Equipment	\$15,000
RPAH ENT Microscope	\$309,583
RPAH Fluid Waste Management	\$357,297
CanterburyHospitalRadiologyScreening Unit	\$475,230
CRGH Cardiac Catheterisation Laboratory	\$988,500
SydneyDental HospitalWet Laboratory Renovation	\$200,000
SydneyDental HospitalReceptionand WaitingAreaRefurbishment	\$225,500
SydneyDental Hospital OfficeSpace Renovation	\$150,000
Two Aboriginal Cultural Lounges	\$130,001
ConcordHospital (Phase 1A and 1B) Upgrade	\$309,070,987
South Western Sydney Local Health District	
45–47 Goulburn St Liverpool Medical Centre Unit Acquisition	\$678,060
Liverpool TheatreModality	\$4,140,478
LiverpoolHospitalAir HandlingUnits upgrade	\$1,299,322
BankstownHospitalEmergencyDept COVIDResponse	\$269,710
FairfieldHospitalEnergyPerformance Projects – Light/AC Upgrade/Solar PV Install/WaterConserve	\$2,391,442

Project	Total cost
Western NSW Local Health District	
ParkesHospital Solar PV System	\$865,902
RadiationOncologyCT Scanner Replacement	\$989,422
BathurstHospitalFluoroscopyMachine Replacement	\$551,872
WalgettX-RayReplacement	\$288,906
WesternCancer CentreDubbo – Orthovoltage	\$728,354
Western Sydney Local Health District	
StatewideVirtual Mental Health Expansion	\$1,113,709
BlacktownHospitalCT Scan Replacement	\$729,656
WestmeadHospital – 2 CardiohelpECMO Consoles	\$288,067
ED Amber Patient Waiting Room – COVID-19	\$454,573
Parramatta Light Rail – Health Related Projects	\$34,196,630

Financial Report

5



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 Statements of Comprehensive Income for the year ended 30 June 2022, the Statements of Financial Position as at 30 June 2022, the Statements of Changes in Equity and the Statements of Cash Flows for the year then ended, notes comprising a Statement of Significant 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 2018* (GSF Regulation) and the Treasurer's Directions
- presents 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).

I have fulfilled my other ethical responsibilities in accordance with 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 believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit 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 2022. 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 25 Property, plant and equipment</i></p> <p>At 30 June 2022, the Consolidated Entity reported \$26.4 billion in infrastructure, property, plant and equipment measured at fair value comprised of:</p> <ul style="list-style-type: none"> • \$24.2 billion - land and buildings • \$1.5 billion - plant and equipment • \$0.7 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 and health infrastructure 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 <i>Fair Value Measurement</i> 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 – application of discount rates – assessment of the conditions of the assets – assessment of 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 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.
Existence and valuation of COVID-19 related inventories (including Rapid Antigen Tests)	
<p><i>Refer to Note 22 Inventories</i></p> <p>At 30 June 2022 the Consolidated Entity reported a total net inventory balance of \$845.0 million (COVID-19 related inventories balance: \$817.9 million). This was comprised of a total gross inventory balance of \$1.1 billion, offset by a total impairment provision of \$258.0 million (COVID-19 related balance: \$246.7 million)</p> <p>At 30 June 2022 the Consolidated Entity also reported COVID-19 vaccines received from the Commonwealth for nil consideration at \$130.0 million and distributed to the public free of charge at \$116.8 million. An impairment provision for unused</p>	<p>To address the key audit matter, I:</p> <ul style="list-style-type: none"> • reviewed and verified the key components of management's approach to valuing COVID-19 inventory lines relevant for the 2021–22 financial reporting period; • obtained an understanding of the systems and processes to management vaccine flows; and • tested a sample of transactions verifying quantities back to source documentation.

Key Audit Matter**How my audit addressed the matter**

vaccines at year end was recognised for \$11.3 million.

I considered this area a key audit matter due to the:

- complexities of the procurement and distribution processes with the Commonwealth;
- complexities associated in obtaining a reliable measurement basis of the vaccine; and
- evolving nature of the systems and processes in place to manage, track and account for physical inventory movements across a variety of distribution centres spread around NSW.

Recognition and measurement of Commonwealth grants and contributions revenue

Refer to Note 11 Grants and Other Contributions

During the year, over \$9 billion was received in Commonwealth grants and contributions through the National Health Reform Agreement (NHRA) and the National Partnership Agreement (NPA) in 2021–22.

I considered this area a key audit matter due to the:

- significance of the balance relative to the Consolidated Entity's Statement of Comprehensive Income;
- different types of performance obligations attached to each revenue stream;
- continuous funding received over more than one financial reporting period; and
- evolving nature of the funding arrangements in response to the emerging COVID-19 pandemic.

To address the key audit matter, I:

- documented and understood the nature of the key revenue streams relating to the NHRA and NPA;
- reviewed the terms and conditions contained within the key funding agreements entered with the Commonwealth;
- assessed the key accounting treatments applied to each type of grant funding stream; and
- reviewed a sample of transactions to ensure the appropriate accounting treatment had been applied

Health worker appreciation payments

Refer to Note 34 Provisions

At 30 June 2022, the Consolidated Entity reported a \$426.2 million provision in relation to the \$3,000 health worker appreciation payments.

The NSW State Government announced in June 2022 a \$3,000 payment (inclusive of superannuation) to all eligible health employees who were employed on 1 April 2022 and continued to be employed on 30 June 2022. This is in recognition of their work on the frontline of the COVID-19 pandemic.

I considered this area a key audit matter due to the:

- significance of the balance relative to the Consolidated Entity's total provision balance; and
- complexities regarding inputs used in calculating the pro-rata balance.

To address the key audit matter, I:

- obtained and understood management's process involved in calculating the provision balance;
- tested the reasonableness of the provision balance by comparing to actual payments made post 30 June 2022; and
- performed detailed testing on a sample of payments to ensure these were made in accordance with the eligibility criteria.

Leases accounting

Refer to Note 26 Leases

At 30 June 2022, the Consolidated Entity reported \$612.7 million in right of use assets under leases. The Consolidated Entity has applied AASB 16 Leases (AASB 16). Under AASB 16, a contract is a lease, or contains a lease component, if it conveys the right to

To address the key audit matter, I:

- obtained and understood management's process to identify and account for lease arrangements;

- the lessee to control the use of an identified assets for a period of time in exchange for consideration.
- I considered this area a key audit matter due to the:
- changes in the substantive rights of substitution during 2021–22 for certain properties administered by Property NSW;
 - number and importance of lease contracts on the operations of the Consolidated Entity;
 - judgement required in determining the validity of the assumptions applied; and
 - complexities in reviewing and recognising changing arrangements as the response to the COVID-19 pandemic evolves.
- assessed the relevance of the methods used to determine the main assumptions supporting the valuation of the right of use assets and lease liabilities;
 - reviewed the reasonableness of the derecognition of those leasing arrangements with respect to Property NSW; and
 - tested, on a sample basis, the data contained within the Consolidated Entity's leasing calculations compared to the underlying contracts.

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 or 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.



Margaret Crawford
Auditor-General for NSW

20 October 2022
SYDNEY

Ministry of Health

Statement by the Accountable Authority

for the year ended 30 June 2022



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 2022 have been prepared in accordance with:
 - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
 - b. applicable requirements of the GSF Act, *Government Sector Finance Regulation 2018*, and
 - c. Treasurer's Directions issued under the GSF Act.
2. The financial statements present fairly the Ministry of Health's financial positions as at 30 June 2022 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.

Handwritten signature of Susan Pearce in blue ink.

Susan Pearce
Secretary, NSW Health

18 October 2022

Handwritten signature of Andrew Monk in blue ink.

Andrew Monk
**Acting Deputy Secretary, Finance and Asset Management and
Chief Financial Officer, NSW Health**

18 October 2022

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2022

		Consolidated Actual 2022 \$000	Consolidated Budget 2022 \$000	Consolidated Actual Restated 2021 \$000	Parent Actual 2022 \$000	Parent Actual Restated 2021 \$000
	Notes					
Continuing operations						
Expenses excluding losses						
Employee related expenses	2	16,185,112	16,145,588	15,101,149	237,324	222,660
Operating expenses	3	9,675,515	7,918,460	7,759,401	1,425,965	1,051,052
Depreciation and amortisation	4	1,215,765	1,322,613	1,146,015	38,067	35,629
Grants and subsidies	5	2,004,750	1,603,846	1,671,671	24,805,558	22,933,804
Finance costs	6	129,624	139,260	124,342	13,019	12,486
Total expenses excluding losses		29,210,766	27,129,767	25,802,578	26,519,933	24,255,631
Revenue						
Appropriations	8	17,135,207	15,786,794	15,016,407	17,135,207	15,016,407
Acceptance by the Crown of employee benefits and other liabilities ¹	12	(81,253)	476,729	(1,527)	660	2,008
Sale of goods and services from contracts with customers	9	2,517,515	2,817,099	2,806,080	187,150	129,783
Investment revenue	10	5,894	33,141	22,430	857	1,220
Grants and other contributions	11	10,498,607	8,940,321	9,148,196	9,660,037	8,451,322
Other income	13	76,376	158,244	103,897	18,054	13,838
Total revenue		30,152,346	28,212,328	27,095,483	27,001,965	23,614,578
Operating result		941,580	1,082,561	1,292,905	482,032	(641,053)
Gains / (losses) on disposal	14	127,658	3,415	(33,815)	113,000	(94)
Impairment losses on financial assets	20	(63,439)	-	(85,973)	-	-
Other gains / (losses)	15	(65,755)	(10,283)	(867,163)	-	(93,105)
Net result from continuing operations		940,044	1,075,693	305,954	595,032	(734,252)
Net result from discontinued operations		-	-	-	-	-
Net result		940,044	1,075,693	305,954	595,032	(734,252)

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2022 (continued)

		Consolidated Actual	Consolidated Budget	Consolidated Actual Restated	Parent Actual	Parent Actual Restated
	Notes	2022 \$000	2022 \$000	2021 \$000	2022 \$000	2021 \$000
Other comprehensive income						
<i>Items that will not be reclassified to result in subsequent periods</i>						
Changes in revaluation surplus of property, plant and equipment	25	2,169,321	-	307,817	23,648	(1,202)
Total other comprehensive income		2,169,321	-	307,817	23,648	(1,202)
TOTAL COMPREHENSIVE INCOME		3,109,365	1,075,693	613,771	618,680	(735,454)

¹Crown represents 'The Crown in right of the State of New South Wales'.

See Note 17 for details regarding restated prior year balances for the consolidated and parent entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Financial Position as at 30 June 2022

		Consolidated Actual 2022 \$000	Consolidated Budget 2022 \$000	Consolidated Actual Restated 2021 \$000	Parent Actual 2022 \$000	Parent Actual Restated 2021 \$000
	Notes					
ASSETS						
Current assets						
Cash and cash equivalents	19	2,887,006	1,513,804	2,031,071	614,647	160,068
Receivables	20	1,462,370	988,063	1,249,015	648,384	443,849
Contract assets	21	1,307	2,031	1,794	363	276
Inventories	22	845,077	290,512	635,787	39,898	31,777
Financial assets at fair value	23	98,475	149,061	161,750	-	-
Other financial assets	24	77	16,172	3,073	500,800	308,232
		5,294,312	2,959,643	4,082,490	1,804,092	944,202
Non-current assets held for sale	28	3,304	9,087	2,835	-	-
Total current assets		5,297,616	2,968,730	4,085,325	1,804,092	944,202
Non-current assets						
Receivables	20	22,696	113,793	35,441	-	-
Financial assets at fair value	23	9,911	24,958	32,122	-	-
Other financial assets	24	86,413	-	84,369	3,028	7,205
Property, plant and equipment						
- Land and buildings	25	24,152,287	23,293,931	21,521,208	172,288	179,658
- Plant and equipment	25	1,484,798	1,750,094	1,377,023	26,222	3,922
- Infrastructure systems	25	711,766	502,047	617,435	988	864
Total property, plant and equipment		26,348,851	25,546,072	23,515,666	199,498	184,444
Right-of-use assets	26	612,731	1,295,950	1,114,697	17,671	488,103
Intangible assets	27	697,217	790,717	689,554	3,208	3,129
Other non-current assets		-	85,766	-	-	-
Total non-current assets		27,777,819	27,857,256	25,471,849	223,405	682,881
Total assets		33,075,435	30,825,986	29,557,174	2,027,497	1,627,083

Ministry of Health

Statement of Financial Position as at 30 June 2022 (continued)

		Consolidated Actual 2022 \$000	Consolidated Budget 2022 \$000	Consolidated Actual Restated 2021 \$000	Parent Actual 2022 \$000	Parent Actual Restated 2021 \$000
	Notes					
LIABILITIES						
Current liabilities						
Payables	31	2,376,208	1,891,560	1,881,948	874,999	526,108
Contract liabilities	32	56,030	53,103	70,587	1,670	24,100
Borrowings	33	168,040	224,602	185,131	11,007	19,465
Provisions	34	3,466,486	2,564,218	2,851,737	42,718	25,694
Other current liabilities	35	91,209	91,481	136,045	3,000	-
Total current liabilities		6,157,973	4,824,964	5,125,448	933,394	595,367
Non-current liabilities						
Contract liabilities	32	1,081	97	-	-	-
Borrowings	33	1,503,033	2,170,059	2,124,812	6,482	572,839
Provisions	34	59,886	45,555	62,674	659	713
Other non-current liabilities	35	334,404	289,299	334,547	-	-
Total non-current liabilities		1,898,404	2,505,010	2,522,033	7,141	573,552
Total liabilities		8,056,377	7,329,974	7,647,481	940,535	1,168,919
Net assets		25,019,058	23,496,012	21,909,693	1,086,962	458,164
EQUITY						
Reserves		9,701,661	7,996,955	7,544,820	151,210	132,542
Accumulated funds		15,317,397	15,499,057	14,364,873	935,752	325,622
Total equity		25,019,058	23,496,012	21,909,693	1,086,962	458,164

See Note 17 for details regarding restated prior year balances for the consolidated and parent entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2022

CONSOLIDATED	Notes	Accumulated Funds \$000	Asset Revaluation Surplus \$000	Total \$000
Balance at 1 July 2021		14,364,733	7,544,820	21,909,553
Correction of error - warehouse lease	17	140	-	140
Restated balance at 1 July 2021		14,364,873	7,544,820	21,909,693
Net result for the year		940,044	-	940,044
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	2,169,321	2,169,321
Total other comprehensive income		-	2,169,321	2,169,321
Total comprehensive income for the year		940,044	2,169,321	3,109,365
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		12,480	(12,480)	-
Balance at 30 June 2022		15,317,397	9,701,661	25,019,058
Balance at 1 July 2020		14,140,412	7,256,629	21,397,041
Restated net result for the year		305,954	-	305,954
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	307,817	307,817
Total other comprehensive income		-	307,817	307,817
Total restated comprehensive income for the year		305,954	307,817	613,771
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		19,626	(19,626)	-
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	(101,119)	-	(101,119)
Restated balance at 30 June 2021		14,364,873	7,544,820	21,909,693

See Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2022 (continued)

PARENT	Notes	Accumulated Funds \$000	Asset Revaluation Surplus \$000	Total \$000
Balance at 1 July 2021		325,482	132,542	458,024
Correction of error - warehouse lease	17	140	-	140
Restated balance at 1 July 2021		325,622	132,542	458,164
Net result for the year		595,032	-	595,032
Other Comprehensive Income				
Net changes in revaluation surplus of property, plant and equipment	25	-	23,648	23,648
Total other comprehensive income		-	23,648	23,648
Total comprehensive income for the year		595,032	23,648	618,680
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		4,980	(4,980)	-
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	10,118	-	10,118
Balance at 30 June 2022		935,752	151,210	1,086,962
Balance at 1 July 2020		1,048,565	133,744	1,182,309
Restated net result for the year		(734,252)	-	(734,252)
Other comprehensive income				
Net changes in revaluation surplus of property, plant and equipment	25	-	(1,202)	(1,202)
Total other comprehensive income		-	(1,202)	(1,202)
Total restated comprehensive income for the year		(734,252)	(1,202)	(735,454)
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	11,309	-	11,309
Restated balance at 30 June 2021		325,622	132,542	458,164

See Note 17 for details regarding restated prior year balances for the parent entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2022

	Consolidated Actual 2022 \$000	Consolidated Budget 2022 \$000	Consolidated Actual Restated 2021 \$000	Parent Actual 2022 \$000	Parent Actual Restated 2021 \$000
CASH FLOWS FROM OPERATING ACTIVITIES					
Payments					
Employee related	(16,017,031)	(15,691,157)	(15,210,590)	(240,411)	(226,352)
Suppliers for goods and services	(10,416,343)	(9,108,869)	(8,695,392)	(1,132,254)	(1,118,688)
Grants and subsidies	(1,921,670)	(1,603,846)	(1,870,469)	(24,911,141)	(23,043,024)
Finance costs	(126,386)	(139,260)	(121,039)	(13,008)	(12,476)
Total payments	(28,481,430)	(26,543,132)	(25,897,490)	(26,296,814)	(24,400,540)
Receipts					
Appropriations	17,135,207	15,786,794	15,016,407	17,135,207	15,016,407
Reimbursements from the Crown	266,380	-	209,925	5,076	4,413
Sale of goods and services	2,536,109	2,749,458	2,824,371	176,921	122,934
Interest received	14,088	31,325	12,201	857	1,220
Grants and other contributions	10,100,072	8,940,321	8,865,522	9,417,131	8,014,767
Other	1,129,002	1,562,320	891,014	220,440	245,367
Total receipts	31,180,858	29,070,218	27,819,440	26,955,632	23,405,108
NET CASH FLOWS FROM OPERATING ACTIVITIES	2,699,428	2,527,086	1,921,950	658,818	(995,432)
	41				
CASH FLOWS FROM INVESTING ACTIVITIES					
Proceeds from sale of property, plant and equipment and intangibles	16,284	68,200	28,244	10,133	11,336
Proceeds from sale of financial assets	132,365	3,234	127,763	-	-
Purchases of property, plant and equipment and intangibles	(1,751,079)	(2,563,940)	(2,505,356)	(6,511)	(6,110)
Purchases of financial assets	(42,949)	-	(26,071)	-	-
Other	75	(223,889)	18	(188,391)	439,811
NET CASH FLOWS FROM INVESTING ACTIVITIES	(1,645,304)	(2,716,395)	(2,375,402)	(184,769)	445,037

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2022 (continued)

	Consolidated Actual 2022 \$000	Consolidated Budget 2022 \$000	Consolidated Actual Restated 2021 \$000	Parent Actual 2022 \$000	Parent Actual Restated 2021 \$000
Notes					
CASH FLOWS FROM FINANCING ACTIVITIES					
Proceeds from borrowings and advances	-	-	14,500	-	-
Repayment of borrowings and advances	(23,200)	(190,265)	(18,857)	-	-
Payment of principal portion of serv concession financial liability	(1,359)	-	(1,274)	-	-
Payment of principal portion of leas liabilities	(173,761)	-	(168,251)	(19,470)	(17,329)
NET CASH FLOWS FROM FINANCING ACTIVITIES	(198,320)	(190,265)	(173,882)	(19,470)	(17,329)
NET INCREASE /(DECREASE) IN CASH AND CASH EQUIVALENTS					
Opening cash and cash equivalents	855,804	(379,574)	(627,334)	454,579	(567,724)
Effects of exchange rate changes on cash and cash equivalents	2,031,071	1,893,378	2,658,959	160,068	728,371
	131	-	(554)	-	(579)
CLOSING CASH AND CASH EQUIVALENTS	2,887,006	1,513,804	2,031,071	614,647	160,068
19					

¹Crown represents 'The Crown in right of the State of New South Wales'.

See Note 17 for details regarding restated prior year balances for the consolidated and parent entity.

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 2022

1. Statement of Significant Accounting Policies

(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 profits are 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
- 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 2022 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 2022

1. Statement of Significant Accounting Policies (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'); and
- Treasurer's Directions issued under the GSF Act.

Property, plant and equipment and financial assets at fair value 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 v 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 guaranteed 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 high 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 Novel Coronavirus (COVID-19) pandemic continues to impact NSW Health's public health system. Throughout 2022 a number of variants of COVID-19 emerged which required ongoing COVID-19 support from our public health system. Since the pandemic started, critical resources have been reassigned to test, treat, vaccinate and manage the various surges of COVID-19 cases. As a result, NSW Health continues to incur additional costs in response to COVID-19.

The 2022-23 NSW State Budget includes funding for the ongoing health costs of the continued management of COVID-19 including fever clinics, long COVID-19 clinics, and infection prevention. A National Partnership Agreement (NPA) in response to COVID-19 between the Commonwealth and States and Territories has also been extended through until 31 December 2022. The Agreement delivers funding to public hospitals and provides stability and certainty of funding while ensuring access to health services in public hospitals.

The 2022-23 Ministry of Health budget included over \$33.5 billion in expense and capital for the NSW Health Cluster. Appropriation revenue of \$18.7 billion was enshrined in legislation on 21 June 2022 in Part 2, Division 4 and Part 3 of the *Appropriation (Parliament) Bill 2022*.

Despite the impact of COVID-19, these statements have been prepared on a going concern basis.

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.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

1. Statement of Significant Accounting Policies (continued)

(e) Accounting for the Goods & Services tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that the:

- amount of GST incurred by the consolidated and parent entity as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

(f) Foreign currency translation

Transactions in foreign currencies are recorded using the spot rate at the date the transaction first qualifies for recognition.

Monetary assets and liabilities denominated in foreign currencies are translated at the functional currency spot rates of exchange at the end of the reporting date.

Differences arising on settlement or translation of monetary items are recognised in net result.

Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rates at the dates of the initial transactions. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value is determined. The gain or loss arising on translation of non-monetary items measured at fair value is treated in line with the recognition of the gain or loss on the change in fair value of the item (i.e. translation differences on items whose fair value gain or loss is recognised in other comprehensive income or net results are also recognised in other comprehensive income or net results, respectively).

(g) 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 restated as a result of a correction of a prior period error (refer to Note 17) or reclassified to ensure alignment with current year presentation.

(h) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in FY2021-22

The accounting policies applied in 2021-22 are consistent with those of the previous financial year.

Several amendments and interpretations apply for the first time in 2020-21, but do not have an impact on the financial statements of the consolidated entity.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless NSW determines otherwise. The consolidated entity has assessed the potential impact of the new standards and interpretations issued but not yet effective and have determined they are unlikely to have a material impact on the financial statements of the consolidated entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

1. Statement of Significant Accounting Policies (continued)

(i) Impact of COVID-19 on financial reporting for 2021-22

The COVID-19 pandemic has resulted in significant changes in the consolidated and parent entity's activity and in the services being delivered. The COVID-19 pandemic has also impacted financial reporting in 2021-22 and increased disclosures are presented in the following notes:

- Note 1(c) Basis of preparation
- Note 3 Operating expenses
- Note 5 Grants and subsidies
- Note 9 Sale of goods and services from contracts with customers
- Note 11 Grants and other contributions
- Note 15 Other gains / (losses)
- Note 22 Inventories
- Note 26 Leases
- Note 34 Provisions
- Note 43 Budget review

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

2. Employee related expenses

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Salaries and wages (including annual leave and ADOs)	14,679,244	13,546,425	178,563	160,572
Superannuation - defined benefit plan	63,602	66,824	802	790
Superannuation - defined contribution plan	1,354,373	1,183,998	14,784	13,031
Long service leave	(203,946)	29,935	(777)	2,431
Redundancies	9,781	16,555	-	442
Workers' compensation insurance	270,337	246,029	33,111	34,970
Payroll tax and fringe benefits tax	11,721	11,383	10,841	10,424
	16,185,112	15,101,149	237,324	222,660

Refer to Note 34 for further details on recognition and measurement of employee related expenses.

Employee related costs of \$37.2 million (2021: \$24.7 million) (parent entity: \$Nil (2021: \$Nil)) have been capitalised in property, plant and equipment and intangible assets and are excluded from the above.

The long service leave in 2021 and 2022 was impacted by significant changes in actuarial factors decreasing the employee benefit liabilities assumed by the Crown for the consolidated and parent entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

3. Operating expenses

	Consolidated		Parent	
	2022	2021	2022	2021
	\$000	\$000	\$000	\$000
Ambulance transportation costs	126,209	117,487	87	102
Auditor's remuneration	5,298	5,030	984	724
Blood and blood products	182,809	170,738	42,598	45,479
Capital project expense	70,690	57,972	4,610	2,213
Consultants	22,264	31,143	3,705	6,372
Contractors	295,481	229,800	21,618	40,645
Domestic supplies and services	242,651	171,826	1,245	1,515
Electricity, gas and water	171,580	167,773	669	734
Food Supplies	130,005	123,561	-	-
Information management expenses	366,519	332,981	26,700	28,347
Insurance	349,890	334,187	311,074	302,151
Interstate patient outflows	325,430	271,469	325,430	271,469
Legal services	15,808	13,611	4,435	2,676
Maintenance (see (a) below)	722,751	739,930	2,631	3,424
Medical and surgical supplies	1,361,142	1,135,138	190,388	6,986
Motor vehicle expenses	45,193	45,349	65	48
Office expenses	109,005	104,096	5,046	4,434
Expenses relating to short-term leases	54,270	29,013	68	3
Expenses relating to leases of low-value assets	36,215	19,330	810	787
Variable lease payments, not included in lease liabilities	13	1,144	-	-
Other management services	313,578	164,647	76,749	56,263
Outsourced patient care	787,444	642,758	60,605	94,960
Pharmaceutical supplies	1,083,289	891,272	148,517	115,255
Specialised health services	1,139,237	593,137	2,863	114
Staff related costs	212,482	163,003	7,826	6,229
Travel expenses	65,420	46,823	1,043	709
Viability payments to private hospitals	150,122	(37,054)	150,122	(37,054)
Visiting medical officers	1,005,718	962,339	-	-
Warehousing expenses	31,115	39,906	17,476	39,906
General expenses	253,887	190,992	18,601	56,561
	9,675,515	7,759,401	1,425,965	1,051,052

¹ Other management services has been restated to be \$6.41 million lower in the consolidated and parent entity in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

² Warehousing expenses has been disaggregated from other management services in the current year. The prior year balance has been restated with a decrease in other management services of \$39.91 million and increase in warehouse expenses of \$39.91 million in the consolidated and parent entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

3. Operating expenses (continued)

During the current year, the consolidated and parent entity made a 50 per cent contribution of \$103.58 million (2021: \$Nil) towards providing rapid antigen tests to concession card holders. The contribution was made in agreement with National Cabinet to support the concession card holders to obtain access to subsidised rapid antigen tests through pharmacies. The amounts are disclosed under medical and surgical supplies.

Medical and surgical supplies also includes \$76.97 million (2021: \$Nil) of the cost of personal protective equipment sold to the Commonwealth government for inclusion in the national medical stockpile.

Pharmaceutical supplies includes \$116.83 million (2021: \$17.12 million) of COVID-19 vaccinations administered by vaccination clinics within the consolidated entity. Refer to Note 22 for further details on COVID-19 vaccines.

Specialised health services includes \$489.49 million (2021: \$31.61 million) of COVID-19 polymerase chain reaction (PCR) tests and rapid antigen tests provided by private pathology clinics, saliva testing costs and sewerage surveillance monitoring within the consolidated entity.

Apart from the above-mentioned items, 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.

In 2021, the negative expense for viability payments to private hospitals was due to \$64.2 million of refunds received from the private hospitals for the overpayment in the previous year. The arrangement with the private hospitals was also paused for a period of time throughout 2021 as a result of minimal COVID-19 infection and community transmission at the time. In July 2021, the viability payments recommenced as a result of a new variant of COVID-19 and no refunds were received in the current year relating to previous financial year.

General expenses of \$253.89 million (2021: \$190.99 million) includes advertising and marketing, courier and freight, taxes, rates and related charges, hosted services purchased from local health districts (for parent entity), isolated patient travel and accommodation assistance and security services.

(a) Reconciliation of total maintenance expense

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Maintenance contracts	241,051	230,881	442	1,150
New/replacement equipment under \$10,000	294,472	323,147	864	990
Repairs maintenance/non contract	186,657	185,322	1,323	1,281
Other	571	580	2	3
Maintenance expense - contracted labour and other (non-employee related), as above	722,751	739,930	2,631	3,424
Employee related maintenance expense (Note 2)	66,313	62,779	-	-
Total maintenance expenses	789,064	802,709	2,631	3,424

Recognition and Measurement

Maintenance expense

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement or enhancement of a part or component of an asset, in which case the costs are capitalised and depreciated.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

3. Operating expenses (continued)

Recognition and Measurement (continued)

Operating expenses

Operating expenses generally represent the day-to-day running costs incurred in the normal operations of the consolidated entity. These costs are expensed as incurred. The recognition and measurement policy for non-employee related expenses is detailed in Note 31.

Insurance

The consolidated entity's insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. The expense (premium) is determined by Insurance and Care NSW (icare), an entity controlled by the ultimate parent, based on past claims experience. The TMF is operated by NSW Self Insurance Corporation (SiCorp), an entity controlled by the ultimate parent.

Lease expenses

The consolidated entity recognises the lease payments associated with the following types of leases as an expense on a straight-line basis:

- Leases that meet the definition of short-term, i.e. where the lease term at commencement of the lease is 12 months or less. This excludes leases with a purchase option.
- Leases of assets that are valued at \$10,000 or under when new.

Variable lease payments are not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occurs.

4. Depreciation and amortisation

	Consolidated 2022 \$000	Consolidated ¹ 2021 \$000	Parent 2022 \$000	Parent ¹ 2021 \$000
Depreciation - buildings	660,710	607,736	7,217	5,663
Depreciation - plant and equipment	243,810	235,588	774	357
Depreciation - infrastructure systems	31,862	29,214	104	97
Depreciation - right-of-use land and buildings	99,513	95,973	29,190	28,877
Depreciation - right-of-use plant and equipment	87,620	86,613	37	31
Amortisation - intangible assets	92,250	90,891	745	604
	1,215,765	1,146,015	38,067	35,629

¹ Depreciation - right-of-use land and buildings has been restated to be \$6.13 million higher in the consolidated and parent entity in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

Refer to Note 25 Property, plant and equipment, Note 26 Leases and Note 27 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 2022

5. Grants and subsidies

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Payments to entities controlled by the Ministry	-	-	23,327,142	21,788,338
Payments to other Affiliated Health Organisations	1,116,254	1,057,962	765,362	709,333
Grants provided to support:				
- Community packages	22,639	30,598	-	-
- Grants to research organisations	121,436	141,506	90,641	110,951
- Non-Government organisations	177,977	172,211	90,549	87,511
Grants to entities controlled by the ultimate parent	281,416	57,060	279,190	50,174
Other grants	285,028	212,334	252,674	187,497
	2,004,750	1,671,671	24,805,558	22,933,804

Grants to entities controlled by the ultimate parent includes \$101.80 million (2021: \$50.17 million) of personal protective equipment and \$162.02 million (2021: \$Nil) of rapid antigen testing kits provided to entities controlled by ultimate parent by the consolidated and parent entity for nil consideration.

Other grants includes \$2.30 million (2021: \$Nil) of personal protective equipment the consolidated and parent entity granted to external third parties for nil consideration. Also included within the consolidated entity balance is \$0.39 million (2021: \$Nil) of COVID-19 vaccines granted to external third parties for nil consideration. Refer to Note 22 for further details on COVID-19 vaccines.

Other grants also includes \$204.34 million (2021: \$144.86 million) towards various mental health programs in the consolidated and parent entity.

Recognition and Measurement

Grants and subsidies generally comprise contribution 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. The grants and subsidies are expensed on the transfer of the cash or assets. The transferred assets are measured at their fair value.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

6. Finance costs

	Consolidated 2022 \$000	Consolidated ¹ 2021 \$000	Parent 2022 \$000	Parent ¹ 2021 \$000
Interest expense from lease liabilities	29,741	25,609	13,007	12,476
Interest expense from financial liabilities at amortised cost*	96,604	95,382	-	-
Other interest and charges	3,279	3,351	12	10
	129,624	124,342	13,019	12,486

¹ Interest expense from lease liabilities has been restated to be \$0.13 million higher in the consolidated and parent entity in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

* Of the interest expense from financial liabilities at amortised cost, \$0.8 million (2021: \$0.8 million) related to financial liabilities relating to service concession arrangements. Refer to Note 25 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 2022

7. Revenue

Recognition and Measurement

Income is recognised in accordance with the requirements of AASB 15 *Revenue from Contracts with Customers* (AASB 15) or AASB 1058 *Income of Not-for-Profit Entities* (AASB 1058), dependent on whether there is a contract with a customer defined by AASB 15.

Comments regarding the accounting policies for the recognition of income are discussed in Notes 8 to 13.

8. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown)

Summary of compliance at a responsible minister level

	2022 \$000	2021 ¹ \$000
Original budget per Appropriation Act	15,786,794	15,740,003
Other appropriations / expenditure:		
Variations made to appropriations during the financial year		
- Section 4.11 GSF Act (variations of annual appropriations for Commonwealth grants)	9,167	(925)
- Section 4.13 GSF Act Exigency of Government	1,247,904	-
- COVID-19 pandemic and inflation (per section 34 of the Appropriations Act)	162,313	46,000
Total spending authority from parliamentary appropriations, other than deemed appropriations	17,206,178	15,785,078
Add:		
The spending authority from deemed appropriations during the year	13,864,773	12,561,458
The unutilised spending authority from deemed appropriations in prior years	320,636	1,292,968
Total	31,391,587	29,639,504
Less: total expenditure out of ConFund	(30,391,738)	(28,550,197)
Variance	999,849	1,089,307
Less:		
The spending authority from appropriations lapsed at 30 June	(70,971)	(768,671)
Deemed appropriations balance carried forward to following	928,878	320,636
	2022	2021
	\$000	\$000
Appropriations (per Statement of Comprehensive Income)	17,135,207	15,016,407
Total amount drawn down against Annual Appropriations:	17,135,207	15,016,407

¹ Prior period amounts have been restated to align with revised disclosure requirements at a responsible minister level.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

8. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown) (continued)

Summary of compliance at a responsible minister level (continued)

The *Appropriation Act 2021* (Appropriation Act) appropriates the sum of \$15,786.79 million to the Minister for Health out of the Consolidated Fund for the services of the Ministry of Health for the year 2022. The spending authority of the Minister from the Appropriation Act has been delegated or sub-delegated 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 responsible Minister for each entity above is taken to have been given an appropriation out of the Consolidated Fund under the authority of s4.7 of the *Government Sector Finance Act 2018*, 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. The spending authority of the responsible Ministers from deemed appropriation money has been delegated or sub-delegated to officers of the entity that receives or recovers the deemed appropriation money for its own services.

The delegation/sub-delegation for 2022 and 2021, 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-delegation is referable to the overall authority to spend set out in the relevant *Appropriation Act*. The individual transaction limits have been properly observed. The information relating to the limit from the *Appropriation 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 responsible Ministers for the services of the entities listed above that receive or recover deemed appropriation money. It reflects the status at the point in time this disclosure statements 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.

Appropriations are not recognised as income in the following circumstances:

- Equity appropriations to fund payments to adjust a for-profit entity's capital structure are recognised as equity (i.e. contribution by owners) on receipt and equity withdrawals on payment to a for-profit entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

9. Sale of goods and services from contracts with customers

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Sale of goods				
Sales and recoveries of pharmaceutical supplies	401,375	411,036	-	-
Sales of prostheses	55,989	61,063	-	-
Other	69,865	43,781	38,483	-
	527,229	515,880	38,483	-
Rendering of services				
Patients				
Ambulance transportation fees	67,325	70,816	-	-
Fees for clinical services	52,236	52,371	-	-
Fees for medical services rendered	880,287	935,941	3,350	3,187
Interstate patient inflows	113,976	100,568	113,976	100,568
Motor accident third party insurance covered	134,825	169,818	-	-
Other patient fees	77,073	77,524	-	-
General Community				
Car parking fees	23,699	33,334	-	-
Commercial activities	50,652	47,845	-	-
Fees for non-medical services	3,507	3,185	-	-
Non-NSW Health entities				
Services provided to non NSW Health organisations	17,437	17,911	-	-
Other				
Fees for private usage of hospital's facilities	383,323	463,817	-	-
General user charges fees	57,327	43,654	4,589	503
Personnel service fees recharged	26,622	25,408	26,622	25,408
Hotel quarantine fees	68,424	214,292	-	-
Other services	33,573	33,716	130	117
	1,990,286	2,290,200	148,667	129,783
	2,517,515	2,806,080	187,150	129,783

Sale of goods other than in the consolidated and parent entity includes the sale of personal protective equipment of \$38.48 million (2021: \$Nil) sold to the Commonwealth for inclusion in the national medical stockpile.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

9. 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 the promised goods.

Type of good	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Sales and recoveries of pharmaceutical supplies	The performance obligation of transferring 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 sale of low value medical equipment, schedule B 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 2022

9. 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 of transferring the promised services.

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Patient services - Ambulance transportation, 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, compensable patients are billed for health services provided under various contractual arrangements. Billings are typically done upon patient discharge and is 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 obligation 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 2022

9. 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 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, hotel quarantine fees (revenue recognised for compulsory quarantine of all overseas travellers while overseas borders are closed to restrict transmission of COVID-19), 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 32 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 2022

10. Investment revenue

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Interest income from financial assets at amortised cost	11,863	9,632	857	1,220
Finance income on the net investment in the lease	2,123	2,069	-	-
Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss	(8,347)	10,672	-	-
Royalties	231	47	-	-
Dividends	24	10	-	-
	5,894	22,430	857	1,220

Recognition and Measurement

Interest income

Interest revenue is calculated by applying the effective interest rate to the gross carrying amount of a financial asset except for financial assets that subsequently become credit impaired. For financial assets that become credit impaired, the effective interest rate is applied to the amortised cost of the financial asset (i.e. after deducting the loss allowance for expected credit losses).

Royalties

Royalties are usually recognised when the underlying performance obligation is satisfied. It is recognised at the estimated amount if the consideration is variable.

Dividend income

Dividend revenue is recognised when the consolidated entity's right to receive the payment has been established.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

11. Grants and other contributions

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Grants to acquire / construct a recognisable non-financial asset to be controlled by the entity				
Grants to acquire / construct non-financial asset	29,597	57,384	-	-
Other grants with sufficiently specific performance obligations				
Commonwealth National Health Reform Funding	5,976,535	5,852,286	5,976,535	5,852,286
Commonwealth National Partnership Agreement on COVID-19 ¹				
- Hospital services payment	625,460	148,801	625,460	148,801
- State public health payment	1,514,279	967,043	1,514,279	967,043
- Vaccination dose delivery payment	37,829	-	37,829	-
Commonwealth Government grants for community based services	85,193	84,831	-	-
Commonwealth Government grants - other	28,467	24,807	2,160	1,362
Clinical drug trials and research grants	73,731	63,030	-	-
Grants from entities controlled by the ultimate parent	5,457	5,197	-	-
Other grants	75,169	73,821	1,500	925
Grants without specific performance obligations				
Commonwealth National Health Reform Funding	1,167,225	1,211,113	1,167,225	1,211,113
Commonwealth National Partnership Agreement on COVID-19				
- Fixed upfront vaccination payment	32,000	-	32,000	-
Commonwealth Government COVID-19 vaccines ²	129,706	22,252	-	-
Commonwealth Government grants - other	319,746	183,709	217,410	166,219
Clinical drug trials and research grants	12,572	11,727	-	-
Grants from entities controlled by the ultimate parent	287,324	354,214	85,639	102,624
Other grants	46,704	42,216	-	949
Donations	51,613	45,765	-	-
	10,498,607	9,148,196	9,660,037	8,451,322

¹ Commonwealth National Partnership Agreement on COVID-19 presentation has been amended in the current year for the consolidated and parent entity. The funding streams of the Commonwealth National Partnership Agreement on COVID-19 are now being separately presented. The prior year balances have been restated for the consolidated and parent entity with an increase in the hospital service payment of \$148.80 million and state public health payment of \$967.04 million which was previously presented under the Commonwealth National Partnership Agreement on COVID-19.

² Commonwealth Government COVID-19 vaccines has been disaggregated from Commonwealth Government grants - other in the current year. The prior year balance has been restated with an increase in Commonwealth Government COVID-19 vaccines of \$22.25 million (parent entity: \$Nil) and a decrease in Commonwealth Government grant - other of \$22.25 million (parent entity: \$Nil).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

11. Grants and other contributions (continued)

The consolidated entity received the majority of COVID-19 vaccines directly from the Commonwealth government and the remainder were received from external third parties. The total value of COVID-19 vaccines recognised was \$129.71 million (2021: \$22.25 million) under Commonwealth Government COVID-19 vaccines and \$0.32 million (2021: \$Nil) from external third parties under other grants. All COVID-19 vaccines were received for nil consideration and recorded at current replacement cost at the time of receipt. Refer to Note 22 for further details on COVID-19 vaccines.

Commonwealth government grants - other in the consolidated entity includes \$93.98 million (2021: \$7.31 million) of personal protective equipment, rapid antigen testing kits and COVID-19 pharmaceutical supplies received from the Commonwealth for nil consideration and recorded at current replacement cost at the time of receipt.

Recognition and Measurement

Grants and other contributions

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 vaccinations, including COVID-19 vaccinations which are provided free of charge to the community. Refer to Note 22 for further details; 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. For 2021 and the current year, the Commonwealth has provided a funding guarantee to the states and territories. 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.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

11. Grants and other contributions (continued)

Recognition and Measurement (continued)

Grants and other contributions (continued)

- Commonwealth National Partnership Agreement on COVID-19 - consists of four financial arrangements:

Schedule A - The Commonwealth shares the funding equally (pays 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 is recognised when the actual costs are incurred as either a hospital services payment or a state public health payment depending on the related activities.

Schedule B - The Commonwealth shares the funding equally (pays 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 has access to private hospital beds, staffing and resources to support their ongoing response to the pandemic. Revenue is recognised when the actual costs are 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 set 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 is recognised when actual costs are incurred except for the fixed upfront vaccination payment which was recognised under AASB 1058 due to lack of specific performance obligations.

Schedule D - The Commonwealth provides 100 per cent of the funding to support aged care preparedness and response during COVID-19. This funding is targeted to ensure prevention, preparedness and response activities are in place to address outbreaks of COVID-19 in residential aged care facilities and to provide additional targeted training. Revenue is recognised when the actual costs are incurred as a state public health 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 amounts 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 32 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 2022

11. Grants and other contributions (continued)

Recognition and Measurement (continued)

Grants and other contributions (continued)

Volunteer services

Receipt of volunteer services is recognised when and only when the fair value of those services can be reliably determined and the services would have been purchased if not donated. The consolidated entity receives volunteer services for the below activities:

- Chaplaincies and Pastoral Care
- Pink Ladies / Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Health Education
- Patient and Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Transport, Home Help and Patient Activities

Receipt of these services, while important is not recognised because typically such services would not have been purchased if not donated.

12. 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 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Superannuation - defined benefit plan	63,602	66,824	802	790
Long service leave provision	(144,892)	(68,392)	(179)	1,177
Payroll tax	37	41	37	41
	(81,253)	(1,527)	660	2,008

Significant fluctuations in the actuarial factors for the long service leave provision has resulted in negative or reduced revenue for 2021 and 2022 in the consolidated and parent entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

13. Other income

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Commissions	2,113	2,470	-	-
Discounts	1,591	1,837	-	-
Insurance refunds	10,697	8,418	1,863	555
Lease and rental income				
- rental income from subleasing right-of-use assets	13	-	-	-
- other rental income	33,673	31,959	11,417	10,691
Revenue related to service concession arrangements*	13,358	13,358	-	-
Property not previously recognised	-	12,712	-	-
Other	14,931	33,143	4,774	2,592
	76,376	103,897	18,054	13,838

* This revenue reflects the progressive unwinding of the 'grant of right to operate liability' (Note 35) over the term of the arrangement. Refer to Note 25 for further details on service concession arrangements.

In 2021, the majority of the property not previously recognised on balance related to a car park at Royal Prince Alfred Hospital. The consolidated entity obtained full possession of the car park during 2021 which was valued at \$11.88 million.

Recognition and Measurement

Other income

Other income arises from varying arrangements. Income is generally recognised on an accrual basis and/or when the right to receive the income has been established in accordance with the substance of the relevant agreement.

Lease and rental income is accounted for on a straight-line basis over the lease term under AASB 16 *Leases*. The rental income is incidental to the purpose for holding the property.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

14. Gains / (losses) on disposal

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Gains / (losses) on disposal of:				
Property, plant and equipment				
Written down value of assets disposed	68,478	57,886	11,226	11,430
Less: Proceeds from disposal	15,849	24,078	10,133	11,336
Less: Non-cash consideration for disposal	39,415	-	-	-
Less: Proceeds received in advance for disposal	15,546	-	-	-
Net gains / (losses) on disposal	2,332	(33,808)	(1,093)	(94)
Right-of-use assets				
Written down value of assets disposed	646,231	8,996	441,970	-
Less: lease liabilities extinguished	771,746	8,681	556,110	-
Less: Finance lease receivable	-	214	-	-
Net gains / (losses) on disposal*	125,515	(101)	114,140	-
Intangible assets				
Written down value of assets disposed	313	880	47	-
Net gains / (losses) on disposal	(313)	(880)	(47)	-
Assets held for sale				
Written down value of assets disposed	311	3,192	-	-
Less: Proceeds from disposal	435	4,166	-	-
Net gains / (losses) on disposal	124	974	-	-
Financial assets				
Written down value of financial assets	132,365	127,763	-	-
Less: Proceeds from sale of financial assets	132,365	127,763	-	-
Net gains / (losses) on disposal	-	-	-	-
Total gains / (losses) on disposal	127,658	(33,815)	113,000	(94)

*\$125.30million(parententity:\$114.14million)of thenetgains / (losses) on disposalis a resultof the derecognitionof the right-of-useasset of \$640.39million(parententity:\$441.95million)and lease liabilityof \$765.69million(parententity:\$556.09million)withPropertyNSW, an entityof theultimatoparentas at 30 June 2022. Please referto Note26 for further details on the derecognition.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

15. Other gains / (losses)

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Impairment losses on right-of-use assets	-	(99,201)	-	(92,526)
Inventory write down	(72,041)	(775,941)	-	-
Gains / (losses) on financial assets at fair value through profit or loss	11,501	-	-	-
Foreign exchange gains / (losses)	350	8,060	-	(579)
Other	(5,565)	(81)	-	-
	(65,755)	(867,163)	-	(93,105)

Majority of the inventory write down consists of impairment and write-off of medical and surgical supplies and COVID-19 vaccines. \$775.79 million of impairment and write-off expenses were recognised for medical and surgical supplies items in 2021, which was partially reversed in 2022. The net loss from the reversal of impairment and write-off of medical and surgical supplies during 2022 was \$55.37 million. In respect of COVID-19 vaccines, \$11.31 million (2021: \$Nil) impairment loss was recognised in the current year, relating to vaccines not expected to be administered before their expiry dates. Additionally, \$5.36 million (2021: \$0.15 million) was written off in 2022 for vaccine wastages and expired vaccines.

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 the following notes:

- Note 20 Receivables
- Note 21 Contract assets
- Note 22 Inventories
- Note 25 Property, plant and equipment
- Note 26 Leases
- Note 27 Intangible assets

16. Conditions on restrictions on income of not-for-profit entities

The consolidated entity receives various types of grants and donation 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 30 Restricted assets.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

17. Prior period error

Warehouse lease

The Crown in right of the State of New South Wales, represented by NSW Police who signed a logistics agreement with Linfox Australia Pty Ltd (referred hereafter as "Linfox") in April 2020. The agreement was for Linfox to provide integrated logistics services to the NSW Government, including the consolidated entity. The services included a provision of warehousing services for personal protective equipment (PPE) stock purchased as part of the COVID-19 response. The initial term of the agreement was only 6 months, however this was subsequently extended to end in January 2023, with a 12 month extension option.

At the commencement of the agreement, the arrangement from the consolidated and parent entity perspective was concluded to be a service arrangement because the consolidated and parent entity did not have exclusive rights to use the Linfox warehouses, and therefore did not meet the definition of a lease under AASB 16 Leases.

In December 2020, a variation to the lease was signed, adding a minimum commitment of 50,000 pallets for the remaining term of the agreement. The minimum commitment allowed Linfox to procure a new warehouse in St Marys, which has since been exclusively used to store PPE for the consolidated and parent entity.

Although not explicitly mentioned in the variation letter, the exclusive use of St Marys warehouse was agreed between the parties, therefore qualifying for lease accounting under AASB 16 Leases. Management has incorrectly continued to treat the variation as a service arrangement during 2021 financial year.

The error has been identified and corrected during the current year, with retrospective adjustments made in the prior period in both the consolidated entity and the parent entity.

The impact to the Statement of Comprehensive Income and Statement of Financial Position from restating the balances in the prior year due to above matters are shown below.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

17. Prior period error (continued)

Warehouse lease (continued)

Statement of Comprehensive Income for the year ended 30 June 2021 (extract)

CONSOLIDATED

		Original Actual 2021 \$'000	Adjustment Actual 2021 \$'000	Restated Actual 2021 \$'000
	Notes			
Expenses excluding losses				
Operating expenses	3	7,765,807	(6,406)	7,759,401
Depreciation and amortisation	4	1,139,883	6,132	1,146,015
Finance costs	6	124,208	134	124,342
Total expenses excluding losses		25,802,718	(140)	25,802,578
Total revenue		27,095,483	-	27,095,483
Operating result		1,292,765	140	1,292,905
Net result from continuing operations		305,814	140	305,954
Net result		305,814	140	305,954
Total other comprehensive income		307,817	-	307,817
TOTAL COMPREHENSIVE INCOME		613,631	140	613,771

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an e

Statement of Comprehensive Income for the year ended 30 June 2021 (extract)

PARENT

		Original Actual 2021 \$'000	Adjustment Actual 2021 \$'000	Restated Actual 2021 \$'000
	Notes			
Expenses excluding losses				
Operating expenses	3	1,057,458	(6,406)	1,051,052
Depreciation and amortisation	4	29,497	6,132	35,629
Finance costs	6	12,352	134	12,486
Total expenses excluding losses		24,255,771	(140)	24,255,631
Total revenue		23,614,578	-	23,614,578
Operating result		(641,193)	140	(641,053)
Net result from continuing operations		(734,392)	140	(734,252)
Net result		(734,392)	140	(734,252)
Total other comprehensive income		(1,202)	-	(1,202)
TOTAL COMPREHENSIVE INCOME		(735,594)	140	(735,454)

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an e

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

17. Prior period error (continued)

Warehouse lease (continued)

Statement of Financial Position as at 30 June 2021 (extract)

CONSOLIDATED

	Notes	Original Actual 2021 \$'000	Adjustment Actual 2021 \$'000	Restated Actual 2021 \$'000
ASSETS				
Current assets				
Non-current assets				
Right-of-use assets	26	1,086,934	27,763	1,114,697
Total non-current assets		25,444,086	27,763	25,471,849
Total assets		29,529,411	27,763	29,557,174
LIABILITIES				
Current liabilities				
Borrowings	33	174,090	11,041	185,131
Total current liabilities		5,114,407	11,041	5,125,448
Non-current liabilities				
Borrowings	33	2,108,230	16,582	2,124,812
Total non-current liabilities		2,505,451	16,582	2,522,033
Total liabilities		7,619,858	27,623	7,647,481
Net assets		21,909,553	140	21,909,693
EQUITY				
Accumulated funds		14,364,733	140	14,364,873
Total equity		21,909,553	140	21,909,693

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an e

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

17. Prior period error (continued)

Warehouse lease (continued)

Statement of Financial Position as at 30 June 2021 (extract)

PARENT

		Original Actual 2021 \$'000	Adjustment Actual 2021 \$'000	Restated Actual 2021 \$'000
	Notes			
ASSETS				
Current assets				
Non-current assets				
Right-of-use assets	26	460,340	27,763	488,103
Total non-current assets		655,118	27,763	682,881
Total assets		1,599,320	27,763	1,627,083
LIABILITIES				
Current liabilities				
Borrowings	33	8,424	11,041	19,465
Total current liabilities		584,326	11,041	595,367
Non-current liabilities				
Borrowings	33	556,257	16,582	572,839
Total non-current liabilities		556,970	16,582	573,552
Total liabilities		1,141,296	27,623	1,168,919
Net assets		458,024	140	458,164
EQUITY				
Accumulated funds		325,482	140	325,622
Total equity		458,024	140	458,164

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an e

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

17. Prior period error (continued)

Warehouse lease (continued)

Statement of Cash Flows as at 30 June 2021 (extract)

CONSOLIDATED

	Original Actual 2021 \$'000	Adjustment Actual 2021 \$'000	Restated Actual 2021 \$'000
Notes			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Suppliers for goods and services	(8,701,798)	6,406	(8,695,392)
Finance costs	(120,905)	(134)	(121,039)
Total payments	(25,903,762)	6,272	(25,897,490)
Total receipts	27,819,440	-	27,819,440
NET CASH FLOWS FROM OPERATING ACTIVITIES	1,915,678	6,272	1,921,950
CASH FLOWS FROM INVESTING ACTIVITIES			
NET CASH FLOWS FROM INVESTING ACTIVITIES	(2,375,402)	-	(2,375,402)
CASH FLOWS FROM FINANCING ACTIVITIES			
Payment of principal portion of lease liabilities	(161,979)	(6,272)	(168,251)
NET CASH FLOWS FROM FINANCING ACTIVITIES	(167,610)	(6,272)	(173,882)
NET INCREASE /(DECREASE) IN CASH AND CASH CLOSING CASH AND CASH EQUIVALENTS	(627,334)	-	(627,334)
19	2,031,071	-	2,031,071

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an e

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

17. Prior period error (continued)

Warehouse lease (continued)

Statement of Cash Flows as at 30 June 2021 (extract)

PARENT

	Original Actual 2021 \$'000	Adjustment Actual 2021 \$'000	Restated Actual 2021 \$'000
Notes			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Suppliers for goods and services	(1,125,094)	6,406	(1,118,688)
Finance costs	(12,342)	(134)	(12,476)
Total payments	(24,406,812)	6,272	(24,400,540)
Total receipts	23,405,108	-	23,405,108
NET CASH FLOWS FROM OPERATING ACTIVITIES	(1,001,704)	6,272	(995,432)
CASH FLOWS FROM INVESTING ACTIVITIES			
NET CASH FLOWS FROM INVESTING ACTIVITIES	445,037	-	445,037
CASH FLOWS FROM FINANCING ACTIVITIES			
Payment of principal portion of lease liabilities	(11,057)	(6,272)	(17,329)
NET CASH FLOWS FROM FINANCING ACTIVITIES	(11,057)	(6,272)	(17,329)
NET INCREASE /(DECREASE) IN CASH AND CASH CLOSING CASH AND CASH EQUIVALENTS	(567,724)	-	(567,724)
19	160,068	-	160,068

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an e

Ministry of Health
Notes to and forming part of the Financial Statements
 for the year ended 30 June 2022

18. Outcomes of the consolidated entity

The NSW 2021-22 Budget Papers disaggregate the Ministry of Health's financial information by 'Outcome' as a way to identify each major activity undertaken by the entity during the financial year.

(e) Outcomes statements of the consolidated entity

CONSOLIDATED

CONSOLIDATED ENTITY EXPENSES AND INCOME	Outcome 1 •		Outcome 2 •		Outcome 3 •		Outcome 4 •		Outcome 5 •		Not Attributable ***		Total	
	2022	2021**	2022	2021**	2022	2021**	2022	2021**	2022	2021**	2022	2021**	2022	2021**
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Continuing operations														
Expenses excluding losses														
Employer related expenses	8,658,689	8,113,447	3,986,032	3,724,096	2,377,627	2,161,928	556,139	534,339	606,629	567,343	-	-	16,185,112	15,101,148
Operating expenses	5,196,551	4,312,239	2,353,512	1,933,921	1,131,992	956,949	732,329	342,918	261,139	213,374	-	-	9,675,519	7,759,401
Depreciation and amortisation	622,021	573,189	316,943	304,545	211,845	205,053	34,157	33,755	30,799	29,477	-	-	1,215,765	1,146,019
Grants and subsidies	819,568	684,246	705,655	666,345	93,956	84,768	194,702	32,721	190,869	203,591	-	-	2,004,750	1,671,671
Finance costs	65,870	64,449	34,613	34,308	20,968	17,434	2,730	2,757	5,443	5,394	-	-	129,624	124,342
Total expenses excluding losses	15,362,699	13,747,566	7,396,755	6,663,215	3,896,388	3,426,132	1,520,055	946,488	1,094,671	1,019,179	-	-	29,210,766	25,802,576
Revenue														
Appropriations**	-	-	-	-	-	-	-	-	-	-	-	-	17,135,207	15,016,407
Appropriation by the Crown of employee benefit and other liabilities	(54,613)	(13,581)	(12,608)	7,660	(10,737)	1,127	(920)	2,423	(2,375)	844	-	-	(81,253)	(1,527)
Sale of goods and services from contracts with customers	1,584,519	1,689,290	771,715	944,220	145,159	157,098	7,115	6,934	9,007	8,538	-	-	2,517,513	2,806,080
Investment revenue	3,601	13,703	1,402	5,336	525	1,998	166	633	200	760	-	-	5,894	22,430
Grants and other contributions	6,326,528	5,622,665	2,365,004	2,086,253	972,744	862,183	496,351	282,283	337,982	294,810	-	-	10,498,607	9,148,196
Other income	46,718	62,239	18,136	23,659	6,789	9,133	2,151	2,759	2,582	6,105	-	-	76,376	103,897
Total revenue	7,905,755	7,374,316	3,143,647	3,067,128	1,114,480	1,081,543	504,865	295,052	347,396	311,057	17,135,207	15,016,407	30,152,346	27,095,485
Gains / (losses) on disposal	-	-	-	-	-	-	-	-	-	-	127,658	(33,815)	127,658	(33,815)
Impairment losses on financial assets	-	-	-	-	-	-	-	-	-	-	(63,439)	(85,973)	(63,439)	(85,973)
Other gains / (losses)	-	-	-	-	-	-	-	-	-	-	(65,755)	(867,163)	(65,755)	(867,163)
Net result from continuing operations	(7,455,946)	(6,373,250)	(4,253,108)	(3,596,087)	(2,721,908)	(2,394,589)	(1,015,190)	(651,454)	(747,475)	(708,122)	17,133,671	14,029,456	940,044	305,955
Net result from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net result	(7,455,946)	(6,373,250)	(4,253,108)	(3,596,087)	(2,721,908)	(2,394,589)	(1,015,190)	(651,454)	(747,475)	(708,122)	17,133,671	14,029,456	940,044	305,955
Other comprehensive income														
Items that will not be reclassified to net result in subsequent periods														
Changes in revaluation surplus of property plant and equipment	1,109,890	153,831	565,529	81,876	377,999	55,122	60,947	9,070	54,956	7,918	-	-	2,169,321	307,817
Total other comprehensive income	1,109,890	153,831	565,529	81,876	377,999	55,122	60,947	9,070	54,956	7,918	-	-	2,169,321	307,817
Total comprehensive income	(6,346,056)	(6,219,419)	(3,687,579)	(3,514,211)	(2,343,909)	(2,339,467)	(954,243)	(642,384)	(692,519)	(700,204)	17,133,671	14,029,456	3,109,365	613,772

* The name and purpose of each outcome summarised in Note 18 (b).

** Outcome balances have been restated in 2021. See Note 17 for details regarding estate prior year balances for the consolidated entity.

*** Appropriations are made on an entity basis and not to individual outcomes. 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 2022

18. Outcomes of the consolidated entity (continued)
(e) Outcomes of the consolidated entity (continued)

CONSOLIDATED

CONSOLIDATED ENTITY ASSETS AND LIABILITIES	Outcome 1 •		Outcome 2 •		Outcome 3 •		Outcome 4 •		Outcome 5 •		Not Attributable		Total	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
ASSETS														
Current assets														
Cash and cash equivalents	1,518,352	1,082,137	731,048	524,447	379,164	269,755	150,232	74,522	108,210	80,210	-	-	2,887,006	2,031,071
Receivables	920,413	751,921	448,272	420,282	84,320	69,926	4,133	3,086	5,232	3,800	-	-	1,462,376	1,249,019
Contract assets	822	1,081	401	604	75	100	4	4	5	5	-	-	1,307	1,794
Inventories	453,876	353,330	205,560	158,391	98,870	78,491	63,963	28,109	22,808	17,466	-	-	845,077	635,787
Financial assets at fair value	51,791	86,178	24,936	41,766	12,933	21,483	5,124	5,935	3,691	6,388	-	-	98,475	161,750
Other financial assets	41	1,638	19	793	10	408	4	113	3	121	-	-	77	3,073
Non-current assets held for sale	1,690	1,416	861	754	576	508	93	84	84	73	-	-	3,304	2,835
Total current assets	2,946,985	2,277,701	1,411,087	1,147,087	575,948	440,671	223,553	111,853	140,033	108,063	-	-	5,297,616	4,085,325
Non-current assets														
Receivables	14,285	21,335	6,957	11,926	1,309	1,984	64	88	81	108	-	-	22,696	35,447
Financial assets at fair value	5,212	17,114	2,510	8,294	1,302	4,266	516	1,179	371	1,269	-	-	9,911	32,122
Other financial assets	45,446	44,951	21,882	21,785	11,349	11,205	4,497	3,096	3,239	3,332	-	-	86,413	84,365
Property, plant and equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Land and buildings	12,357,036	10,755,175	6,296,355	5,724,400	4,208,482	3,853,915	678,559	634,149	611,855	553,566	-	-	24,152,287	21,521,206
- Plant and equipment	759,667	688,163	387,078	366,273	258,723	246,591	41,715	40,576	37,615	35,420	-	-	1,484,798	1,377,023
- Infrastructure systems	364,161	308,562	185,553	164,231	124,024	110,567	19,997	18,193	18,031	15,882	-	-	711,766	617,435
Right-of-use assets	313,492	557,522	159,735	296,223	106,767	199,449	17,215	32,832	15,522	28,671	-	-	612,731	1,114,697
Intangible assets	356,718	344,602	181,760	183,414	121,488	123,482	19,588	20,319	17,663	17,373	-	-	697,217	689,554
Total non-current assets	14,216,017	12,737,424	7,241,860	6,776,546	4,893,444	4,551,469	782,151	750,482	704,577	655,966	-	-	27,777,819	25,471,844
TOTAL ASSETS	17,163,002	15,015,125	8,652,927	7,923,583	5,469,392	4,992,130	1,005,704	862,285	844,410	764,051	-	-	33,075,435	29,557,171
LIABILITIES														
Current liabilities														
Payables	1,276,219	1,045,866	577,999	468,842	278,006	232,337	179,852	83,202	64,132	51,701	-	-	2,376,208	1,881,948
Contract liabilities	33,766	43,384	12,622	16,097	5,191	6,653	2,649	2,178	1,804	2,275	-	-	56,030	70,587
Borrowings	88,378	98,637	42,551	47,808	22,069	24,582	8,744	6,791	6,298	7,313	-	-	168,040	185,133
Provisions	1,854,499	1,532,163	853,718	703,267	509,234	408,264	119,113	100,903	129,929	107,138	-	-	3,466,488	2,851,773
Other current liabilities	47,965	72,483	23,096	35,128	11,979	18,065	4,746	4,992	3,419	5,373	-	-	91,205	136,045
Total current liabilities	3,300,826	2,792,533	1,509,966	1,271,142	826,479	689,905	315,104	198,068	205,576	175,800	-	-	6,157,973	5,125,446
Non-current liabilities														
Contract liabilities	651	-	244	-	100	-	51	-	35	-	-	-	1,081	-
Borrowings	790,483	1,132,096	380,598	548,708	197,400	282,138	78,214	77,942	56,336	83,928	-	-	1,503,033	2,124,812
Provisions	32,037	33,672	14,749	15,456	8,797	8,973	2,058	2,218	2,245	2,355	-	-	59,886	62,674
Other non-current liabilities	175,871	178,243	84,678	86,384	43,919	44,433	12,275	12,275	12,534	13,212	-	-	334,547	334,547
Total non-current liabilities	999,044	1,344,011	480,268	650,546	250,216	395,544	97,725	92,485	71,150	99,485	-	-	1,868,404	2,522,066
TOTAL LIABILITIES	4,299,870	4,136,544	1,990,234	1,921,688	1,076,695	1,025,449	412,829	290,503	276,726	275,285	-	-	8,026,377	7,647,482
NET ASSETS	12,863,132	10,878,581	6,662,677	6,001,895	4,392,697	3,966,681	592,875	571,782	567,684	480,766	-	-	25,049,062	21,909,689

*The name and purpose of each outcome summarised in Note 18 (b).
 **Outcome balances have been restated in 2021. See Note 17 for details regarding restated opening balances for the consolidated entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

18. Outcomes of the consolidated entity (continued)

(b) Outcome name and purpose of the consolidated entity

Outcome name	Outcome purpose
<p>Outcome 1 - People receive high-quality, safe care in our hospitals</p>	<p>This outcome reflects 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.</p>
<p>Outcome 2 - People can access care in out of hospital settings to manage their health and wellbeing</p>	<p>This outcome reflects that health care 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.</p>
<p>Outcome 3 - People receive timely emergency care</p>	<p>NSW Health often provides the first point of contact for those needing access to emergency health care and is responsible for managing and administering ambulance and emergency services.</p>
<p>Outcome 4 - Keeping people healthy through prevention and health promotion</p>	<p>This outcome reflects that preventive and population health 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 preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</p>
<p>Outcome 5 - Our people and systems are continuously improving to deliver the best health outcomes and experiences</p>	<p>A skilled workforce with access to world leading education and training and a system that harnesses research and digital innovation essential to continuously improving outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.</p>

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

19. Cash and cash equivalents

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Cash at bank and on hand	2,887,006	1,848,096	614,647	160,068
Short-term deposits	-	182,975	-	-
	2,887,006	2,031,071	614,647	160,068

For the purposes of the Statement of Cash Flows, cash and cash equivalents includes cash at bank, cash on hand, short-term deposits with a maturity of three months or less, which are subject to an insignificant risk of changes in value, and net outstanding bank overdraft.

Cash and cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Cash and cash equivalents (per Statement of Financial Position)	2,887,006	2,031,071	614,647	160,068
	2,887,006	2,031,071	614,647	160,068

Refer to Note 44 for details regarding credit risk and market risk arising from financial instruments.

HealthShare NSW, a controlled entity of the parent entity makes all payments to employees and most payments to suppliers of goods and services and grants and subsidies on behalf of the parent entity. These payments are reported as expenses and operating cash outflows in the financial statements of the parent entity.

Health Infrastructure a controlled entity of the parent entity makes most payments to purchase property, plant and equipment on behalf of the parent entity. These payments are reported as additions to property, plant and equipment and investing cash outflows in the financial statements of the parent entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

20. Receivables

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Trade receivables from contracts with customers	1,070,767	893,580	571,648	385,298
Receivables from controlled health entities	-	-	10,335	26,636
Goods and Services Tax	178,108	161,606	21,490	12,738
Other receivables	149,286	130,378	33,425	14,469
	1,398,161	1,185,564	636,898	439,141
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(131,560)	(102,130)	-	-
- Other receivables	(3,899)	(3,903)	-	-
	1,262,702	1,079,531	636,898	439,141
Prepayments	199,668	169,484	11,486	4,708
Current receivables	1,462,370	1,249,015	648,384	443,849
Non-current				
Trade receivables from contracts with customers	102	43	-	-
Other receivables	24	41	-	-
	126	84	-	-
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(100)	(40)	-	-
- Other receivables	(2)	(19)	-	-
	24	25	-	-
Prepayments	22,672	35,416	-	-
Non-current receivables	22,696	35,441	-	-

* Movement in the allowance for expected credit losses

Trade receivables from contracts with customers and other receivables

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Balance at the beginning of the year	(106,092)	(67,902)	-	-
Amounts written off during the year	33,970	47,783	-	-
(Increase) / decrease in allowance recognised in net result ¹	(63,439)	(85,973)	-	-
Balance at the end of the year	(135,561)	(106,092)	-	-

¹ Includes impairment loss of \$62.0 million (2021: \$84.1 million) recognised on trade receivables from contracts with customer.

Allowance for expected credit losses of \$135.6 million (2021: \$106.1 million) includes an allowance on trade receivables from contracts with customers of \$131.7 million (2021: \$102.2 million) and other receivables of \$3.9 million (2021: \$3.9 million).

Details regarding credit risk of receivables that are neither past due nor impaired, are disclosed in Note 44.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

20. Receivables (continued)

Recognition and Measurement

All 'regular way' purchases or sales of receivables are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of receivables that require delivery of assets within the timeframe established by regulation or convention in the marketplace.

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

The consolidated entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the consolidated entity expects to receive, discounted at the original effective interest rate.

For trade receivables, the consolidated entity applies a simplified approach in calculating ECLs. 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.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

21. Contract assets

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Contract assets	1,307	1,794	363	276
	1,307	1,794	363	276

Recognition and Measurement

Contract assets relate to the consolidated entity's right to consideration in exchange for goods and services transferred to customers/ works completed but not billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional. This usually occurs when the consolidated entity issues an invoice to the customer. The balance of the contract assets relate to grants and other contributions for work completed but not yet invoiced as future work is required to be completed before the consolidated entity has the right to invoice. Once all performance obligations are met and the consolidated entity has right to invoice for the payment to be made, the contract asset is transferred to receivables.

The contract asset balance has slightly reduced during the year due to the varying billing arrangements from contracts existing at different reporting dates.

	Consolidated 2022 \$000	Consolidated ¹ 2021 \$000	Parent 2022 \$000	Parent ¹ 2021 \$000
Contract receivables (included in Note 20)	1,070,868	893,622	581,984	411,935
	1,070,868	893,622	581,984	411,935

¹ The consolidated entity also reclassified a contract receivable balance to other receivables resulting in a reduction to the prior year balance of \$3.04 million.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

22. Inventories

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Held-for-distribution				
Drug supplies	127,684	85,378	38,009	29,760
Medical and surgical supplies	866,030	1,102,267	1,889	2,017
Food and hotel supplies	2,762	3,138	-	-
Other	4,071	3,733	-	-
	1,000,547	1,194,516	39,898	31,777
Current				
Held-for-resale				
Medical and surgical supplies	102,540	-	-	-
	102,540	-	-	-
Less: Allowance for impairment				
- Drug supplies	(11,306)	-	-	-
- Medical and surgical supplies	(246,704)	(558,729)	-	-
	845,077	635,787	39,898	31,777

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).

Medical and surgical supplies inventory held-for-resale consist of items the consolidated entity has agreed to resell to the Commonwealth for inclusion in the national medical stockpile.

Recognition and Measurement

Material 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.

Inventories (other than those held for distribution) are stated at the lower of cost and net realisable value. Cost is calculated using the weighted average cost method.

In 2021, the consolidated entity made an allowance for impairment of medical and surgical supplies of \$558.73 million. The allowance for impairment was based on a consumption forecast model, on medical and surgical supply categories that are likely to expire before they are consumed or are in an unserviceable condition (does not meet the clinical requirements) and have no alternative use before they expire.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

22. Inventories

Recognition and Measurement (continued)

The consolidated entity has reviewed the allowance for impairment in 2022, by taking into consideration the changes in the consumption level of the medical and surgical supplies through the different strains and stages of COVID-19 and the amount written-off in 2022, the consolidated entity wrote-off \$367.4 million (2021: \$217.06 million) of medical and surgical supplies that had expired and were not fit for purpose. The write-off reduced the allowance for impairment by the same amount. An additional allowance for impairment of \$55.37 million was recognised in the Statement of Comprehensive Income due to inventory movements and changes in the consumption forecasts for medical and surgical supplies. Overall, the allowance for impairment reduced by \$312.03 million during the year.

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.

Obsolete items are disposed of in accordance with instructions issued by the Ministry.

At the beginning of 2021, the rollout of the Commonwealth's COVID-19 vaccine program commenced, with the aim of providing free vaccines to all Australians. The consolidated entity played a key role in the rollout within NSW, including in relation to logistics, vaccination delivery, safety and reporting. The Commonwealth assumed the responsibility for procuring and distributing vaccines to all states and territories. The consolidated entity received COVID-19 vaccines for nil consideration and provided to the public free of charge. On the basis that the consolidated entity controls the inventory once it is received from the Commonwealth, the value of the inventory received, distributed and wasted were recognised by the consolidated entity.

The value attributable to each vaccine received was its fair value based on replacement cost. The consolidated entity was unsuccessful in obtaining cost information from the Commonwealth because of non-disclosure agreements signed by the Commonwealth and the pharmaceutical companies supplying the COVID-19 vaccines. An internal valuation was undertaken based on publicly available information to estimate the replacement cost of the COVID-19 vaccines received by the consolidated entity.

The value of the vaccines received, administered and granted during the financial year ended 30 June 2022 was \$130.02 million (2021: \$22.25 million), \$116.83 million (2021: \$17.12 million) and \$0.39 million (2021: \$Nil), respectively. \$5.36 million (2021: \$0.15 million) of vaccines were written-off during the year. COVID-19 vaccine closing inventory balances as at 30 June 2022 was \$12.42 million (2021: \$4.98 million) which is included as part of drug supplies.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

23. Financial assets at fair value

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Derivatives	1,590	-	-	-
TCorpIM Funds Investment facilities	96,885	161,750	-	-
	98,475	161,750	-	-
Non-current				
Derivatives	9,911	-	-	-
TCorpIM Funds Investment facilities	-	32,122	-	-
	9,911	32,122	-	-

Refer to Note 44 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

Recognition and Measurement

All regular way purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

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.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

23. Financial assets at fair value (continued)

Recognition and Measurement (continued)

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 with other gains / (losses), except for TCorp IM Funds that are presented as 'investment revenue' in the period in which it arises.

24. Other financial assets

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Other loans and deposits	-	3,000	-	-
Receivables on finance leases as lessor (Note 26)	77	73	-	-
Intra health loans receivable	-	-	500,800	308,232
	77	3,073	500,800	308,232
Non-current				
Receivables on finance leases as lessor (Note 26)	86,413	84,369	-	-
Intra health loans receivable	-	-	3,028	7,205
	86,413	84,369	3,028	7,205

The current intra health loans receivable balance within the parent entity includes \$495.80 million (2021: \$303.23 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 44 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

Recognition and Measurement

All 'regular way' purchases or sales of other financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of other financial assets that required delivery of assets within the time frame established by regulation or convention in the marketplace.

Other financial assets are initially measured at fair value plus any transaction costs.

Subsequent measurement

Financial assets at amortised cost

Other financial assets are classified and subsequently measured at amortised cost as they are held for collection of contractual cash flows solely representing payments of principal and interest. Impairment losses are presented as a separate line item in the Statement of Comprehensive Income. Any gain or loss arising on derecognition is recognised directly in net results and presented in other gains / (losses) together with foreign exchange gains and losses.

Impairment

The consolidated entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the consolidated entity expects to receive, discounted at the original effective interest rate.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

24. Other financial assets (continued)

Impairment (continued)

ECLs are recognised in two stages. For credit exposures where there has not been a significant increase in credit risk since initial recognition, ECLs are based on default events possible within the next 12-months (i.e. a 12-month ECL). If there has been a significant increase in credit risk since initial recognition, a loss allowance is required for credit losses expected over the remaining life of the exposure, irrespective of the timing of the default (i.e. a lifetime ECL). In addition, the consolidated entity considers that there has been a significant increase in credit risk when contractual payments are more than 30 days past due.

The consolidated entity's term deposits are issued by financial institutions that have strong credit ratings and are therefore considered to be low credit risk investments. Hence the consolidated entity measures the loss allowance for term deposits at an amount equal to a 12-month ECL. However, when there is a significant increase in credit risk since origination, the allowance will be based on the lifetime ECL.

The consolidated entity uses the ratings from external credit rating agencies both to determine whether there has been a significant increase in credit risk on the deposits and to estimate ECLs. These estimates are performed at every reporting date.

For lease receivables, the entity applies the simplified approach permitted by AASB 9 *Financial Instruments*, where the loss allowance is based on lifetime ECLs.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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 2020 - fair value				
Gross carrying amount	28,838,975	2,828,680	997,922	32,665,577
Less: accumulated depreciation and impairment	(8,920,544)	(1,560,533)	(487,846)	(10,968,923)
Net carrying amount	19,918,431	1,268,147	510,076	21,696,654
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	19,918,431	1,268,147	510,076	21,696,654
Additions	2,091,179	408,929	42,290	2,542,398
Reclassifications to intangibles	-	(2,294)	-	(2,294)
Reclassification to right-of-use assets	(427)	-	-	(427)
Reclassification from/(to) assets held for sale	3,544	-	(483)	3,061
Disposals	(45,123)	(11,770)	(993)	(57,886)
Equity transfers in/(out) ⁽ⁱⁱ⁾	(99,749)	-	(1,370)	(101,119)
Net revaluation increment less revaluation decremen ⁽ⁱ⁾	294,357	3	13,457	307,817
Depreciation expense	(607,736)	(235,588)	(29,214)	(872,538)
Other reclassifications within property, plant and equipment	(33,268)	(50,404)	83,672	-
Net carrying amount at end of year	21,521,208	1,377,023	617,435	23,515,666

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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 2021 - fair value				
Gross carrying amount	31,219,657	3,041,014	1,146,858	35,407,529
Less: accumulated depreciation and impairment	(9,698,449)	(1,663,991)	(529,423)	(11,891,863)
Net carrying amount	21,521,208	1,377,023	617,435	23,515,666
Year ended 30 June 2022				
Net carrying amount at beginning of year	21,521,208	1,377,023	617,435	23,515,666
Additions	1,361,314	302,751	2,120	1,666,185
Reclassifications to intangibles	-	(1,375)	-	(1,375)
Reclassification from inventory	-	4,694	-	4,694
Reclassification from/(to) assets held for sale	(1,263)	-	483	(780)
Disposals	(57,430)	(10,469)	(579)	(68,478)
Net revaluation increment less revaluation decremen ⁽ⁱ⁾	2,092,913	-	76,408	2,169,321
Depreciation expense	(660,710)	(243,810)	(31,862)	(936,382)
Other reclassifications within property, plant and equipment	(103,745)	55,984	47,761	-
Net carrying amount at end of year	24,152,287	1,484,798	711,766	26,348,851
At 30 June 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

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

The net carrying amount of service concession assets included in each class of property, plant and equipment as June 2022:

- land and buildings \$829.65 million (2021: \$765.88 million)
- plant and equipment \$25.77 million (2021: \$31.13 million)
- infrastructure systems \$24.82 million (2021: \$22.8 million)

During the current period, the net carrying amount of \$Nil (2021: \$0.76 million) for existing assets of the consolidated entity has been reclassified as service concession assets.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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 2020 - fair value				
Gross carrying amount	28,573,580	2,828,680	997,922	32,400,182
Less: accumulated depreciation and impairment	(8,785,021)	(1,560,533)	(487,846)	(10,833,400)
Net carrying amount	19,788,559	1,268,147	510,076	21,566,782
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	19,788,559	1,268,147	510,076	21,566,782
Additions	2,038,334	408,929	42,290	2,489,553
Reclassifications to intangibles	-	(2,294)	-	(2,294)
Reclassification to right-of-use assets	(427)	-	-	(427)
Reclassification from assets held for sale	3,544	-	(483)	3,061
Disposals	(45,123)	(11,770)	(993)	(57,886)
Equity transfers in/(out) ⁽ⁱⁱ⁾	(99,749)	-	(1,370)	(101,119)
Net revaluation increment less revaluation decremen ⁽ⁱ⁾	292,699	3	13,457	306,159
Depreciation expense	(601,716)	(235,588)	(29,214)	(866,518)
Other reclassifications within property, plant and equipment	(40,009)	(50,404)	83,454	(6,959)
Net carrying amount at end of year	21,336,112	1,377,023	617,217	23,330,352

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity (continued)

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	30,895,464	3,041,014	1,146,387	35,082,865
Less: accumulated depreciation and impairment	(9,559,352)	(1,663,991)	(529,170)	(11,752,513)
Net carrying amount	21,336,112	1,377,023	617,217	23,330,352
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	21,336,112	1,377,023	617,217	23,330,352
Additions	1,360,034	302,751	2,120	1,664,905
Reclassifications to intangibles	-	(1,375)	-	(1,375)
Reclassification from inventory	-	4,694	-	4,694
Reclassification from/(to) assets held for sale	(1,263)	-	483	(780)
Disposals	(57,430)	(10,469)	(579)	(68,478)
Net revaluation increment less revaluation decremen ⁽ⁱ⁾	2,083,728	-	76,383	2,160,111
Depreciation expense	(651,817)	(243,810)	(31,850)	(927,477)
Other reclassifications within property, plant and equipment	(126,281)	55,984	47,761	(22,536)
Net carrying amount at end of year	23,943,083	1,484,798	711,535	26,139,416
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 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

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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 2020 - fair value				
Gross carrying amount	265,395	-	-	265,395
Less: accumulated depreciation and impairment	(135,523)	-	-	(135,523)
Net carrying amount	129,872	-	-	129,872
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	129,872	-	-	129,872
Additions	52,845	-	-	52,845
Net revaluation increment less revaluation decremen ⁽ⁱ⁾	1,658	-	-	1,658
Depreciation expense	(6,020)	-	-	(6,020)
Other reclassifications within property, plant and equipment	6,741	-	218	6,959
Net carrying amount at end of year	185,096	-	218	185,314

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases (continued)

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	324,193	-	471	324,664
Less: accumulated depreciation and impairment	(139,097)	-	(253)	(139,350)
Net carrying amount	185,096	-	218	185,314
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	185,096	-	218	185,314
Additions	1,280	-	-	1,280
Disposals	-	-	-	-
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	9,185	-	25	9,210
Depreciation expense	(8,893)	-	(12)	(8,905)
Other reclassifications within property, plant and equipment	22,536	-	-	22,536
Net carrying amount at end of year	209,204	-	231	209,435
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 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

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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 2020 - fair value				
Gross carrying amount	314,103	10,081	3,879	328,063
Less: accumulated depreciation and impairment	(127,606)	(5,384)	(2,918)	(135,908)
Net carrying amount	186,497	4,697	961	192,155
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	186,497	4,697	961	192,155
Additions	26	4,107	-	4,133
Disposals	(11,036)	(394)	-	(11,430)
Transfers to NSW Health entities	-	(4,133)	-	(4,133)
Equity transfers in/(out) ⁽ⁱⁱ⁾	11,036	2	-	11,038
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	(1,202)	-	-	(1,202)
Depreciation expense	(5,663)	(357)	(97)	(6,117)
Net carrying amount at end of year	179,658	3,922	864	184,444

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(a) Total property, plant and equipment (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	312,927	6,579	3,879	323,385
Less: accumulated depreciation and impairment	(133,269)	(2,657)	(3,015)	(138,941)
Net carrying amount	179,658	3,922	864	184,444
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	179,658	3,922	864	184,444
Additions	-	5,640	-	5,640
Disposals	(10,655)	(13)	(558)	(11,226)
Transfers to NSW Health entities	(5,030)	-	-	(5,030)
Equity transfers in/(out) ⁽ⁱ⁾	9,559	-	558	10,117
Net revaluation increment less revaluation decremen ⁽ⁱⁱ⁾	23,420	-	228	23,648
Depreciation expense	(7,217)	(774)	(104)	(8,095)
Other reclassifications within property, plant and equipment	(17,447)	17,447	-	-
Net carrying amount at end of year	172,288	26,222	988	199,498
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
As at 30 June 2022				
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

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

The parent entity does not have any service concession assets for the periods ended 30 June 2022 and 30 June 2021. During the current period, no existing assets of the parent entity have been reclassified as service concession assets.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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 2020 - fair value				
Gross carrying amount	200,215	10,081	3,879	214,175
Less: accumulated depreciation and impairment	(52,204)	(5,384)	(2,918)	(60,506)
Net carrying amount	148,011	4,697	961	153,669
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	148,011	4,697	961	153,669
Additions	26	4,107	-	4,133
Disposals	(11,036)	(394)	-	(11,430)
Transfers to NSW Health entities	-	(4,133)	-	(4,133)
Equity transfers in/(out) ⁽ⁱⁱ⁾	11,036	2	-	11,038
Net revaluation increment less revaluation decremen ⁽ⁱ⁾	(1,202)	-	-	(1,202)
Depreciation expense	(3,226)	(357)	(97)	(3,680)
Other reclassifications within property, plant and equipment	3,544	-	-	3,544
Net carrying amount at end of year	147,153	3,922	864	151,939

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the parent entity (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	207,018	6,579	3,879	217,476
Less: accumulated depreciation and impairment	(59,865)	(2,657)	(3,015)	(65,537)
Net carrying amount	147,153	3,922	864	151,939
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	147,153	3,922	864	151,939
Additions	-	5,640	-	5,640
Disposals	(10,655)	(13)	(558)	(11,226)
Transfers to NSW Health entities	(5,030)	-	-	(5,030)
Equity transfers in/(out)	9,559	-	558	10,117
Net revaluation increment less revaluation decrement	15,403	-	228	15,631
Depreciation expense	(4,712)	(774)	(104)	(5,590)
Other reclassifications within property, plant and equipment	(17,447)	17,447	-	-
Net carrying amount at end of year	134,271	26,222	988	161,481
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 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

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases

PARENT

	Land and Buildings	Plant and Equipment	Infrastructure systems	Total
	\$000	\$000	\$000	\$000
At 1 July 2020 - fair value				
Gross carrying amount	113,888	-	-	113,888
Less: accumulated depreciation and impairment	(75,402)	-	-	(75,402)
Net carrying amount	38,486	-	-	38,486
	Land and Buildings	Plant and Equipment	Infrastructure systems	Total
	\$000	\$000	\$000	\$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	38,486	-	-	38,486
Depreciation expense	(2,437)	-	-	(2,437)
Other reclassifications within property, plant and equipment	(3,544)	-	-	(3,544)
Net carrying amount at end of year	32,505	-	-	32,505

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	105,909	-	-	105,909
Less: accumulated depreciation and impairment	(73,404)	-	-	(73,404)
Net carrying amount	32,505	-	-	32,505

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	32,505	-	-	32,505
Net revaluation increment less revaluation decremen ⁽ⁱ⁾	8,017	-	-	8,017
Depreciation expense	(2,505)	-	-	(2,505)
Net carrying amount at end of year	38,017	-	-	38,017

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 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

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted over the period of credit.

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 36).

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.

Major inspection costs

When a major inspection is performed its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied.

Restoration costs

The present value of the expected cost for the restoration or cost of dismantling of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision are met.

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 depreciation rates initially applied for major asset categories are as follows:

	Useful lives
Buildings	40 years
Buildings - leasehold improvements	3-40 years
Plant and equipment	4-20 years
Infrastructure systems	40 years

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Depreciation of property, plant and equipment (continued)

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 26.

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.

AASB 1059 *Service Concession Arrangements* (AASB 1059) requires the grantor to recognise the service concession asset when the grantor obtains control of the asset and measures the service concession asset at current replacement cost. At the same time the grantor recognises a corresponding financial liability or unearned revenue liability or a combination of both.

This note provides disclosures required under AASB 1059 and relates to the consolidated entity's service concession arrangements in place.

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 2022

25. 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 - 2023)</td> </tr> </table>	Northern Beaches Public Hospital	20 years (2018 - 2038)	Northern Beaches Car Park	40 years (2018 - 2058)	Hawkesbury Hospital	29 years (1994 - 2023)
Northern Beaches Public Hospital	20 years (2018 - 2038)						
Northern Beaches Car Park	40 years (2018 - 2058)						
Hawkesbury Hospital	29 years (1994 - 2023)						
Terms of the arrangement	The consolidated entity has contracted HealthScope (Operator for Northern Beaches Hospital) and St John of God Health Care (Operator for Hawkesbury Hospital) to 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 car park. 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, an extension of 18 months was negotiated with the Operator in 2022. The extension allows both parties to define and agree on the principles of a new service agreement, which will replace the existing service agreement.						
Changes in arrangement occurring during 2021	Nil						
Changes in arrangement occurring during 2022	An extension of 18 months was agreed for the Hawkesbury Hospital arrangement with the Operator. The change has no impact on the current accounting of this arrangement.						

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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
	2021	2021	2021	2021
	\$000	\$000	\$000	\$000
Year ended 30 June 2021				
Northern Beaches Public Hospi	542,852	27,524	22,051	592,427
Northern Beaches Car Park	49,381	-	-	49,381
Hawkesbury Hospital	58,404	3,609	709	62,722
Net carrying amount	650,637	31,133	22,760	704,530

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2022	2022	2022	2022
	\$000	\$000	\$000	\$000
Year ended 30 June 2022				
Northern Beaches Public Hospital	590,482	22,978	24,115	637,575
Northern Beaches Car Park	54,005	-	-	54,005
Hawkesbury Hospital	60,993	2,790	656	64,439
Net carrying amount	705,480	25,768	24,771	756,019

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Description	Hospital car parks	
Name and description of the SCA	Consist of three arrangements: - 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	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	The consolidated entity has 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.	
Rights and obligations	The consolidated entity is obliged to provide the operators with access to the car parks 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.	
Changes in arrangement occurring during 2021	Nil	
Changes in arrangement occurring during 2022	Nil	

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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	Plant and equipment	Infrastructure Systems	Total
	2021	2021	2021	2021
	\$000	\$000	\$000	\$000
Year ended 30 June 2021				
RNSH P1 Car Park	23,516	-	-	23,516
RNSH P2 Car Park	21,810	-	-	21,810
St George Hospital Car Park	9,771	-	-	9,771
Prince of Wales Hospital Car Park	50,364	-	-	50,364
Net carrying amount	105,461	-	-	105,461

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2022	2022	2022	2022
	\$000	\$000	\$000	\$000
Year ended 30 June 2022				
RNSH P1 Car Park	24,485	-	-	24,485
RNSH P2 Car Park	23,614	-	-	23,614
St George Hospital Car Park	10,032	-	-	10,032
Prince of Wales Hospital Car Park	51,618	-	-	51,618
Net carrying amount	109,749	-	-	109,749

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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>	<p>Mental Health Recovery Centre 5 years (2019 to 2023)</p> <p>Mercy Care Centre Young 20 years (2004 to 2024)</p>
<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 arrangements 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 obligated 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 2021</p>	<p>Nil</p>
<p>Changes in arrangement occurring during 2022</p>	<p>Nil</p>

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. 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
	2021	2021	2021	2021
	\$000	\$000	\$000	\$000
Year ended 30 June 2021				
Mental Health Recovery Centre	4,885	-	-	4,885
Mercy Care Centre Young	4,899	-	38	4,937
Net carrying amount	9,784	-	38	9,822
	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2022	2022	2022	2022
	\$000	\$000	\$000	\$000
Year ended 30 June 2022				
Mental Health Recovery Centre	5,138	-	-	5,138
Mercy Care Centre Young	9,283	-	49	9,332
Net carrying amount	14,421	-	49	14,470

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

i. Initial recognition

For arrangements within the scope of AASB 1059, the entity recognises a service concession asset when it controls the asset. Where the asset is provided by the operator, or is an upgrade to or a major component replacement of an existing asset of the entity, the asset is recognised at current replacement cost based on AASB 13 *Fair Value Measurement* (AASB 13) principles.

Where the asset is an existing asset of the entity, the asset is reclassified as a service concession asset and remeasured at current replacement cost at the date of reclassification. Any difference between the previous carrying amount and current replacement cost is recognised as if it is a revaluation of the asset.

ii. Subsequent to initial recognition

Subsequent to the initial recognition or reclassification, the service concession asset is measured at current replacement cost and accounted for in accordance with the depreciation and impairment requirements of AASB 116 *Property, Plant and Equipment* (AASB 116) and AASB 136 *Impairment of Assets* (AASB 136).

iii. At the end of the arrangement

At the end of a service concession arrangement:

- the consolidated entity accounts for the asset in accordance with other AAS, with the entity reclassifying based on its nature or function;
- reference to fair value reverts from the mandated current replacement cost under AASB 1059 to the approach under AASB 13; and
- the asset is only derecognised when the entity loses control of the asset in accordance with AASB 116.

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.

Fair value of property, plant and equipment is based on a market participant's perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs. Also refer to Note 29 for further information regarding fair value.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Revaluations of property, plant and equipment (continued)

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 evaluation at least every three years on a rotation basis for its land and buildings and infrastructure. Interim desktop revaluations are conducted between comprehensive evaluations 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 evaluation for the parent entity was completed on 31 December 2021 and was based on an independent assessment.

Comprehensive evaluations are conducted annually in December on a rolling basis and are based on an independent assessment. A schedule of revaluation 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 carrying value.

Indices obtained from external professionally qualified valuers in 2022 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 evaluation. 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.

When revaluing non-current assets using the cost approach, the gross amount and the related accumulated depreciation are separately restated. Where the income approach or market approach is used, accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount of the asset.

Where an asset that has previously been revalued is disposed of, any balance remaining in the revaluation surplus in respect of that asset is transferred to accumulated funds.

The residual values, useful lives and methods of depreciation of property, plant and equipment are reviewed at each financial year end and adjusted if appropriate.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Impairment of property, plant and equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 *Impairment of Assets* is unlikely to arise. As property, plant and equipment are carried at fair value or an amount that approximates fair value, impairment can only arise in the rare circumstances such as where the costs of disposal are material.

The consolidated entity assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the consolidated entity estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Specialised assets held for continuing use of their service capacity are rarely sold and their cost of disposal is typically negligible. Their recoverable amount is expected to be materially the same as fair value, where they are regularly revalued under AASB 13.

As a not-for-profit entity, an impairment loss is recognised in the net result to the extent the impairment loss exceeds the amount in the revaluation surplus for the class of asset.

After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined (net of depreciation) had no impairment loss been recognised for the asset in prior years. The reversal is recognised in other comprehensive income and is treated as a revaluation increase, except to the extent that an impairment loss on the same class of asset was previously recognised in net result, where a reversal of that impairment loss is also recognised in net result.

Derecognition of property, plant and equipment

Property, plant and equipment are derecognised upon disposal or when no further future economic benefits are expected from its use or disposal. Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset and are included in the consolidated Statement of Comprehensive Income.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. 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 \$278.2 million (2021: \$297.85 million) (parent entity: \$Nil, 2021: \$2.5 million) 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 \$0.2 million (2021: \$5.7 million) (parent entity: \$Nil, 2021: \$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 straightline 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.

During financial year ended 30 June 2022, the consolidated entity has accepted changes in the office accommodation and warehouse arrangements with Property NSW (PNSW), an entity of the ultimate parent. The main change is the introduction of the 'substitution right' clause for PNSW to relocate the consolidated entity during the term of the agreement. The clause provides PNSW with a substantive substitution right. Therefore, these agreements with PNSW for office accommodation and warehouses are no longer accounted for as a lease within the scope of AASB 16 from the 30 June 2022. This change involves judgment that the 'substitution right' clause in the agreement provides PNSW with a substantive substitution right. Management has made a judgment that PNSW can obtain benefits from exercising the substitution right when it achieves office accommodation and warehouse efficiency at the whole-of-government level and/or its other service objectives. It is also considered practical for PNSW to exercise the substitution right due to the general nature of the relevant office accommodation and warehouses.

The corresponding right of use assets and lease liabilities have been derecognised on 30 June 2022, the effective date of the new clause. The net impact of the derecognition is recognised in 'Gains/(Losses) on disposal' (refer to Note 14). From 1 July 2022, the associated accommodation and warehouse charges will be recognised as expenses when incurred over the agreement duration.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

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 PNSW 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.

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2021	839,227	275,470	1,114,697
Additions	145,166	127,307	272,473
Reassessments	53,432	5,493	58,925
Disposals*	(644,798)	(1,433)	(646,231)
Depreciation expense	(99,513)	(87,620)	(187,133)
Balance at 30 June 2022	293,514	319,217	612,731

* Disposal includes derecognition of the right-of-use assets of \$640.39 million with Property NSW as at the 30 June 2022.

	Land and Buildings ¹ \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2020	873,073	313,391	1,186,464
Additions	59,008	47,052	106,060
Reassessments	109,301	3,228	112,529
Disposals	(7,408)	(1,588)	(8,996)
Depreciation expense	(95,973)	(86,613)	(182,586)
Impairment losses (recognised in 'Other gains / (losses)')	(99,201)	-	(99,201)
Reclassifications from property, plant and equipment	427	-	427
Balance at 30 June 2021	839,227	275,470	1,114,697

¹ Land and Buildings additions has been restated to be \$33.89 million higher and land and buildings depreciation expense has been restated to be \$6.13 million higher in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

Right-of-use assets under leases (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2021	488,036	67	488,103
Additions	-	86	86
Reassessments	679	-	679
Disposals*	(441,951)	(19)	(441,970)
Depreciation expense	(29,190)	(37)	(29,227)
Balance at 30 June 2022	17,574	97	17,671

* Disposal includes derecognition of the right-of-use assets of \$441.95 million with Property NSW as at the 30 June 2022.

	Land and Buildings ¹ \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2020	511,160	-	511,160
Additions	33,895	80	33,975
Reassessments	72,181	-	72,181
Depreciation expense	(28,877)	(31)	(28,908)
Impairment losses (recognised in 'Other gains / (losses)')	(92,526)	-	(92,526)
Equity transfers - transfers In / (i)out	(7,797)	18	(7,779)
Balance at 30 June 2021	488,036	67	488,103

(i) Further details regarding equity transfers are disclosed in Note 36(b).

¹ Land and Buildings additions has been restated to be \$33.89 million higher and land and buildings depreciation expense has been restated to be \$6.13 million higher in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

Lease liabilities

The following table presents liabilities under leases:

CONSOLIDATED

	2022 \$000	2021 ¹ \$000
Balance at 1 July	1,238,328	1,197,742
Additions	272,271	104,989
Interest expenses	29,741	25,609
Payments	(203,502)	(193,860)
Terminations / derecognition*	(771,746)	(8,681)
Other adjustments	58,925	112,529
Balance at 30 June	624,017	1,238,328

¹ Additions, interest expenses and payments has been restated to be \$33.89 million, \$0.13 million and \$6.41 million, respectively higher in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

* Termination / derecognition includes derecognition of lease liabilities of \$765.69 million with Property NSW as at 30 June 2022.

PARENT

	2022 \$000	2021 ¹ \$000
Balance at 1 July	592,304	511,526
Additions	86	33,975
Interest expenses	13,007	12,476
Payments	(32,477)	(29,805)
Terminations / derecognition*	(556,110)	-
Equity transfers - transfers in / (out) ⁽ⁱ⁾	-	(8,049)
Other adjustments	679	72,181
Balance at 30 June	17,489	592,304

(i) Further details regarding equity transfers are disclosed in Note 36(b).

¹ Additions, interest expenses and payments has been restated to be \$33.89 million, \$0.13 million and \$6.41 million, respectively higher in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

* Termination / derecognition includes derecognition of lease liabilities of \$556.09 million with Property NSW as at 30 June 2022.

In 2021, 'Other adjustments' in the consolidated entity and the parent entity represent lease reassessments as a result of a change in event or circumstance of a lease. The majority of the balance relates to a building lease at 1 Reserve Road St Leonards (parent entity) which was reassessed upwards by \$69.2 million.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the consolidated entity is the lessee:

CONSOLIDATED

	2022 \$000	2021 ¹ \$000
Depreciation expense of right-of-use assets	187,133	182,586
Interest expense on lease liabilities	29,741	25,609
Expenses relating to short-term leases	54,270	29,013
Expenses relating to leases of low-value assets	36,215	19,330
Variable lease payments not included in the measurement of lease liabilities	13	1,144
Income from subleasing right-of-use assets	(13)	-
(Gains) / losses on disposal*	(125,515)	101
Impairment of right-of-use assets	-	99,201
Total amount recognised in the statement of comprehensive income	181,844	356,984

¹ Depreciation expense of right-of-use assets has been restated to be \$6.13 million higher and interest expense on lease liabilities has been restated to be \$0.13 million higher in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

* (Gains) / losses on disposal includes \$125.30 million of net gains on disposal as a result of the derecognition of leases with Property NSW as at 30 June 2022.

The consolidated entity had total cash outflows for leases of \$294.00 million for the year ending 30 June 2022 (2021: \$243.35 million).

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the parent entity is the lessee:

PARENT

	2022 \$000	2021 ¹ \$000
Depreciation expense of right-of-use assets	29,227	28,908
Interest expense on lease liabilities	13,007	12,476
Expenses relating to short-term leases	68	3
Expenses relating to leases of low-value assets	810	787
(Gains) / losses on disposal*	(114,140)	-
Impairment of right-of-use assets	-	92,526
Total amount recognised in the statement of comprehensive income	(71,028)	134,700

¹ Depreciation expense of right-of-use assets has been restated to be \$6.13 million higher and interest expense on lease liabilities has been restated to be \$0.13 million higher in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

* (Gains) / losses on disposal includes \$114.14 million of net gains on disposal as a result of the derecognition of leases with Property NSW as at 30 June 2022.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

The parent entity had total cash outflows for leases of \$33.36 million for the year ending 30 June 2022 (2021: \$3

Leases at significantly below market terms and conditions principally to enable the entity to further its objective:

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 consolidated entity recognises right-of-use assets at the commencement date of the lease (i.e. the date the underlying asset is available for use). Right-of-use assets are initially measured at the amount of initial measurement of the lease liability (refer ii below), adjusted by any lease payments made at or before the commencement date, lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

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 10 years
Motor vehicles and other equipment	1 to 10 years
Aeromedical	1 to 10 years

If ownership of the leased asset transfers to the consolidated entity at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are also subject to impairment. The consolidated entity assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the consolidated entity estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in the net result.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

Recognition and measurement (continued)

i. Right-of-use assets (continued)

Impairment losses for right-of-use assets

The market rent for office accommodation leases in Sydney metropolitan and central business district areas were negatively impacted by COVID-19 in 2021, indicating the carrying amount of right-of-use assets exceeded their recoverable amounts. Impairment losses of \$99.20 million in the consolidated entity and \$92.53 million in the parent entity were recognised for the impacted property leases.

In 2022, all leases that were previously impaired have been derecognised due to the change in contract terms of those leases. No new impairments were recognised on the remaining right-of-use assets due to improved office accommodation rental market conditions during the year and no other indicators of impairment were identified.

Impairment losses for right-of-use assets are included in 'Other gains / (losses)' in the Statement of Comprehensive Income.

ii. Lease liabilities

At the commencement date of the lease, the consolidated entity recognises lease liabilities measured at the present value of lease payments to be made over the lease term. Lease payments include:

- fixed payments (including in substance fixed payments) less any lease incentives receivable;
- variable lease payments that depend on an index or a rate;
- amounts expected to be paid under residual value guarantees;
- exercise price of a purchase option reasonably certain to be exercised by the consolidated entity; and
- payments of penalties for terminating the lease, if the lease term reflects the entity exercising the option to terminate.

Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

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.

After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification or change in the lease term, a change in the lease payments (e.g. changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

The consolidated entity's lease liabilities are included in borrowings in Note 33.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(a) Entity as a lessee (continued)

Recognition and measurement (continued)

iii. 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.

iv. 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.

(b) Entity as a lessor

The consolidated entity leases some retail spaces located within the hospital precincts under operating leases with rent 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 has also leased levels 5 and 6 in the Bright Alliance Building at South Eastern Sydney Local Health District's Randwick campus to the University of NSW for 40 years, which is treated as a finance lease. All lease payments have been paid upfront and the asset has been derecognised from non-current assets.

Although the consolidated entity is exposed to changes in the residual value at the end of the current lease, the consolidated entity typically enters into new operating leases and therefore will not immediately realise any reduction in residual value at the end of these leases. Expectations about the future residual values are reflected in the fair value of the properties.

Lessor for finance leases

Future minimum rentals receivable (undiscounted) under non-cancellable finance leases as at 30 June are, as fol

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Within one year	78	75	-	-
One to two years	47	78	-	-
Two to three years	-	47	-	-
Total (excluding GST)	125	200	-	-

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(b) Entity as a lessor (continued)

Recognition and measurement (continued)

Lessor for finance leases (continued)

Reconciliation of net investment in leases

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Future undiscounted rentals receivable	125	200	-	-
Unguaranteed residual amounts - undiscounted	313,686	313,686	-	-
Less: unearned finance income	(227,321)	(229,444)	-	-
Net investment in finance lease	86,490	84,442	-	-

Leases that the consolidated entity transfers substantially all the risks and rewards incidental to ownership of an asset are classified as finance leases. Subleases are classified by reference to the right-of-use asset arising from the head lease, rather than by reference to the underlying asset.

At the lease commencement date, the consolidated entity recognises a receivable for assets held under a finance lease in its Statement of Financial Position at an amount equal to the net investment in the lease. The net investment in leases is classified as financial assets at amortised cost and equals the lease payments receivable by a lessor and the unguaranteed residual value, plus initial direct costs, discounted using the interest rate implicit in the lease.

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.

Lessor for operating leases

Future minimum rental receivables (undiscounted) under non-cancellable operating leases as at 30 June are as follows:

PARENT AND CONSOLIDATION

	Consolidated 2022 \$000	Consolidated ¹ 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Within one year	11,323	11,734	1,413	1,393
One to two years	8,491	8,918	1,071	1,042
Two to three years	7,897	7,766	1,024	1,067
Three to four years	7,638	7,237	988	1,074
Four to five years	7,162	6,969	1,016	1,049
Later than five years	89,843	93,662	7,495	9,165
Total (excluding GST)	132,354	136,286	13,007	14,790

¹ Prior period amounts in the consolidated entity have been restated lower by \$40.2 million as a payment was identified as being received for amounts previously disclosed as a receivable.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

26. Leases (continued)

(b) Entity as a lessor (continued)

Recognition and measurement (continued)

Lessor for operating leases (continued)

An operating lease is a lease other than a finance lease. Rental income arising from operating leases is accounted for on a straight-line basis over the lease terms and is included in other revenue in the Statement of Comprehensive Income due to its operating nature. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the underlying asset and recognised over the lease term on the same basis as rental income. Contingent rents are recognised as revenue in the period in which they are earned.

Leases not yet commenced to which the lessee is committed

Ambulance Service of NSW has entered into a 10 year contract with Pel-Air Aviation Pty Ltd to provide aeromedical services. The contract has a lease component for the right-to-use of the contracted aircraft. Stage 2, which includes two additional aircraft, has not yet commenced operating and as a result, no right-of-use asset or liability has been recognised at the reporting date in respect of those two aircraft. Future cash outflow from the lease of these two aircraft is expected to be \$67.62 million.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

27. Intangible assets

CONSOLIDATED

	Software \$000	Total \$000
At 1 July 2020		
Cost (gross carrying amount)	1,210,616	1,210,616
Less: accumulated amortisation and impairment	(494,730)	(494,730)
Net carrying amount	715,886	715,886
Year ended 30 June 2021		
Net carrying amount at beginning of year	715,886	715,886
Additions	63,145	63,145
Reclassifications from property, plant and equipment	2,294	2,294
Disposals	(880)	(880)
Amortisation (recognised in depreciation and amortisation)	(90,891)	(90,891)
Net carrying amount at the end of the year	689,554	689,554
At 1 July 2021		
Cost (gross carrying amount)	1,265,650	1,265,650
Less: accumulated amortisation and impairment	(576,096)	(576,096)
Net carrying amount	689,554	689,554
Year ended 30 June 2022		
Net carrying amount at beginning of year	689,554	689,554
Additions	98,851	98,851
Reclassifications from property, plant and equipment	1,375	1,375
Disposals	(313)	(313)
Amortisation (recognised in depreciation and amortisation)	(92,250)	(92,250)
Net carrying amount at the end of the year	697,217	697,217
At 30 June 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

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

27. Intangible assets (continued)

PARENT

	Software \$000	Total \$000
At 1 July 2020		
Cost (gross carrying amount)	3,023	3,023
Less: accumulated amortisation and impairment	(1,267)	(1,267)
Net carrying amount	1,756	1,756
Year ended 30 June 2021		
Net carrying amount at beginning of year	1,756	1,756
Additions	1,977	1,977
Amortisation (recognised in depreciation and amortisation)	(604)	(604)
Net carrying amount at the end of the year	3,129	3,129
At 1 July 2021		
Cost (gross carrying amount)	4,801	4,801
Less: accumulated amortisation and impairment	(1,672)	(1,672)
Net carrying amount	3,129	3,129
Year ended 30 June 2022		
Net carrying amount at beginning of year	3,129	3,129
Additions	871	871
Disposals	(47)	(47)
Amortisation (recognised in depreciation and amortisation)	(745)	(745)
Net carrying amount at the end of the year	3,208	3,208
At 30 June 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

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

27. Intangible assets (continued)

Recognition and Measurement

The consolidated entity recognises intangible assets only if it is probable that future economic benefits will flow to the consolidated entity and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. Following initial recognition, intangible assets are subsequently measured at fair value only if there is an active market. If there is no active market for the consolidated entity's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

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 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.

Intangible assets with indefinite useful lives are not amortised but are tested for impairment annually. The assessment of indefinite life is reviewed annually to determine whether the indefinite life continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount, the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

28. Non-current assets held for sale

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Assets held for sale				
Land and buildings	3,304	2,352	-	-
Infrastructure systems	-	483	-	-
	3,304	2,835	-	-

Further details regarding the fair value measurement are disclosed in Note 29.

Recognition and Measurement

The consolidated entity has certain non-current assets classified as held for sale, where their carrying amount will be recovered principally through a sale transaction rather than through continuing use. Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs of disposal.

These assets are not depreciated while they are classified as held for sale. Interest and other expenses attributable to the liabilities of a disposal group classified as held for sale are continued to be recognised.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

29. Fair value measurement of non-financial assets

Fair value measurement and hierarchy

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 measurements are 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.

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 Value
	\$'000	\$'000	\$'000	\$'000
2022				
Land and buildings ⁽ⁱ⁾	-	737,098	19,280,285	20,017,383
Infrastructure systems ⁽ⁱ⁾	-	232	694,834	695,066
Non-current assets held for sale (Note 28)	-	3,304	-	3,304
	-	740,634	19,975,119	20,715,753
2021				
Land and buildings ⁽ⁱ⁾	-	730,275	16,044,981	16,775,256
Infrastructure systems ⁽ⁱ⁾	-	1,044	571,293	572,337
Non-current assets held for sale (Note 28)	-	2,835	-	2,835
	-	734,154	16,616,274	17,350,428

(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 25 will not reconcile with balances disclosed above.

There were no transfers between Level 1 and 2 during the year ended 30 June 2022 and 2021.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

29. Fair value measurement of non-financial assets (continued)

(a) Fair value hierarchy (continued)

PARENT	Level 1	Level 2	Level 3	Total Fair Value
	\$000	\$000	\$000	\$000
2022				
Land and buildings	-	-	172,288	172,288
Infrastructure systems	-	-	988	988
	-	-	173,276	173,276
2021				
Land and buildings ⁽ⁱ⁾	-	5,030	119,550	124,580
Infrastructure systems ⁽ⁱ⁾	-	-	573	573
	-	5,030	120,123	125,153

(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 25 will not reconcile with balances disclosed above.

There were no transfers between Level 1 and 2 during the year ended 30 June 2022 and 2021.

(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 25 Total property, plant and equipment - reconciliation.

The valuation 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.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

29. 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 technique 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 judgements 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.

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for the year ended 30 June 2022

29. 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
2022			
Fair value as at 1 July 2021	16,044,981	571,293	16,616,274
Additions*	1,986,677	87,466	2,074,143
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	1,865,415	75,481	1,940,896
Transfers from Level 2	23,830	-	23,830
Transfers to Level 2	(2,042)	(9,087)	(11,129)
Disposals	(13,755)	(97)	(13,852)
Depreciation expense	(625,077)	(30,447)	(655,524)
Reclassification	256	225	481
Fair value as at 30 June 2022	19,280,285	694,834	19,975,119

*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.

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2021			
Fair value as at 1 July 2020	15,666,540	484,046	16,150,586
Additions	759,486	100,715	860,201
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	292,905	13,681	306,586
Transfers from Level 2	46,468	-	46,468
Transfers to Level 2	(7,689)	(483)	(8,172)
Disposals	(46,047)	(517)	(46,564)
Depreciation expense	(567,603)	(28,289)	(595,892)
Equity transfers in/(out) - Note 36 (a)	(99,749)	(1,370)	(101,119)
Reclassification	670	3,510	4,180
Fair value as at 30 June 2021	16,044,981	571,293	16,616,274

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for the year ended 30 June 2022

29. 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
2022			
Fair value as at 1 July 2021	119,550	573	120,123
Additions*	37,631	291	37,922
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	23,419	228	23,647
Disposals	(4,623)	(76)	(4,699)
Depreciation expense	(7,217)	(104)	(7,321)
Equity transfers in/(out) - Note 36 (a)	3,528	76	3,604
Fair value as at 30 June 2022	172,288	988	173,276

* 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.

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2021			
Fair value as at 1 July 2020	123,478	655	124,133
Disposals	(8,142)	-	(8,142)
Depreciation expense	(3,928)	(82)	(4,010)
Equity transfers in/(out) - Note 36 (a)	8,142	-	8,142
Fair value as at 30 June 2021	119,550	573	120,123

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

30. 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 2022.

CONSOLIDATED	30 June 2021			30 June 2022
	Opening equity \$000	Revenue \$000	Expense \$000	Closing equity \$000
Category				
Community welfare ¹	16,919	13,963	(14,999)	15,883
Facility improvements	619,730	325,519	(100,860)	844,389
Hold Funds in Perpetuity	14,711	1,372	(1,392)	14,691
Patient welfare	87,998	20,484	(24,648)	83,834
Private practice disbursements (No.2 Accounts)	506,683	79,609	(75,915)	510,377
Public contributions	37,558	12,204	(3,347)	46,415
Research	225,227	118,015	(77,232)	266,010
Section 19(2) primary care - exemption initiative	901	5,407	(1,990)	4,318
Staff welfare	20,129	2,530	(2,249)	20,410
Training and education including conferences	92,812	12,333	(11,933)	93,212
Other	8,583	14	-	8,597
Total Restricted Assets	1,631,251	591,450	(314,565)	1,908,136

¹ Community welfare opening balance at 30 June 2021 has been restated \$0.90 million lower and Section 19(2) primary care - exemption initiative restated \$0.90 million higher as they have been separately disclosed from 30 June 2021. The balance of Section 19(2) primary care - exemption initiative was previously included in the Community welfare category.

PARENT	30 June 2021			30 June 2022
	Opening equity \$000	Revenue \$000	Expense \$000	Closing equity \$000
Category				
Facility improvements	35,785	15,701	(8,094)	43,392
Research	-	30,548	-	30,548
Total Restricted Assets	35,785	46,249	(8,094)	73,940

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

30. 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.
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.
Research	Research to gain knowledge, understanding and insight.
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.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

31. Payables

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Accrued salaries, wages and on-costs	260,745	311,768	2,484	2,061
Salaries and wages deductions	95,053	53,120	39	15
Payroll tax and fringe benefits tax	3,042	3,330	904	895
Trade operating creditors	948,037	761,847	364,937	297,744
Interest	14	16	-	-
Other creditors				
- Capital works	225,590	223,201	-	-
- Payables to controlled health entities	-	-	372,048	153,047
- Other	843,727	528,666	134,587	72,346
Total current payables	2,376,208	1,881,948	874,999	526,108

Details regarding liquidity risk, including a maturity analysis of the above payables are disclosed in Note 44.

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.

Payables are financial liabilities at amortised cost, 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.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

32. Contract liabilities

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Contract liabilities	56,030	70,587	1,670	24,100
	56,030	70,587	1,670	24,100
Non-current				
Contract liabilities	1,081	-	-	-
	1,081	-	-	-

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 balance of the contract liabilities at the 30 June 2022 was impacted by the timing of payments received for the sales of goods and services from contracts with customers and grants and other contributions. The satisfaction of the specific performance obligations within the contracts had not been met at the 30 June 2022. Revenue from the contract liabilities will be recognised when the specific performance obligations have been met.

The current contract liability for the consolidated and parent entity has decreased during the year because the specific performance obligations within the contracts were satisfied. The non-current contract liability has increased in both the consolidated and parent entity as some long term grants and contribution funds were received in which the performance obligations won't be met within the next financial year.

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Revenue recognised that was included in the contract liability balance at the beginning of the year	45,415	228,314	319	226,104
Revenue recognised from performance obligations satisfied in previous periods	3,391	2,329	-	-
Transaction price allocated to the remaining performance obligations from contracts with customers	158,057	206,847	17,253	70,700

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

32. Contract liabilities (continued)

The transaction price allocated to the remaining performance obligations relates to the following revenue classes and is expected to be recognised as follows:

CONSOLIDATED

	2023	2024	2025	≥ 2026
Specific revenue class	\$000	\$000	\$000	\$000
Sales of goods and services from contracts with customers	25,250	80	-	-
Grants and other contributions	72,447	38,131	16,230	5,919
	97,697	38,211	16,230	5,919

PARENT

	2023	2024	2025	≥ 2026
Specific revenue class	\$000	\$000	\$000	\$000
Grants and other contributions	13,775	2,178	550	750
	13,775	2,178	550	750

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

33. Borrowings

	Consolidated 2022 \$000	Consolidated ¹ 2021 \$000	Parent 2022 \$000	Parent ¹ 2021 \$000
Current				
Other loans and deposits	7,349	7,437	-	-
Lease liabilities (see Note 26)	141,085	162,505	11,007	19,465
Service concession financial liabilities*	1,447	1,358	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	2,968	2,683	-	-
Calvary Mater Newcastle Hospital	2,557	2,169	-	-
Orange Hospital & Associated Health Services	3,503	2,779	-	-
Royal North Shore Hospital Redevelopment	9,131	6,200	-	-
	168,040	185,131	11,007	19,465
Non-Current				
Other loans and deposits	38,170	47,146	-	-
Lease liabilities (see Note 26)	482,932	1,075,823	6,482	572,839
Service concession financial liabilities*	29,629	31,077	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	61,323	64,293	-	-
Calvary Mater Newcastle Hospital	62,365	64,922	-	-
Orange Hospital & Associated Health Services	150,415	153,917	-	-
Royal North Shore Hospital Redevelopment	678,199	687,634	-	-
	1,503,033	2,124,812	6,482	572,839

¹ Current lease liabilities has been restated to be \$11.04 million higher and non-current lease liabilities has been restated to be \$16.59 million higher in the prior year in the consolidated and parent entity. Refer to Note 17 for further details regarding the restatements as a result of an error.

* This relates to contractual payments made to the operator, refer to Note 25 for further details on the consolidated service concession arrangements.

No assets have been pledged as security / collateral for liabilities and there are no restrictions on any title to property.

The Public, Private Partnerships (PPP) relate to 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 or service delivery. The liability to pay private sector entities is based on financing arrangements involving Consumer Price Index (CPI)-linked finance and fixed finance.

Details regarding liquidity risk, including a maturity analysis of the above borrowings are disclosed in Note 44.

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for the year ended 30 June 2022

33. Borrowings (continued)

Recognition and Measurement

Borrowings represents interest bearing liabilities mainly through NSW Treasury Corporation, lease liabilities, service concessions arrangement liabilities and other interest bearing liabilities.

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

The consolidated entity has not designated any financial liability as at fair value through profit or loss.

Financial guarantees

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due in accordance with the original or modified terms of a debt instrument.

Financial guarantee contracts are recognised as a financial liability at the time the guarantee is issued. The liability is initially measured at fair value, being the premium received. Subsequent to initial recognition, the consolidated entity's liability under each guarantee is measured at the higher of the amount initially recognised less cumulative amortisation and an expected credit loss provision.

The consolidated and parent entity has not granted any financial guarantees.

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for the year ended 30 June 20

33. Borrowings (continued)

Changes in liabilities arising from financing activities

CONSOLIDATED

	Other loans and deposits \$000	Leases ¹ \$000	Service concession arrangements \$000	Total liabilities from financing activities \$000
1 July 2020	1,043,537	1,197,742	33,709	2,274,988
Cash flows	(4,357)	(168,251)	(1,274)	(173,882)
New leases	-	104,989	-	104,989
Lease terminations	-	(8,681)	-	(8,681)
Lease reassessments	-	112,529	-	112,529
30 June 2021	1,039,180	1,238,328	32,435	2,309,943
1 July 2021	1,039,180	1,238,328	32,435	2,309,943
Cash flows	(23,200)	(173,761)	(1,359)	(198,320)
New leases	-	272,271	-	272,271
Lease terminations*	-	(771,746)	-	(771,746)
Lease reassessments	-	58,925	-	58,925
30 June 2022	1,015,980	624,017	31,076	1,671,073

¹ 30 June 2021 cash flows from leases has been restated to be \$6.27 million higher and 30 June 2021 new leases has been restated to be \$33.89 million higher. Refer to Note 17 for further details regarding the restatement as a result of an error.

* Lease termination included derecognition of lease liabilities of \$765.69 million with Property NSW as at the 30 June 2022. Please refer to Note 26 for further details on the derecognition.

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for the year ended 30 June 20

33. Borrowings (continued)

Changes in liabilities arising from financing activities (continued)

PARENT

	Leases ¹	Total liabilities from financing activities
	\$000	\$000
1 July 2020	511,526	511,526
Cash flows	(17,329)	(17,329)
New leases	33,975	33,975
Lease reassessments	72,181	72,181
Non-cash changes other	(8,049)	(8,049)
30 June 2021	592,304	592,304
1 July 2021	592,304	592,304
Cash flows	(19,470)	(19,470)
New leases	86	86
Lease terminations*	(556,110)	(556,110)
Lease reassessments	679	679
30 June 2022	17,489	17,489

¹ 30 June 2021 cash flows from leases has been restated to be \$6.27 million higher and 30 June 2021 new leases has been restated to be \$33.89 million higher. Refer to Note 17 for further details regarding the restatement as a result of an error.

* Lease termination included derecognition of lease liabilities of \$556.09 million with Property NSW as at the 30 June 2022. Please refer to Note 26 for further details on the derecognition.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

34. Provisions

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Employee benefits and related on-costs				
Annual leave - obligations expected to be settled within 12 months	1,429,119	1,362,843	13,157	12,293
Annual leave - obligations expected to be settled after 12 months	992,628	829,197	8,168	6,189
Death and disability (ambulance officers)	822	381	-	-
Long service leave consequential on-costs - obligations expected to be settled within 12 months	29,705	34,793	470	533
Long service leave consequential on-costs - obligations expected to be settled after 12 months	394,929	443,581	6,198	6,679
Allocated days off	83,260	75,046	-	-
Sick leave	192	230	-	-
Provision for other employee benefits*	387,989	-	3,321	-
Other	778	9,887	-	-
	3,319,422	2,755,958	31,314	25,694
Other Provisions				
Restoration costs	11,784	10,323	-	-
Other	135,280	85,456	11,404	-
	147,064	95,779	11,404	-
Total current provisions	3,466,486	2,851,737	42,718	25,694
Non-current				
Employee benefits and related on-costs				
Long service leave consequential on-costs	41,997	47,312	659	713
	41,997	47,312	659	713
Other Provisions				
Restoration costs	15,995	15,362	-	-
Other	1,894	-	-	-
	17,889	15,362	-	-
Total non-current provisions	59,886	62,674	659	713

* Provisions for other employee benefits includes a one-off payment to employees of \$387.99 million (2021: \$Nil) in the consolidated entity and \$3.32 million (2021: \$Nil) in the parent entity for the recognition of service during the COVID-19 pandemic.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

34. Provisions (continued)

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Aggregate employee benefits and related on-costs				
Provisions - current	3,319,422	2,755,958	31,314	25,694
Provisions - non-current	41,997	47,312	659	713
Accrued salaries, wages and on-costs and salaries and wages deductions (Note 31)	355,798	364,888	2,523	2,076
	3,717,217	3,168,158	34,496	28,483

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 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Carrying amount at beginning of year	25,685	9,889	-	-
- Additional provisions recognised	3,275	19,596	-	-
- Amounts used	(765)	(3,800)	-	-
- Unused amounts reversed	(416)	-	-	-
Carrying amount at end of year	27,779	25,685	-	-

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.

The remaining balance consists of site remediation costs with the majority of the payments not expected to be made until 2023.

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for the year ended 30 June 2022

34. Provisions (continued)

Movements in provisions (other than employee benefits) (continued)

Other

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Carrying amount at beginning of year	85,456	112,547	-	-
- Additional provisions recognised*	112,542	68,887	11,404	-
- Amounts used	(56,160)	(11,956)	-	-
- Unused amounts reversed	(4,664)	(84,022)	-	-
Carrying amount at end of year	137,174	85,456	11,404	-

* Additional provisions recognised in 2022 includes a one-off payment to visiting medical officers of \$18.28 million (parent entity \$Nil) and affiliated health organisations of \$19.89 million (parent entity \$11.40 million) for the recognition of service during the COVID-19 pandemic.

The majority of the 'other' provision represent various contractual related obligations. The consolidated 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, sick leave, allocated days off (ADOs) 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 and ADOs 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).

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 and ADOs 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.

The majority of employee benefits and related on-cost balances have increased since the start of the COVID-19 pandemic. Management of the COVID-19 pandemic along with state and international border closures have adversely impacted the provision.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

34. Provisions (continued)

Recognition and Measurement (continued)

Long service leave and superannuation

The consolidated entity's liability for long service leave and defined benefits 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 'Accepted 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 employee's 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.

Other provisions

Other provisions are recognised when the consolidated entity has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation. When the consolidated entity expects some or all of a provision to be reimbursed, for example, under an insurance contract, the reimbursements are recognised as a separate asset, but only when the reimbursements are virtually certain. The expense relating to a provision is presented net of any reimbursement in the consolidated Statement of Comprehensive Income.

Any provisions for restructuring are recognised only when the consolidated entity has a detailed formal plan, and the entity has raised a valid expectation in those affected by the restructuring that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected.

If the effect of the time value of money is material, provisions are discounted at a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability. When discounting is used, the increase in the provision due to the passage of time (i.e. unwinding of discount rate) is recognised as a finance cost.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

35. Other liabilities

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Current				
Unearned revenue	46,937	110,760	-	-
Grant of right to operate liability under service concessions*	9,903	13,358	-	-
Liabilities under transfer to acquire or construct non financial assets to be controlled by the entity	33,896	11,454	3,000	-
Other	473	473	-	-
	91,209	136,045	3,000	-
Non-current				
Unearned revenue	102,089	101,120	-	-
Grant of right to operate liability under service concessions*	175,222	185,124	-	-
Liabilities under transfer to acquire or construct non financial assets to be controlled by the entity	56,869	48,067	-	-
Other	224	236	-	-
	334,404	334,547	-	-

*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 13 and Note 25 for further information on service concession arrangements.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

35. Other liabilities (continued)

CONSOLIDATED

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets to be controlled by the consolidated entity:

	2022 \$'000	2021 \$'000
Opening balance of liabilities arising from transfers to acquire/construct non-financial assets to be controlled by the entity	59,521	65,084
Add: receipt of cash during the financial year	60,841	51,821
Deduct: income recognised during the financial year	29,597	57,384
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	90,765	59,521

PARENT

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets to be controlled by the parent entity:

	2022 \$'000	2021 \$'000
Opening balance of liabilities arising from transfers to acquire/construct non-financial assets to be controlled by the entity	-	-
Add: receipt of cash during the financial year	3,000	-
Deduct: income recognised during the financial year	-	-
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	3,000	-

Refer to Note 11 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 even in 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 2022

36. Equity

Revaluation surplus

The revaluation surplus is used to record increments and decrements on the revaluation of non-current assets. This accords with the consolidated entity's policy on the revaluation of property, plant and equipment as discussed in Note 25.

Accumulated funds

The category 'accumulated funds' includes all current and prior period retained funds.

Reserves

Separate reserve accounts are recognised in the financial statements only if such accounts are required by specific legislation or Australian Accounting Standards (e.g. revaluation surplus and foreign currency translation reserve).

Increase / (decrease) in net assets from equity transfer

		Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Transfer of property, plant and equipment (a)		-	(101,119)	10,118	11,038
Transfer of leases (b)		-	-	-	271
		-	(101,119)	10,118	11,309

(a) Transfer of property, plant and equipment

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Carrying amount at transfer date				
Land & buildings	-	95,314	9,560	11,036
Infrastructure	-	567	558	-
Plant and equipment	-	-	-	2
Fair value at transfer date	-	101,119	10,118	11,038

CONSOLIDATED

In 2021, the NSW Government made the *Callan Park* (Special Provisions) (Vesting of Land) Proclamation 2020 to transfer Callan Park 'precinct 1' to the Centennial Park and Moore Park Trust, an entity controlled by the ultimate parent. The transfer was completed on the 16 December 2020 and was treated as an equity transfer. The carrying amount of the assets prior to the transfer was \$95.9 million, the fair value at transfer date was \$101.1 million.

PARENT

In 2022, in accordance with the Real Property Disposal Framework, the following assets were transferred from Ambulance Service of NSW, Illawarra Shoalhaven Local Health District, Mid North Coast Local Health District and Northern Sydney Local Health District, controlled entities to the Ministry of Health, at the fair value of the asset: Bulli Hospital, 29 Hospital Road Bulli \$5.0 million, Macksville Hospital, 14 - 22 Boundary Street Macksville \$1.6 million, Macquarie Hospital, 120 Coffs Road North Ryde \$2.9 million and Wagga Wagga ambulance station, 54 Johnston Street Wagga Wagga \$0.6 million.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

36. Equity (continued)

Increase / (decrease) in net assets from equity transfer (continued)

In 2021, 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 to the Ministry of Health, at the fair value of the asset: Griffith ambulance station \$1 million, Harden ambulance station \$0.2 million, Busby ambulance station \$1.7 million and 389 Pittwater Road, Queenscliff \$8.1 million.

In 2021, the NSW Multicultural Health Communication Service (MHCS), forming part of South Eastern Sydney Local District an entity controlled by the immediate parent was co-located with the Ministry of Health in a property at Gladesville. Upon the MHCS vacating the property, a forklift at fair value of \$0.02 million was transferred to the Ministry of Health.

(b) Transfer of leases

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Carrying amount at transfer date				
Right-of-use assets - land and buildings	-	-	-	(7,797)
Right-of-use assets - plant and equipment	-	-	-	18
Lease liabilities	-	-	-	8,050
Fair value at transfer date	-	-	-	271

PARENT

In 2021, the following leases were transferred to / from Ministry of Health from / to controlled entities of the Ministry of Health at \$Nil consideration:

- two building property leases were transferred to eHealth NSW; and
- two motor vehicle leases were transferred from HealthShare NSW.

All corresponding right-of-use asset and lease liability balances were transferred across at the carrying amounts from the transferee to the transferor.

Recognition and Measurement

Equity transfers

The transfer of net assets between entities as a result of an administrative restructure, transfers of programs / functions and parts thereof between entities controlled by the ultimate parent is designated or required by Accounting Standards to be treated as contribution by owners and is recognised as an adjustment to 'accumulated funds'. This treatment is consistent with AASB 1004 and Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities*.

Transfers arising from an administrative restructure involving not-for-profit and for-profit government entities are recognised at the amount at which the assets and liabilities were recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at (amortised) cost by the transferor because there is no active market, the consolidated entity recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the consolidated entity does not recognise that asset.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

37. 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 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Within one year	1,090,185	885,010	-	-
Later than one year and not later than five years	1,127,277	454,330	-	-
Later than five years	111,545	6,871	-	-
Total (including GST)	2,329,007	1,346,211	-	-

(b) Input tax receivable related to capital commitments for expenditure

The total of capital 'commitments' payable, i.e. \$2,329 million as at 30 June 2022, includes input tax credits of \$122.40 million that are expected to be recoverable from the Australian Taxation Office (2021: \$122.40 million).

Output tax payable related to commitments for revenue

The total of 'commitments' receivable, i.e. \$146 million as at 30 June 2022, includes input tax of \$13.20 million expected to be payable to the Australian Taxation Office (2021: \$13.60 million).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

38. 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.

2022	Opening Cash Balance \$000	Add: Receipts \$000	Less: Expenditure \$000	Closing Cash Balance \$000
Patient Trust	4,908	6,756	(6,968)	4,696
Refundable Deposits	11,759	6,106	(4,067)	13,798
Private Patient Trust Funds	11,951	502,479	(508,730)	5,700
Third Party Funds	40,960	72,464	(72,249)	41,175
Total trust funds	69,578	587,805	(592,014)	65,369

2021	Opening Cash Balance \$000	Add: Receipts \$000	Less: Expenditure \$000	Closing Cash Balance \$000
Patient Trust	5,451	7,908	(8,451)	4,908
Refundable Deposits	11,119	5,147	(4,507)	11,759
Private Patient Trust Funds	10,909	564,188	(563,146)	11,951
Third Party Funds	23,230	78,439	(60,709)	40,960
Total trust funds	50,709	655,682	(636,813)	69,578

PARENT

The parent entity holds money in a trust in relation to Nationally Funded Centres (NFC) and Health Chief Executives Forum (HCEF) formerly known as Australian Health Ministers Advisory Council (AHMAC). As the parent entity performs only a custodial role in respect of trust monies, they are excluded from the financial statements as the parent entity cannot use them for the achievement of its own objectives. The following is a summary of the transactions in the trust account.

2022	Opening Cash Balance \$000	Add: Receipts \$000	Less: Expenditure \$000	Closing Cash Balance \$000
Third Party Funds	16,141	10,537	(15,453)	11,225
Total trust funds	16,141	10,537	(15,453)	11,225

2021	Opening Cash Balance \$000	Add: Receipts \$000	Less: Expenditure \$000	Closing Cash Balance \$000
Third Party Funds	-	16,141	-	16,141
Total trust funds	-	16,141	-	16,141

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

38. 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.

Any amounts drawn down from trust funds under the private practice arrangements are not included in the key management personnel compensation amounts or disclosed as a related party transaction in Note 45.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2022

39. Contingent liabilities and contingent assets

CONSOLIDATED

a) Contingent liabilities

A claim has been lodged against the consolidated entity for unspecified compensation in respect of alleged underpayment of employee award entitlements. The consolidated entity is defending the action. It is not practical to estimate the potential effect of these claims at the present time.

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.

PARENT

The Ministry is not aware of any contingent liabilities or assets which would have a material effect on the disclosures in these financial statements.

40. Interests in associates

Set out below are the associates of Hunter New England Local Health District (HNELHD) as at 30 June 2022 which, in the opinion of management at HNELHD, are material to 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	
			2022 %	2021 %			2022 \$000	2021 \$000
Hunter Medical Research Institute	Australia	Not applicable	25	25	31 December	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.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

41. 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 2022 \$000	Consolidated ^{1,2} 2021 \$000	Parent 2022 \$000	Parent ^{1,2} 2021 \$000
Net cash used on operating activities	2,699,428	1,921,950	658,818	(995,432)
Depreciation and amortisation expense	(1,215,765)	(1,146,015)	(38,067)	(35,629)
Allowance for impairment	(135,480)	(861,914)	-	-
Effects of exchange rate changes	131	(554)	-	(579)
(Increase) / decrease in other liabilities	(1,059)	(13,639)	(3,000)	-
Decrease / (increase) in provisions	(611,962)	(309,889)	(16,970)	(3,045)
Increase / (decrease) in inventory	286,025	489,793	8,121	5,973
Increase / (decrease) in prepayments and other assets	321,606	(17,758)	301,745	147,023
Increase / (decrease) in contract assets	(487)	(237)	87	276
Decrease / (increase) in payables	(547,292)	25,901	(446,102)	(77,954)
Decrease / (increase) in contract liabilities	13,476	328,236	22,430	321,868
Increase / (decrease) in financial instruments at fair value	929	8,359	-	-
Impairment losses on right-of-use assets recognised 'other gains / (losses)'	-	(99,201)	-	(92,526)
Net gain / (loss) on sale of property, plant and equipment	2,143	(33,714)	(1,140)	(94)
Net gain / (loss) on disposal of right-of-use assets	125,515	(101)	114,140	-
Assets donated or brought to account (Note 42)	2,244	13,666	(5,030)	(4,133)
Other	592	1,071	-	-
Net result	940,044	305,954	595,032	(734,252)

¹ Net cash used on operating activities has been restated to be \$6.27 million lower and depreciation and amortisation expense has been restated to be \$6.13 million higher in the consolidated and parent entity in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

² Inventory and financial instruments at fair value has been disaggregated from prepayments and other assets in the current year. The prior year balance has been restated with an increase in inventories of \$489.79 million (parent entity: \$5.97 million), increase in financial instruments at fair value of \$8.36 million (parent entity: \$Nil) and decrease in prepayments and other assets of \$498.15 million (parent entity: \$5.97 million decrease in prepayments and other assets).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

42. Non-cash financing and investing activities

	Consolidated 2022 \$000	Consolidated ¹ 2021 \$000	Parent 2022 \$000	Parent ¹ 2021 \$000
Assets donated or brought to account	2,244	13,666	(5,030)	(4,133)
Property, plant and equipment acquired by a lease	272,473	106,060	86	33,975
Property, plant and equipment contributed by external organisation	8,934	28,595	-	-
	283,651	148,321	(4,944)	29,842

¹ Property, plant and equipment acquired by a lease has been restated \$33.89 million higher in the prior year in the consolidated and parent entity. Refer to Note 17 for further details regarding the restatement as a result of an error.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

43. 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 Arrangement 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 (\$940 million) is lower than the budgeted net result (\$1,076 million) by \$136 million for the year ended 30 June 2022.

A reconciliation of the movements between the actual and budgeted net result is presented below:

	\$000
Net result - actual	940,044
Employee related expenses were higher than budget due to increased staffing requirements to address COVID-19 operational impacts and the employee one-off recognition of service payments. These increases were offset by gains resulting from actuarial factor changes in the calculation for employee long service leave benefits assumed by the Crown.	39,524
Operating expenses were higher than budget for increased medical and surgical supplies, pharmaceutical supplies, specialised health services, and outsourced patient care expenses incurred for the ongoing COVID-19 response.	1,757,055
Depreciation and amortisation budget allocation exceeded the annual expense, noting the expense was also lower than anticipated due to the timing of new capital projects coming into service.	(106,848)
Grants and subsidies expenses were higher than expected given continual payments to affiliated health organisations and entities controlled by the ultimate parent were granted personal protective equipment (PPE) and rapid antigen tests (RATs) free of charge.	400,904
Appropriation funding was higher than budget resulting from additional funding approved to support expenditures in response to the COVID-19.	(1,348,413)
Income recognised for the acceptance by the Crown of employee benefits and other liabilities was lower than expected due to actuarial valuation decreases to long service leave benefits assumed by the Crown.	557,982
Sale of goods and services and other income were impacted by operational restrictions arising from current year COVID-19 events resulting in decreased revenue for the year.	381,452
Grants and other contributions revenue was higher than budget resulting from additional revenue recognised from National Partnership Agreement on COVID-19 for COVID-19 expenditures. In-kind revenues for COVID-19 vaccinations and PPE received free of charge were also higher than expected.	(1,558,286)
Investment revenue was less than expected resulting from reduced market returns on investment	27,247
Gains / (losses) on disposal were higher than expected due to derecognition of leases held with Property NSW and other gains / (losses) were higher as a result of the reversal of PPE inventory impairment.	(68,771)
Impairment losses on financial assets included expected credit losses for receivables higher than I	63,439
Other minor variations.	(9,636)
Net result - budget	1,075,693

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

43. Budget Review - Consolidated (continued)

ASSETS AND LIABILITIES

The actual net assets (\$25,019 million) is higher than the budgeted net assets (\$23,496 million) by \$1,523 million as at 30 June 2022.

A reconciliation of the movements between significant assets and liabilities is presented below:

	\$000
Net assets - actual	25,019,058
Cash and cash equivalents were higher than expected resulting from the timing of year end creditor and payroll payments and the divestment of TCorp investments into cash holdings.	(1,373,202)
Receivables were higher than budget under trade receivables from contract with customers as a result of increased debt balances for the Commonwealth National Health Reform Funding and the Commonwealth National Partnership Agreement on COVID-19.	(383,210)
Inventories were higher than budget due to the continued higher operational requirements of medical and surgical supplies and additional rapid antigen tests that were held as a response measure to COVID-19.	(554,565)
Financial assets at fair value were less than budget primarily as a result of the divestment of a number of TCorp IM fund investments into cash holdings throughout the financial year.	65,633
Property, plant and equipment was higher than expected primarily due to increases resulting from revaluation adjustments not captured in the budget. This was offset by less than expected capital spend and depreciation.	(802,779)
Right-of-use assets were less than budget due to the derecognition of leases held with Property N	683,219
Intangibles were lower than original budget primarily resulting from reduced capital spend.	93,500
Payables were higher than expected resulting from increased operating costs and trade creditor payable at year end. This increase was offset by reductions in accrued salaries, wages and on-costs due to timing differences.	484,648
Contract liabilities were higher than budget resulting from increased Commonwealth multi-year funding agreement grant revenue deferrals.	3,911
Borrowings were less than expected resulting from the derecognition of leases held with Property	(723,588)
Provisions were higher than expected primarily resulting from annual leave accrued, one-off payments to employees in recognition of service, and prior period error correction adjustment for superannuation on annual leave.	916,599
Other liabilities were higher than budget due primarily to the recognition of increased revenue deferrals associated with Commonwealth grant funding to acquire / construct non-financial assets.	44,833
Net movement across several asset classes due to other minor variations.	21,955
Net assets - budget	23,496,012

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

43. Budget Review - Consolidated (continued)

CASH FLOWS

Operating activities net cash inflows were higher than budget by \$172 million attributable to receipts being higher than budget for appropriations and grants and other contributions. Similar to receipts, payments were higher than budget.

Investing activities net cash outflows were lower than budget by \$1,071 million attributable to decreases in purchases of property, plant and equipment and intangibles and other outflows, and increases in proceeds from financial assets sales.

Financing net cash outflows were higher than expected by \$8 million. This was attributable primarily to higher repayment 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 2022

44. 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	
			2022 \$000	2021 \$000
Financial Assets				
Cash and cash equivalents	19	Amortised cost	2,887,006	2,031,071
Receivables ¹	20	Amortised cost	1,084,618	917,950
Contract assets ²	21	Amortised cost	1,307	1,794
Financial assets at fair value	23	Fair value through profit or loss - mandatory classification	108,386	193,872
Other financial assets	24	Amortised cost	86,490	87,442
Total financial assets			4,167,807	3,232,129
Financial Liabilities				
Payables ³	31	Financial Liabilities (at amortised cost)	2,373,166	1,878,618
Borrowings	33	Financial Liabilities (at amortised cost)	1,671,073	2,309,943
Other liabilities ³	35	Financial Liabilities (at amortised cost)	697	709
Total financial liabilities			4,044,936	4,189,270

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).

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for the year ended 30 June 2022

44. Financial instruments (continued)

(a) Financial instrument categories (continued)

PARENT

Class	Note	Category	Carrying amount	
			2022 \$000	2021 \$000
Financial Assets				
Cash and cash equivalents	19	Amortised cost	614,647	160,068
Receivables ¹	20	Amortised cost	615,408	426,403
Contract assets ²	21	Amortised cost	363	276
Other financial assets	24	Amortised cost	503,828	315,437
Total financial assets			1,734,246	902,184
Financial Liabilities				
Payables ³	31	Financial Liabilities (at amortised cost)	874,095	525,213
Borrowings	33	Financial Liabilities (at amortised cost)	17,489	592,304
Total financial liabilities			891,584	1,117,517

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 right 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's 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 2022

44. Financial instruments (continued)

(b) Derecognition of financial assets and financial liabilities (continued)

A financial liability is derecognised when the obligations 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. Authority deposits held with NSW TCorp are guaranteed by the State.

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 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.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

Accounting policy for impairment of trade receivables and other financial assets (continued)

Receivables - trade receivables, other receivables, contract assets and lease receivables (continued)

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 customer to settle the receivables. The consolidated entity has not identified any relevant factors, and accordingly has not adjusted the historical loss rates.

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, among others, a failure to make contractual payments for a period of greater than 90 days past due.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

The loss allowance for trade receivables, other receivables, contract assets and lease receivables as at 30 June 2022 and 2021 was determined as follows:

CONSOLIDATED

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2022						
Expected credit loss rate	1.32%	7.29%	15.54%	24.69%	30.81%	10.36%
Estimated total gross carrying amount ¹	859,231	39,776	24,226	15,511	369,232	1,307,976
Expected credit loss	11,303	2,899	3,764	3,830	113,765	135,561

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2021						
Expected credit loss rate	1.11%	7.15%	10.81%	17.20%	55.38%	9.56%
Estimated total gross carrying amount ¹	853,077	44,667	35,110	22,583	154,841	1,110,278
Expected credit loss	9,461	3,194	3,795	3,884	85,758	106,092

PARENT

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2022						
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount ^{1,2}	438,952	2,153	2,163	2,137	160,031	605,436
Expected credit loss	-	-	-	-	-	-

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2021						
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount ^{1,2}	394,988	237	7	6	4,805	400,043
Expected credit loss	-	-	-	-	-	-

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 20 and the contract assets total in Note 21.

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 2022 and 30 June 2021.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

Other financial assets - Authority Deposits

The consolidated entity has placed funds on deposit with TCorp, which has been rated 'AA+' by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed 'at call' or for a fixed term. These deposits are considered to be low credit risk, and the loss allowance recognised during the period was therefore limited to 12 month expected losses. The consolidated entity did not recognise a provision for expected credit losses on its other financial assets in 2022 (2021: \$Nil).

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 require 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 repayment 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 2022

44. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

The following tables summarise 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								
2022								
Payables ²		2,373,166	-	-	2,373,166	2,373,166	-	-
Borrowings:								
- Other loans and deposits	2.52	49,225	49,225	-	-	8,403	30,644	10,178
- Lease liabilities	2.32	675,471	675,471	-	-	151,937	395,662	127,872
- Service concession financial liabilities	2.42	37,532	37,532	-	-	2,200	9,387	25,945
- PPP	9.67	2,004,302	109,215	1,895,087	-	123,991	526,048	1,354,263
- Other	-	46	-	-	46	46	-	-
		5,139,742	871,443	1,895,087	2,373,212	2,659,743	961,741	1,518,258
2021								
Payables ²		1,878,618	-	-	1,878,618	1,878,618	-	-
Borrowings:								
- Other loans and deposits	2.60	59,649	59,649	-	-	8,699	33,075	17,875
- Lease liabilities ⁴	2.12	1,526,518	1,526,518	-	-	181,337	475,978	869,203
- Service concession financial liabilities	2.42	39,676	39,676	-	-	2,144	9,149	28,383
- PPP	9.21	2,097,591	117,397	1,980,194	-	119,683	507,068	1,470,840
- Other	-	48	-	-	48	48	-	-
		5,602,100	1,743,240	1,980,194	1,878,666	2,190,529	1,025,270	2,386,301

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).

⁴ Lease liabilities has been restated in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. 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								
2022								
Payables ²		874,095	-	-	874,095	874,095	-	-
Borrowings:								
- Lease liabilities	0.84	17,641	17,641	-	-	11,111	6,366	164
		891,736	17,641	-	874,095	885,206	6,366	164
2021								
Payables ²		525,213	-	-	525,213	525,213	-	-
Borrowings:								
- Lease liabilities ⁴	2.22	834,316	834,316	-	-	32,472	95,589	706,255
		1,359,529	834,316	-	525,213	557,685	95,589	706,255

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).

⁴ Lease liabilities has been restated in the prior year. Refer to Note 17 for further details regarding the restatement as a result of an error.

The following tables summarise the maturity profile of the consolidated entity's derivative financial liabilities. The maturity profile of the cash flows are matched to the anticipated settlement of the commercial contracts as forecasted by the consolidated entity.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

Maturity analysis of derivative financial assets at fair value through profit and loss that are hedging foreign currency

	Fair Value \$000	Maturity Dates		
		< 1 Year \$000	1-5 Years \$000	> 5 Years \$000
CONSOLIDATED				
2022				
Financial assets:				
- Derivatives inflows	11,501	30,574	30,352	83,612
- Derivatives outflows		(28,937)	(26,991)	(79,183)
	11,501	1,637	3,361	4,429

Notes

Cash outflows in foreign currencies are translated at prevailing spot rates on reporting dates.

The consolidated entity had no derivative financial assets or liabilities at fair value for the year ended 30 June 2021.

The parent entity had no derivative financial assets or liabilities at fair value for the year ended 30 June 2022 or 2021.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. 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 2021. 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 instrument 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	2022		2021	
	-1%	1%	-1%	1%
	\$'000		\$'000	
Net result	(14,101)	14,101	(17)	17
Equity	(14,101)	14,101	(17)	17
PARENT	2022		2021	
	-1%	1%	-1%	1%
	\$'000		\$'000	
Net result	(11,185)	11,185	(4,755)	4,755
Equity	(11,185)	11,185	(4,755)	4,755

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. 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 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 Foreign Exchange Risk Policy* (TPP18-03). 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

2022	+10%		-10%	
	Net result \$000	Equity \$000	Net result \$000	Equity \$000
Denominated US Dollars	730	(66)	81	81
Derivatives	11,501	(12,029)	14,702	14,702
2021	+10%		-10%	
	Net result \$000	Equity \$000	Net result \$000	Equity \$000
Denominated US Dollars	2,791	(254)	310	310

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. 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	2022 \$000	2021 \$000
TCorpIM Cash Fund	Cash and fixed income	Up to 1.5 years	-	182,975
TCorpIM Short Term Income Fund	Cash and fixed income	1.5 years to 3 years	-	130,732
TCorpIM Medium Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	3 years to 7 years	52,385	15,276
TCorpIM Long Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	7 years and over	44,500	47,865

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.

	Impact on net result / equity			
	Change in unit price			
	2022 %	2021 %	2022 \$000	2021 \$000
TCorpIM Cash Fund	+/- 10%	+/- 10%	-	18,298
TCorpIM Short Term Income Fund	+/- 10%	+/- 10%	-	13,073
TCorpIM Medium Term Growth Fund	+/- 10%	+/- 10%	5,238	1,528
TCorpIM Long Term Growth Fund	+/- 10%	+/- 10%	4,450	4,786

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

44. 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 measurements are 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, 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.

2022	Level 1 \$000	Level 2 \$000	Level 3 \$000	Total \$000
Financial assets at fair value				
Derivatives	-	11,501	-	11,501
TCorpIM Funds Investment Facility	-	96,885	-	96,885
2021				
2021	Level 1 \$000	Level 2 \$000	Level 3 \$000	Total \$000
Financial assets at fair value				
TCorpIM Funds Investment Facility	-	376,848	-	376,848

The table above only includes financial assets as no financial liabilities were measured at fair value in the Statement of Financial Position.

There were no transfers between Level 1, 2 or 3 during the year ended 30 June 2022 (2021: \$Nil).

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.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

45. Related party disclosures

(a) Key management personnel compensation

Key management personnel compensation is as follows:

	Consolidated 2022 \$000	Consolidated 2021 \$000	Parent 2022 \$000	Parent 2021 \$000
Short-term employee benefits	3,550	3,239	3,550	3,239
Post-employment benefits	72	71	72	71
	3,622	3,310	3,622	3,310

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
- Community support accommodation
- Cost for mobile radio network services
- Utilities, including electricity, gas and water expenses
- Property lease 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 provided by Department of Customer Service
- Project management and advisory costs for capital works projects.
- Various grants and other contributions

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

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2022

45. Related party disclosures (continued)

(c) Transactions the consolidated entity had with government related entities during the financial year (continue)

Revenue earned as follows (continued):

- Interest income 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 and lease liabilities with Property NSW and 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.

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:

- 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 advances made to health entities.

(d) 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, Industry and Environment (DPIE), 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 DPIE.

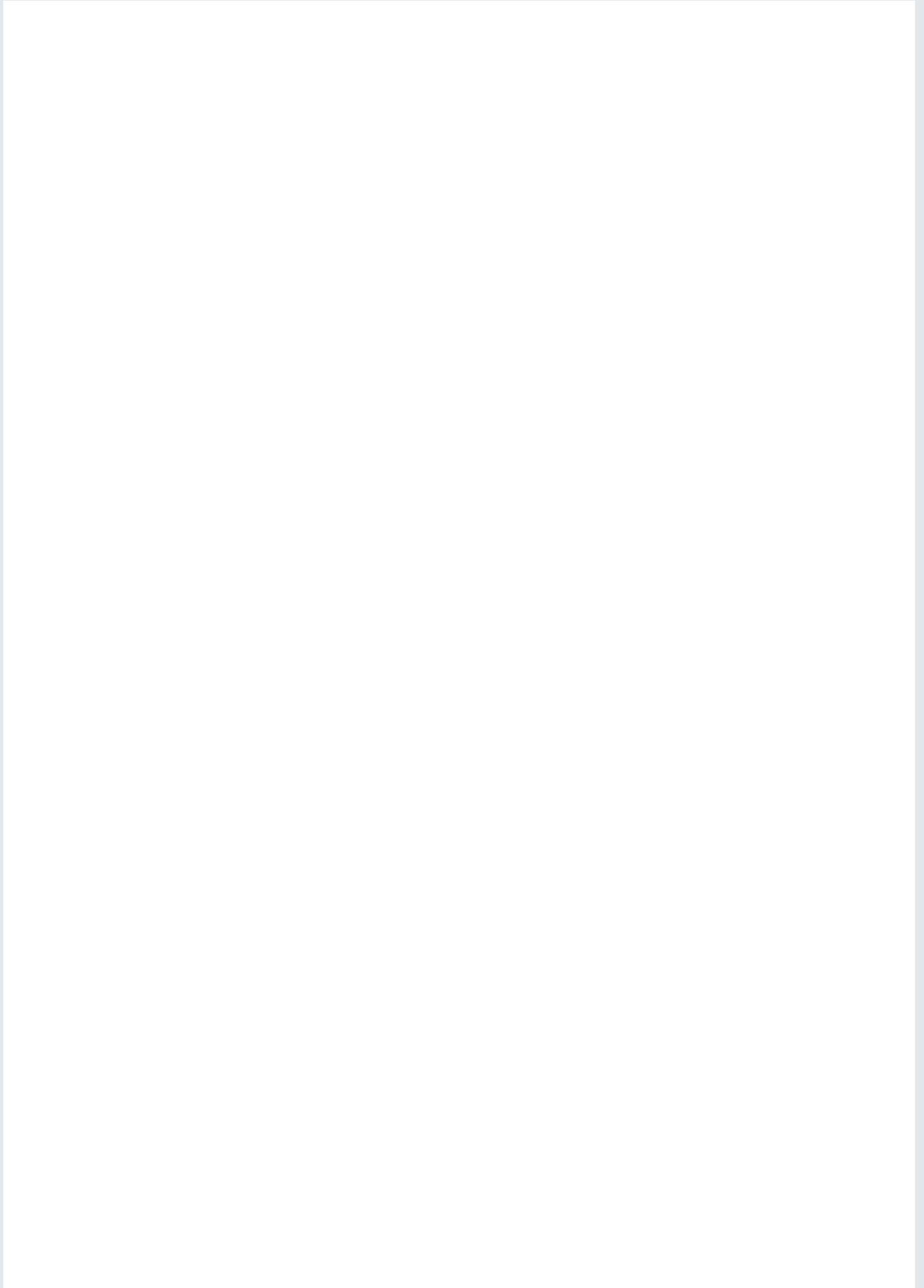
Ministry of Health**Notes to and forming part of the Financial Statements**

for the year ended 30 June 2022

46. Events after the reporting period

No other matters have arisen subsequent to balance date that would require these financial statements to be am

END OF AUDITED FINANCIAL STATEMENTS



NSW Health organisations

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NSW Ministry of Health

1 Reserve Road, St Leonards NSW 2065
 Telephone: (02) 9391 9000
 Email: feedback@health.nsw.gov.au
 Website: www.health.nsw.gov.au
 Business hours: 9am–5pm, Monday to Friday

Secretary Susan Pearce

(Biography on page 9)

Key achievements

- Launched the Future Health Strategic Framework, our roadmap for how we deliver services over the coming decade. It aims to deliver on our vision 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.
- Established the Regional Health Division to provide advice to the Minister for Regional Health and NSW Health Executive about matters concerning health in regional communities.
- Released the NSW Virtual Care Strategy 2021–2026 and supporting guide for patients, carers, families and the community. The strategy builds on the foundational and innovative work of local health districts, specialty health networks, primary health networks and other health partners across NSW.
- Launched the NSW LGBTIQ+ Health Strategy 2022–2027, the first of its kind in NSW, which provides a system-wide approach for NSW Health to understand and address the health and wellbeing needs of our LGBTIQ+ population.
- Released a comprehensive plan to eliminate hepatitis C as a public health concern by 2028 with the NSW Hepatitis C Strategy 2022–2025. The new strategy is centred on prevention, testing, treatment, and addressing stigma and discrimination associated with the disease.
- The public health network has managed and supported 2.6 million positive COVID-19 cases in NSW (1.4 million PCR and 1.1 million RATs), with 25.6 million PCR tests having been conducted.
- Awarded The Beryl Institute's Organizational Innovation Award – international recognition for our efforts to put more humanity back into healthcare with the first statewide strategy, Elevating the Human Experience – Our Guide to Action.
- Personal protective equipment, medical consumables and devices in NSW remained fully stocked throughout the pandemic. The State Health Emergency Operations Centre provided emergency management responses to eight regional NSW local health districts, deploying almost 2,400 staff across the state. In addition, the team supported more than 198 COVID-19 outbreaks in residential aged care facilities and 74 disability group homes and procured more than 1,400 ventilators to support a worst-case pandemic response.
- Since inception, the State Health Emergency Operations Centre implemented 24 Public Health Orders with more than 480 changes made throughout the COVID-19 pandemic.
- Made a breakthrough in the treatment of babies diagnosed with spinal muscular atrophy at birth, in a world-first clinical trial of the gene therapy drug Zolgensma®, which is now listed on the Pharmaceuticals Benefits Scheme. Sydney Children's Hospitals Network, the first accredited treatment centre in Australia, has since treated more than 30 patients with this life-changing therapy.
- Invested \$13.8 million in mass media public education campaigns to reduce smoking rates, increase skin cancer protection behaviours, and increase participation in cancer screening. This investment is estimated to deliver \$74.5 million in future benefits.
- Provided public dental activity (excluding the mobile dental program) to the value of approximately \$249.3 million, with \$9.7 million provided to Aboriginal Community Controlled Health Organisations, the Poche Centre for Indigenous Health and local health districts, to deliver dental care to Aboriginal people as part of the NSW Ministry of Health's Non-Government Organisation Grant.
- New suicide prevention support was rolled out across the state with 20 calming non-clinical hubs called Safe Havens and 20 Suicide Prevention Outreach Teams embedded in communities across NSW. We also upskilled and supported staff to provide the very best mental health care, with 6,700 staff trained in suicide awareness and response skills under the Community Gatekeeper initiative and trained 1,700 NSW Government staff working outside mental health services in suicide prevention.
- Achieved high levels of participation from centre-based early childhood services, with 3,679 (87%) taking part in the Munch & Move initiative that supports the healthy development of children from birth to five years by promoting healthy eating and physical activity.

Statutory health corporations

Agency for Clinical Innovation

1 Reserve Road, St Leonards NSW 2065

Telephone: (02) 9464 4666

Email: aci-info@health.nsw.gov.au

Website: www.aci.health.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Dr Jean-Frédéric Levesque

Dr Jean-Frédéric Levesque joined the Agency for Clinical Innovation as chief executive in June 2017. He brings experience in clinical practice in refugee health and tropical medicine, clinical governance and academic research. Jean-Frédéric is a member of the Strategic Analytic Advisory Committee of the Canadian Institute of Health Information and a fellow of the Royal College of Physicians of Canada in Preventive Medicine and Public Health. He holds a Doctorate in Public Health, a Master's in Community Health and a medical degree from the Université de Montréal, Canada. He is an adjunct professor at the Centre for Primary Health Care and Equity of the University of New South Wales.



Year in review

Looking back on another challenging year, I am proud that the Agency for Clinical Innovation continued to support the pandemic response while progressing innovations that enable clinicians to deliver better care to patients.

The Agency for Clinical Innovation-led communities of practice and networks published important guidance to support the clinical care for people with COVID-19 in a variety of settings. The Critical Intelligence Unit produced ongoing rapid, evidence-based insights that continue to inform decisions on the pandemic response. The unit was a finalist in both the NSW Health Awards and the Premier's Awards this year.

Together, the Agency for Clinical Innovation teams celebrated many successes including our Alcohol and Drug Cognitive Enhancement program winning a 2021 NSW Health Award. We progressed a value-based approach to surgical care in NSW and we worked closely with partners across the health system to embed capability for virtual care across the state.

We worked closely with regional local health districts to connect to the NSW Telestroke service, which now provides patients in these areas with access to life-saving stroke diagnosis and treatment.

I would like to thank the Agency for Clinical Innovation staff, our consumer collaborators, partners and the many clinicians who connected with us this year to progress our vision of creating healthier futures for the people of NSW.

Key achievements

- Published timely guidance for clinicians covering the assessment, management and medical treatment of people with COVID-19 in hospital and community settings, use of antivirals and timing of surgery following infection.
- The Critical Intelligence Unit produced hundreds of briefs, reports, dashboards and rapid evidence checks to inform decision making across the NSW Government during the COVID-19 pandemic.
- Patients completed more than 29,000 surveys in the new Health Outcomes and Patient Experience (HOPE) IT platform to share information with their treating clinicians that informs their ongoing treatment. More than 330 health services participated in the HOPE patient-reported measures program.
- Worked with partners to embed the myVirtualCare video-conferencing platform across NSW. More than 12,400 clinicians are using the platform and more than 220,400 virtual consultations were conducted over the year.
- Recorded and published 17 profiles showcasing how local health districts and specialty health networks are using virtual care in a wide range of settings to meet patient needs.
- Published a model of care and online implementation toolkit on clinical genomics, which outlines best practice for equitable access of patients to genomics services in NSW.
- Developed and published two key resources to support the health of *Aboriginal people*; *Finding Your Way: Shared Decision Making Model* and the *My Rehab, My Journey – Gadjigadji project*. These resources promote shared decision making and help clinicians to create a culturally safe environment for Aboriginal people in hospital.
- Supported 33 project teams from across NSW to undertake a Graduate Certificate in Clinical Redesign, enabling sustainable improvements to health services and patient outcomes.
- Developed key principles for a statewide Enhanced Recovery After Surgery model to apply to colorectal surgery and principles for prehabilitation models of care.
- Completed implementation of the NSW Telestroke service in 23 rural and regional hospitals, linking more than 2,300 stroke patients to specialist stroke physicians in metropolitan hospitals via telehealth.

Bureau of Health Information

1 Reserve Road, St Leonards NSW 2065

Telephone: (02) 9464 4444

Email: BHI-enq@health.nsw.gov.au

Website: www.bhi.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

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 25 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.



Year in review

In 2021–22, the Bureau of Health Information continued to provide the community, healthcare professionals and policy makers with independent healthcare performance information to inform improvement and strengthen accountability for the state's health system.

The Bureau of Health Information shaped its work program to respond to areas of high priority for patients and for the healthcare system. This included analysis and reporting in areas such as Aboriginal patient experience, the impact of the COVID-19 pandemic and the emergence of new virtual models of care.

The annual *Healthcare in Focus* and *Healthcare Quarterly* series included wide-ranging insights into the impact of the pandemic on activity and performance in the NSW healthcare system, particularly regarding emergency departments, elective surgery, admitted patients and ambulance services.

Through the NSW Patient Survey Program, the Bureau of Health Information provided transparency for the community about patients' experiences of emergency, admitted, virtual and outpatient cancer care, while giving healthcare professionals detailed benchmarks and trends to support improvement. In 2021–22, further insights were published into the experiences of Aboriginal people and patients in rural and regional areas.

The Bureau of Health Information continued to drive innovation in analytics, survey design and digital reporting of healthcare performance information.

Key achievements

- Informed improvements to patients' experiences by giving voice to more than 56,500 patients across NSW about their experiences with public hospitals and health services, and used sophisticated analytic methods to deliver insights into health system performance.
- Advanced the digital delivery of healthcare performance information through the new Bureau of Health Information data portal by uploading the first sets of survey results – for emergency department, adult-admitted and outpatient cancer clinic patient experiences – which attracted increasing numbers of users.
- Increased agility and timeliness in the NSW Patient Survey Program by developing more flexible surveys to provide further insights in areas such as virtual and GP care; sending surveys to patients sooner after their hospital stay; and promoting online completion.
- Supported health system managers and clinicians to make greater use of patient survey results in informing improvement, by providing new, tailored summaries to local health districts and piloting awareness and education sessions.
- Informed safety and quality action by providing system managers and clinicians with updated information regarding mortality rates, and risk-standardised 30-day mortality ratios for seven clinical conditions.
- Delivered unique insights into health system performance during the pandemic by publishing *Healthcare in Focus* and four issues of *Healthcare Quarterly*, featuring detailed information about activity and performance of NSW public hospital and ambulance services.
- Reported the results of the first NSW Virtual Care Survey, providing insights into patients' experiences of virtual care outpatient appointments with NSW public hospitals, as this form of consultation continued to expand during the pandemic.
- Applied advanced methods to analyse and report on the experiences of Aboriginal patients, including differences in metropolitan and rural hospitals, and the benefits of Aboriginal health workers. In collaboration with the Centre for Aboriginal Health, we sought feedback from thousands more Aboriginal patients to support further reporting in the future.
- Informed accountability by providing patient experience and engagement key performance indicators for local health districts in line with their 2021–22 service agreements with NSW Health.
- Demonstrated commitment to excellent governance and management by securing a fourth consecutive external audit with no management letter from Audit Office NSW, and again maintaining the highest Employee Engagement Index score of all NSW Health organisations in 2021.

Cancer Institute NSW

1 Reserve Road, St Leonards NSW 2065

Telephone: (02) 8374 5600

Email: information@cancer.nsw.gov.au

Website: cancer.nsw.gov.au

Business hours: 9am–5pm, Monday to Friday

Acting Chief Executive Sarah McGill September 2021 to June 2022



Sarah McGill has held the position of director for Cancer Screening and Prevention since 2012 and served as acting chief executive for the majority of 2021–22.

A registered nurse, Sarah holds a Master of Public Policy and Post Graduate Diploma in Business Management. She is a fellow of the Australian College of Health Service Management and is recognised as a Certified Health Executive. She is also a graduate of the Australian Institute of Company Directors. Prior to joining the institute, Sarah worked in the New Zealand public health system in a number of strategic and operational roles. Sarah has been responsible for providing leadership, management and accountability for a wide range of clinical services, enterprise-wide clinical governance and patient safety, quality, risk and corporate services. She has significant experience in service leadership, change management and service redesign.

Professor David Currow FAHMS July to September 2021

Professor David Currow FAHMS was the chief cancer officer of NSW and chief executive officer of the Cancer Institute NSW from March 2010 to September 2021. Prior to his tenure at the institute, David was the foundation chief executive officer of Cancer Australia. David is a fellow of the Australian Academy of Health and Medical Sciences, the previous president of the Clinical Oncological Society of Australia and past president of Palliative Care Australia.

Year in review

Despite excellent survival rates, cancer continues to be a public health issue and cause of premature death impacting thousands of people.

The Cancer Institute NSW provides the strategic direction for cancer control across the state, driven by the goals of the NSW Cancer Plan 2022–2027. The goals are to:

- reduce inequity in cancer outcomes
- reduce the incidence of cancer
- increase cancer survival
- enhance the quality of life and experience for people at risk of and affected by cancer.

The institute collaborates with the health system, non-government organisations, community and researchers to develop and implement person-centred cancer control initiatives aligned with the plan.

There is a focus on improving outcomes for groups disproportionately affected by cancer, including Aboriginal people and multicultural communities.

One in three cancers is caused by lifestyle behaviours. The institute promotes healthy behaviours through preventive health strategies, including public campaigns to promote national cancer screening programs and smoking cessation initiatives, such as the NSW Quitline and icanquit.com.au.

The institute continued to support cancer services to gain efficiencies in the delivery of care during the COVID-19 pandemic, optimising resources without compromising outcomes. Through the institute's channels, the public was encouraged to continue to access health services and see their doctor about symptoms.

Key achievements

- Set the vision for how cancer control partners and stakeholders will work together to reduce cancer incidence and ensure high-quality, compassionate care in NSW through the NSW Cancer Plan 2022.
- Promoted early detection of breast, bowel and cervical cancers through the delivery of comprehensive screening programs with focused approaches for Aboriginal and multicultural communities.
- Continued action to reduce smoking rates by supporting health professionals to offer brief smoking cessation interventions to pregnant women during routine antenatal care, people being treated for cancer and those seeing their GP.
- Prevented cancers by promoting healthy lifestyle behaviours and championing the importance of shade in the community, including the provision of information on the benefits of built and natural shade to local councils for community strategic planning.

- Worked towards closing the gap in cancer outcomes for Aboriginal people by providing community grants for local initiatives and partnering with key stakeholders, such as the Aboriginal Health and Medical Research Council of NSW, to deliver programs and resources for the Aboriginal health workforce and people affected by cancer.
- Improved person-centred cancer care by expanding the statewide model for collecting electronic patient feedback on health-related experiences and outcomes in nine community languages. Surveys generated real-time, actionable insights to support clinical consultations.
- Invested \$13.8 million in mass media public education campaigns to reduce smoking rates, increase skin-cancer-protection behaviours and increase participation in cancer screening. This investment is estimated to deliver \$74.5 million in future benefits.
- Monitored the impact of the COVID-19 pandemic on cancer rates, screening and treatment delivery, and supported cancer services to understand the impacts and continue to deliver safe, high-quality cancer care.
- Increased cancer literacy in multicultural communities through the production and dissemination of print, web and audio-visual resources in 35 languages, which were developed in consultation with health professionals and community members.
- Invested \$23 million in cancer research, including early phase clinical trials and major translational research programs, which aim to support rapid uptake of innovative therapies into clinical practice.

Clinical Excellence Commission

1 Reserve Road, St Leonards NSW 2065
 Locked Bag 2030
 Telephone: (02) 9269 5500
 Email: cec-spc@health.nsw.gov.au
 Website: www.cec.health.nsw.gov.au
 Business hours: 8:30am–5pm, Monday to Friday

Acting Chief Executive Dr James Mackie MB BS FRACP 13 December 2021 to 30 June 2022



Jim Mackie is passionate about patient safety and quality improvement and strongly advocates for robust data and reliable systems to enhance the patient experience. His substantive role as medical director patient safety includes leading the data and analytics team. Jim works closely with eHealth on all aspects of patient safety in the electronic domain.

Jim joined the Clinical Excellence Commission in late 2018. He is a renal physician who has worked over many years in several local health districts as a clinician and manager. Outside of his interest in patient safety, he has a long interest in kidney transplantation and service development especially in the provision of dialysis services. He has served as the medical executive director for South Eastern Sydney Local Health District.

Chief Executive Carrie Marr 1 July 2021 to 12 December 2021

Carrie Marr began her professional health career as a nurse in Scotland. She has held several executive roles within the National Health Service, Scotland, including director, Tayside Centre for Organisational Effectiveness and associate director, change and innovation. Prior to taking up her role at the Clinical Excellence Commission in 2015, Carrie worked at Western Sydney Local Health District.

Carrie is a graduate of the advanced training program in Quality Improvement at Intermountain Health Care, Utah, USA and holds a Bachelor of Science (Nursing), a Diploma in Education (Nurse Teaching) and a Master of Science (Organisation Consulting).

Year in review

In another year marked by significant disruption and challenges, I have been immensely proud of the Clinical Excellence Commission teams whose work is designed to support our invaluable healthcare colleagues coping with the rolling impacts of the pandemic and multiple natural disasters. These unprecedented events are affecting the demand for and delivery of healthcare.

With our focus firmly on improving safe and high-quality care, the Clinical Excellence Commission has developed critical safety and quality programs, tools and resources in priority areas such as infection control, maternity and medication safety as part of our ongoing work to support a more resilient health system. I am forever grateful to the Clinical Excellence Commission staff who have ensured our core work has continued and grown during this time.

In December 2021 we farewelled Chief Executive Carrie Marr and Board Chair Associate Professor Brian McCaughan AM after many collective years of service. It has been my incredible privilege to take on the role of acting chief executive and welcoming new board chair Professor Andrew Wilson.

Caring for staff is vital as the effects of fatigue on the system are felt. Our commitment to continuing to support the pandemic response across NSW with a focus on staff safety and wellbeing were perhaps our most crucial achievement this year.

Key achievements

- Continued to provide input into the COVID-19 pandemic response across 24 quarantine hotels, airport and patient transport services. Expert infection prevention and control professionals provided electronic auditing, expert guidance, and program development. The Clinical Excellence Commission conducted 925 audits, made 543 recommendations (all actioned) and held 144 education sessions.
- Risk-assessed 928 notifications for issues with medical devices, medicines and biological agents. Of these, 53 required system-wide critical responses and 32 required urgent safety alert broadcasts. Three critical device issues and four urgent medication issues required rapid activations of an inter-agency management team, with weekly management meetings.
- Continued to lead and enhance the statewide respiratory protection program with participation by more than 100,000 health workers.
- Developed comprehensive training and eLearning modules for staff involved in serious adverse event reviews to support new NSW Health investigating and reporting requirements. We also held 31 Fundamentals, Methodologies and Team Leader workshops with local

health districts and specialty health networks, with more than 550 participants.

- Developed a collaborative access model to ensure medicines for reducing hospitalisations and death among at-risk COVID-19 patients were widely accessible. The model allowed community clinicians to prescribe for dispensation at NSW Health pharmacies, in a departure from standard practice. More than 5,000 patients accessed treatment.
- Supported the governance framework and initial list of approved medicines for the NSW Medicines Formulary. The formulary is part of a NSW Health initiative for governing the procurement and usage of pharmaceuticals to support optimal clinical governance and better value healthcare, leading to improved patient outcomes.
- Collaborated with the ims+ team and vendor on an automated process for receiving daily data, sorting it and presenting it to users in meaningful ways. The data are triangulated with patient administrative data and integrated into Quality Improvement Data Systems (QIDS), a platform that can integrate user data for further insights.
- Implemented the Safety and Quality Essentials Pathway across all NSW Health entities to help reduce harm through tailored workforce capability development. The Clinical Excellence Commission Academy partnered with 19 NSW Health entities for sustainable local implementation of the pathway.
- Established the data extract QIDS MatIQ. It already contains data on 140,000 births, is refreshed weekly and currently reflects 75% of NSW's public births using local health district maternity data. More than 5,000 trend and multilocation reports are generated each month, supporting NSW's clinicians and maternity services and improving patient safety.
- As the health system lead for infection prevention and control, we provided critical pandemic guidance, resources and education. We supported infection prevention and control practitioners with a novel leadership framework and a comprehensive Infection Prevention and Control Manual. We also supported the system and community with infection prevention and control advice for the monkeypox virus.
- Launched a podcast series with senior clinicians sharing their leadership journey in safety and quality. Each conversation is an engaging narrative on the significance of psychological safety to facilitate open discussions that enable the diversity of perspectives within a team.

Health Education and Training Institute

1 Reserve Road, St Leonards NSW 2065

Locked Bag 2030

Telephone: (02) 9844 6577

Email: heti-info@health.nsw.gov.au

Website: www.heti.nsw.gov.au and www.heti.edu.au

Business hours: 8:30am–5pm, Monday to Friday

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 innovative and contemporary education and training for improved health outcomes and support the diverse NSW Health workforce.

Annette holds a Master of Nursing (Research), Bachelor of Health Science, Diploma in Health Science (Nursing) and is an adjunct professor at the University of Sydney and the University of Technology Sydney, honorary professional fellow at the University of Wollongong and a member of the International Practice Development Journal Editorial Board.

Year in review

The Health Education and Training Institute continued to face the challenges of supporting system training requirements through the demands of the COVID–19 pandemic response. The institute continued to deliver training virtually where possible. The institute responded to the training needs of the Public Health Response Branch by delivering a bespoke version of the People Management Skill Program in November 2021 and delivering three e-learning modules specifically tailored to their needs.

The institute also delivered a rapid response to the workforce training needs for the care assistant rollout. The Health Education and Training Institute rapidly designed and delivered a virtual three-and-a-half-day training program to 299 participants.

In addition to the COVID-19 response, the institute continued a high level of activity in the development of training resources available through the My Health Learning platform, The Health Education and Training Institute Higher Education and the NSW Health Registered Training Organisation, while maintaining its delegated role in medical intern accreditation and placement.

The Health Education and Training Institute Higher Education continued the development of short courses that can be combined to gain credit towards a recognised qualification or completed for professional development. This feature has provided more flexible options for staff to improve their skills in mental health knowledge and delivery of care.

Key achievements

- Delivered the rapid rollout of care assistant training for COVID-19 workforce response, providing a training program to 299 participants in 21 cohorts.
- Released 258 new or refreshed online learning modules onto the statewide My Health Learning platform for access by staff anytime and anywhere.
- Delivered an ongoing program of virtual accreditation surveys for facilities to host medical interns and accreditation for Rural Junior Doctor Training Innovation Fund terms.
- Reviewed, redesigned and relaunched the Financial Management Essentials Series as a contemporary, fit-for-purpose finance education product for staff and launched the second cohort of the NSW Health Finance Executive Development Program.
- Delivered the Next Generation of Leaders and Managers in NSW Health program with two cohorts completing and three in progress.
- Adapted the established NSW Health People Management Skills program to a bespoke four-module program for the Public Health Response Branch during a peak in the pandemic.
- Developed core e-learning modules in My Health Learning for the Public Health Response Branch.
- Facilitated the clinical placement of 32,575 students with 10.7 million clinical placement hours hosted by NSW Health.
- Delivered Mental Health Pathways in Practice in collaboration with the Nursing and Midwifery Office to improve mental healthcare-related capabilities in nursing and allied health staff.
- Delivered Phase 1 of the Toward Zero Suicide training plan to support the Premier's Priority of reducing suicide rates.

Specialty health networks

Justice Health and Forensic Mental Health Network

1300 Anzac Parade, Malabar NSW 2036

Telephone: (02) 9700 3000

Email: JHFMHN-Admin@health.nsw.gov.au

Website: www.justicehealth.nsw.gov.au

Business hours: 8am–5pm, Monday to Friday

Acting Chief Executive Wendy Hoey



Wendy Hoey is an experienced health leader and registered nurse, has a Graduate Certificate in Health Management and is currently studying a Master of Business Administration and Public Health at Torrens University. Wendy has more than 20 years experience in senior health management roles within the public sector. Prior appointments include executive director for Central Queensland Hospital and Health Service and nursing director for the Central Queensland Mental Health Service.

Wendy joined Justice Health and Forensic Mental Health Network as executive director of clinical operations in 2019 and is currently acting chief executive.

Year in review

Justice Health and Forensic Mental Health Network provides access to healthcare for people who come into contact with, or are at risk of coming into contact with, the criminal justice system. This includes in secure inpatient, custodial, court and community settings.

Healthcare to some of NSW's most vulnerable people needs strong collaboration with cross-government agencies and the Aboriginal Community Controlled sector, and this year we strengthened our partnerships to Close the Gap.

Together for Healthier Tomorrows is our 10-year strategic plan being prepared to shape our direction and purpose into the future. Through consultation, we heard the voices of our people and partners who recognise the need for transformation.

The plan will provide the catalyst for change to create a unifying vision that collectively focuses on a common ambition to deliver healthier tomorrows for the people in our care.

Thank you to our staff who delivered an exceptional response to COVID-19, with staff and patient safety paramount in the delivery of a coordinated approach across all our settings. It has been a mammoth task, but it has demonstrated the ability of people to collaborate, adapt and deliver – skills that will be fundamental to transforming our future.

Key achievements

- Provided 4.5 million treatment events in NSW correctional settings in the 2021–22 financial year.
- Administered more than 54,000 COVID-19 vaccinations since March 2021 and 3,888 flu vaccinations as part of the vaccination program, ensuring our patients have access to vaccination in line with community standards.
- Implemented myVirtualCare, a clinical waiting room and video-consultation platform across every prison and multiple services to further increase virtual care encounters by 7.4%.
- Developed strong relationships with the broader continuum of justice including Youth Justice NSW, courts, diversion programs, the State Coroner and Corrective Services NSW to deliver best practice healthcare to the people in our care.
- Increased initiatives to transform outcomes for Aboriginal people and communities through partnerships with Aboriginal Community Controlled health services to support in-reach and care, and by supporting diversion away from custody where appropriate. The statewide Court and Community Liaison Service assesses adults with mental illness appearing before the court. The courts diverted 1,911 individuals recommended by the service for diversion in 2021–22. Of those diverted, 445 (23%) identified as Aboriginal.
- Achieved an 86% reduction in seclusion rates in the Forensic Hospital by less restrictive, more recovery-orientated care, without compromising patient and staff safety. We are using this success in our broader pathway to reduce restrictive practices.
- Received \$1.18 million in funding over three years for the Community Transitions Team, to support a test service to reintegrate back into the community and reduce the re-incarceration rate.
- Achieved a 42% decrease in patient waiting time and satisfaction scores of 96% in teledentistry, an adjunct to on-site oral health treatment. This helps provide timely assessments that enhance the triage process, ensuring an appropriate wait list of access to care that also supports an upstream approach.

- Delivered multiple co-designed patient information systems, such as:
 - Moodbox, to collect patient experience feedback
 - a digital resource hub (for Forensic Hospital families and carers)
 - a health and fitness portal for offender tablets
 - the development of health information resources to promote health literacy among our patients.
- Secured \$1.5 million for up to three years to commence a problem behaviours clinic, strengthening our mental health services, improving care provided to this patient cohort, their families, carers and those affected in the community.

The Sydney Children's Hospitals Network

Hawkesbury Road, Westmead NSW 2145

Telephone: (02) 9845 0000

Website: www.schn.health.nsw.gov.au

Business hours: 8am–5pm, Monday to Friday

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. Most recently Cathryn led NSW Health Infrastructure as its interim chief executive, and since August 2020 has been the chief executive of The Sydney Children's Hospitals Network. Her early role as a physiotherapist at Royal Prince Alfred Hospital paved the way for a long-term career in health and she remains committed to a health system that is 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 passionate about 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. Cathryn received a Public Service Medal in the 2018 Australia Day Honours awards, is a member of a number of boards and is an adjunct associate professor of the University of Sydney.

Year in review

The Sydney Children's Hospitals Network, incorporating Sydney Children's Hospital, Randwick, The Children's Hospital at Westmead, the Newborn and paediatric Emergency Transport Service (NETS), Bear Cottage and the Children's Court Clinic, is the largest provider of paediatric health services in Australia.

In 2021–22, the Sydney Children's Hospitals Network cared for 158,200 children with 49,951 hospital admissions to The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick (excluding virtualKIDS); 91,324 emergency department presentations; and 1,108,322 occasions of service for non-admitted patients.

We adapted our models of care in response to the pandemic, including support for COVID-19 positive families in the community through our home-in-the-hospital model and virtualKIDS service.

More than 16,000 positive patients were cared for by virtualKIDS during 2021–22, with more than 2,500 cared for in one day on 20 September 2021.

Staff wellbeing continued to be a focus, with several initiatives introduced to support our people through the pandemic and beyond.

Our researchers continued to lead life-changing research, including a breakthrough in the treatment of babies diagnosed with spinal muscular atrophy and the discovery of a biochemical marker that could help detect babies more at risk of sudden infant death syndrome (SIDS), opening up the possibility for life-saving intervention.

Key achievements

- Provided statewide leadership, advice and support in the clinical and psycho-social management of children and families with COVID-19. This included stewardship of meetings with paediatric partners in NSW, SA, VIC, QLD and NZ as well as the establishment of innovative models of care such as a home in the hospital model and a 'flying squad' of experts who visited and supported COVID-19 positive families in the community.
- Progressed Stage 1 of development of the viral vector manufacturing facility at Westmead Health and Innovation Precinct, the first of its kind in Australia. The facility will provide faster access to the next generation of medical treatments that will save and improve lives.

- Led a breakthrough in the treatment of babies diagnosed with spinal muscular atrophy at birth, in a world-first clinical trial of a gene therapy drug. Zolgensma® is now listed on the Pharmaceuticals Benefits Scheme. The Sydney Children's Hospitals Network is the first accredited treatment centre in Australia and has treated more than 30 patients with this life-changing therapy.
- Stage 2 redevelopment of The Children's Hospital at Westmead and detailed design for the redevelopments at Randwick and Westmead completed.
- Delivered clinician-led innovation forums to promote and support innovation currently underway across the network, and provide mechanisms for cross pollination and leveraging of this work.
- Sydney Child Health Program is accepted as a Graduate Diploma in Child Health by Western Sydney University.
- Worked collaboratively with the Department of Education, the Department of Communities and Justice, NSW Police and Western Sydney Local Health District to develop the Kids Early Years Network (KEYS) project in Western Sydney. It is the first network of its kind in NSW, connecting families with children under five to essential services centred on the child's and family's needs.
- Recognised for leadership and innovation in research and patient care, including winning the Transforming Patient Experience Award in the NSW Health Awards for The Quiet Pathway initiative, and Dr Cathryn Crowle being awarded Allied Health Researcher of the Year in the NSW Excellence in Allied Health Awards.
- Developed a multi-site project to investigate paediatric patient observation/vital signs and physical assessments undertaken by registered nurses within the Sydney Children's Hospitals Network. The project is being extended to three NSW local health districts in collaboration with the Agency for Clinical Innovation's Paediatric Network clinical nurse consultants and the NSW Children's Healthcare Networks.
- Established the Network's Leadership Development Reference Group and framework to support consistent capability development and ensure our people have the skills and confidence to meet the challenges of the future – one of a range of initiatives to support and develop our workforce.

St Vincent's Health Network

390 Victoria Street, Darlinghurst NSW 2010

Telephone: (02) 8382 1111

Email: svhn.ceo@svha.org.au

Website: svhs.org.au

Business hours: 9am–5pm, Monday to Friday

Chief Executive A/Professor Anthony M. Schembri AM



Anthony M. Schembri AM joined St Vincent's Health Network Sydney as chief executive officer in 2014. He is a board director of

the Central and Eastern Sydney Primary Health Network, the Garvan Institute for Medical Research, the Victor Chang Cardiac Research Institute, the St Vincent's Curran Foundation, the National Centre for Clinical Research of Emerging Drugs, Co-Chair of the Nursing Research Institute of the Australian Catholic University/St Vincent's and Councillor for Sydney Partnership for Health Education Research Enterprise. Anthony holds academic appointments with the University of New South Wales, University of Notre Dame Australia and the Australian Catholic University.

Year in review

It has been another milestone year for St Vincent's. From a \$25 million capital works grant provided by the state, two priority clinical redesign projects were commenced to deliver additional intensive care unit beds, addressing ongoing and very high occupancy, as well as additional consultation and treatment spaces in the Heart Lung Transplant Clinic to support the growing demand.

While expansion occurs on campus, we continue to extend care beyond our hospital walls. We are doing this via home-based care services supported by virtual technology and remote patient monitoring. We are also further growing our community-based care services for vulnerable populations who traditionally have the poorest access to healthcare and often experience the most complex needs.

In May 2022 we achieved St Vincent's Network Sydney-wide accreditation (St Vincent's Hospital, St Joseph's Hospital, Sacred Heart Health Service and The Kinghorn Cancer Centre) with all standards and actions being met.

We continue to play a leading role in the state pandemic response. As our services adapt in response to the evolution of the disease, St Vincent's is looking ahead to the treatment and management of the long-term effects of COVID-19, both in clinical services and extensive research into the disease.

Key achievements

- Launched a dedicated post-acute multidisciplinary long COVID clinic, to manage patients with ongoing symptoms. The clinic is a hybrid model of both virtual and face to face and includes physical rehabilitation and mental health support.
- Commenced the St Vincent's Special Needs Dentistry Service for vulnerable persons. The clinic sees people who may have substance dependencies, experiencing homelessness, living with mental ill health, as well as those who have been incarcerated or are facing incarceration.
- Launched the GP Cancer Support Line – GPCanShare – a centralised GP cancer and cancer-related palliative care support line based at The Kinghorn Cancer Centre. The Central and Eastern Sydney Primary Health Network-funded GPCanShare service involves collaboration between Sydney Local Health District, South Eastern Sydney Local Health District, St Vincent's Local Health Network and general practices in the region.
- Launched the St Vincent's Diabetes in Youth Service – a clinic aimed specifically at people aged 16 to 25 years with Type 1 or Type 2 diabetes. The new service boasts a multidisciplinary team, enabling all their needs to be met in one setting and providing an opportunity to connect with their full-service diabetes team.
- Commenced a homeless Health Mobile Health Clinic, a mobile van equipped to provide robust chronic disease care in the community as well as specialist health care, including drug and alcohol treatment, mental health care and comprehensive physical health care. The St Vincent's mobile health clinic is equipped with telehealth facilities, enabling specialist care appointments with clinicians without the need to leave the community and come to hospital.
- Identified the nerve toxin causing brain fog and cognitive impairment following long COVID. This discovery signals the opportunity for trialling potential treatments, including those already used for other conditions, such as cancer or epilepsy.
- Pioneered the virtual biopsy in collaboration with Victor Chang Research Institute, to identify the likelihood of organ rejection post transplant. The new technique replaces invasive procedures for our patients.
- Developed the Radiofrequency Ablation Elimination of Anal Dysplasia (READY) protocol. A new treatment method for anal pre-cancers, currently in clinical trial. This approach promises to be highly effective, with minimal side-effects and is the first study of this kind in Australia.
- Implemented St Vincent's@Home Palliative Care Service to improve access and experience for people requiring palliative care.
- Commenced the co-design of trans and gender diverse healthcare training and set of principles for working with trans and gender diverse patients. This has already been successfully implemented within several key departments.

Health Administration Corporation

NSW Ambulance

Balmain Road, Rozelle NSW 2039

Telephone: (02) 9320 7777

Email: ambulance-communications@health.nsw.gov.au

Website: www.ambulance.nsw.gov.au

Business hours: 9am–5pm, Monday to Friday

Chief Executive Dr Dominic Morgan ASM

Adjunct Associate Professor Dominic Morgan 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 with NSW Ambulance, 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 of The Australasian Council of Ambulance Authorities, the peak body representing the ambulance sector in Australia and New Zealand and he has chaired a number of international sub-committees. He is also a member of the Ambulance Service Advisory Board.

Dominic has a number of professional affiliations including adjunct associate professorship with the University of Technology, Sydney, as well as being a registered paramedic.

Dominic holds a Diploma in Education, Bachelor of Health Science and a Master of Business Administration. He completed his PhD in 2018, undertaking a study into the factors that influence early access to defibrillation following out-of-hospital cardiac arrest.

Year in review

It was one of the most challenging years NSW Ambulance has ever faced. The organisation responded to the highest number of Triple Zero (000) calls in its 127-year history due to the ongoing COVID-19 pandemic and the busiest New Year's day ever recorded. Severe weather events involving flooding and landslides in early 2022 further pressed NSW Ambulance to new heights.

Throughout the year NSW Ambulance has risen to new levels of collaboration and achievements. Significant recruitment of additional paramedics enabled a surge workforce to combat the unprecedented demand. A new fleet of five fixed-wing aircraft was introduced in January 2022, with enhanced technology and equipment to enable flight nurses to better deliver care. Enhancements to infrastructure continued with construction commencing at several new ambulance sites in metropolitan and regional areas.

As an integral part of NSW Ambulance's demand management plans, a Virtual Clinical Care Centre was rapidly implemented. The Virtual Clinical Care Centre provides expert clinical care and advice to patients who call Triple Zero (000) and are identified as cases suitable for management in the community or referral to non-emergency care locations that will better meet their healthcare needs.

Key achievements

- Fast-tracked delivery of the final enhancements of the Statewide Workforce Enhancement Program during the fourth year of the program. The program enhanced the operational workforce by 750 paramedics and control centre staff, and surged the workforce through the recruitment of an additional 268 paramedics to respond to the pandemic.
- As part of the four-year initiative to convert 246 paramedic positions to intensive care paramedic positions, 73 paramedics commenced training for the higher clinical positions, to facilitate direct recruitment to regional intensive care paramedic positions.
- Commenced work to establish a new, fit-for-purpose NSW Ambulance State Operations Centre at Sydney Olympic Park, which will co-locate the Triple Zero (000) control centre with the aeromedical control centre. Planning and design for the fit-out has commenced.
- Enhanced infrastructure through the opening of Iluka Station under the stage 1 Rural Ambulance Infrastructure Reconfiguration program. Construction also commenced for the new Central Sydney Ambulance Station through the Sydney Ambulance Metropolitan Infrastructure Strategy program. Refurbishments were completed at 67 ambulance stations throughout metropolitan and regional areas.

- Delivered services and operations within budget, despite the innovations and challenges brought about by the pandemic.
- The NSW Ambulance control centre responded to unprecedented levels of activity throughout 2021–22. During the surge of COVID-19 cases through the Omicron wave in January 2022, NSW Ambulance received 116,421 calls for the month, the highest number ever recorded.
- Continued our strong focus on the health and wellbeing of our staff including:
 - the launch of the Wellbeing Platform app, to offer a personal health and wellbeing experience by delivering staff health programs, tailored resources, fitness challenges, healthy habit trackers and mindfulness activities
 - inducting more than 1,600 employees into the Medic Fit program, which provides exercise equipment at worksites and offers support from the health and fitness team consisting of health coaches and injury prevention specialists
 - hosted the 100th Wellbeing Workshop, which is a development program designed to support the mental and physical health of staff.
- Delivered an additional 69 intensive care ambulances with 50 going to rural and regional areas identified through a service planning process.
- Following funding allocation for 532 mechanical cardiopulmonary resuscitation units, 492 have been deployed. These will ensure that at least one mechanical cardiopulmonary resuscitation unit is available to every ambulance station across NSW.
- Supported Far West Local Health District in Wilcannia with COVID-19 testing and treatment. Assisted with the establishment of community support accommodation to further assist close contacts of people with COVID-19 to isolate safely if they could not do so at home.

Health Infrastructure

1 Reserve Road, St Leonards NSW 2065

Telephone: (02) 9978 5402

Email: hi-info@health.nsw.gov.au

Website: www.hinfra.health.nsw.gov.au

Business hours: 9am–5pm, Monday to Friday

Chief Executive Rebecca Wark



Rebecca Wark is an experienced leader of major infrastructure projects and has been with Health Infrastructure in various roles since 2008, overseeing the development of some of the state's largest hospitals and public health services.

Today, she is proudly leading the delivery of the largest health capital works portfolio in Australia.

Prior to Health Infrastructure, Rebecca worked on major projects across the public and private sectors including in health, education, justice and environmental management. Her first public sector role was planning and delivering venues for the Sydney 2000 Olympics. She has completed studies in landscape architecture and project management and acts as a mentor to young professionals in business and construction. She is also a non-executive director of Royal Far West.

Year in review

Health Infrastructure continued to progress the \$11.9 billion health infrastructure capital investment program, delivering critical new and upgraded facilities and services across NSW. Twelve projects were completed in 2021–22 including the final stage of the \$241.3 million Dubbo hospital redevelopment, \$35 million Dubbo Western Cancer Centre, \$470 million Maitland Hospital and key facilities at Blacktown and Royal Prince Alfred hospitals under the Statewide Mental Health Infrastructure Program.

To safely and sustainably deliver the program, Health Infrastructure collaborated with construction and university partners to complete Project 5 – A Weekend for Every Worker two-year study and pilot, outlining a way towards a healthier, safer and more sustainable construction sector. Health Infrastructure also launched a Safety, Health and Wellbeing Strategy and an online platform, project toolkit, to facilitate strategic, efficient and consistent delivery of the capital program and embed NSW Health's facility planning process.

In addition to capital delivery, Health Infrastructure supported NSW Health to embed the statewide asset management framework with significant progress made towards strengthening assets accountability, performance, efficiencies and capability across the health system. Health Infrastructure also collaborated extensively across NSW Health and government on formative strategies and frameworks – including the draft NSW Health Precinct Strategy, Industry Prospectus and Commercial Framework. These will guide a more efficient and effective approach to health precinct development and commercial partnerships across NSW Health for improved health, economic and social outcomes.

Key achievements

- Spent \$1.39 billion on the planning and delivery of health facilities, including completion and handover of 12 projects to local health districts.
- Completed 14 business cases for projects with a combined total value of \$3.3 billion.
- Awarded \$1.22 billion of construction contracts across 20 projects/programs across NSW.
- Embedded the statewide Asset Management Framework to strengthen accountability, performance, efficiencies and capability across the NSW Health system.
- Launched a new online platform, project toolkit, to facilitate strategic, efficient and consistent delivery of Health Infrastructure's capital program and embed NSW Health's facility planning process.
- Led the development of the draft NSW Health Precincts Strategy, which sets the outcomes and actions Spent for Health's places and precincts over the next five years to unlock innovation and partnership opportunities.
- Developed NSW Health's Industry Prospectus highlighting NSW Health's key strengths, capabilities and current opportunities to drive industry partnership and investment.
- Led the development of NSW Health's Commercial Framework which will guide more effective, efficient and consistent delivery of commercial partnerships and transactions.
- Progressed the establishment of Australia's first commercial-scale viral vector manufacturing facility, seeking industry expertise and capital investment.
- Completed Project 5 – A weekend for every worker, a two-year study and pilot with construction and university partners to work towards a healthier, safer and more sustainable construction sector.

HealthShare NSW

1 Reserve Road, St Leonards NSW 2065

Telephone: (02) 8644 2000

Email: HSNSW-CEOffice@health.nsw.gov.au

Website: www.healthshare.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

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. In her previous role of executive director, Clinical Support Services, Carmen was responsible for the delivery of hospital support services, including food, linen, cleaning, portering and security.

She also led the design and implementation of the My Food Choice program, which transformed patient meal services and resulted in improved experiences for patients, staff and clinicians.

Prior to joining HealthShare NSW, Carmen worked with South Eastern Sydney Area Health Service where she gained frontline service delivery experience across seven hospitals. Since being appointed to the HealthShare NSW chief executive role, Carmen has focused on the organisation's culture, greater system collaboration, embedding sustainable practices, and enhancing the patient experience through collaborative system-wide reforms.

Year in review

Over the last 12 months, HealthShare NSW has continued to care for patients, support the NSW Health system and operationalise important system reforms. At the same time we have been collaborating with our NSWHealth partners, patients and community to deliver patient-centric services and assist in our state's COVID-19 and flood responses.

We released our first Sustainability Plan 2021–2024 and Diversity, Inclusion and Belonging Strategy 2021–2024 to strengthen our culture of respect for one another and the world around us. We exceeded all of NSW Government's diversity targets in 2021–22 but are committed to doing more. Likewise, while our sustainability initiatives are growing, our footprint as a statewide service provider gives us scope to work closely with our local health district partners to deliver statewide solutions.

Our patient transport service and food service teams supported NSW communities during the devastating floods, particularly in Northern NSW. This included temporary expansion of our services into new regions to safely transport NSW Health staff and COVID-19 patients.

Thanks to a huge effort spearheaded by our procurement team, more than 150 million RAT kits were ordered, ensuring essential government services could remain open, students could return to school, and at-risk and disadvantaged members of our community were supported.

Key achievements

- Implemented Project CHEF at Bowral Hospital, validating significant benefits for food services reform principles.
- Developed and implemented a web-based platform called myPTS, which allows community and dialysis patients to view and monitor the status of their bookings, including live tracking of vehicles and estimated pick-up times. For community-based transfers, myPTS sends patients a text message confirming their transport. Regular dialysis patients can access myPTS at any time using a secure login.
- Achieved \$65.2 million of procurement savings (97% target) in the 2021–22 financial year.
- Delivered Phase 2 of the DeliverEASE program (management of medical consumables from dock to ward) at four South Eastern Sydney Local Health District hospitals (Prince of Wales, Sutherland, Sydney/Sydney Eye and Royal Hospital for Women). This program optimises stock control and inventory management principles for medical consumables at hospital wards by understanding what is in stock, when to replenish it, how much to order and how often.
- Achieved and exceeded diversity targets, including employees of Aboriginal background (3.5%); employees with a disability (6.7%); employees whose first language spoken as a child was not English (30.3%); women employees (65.8%); and women in senior leadership roles – Tier 1, 2 or 3 (58.6%).
- Sourced and supplied 36.5 million vaccine consumables to support the establishment of the vaccination hubs.
- Established the Health Prototyping Centre, a jointly created and funded venture between HealthShare NSW, eHealth NSW, NSW Health Pathology and Health Infrastructure. The centre provides spaces that mimic clinical, community and laboratory settings and services, as well as workshop facilities. Staff can explore products, systems and experiences to improve services in a low-cost, safe-to-fail environment. Prototyping teams will be able to use the centre to discover early on what ideas should be further developed and potentially introduced into our services.

NSW Health Pathology

Level 5, 45 Watt Street, Newcastle NSW 2300
 Telephone: (02) 4920 4000
 Email: NSWPATH-info@health.nsw.gov.au
 Website: www.pathology.health.nsw.gov.au
 Business hours: 9am–5pm, Monday to Friday

Chief Executive Tracey McCosker PSM

Tracey McCosker PSM has worked in the NSW public health system for almost 30 years and held the positions of director of finance, director of corporate services and director of clinical services for the Hunter New England Local Health District.



Tracey was appointed chief executive of NSW Health Pathology in 2012 after developing a business model for an integrated statewide public pathology service.

In 2018, she was awarded an Australian Public Service Medal for her outstanding service to public health in NSW.

She has a Bachelor of Commerce (Newcastle University) and a Master of Business Administration (University of Southern Queensland). She is a member of the Australian Institute of Company Directors and is a board member for Life Without Barriers, a national not-for-profit organisation that provides out-of-home care and support services for children, refugees and people with disabilities.

Year in review

NSW Health Pathology continued to deliver quality, patient-centred public pathology and forensics services while responding to further COVID-19 and other public health challenges.

Our staff were resilient and innovative in dealing with record testing volumes generated by the 2021–22 Delta and Omicron outbreaks, and catastrophic flooding events that again threatened service delivery. I thank them for their selfless dedication to our communities.

We were proud winners of a 2021 NSW Health Secretary's Award for using pathogen genomics to help protect and save lives. The award recognised clinical scientists, translational researchers and clinicians at our Institute of Clinical Pathology and Medical Research, Westmead.

Our Public Health Pathology Director Dominic Dwyer was honoured in the 2021 Premier's Awards for his ongoing contributions to pandemic management.

We responded to the emerging public health concerns of Japanese encephalitis virus and monkeypox with new laboratory testing protocols.

Our Forensic and Analytical Science Service teams continued to provide world-class forensic analysis and advice for our police and justice partners.

I am extraordinarily proud of our people and the critical role we play at such a challenging time for health services everywhere.

Key achievements

- Processed more than 3.4 million COVID-19 tests across 60 laboratories providing certainty to patients about their diagnosis and earlier access to treatment if needed.
- Created a secure results portal for patients to access their positive and negative COVID-19 results and download verifying reports for third parties such as employers and schools.
- Implemented a winter testing strategy across NSW Health enabling patients tested for COVID-19 to also be tested for influenza and, in some cases, other respiratory viruses.
- Opened a new Campbelltown laboratory, increasing pathology capacity across South West Sydney, and a new Maitland Hospital laboratory and collections centre in the Hunter.
- Completed the rollout of the Akuna Electronic Specimen Tracking System to improve patient safety, provide real time notification of any special requirements, and ensure the integrity and timely delivery of all specimens entrusted to NSW Health Pathology.
- Progressed the rollout of a new invoicing and Medicare billing application to 50% of NSW Health Pathology sites, replacing four legacy systems with one statewide solution.
- Progressed to tender evaluation for a statewide laboratory information management system and other enabling projects, including a statewide quality management system. The Fusion system will enhance quality of care for our communities.
- Developed a purpose-built forensic medicine information system to transform the capture of workflow, clinical information, case management and reporting. The single statewide case record for all coronial referrals will improve timeliness and service for bereaved families.
- Provided expert scientific analysis to support the NSW Government's Drug Surveillance Strategy to directly inform community alerts about harmful substances and to support the treatment of critically ill patients presenting to emergency departments.
- Celebrated the considerable achievements of our committed staff with four finalists – including a winner – in the 23rd Annual NSW Health Awards recognising leadership, patient safety and our ongoing contribution to COVID-19 management.

eHealth NSW

Tower B, Level 16, Zenith Centre
821 Pacific Highway, Chatswood NSW 2067
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Email: EHNSW-eHealthCE@health.nsw.gov.au
Website: www.ehealth.nsw.gov.au
Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Dr Zoran Bolevich

Dr Zoran Bolevich has a background in medicine and business administration and has worked in senior health system management, health IT and data analytics leadership roles in Australia and New Zealand.



Leading a team of more than 1,600 staff, Zoran is focused on implementing the eHealth strategy for NSW Health, streamlining governance of eHealth NSW's key programs and activities, and developing a highly effective, customer-focused health IT organisation.

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 represents NSW Health on the board of the Australian Digital Health Agency and on the NSW Government's Information and Communications Technology Leadership Group and is a board member of the Australian Institute of Health and Welfare.

Previous roles include the NSW Ministry of Health's director of demand and performance evaluation, 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 fellow of the Royal Australasian College of Medical Administrators and executive fellow of the Australian and New Zealand School of Government (ANZSOG).

Year in review

eHealth NSW has continued to support the health system in its response to the ongoing pandemic. Investments made in previous years to build consistent information and communications technology foundations and platforms have enabled us to respond with agility and efficiency.

Efforts to refresh critical infrastructure and transition digital systems to the cloud and government data centres continue to be progressed, resulting in greater scalability and security.

Providing safe, secure, and sustainable digital systems is vital. The launch of the Essential Eight cybersecurity program will help NSW Health lift its maturity in this important area.

Adoption of virtual care and telehealth continues, with the NSW Telestroke service being used for more than 2,370 patient consultations while more than 25,000 clinicians have used myVirtualCare video consultation service.

A range of new capabilities have been developed and are being progressively implemented, such as the NSW Health Enterprise Data Lake, SafeScript NSW and HOPE (the patient-reported measures platform).

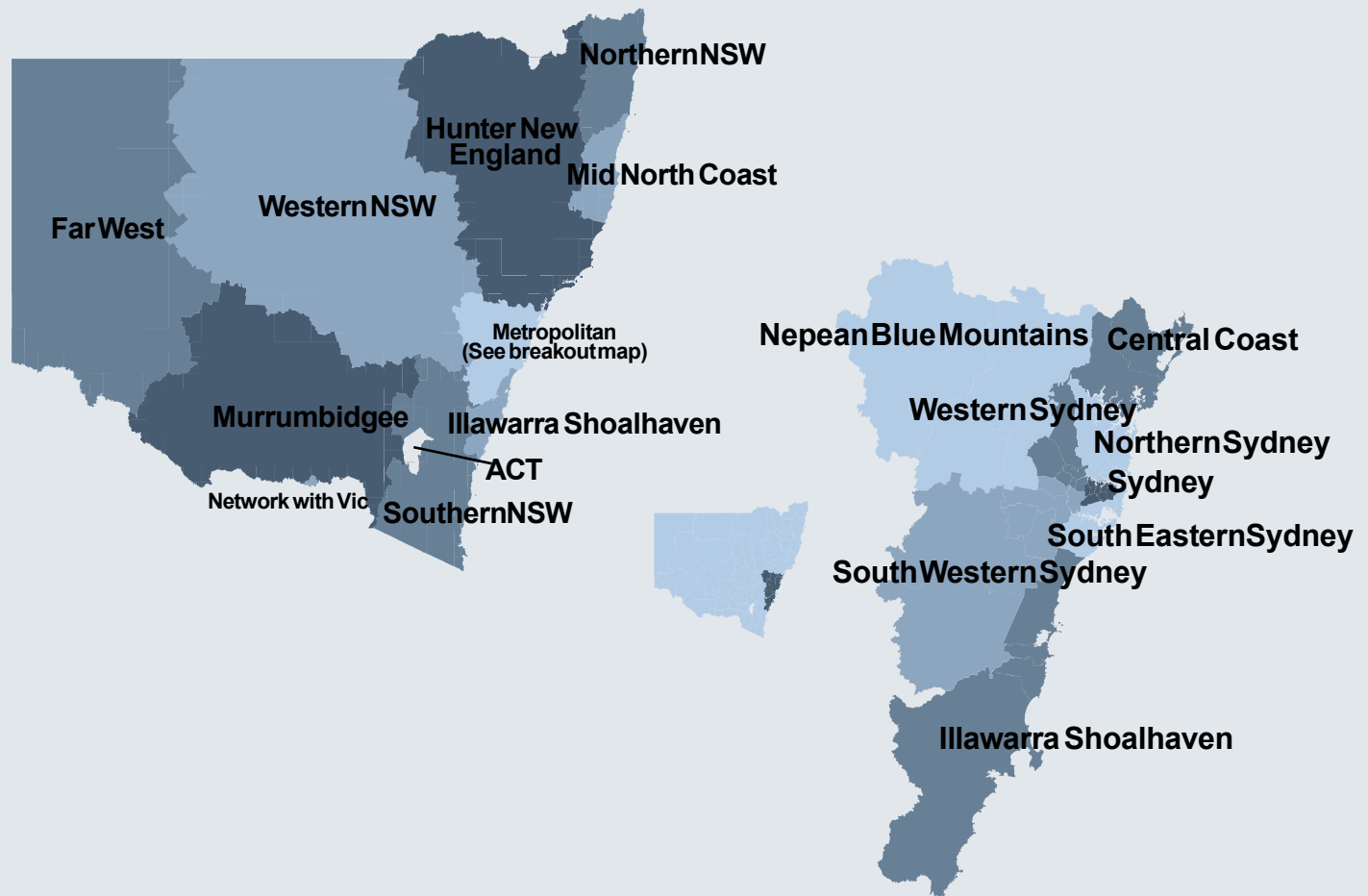
Enhancing patient experiences, through digital solutions is a key focus, with collaborations across NSW Health, other government agencies and industry on the NSWHealth App, Child Appointment Reminder Service, and Outpatients Referral Management.

Our partnerships across the healthcare and technology sectors have been instrumental in our achievements, as has the dedication and work of our staff. eHealth NSW strived to deliver technology to improve patient safety, quality and continuity of care, and provide a consistent experience for patients and staff across the health system.

Key achievements

- Completed the rollout of the NSW Telestroke service which is now active at 23 rural and regional hospitals across NSW and has been used in more than 2,370 patient consultations.
- Delivered a significant upgrade of a computer-aided dispatch system for NSW Ambulance. This improves clinical question and answer pathways, patient geolocation, address points and points of interest, mapping functionality and routing of ambulances to incidents.
- Implemented the Electronic Transfer of Care (eTOC) System, a first-of-its-kind in Australia, in nine hospitals. eTOC enhances the safety of patients being transferred from intensive care units to general hospital wards.
- Implemented the Health Outcomes and Patient Experience (HOPE) platform across 457 NSW Health clinics to capture patient, carer and community feedback.
- Introduced SafeScript NSW, a new online, real-time prescription monitoring system. Since implementation was completed in May 2022, SafeScript has been adopted by 13,752 health practitioners and used to support clinical decision making regarding the monitored medication of 51,496 patients.
- Provided ongoing education to NSW Health staff on cyber security, reduced vulnerabilities across NSW Health systems, uplifted NSWHealth's cyber security maturity, and continuously improved NSW Health's cyber security incident response plan.
- Expanded the new Radiology Information System and Picture Archiving and Communication System to nine local health districts and one network.
- Delivered the NSW Health Enterprise Data Lake, a significant step towards using data and analytics across NSW Health to drive reform and innovation and support value-based healthcare.
- Continued to transition NSW Health systems to NSW Health government data centres and the cloud environment. In many instances, these cloud transitions were the first achieved globally for particular health applications.
- Completed the statewide implementation of the junior medical officer recruitment and onboarding platform.

Local health districts



NSW Health’s 15 local health districts cover metropolitan, regional and rural 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 community.

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.

The COVID-19 pandemic created significant challenges for the districts, as did the floods. Many were impacted by these unforeseen circumstances but the overarching theme has been the incredible resilience of staff, as they continued to strive to provide high-quality safe care to their patients and communities.

Read on to discover each district’s achievement for the year and visit their websites to find out more about the services they provide.

Metropolitan NSW local health districts

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

Rural and regional NSW local health districts

- Far West
- Hunter New England
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

Central Coast Local Health District

Holden Street, Gosford NSW 2250

Telephone:(02)4320 2111

Email: CCLHD-Feedback@health.nsw.gov.au

Website: www.cclhd.health.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Scott McLachlan From November 2021

Scott came on board 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 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 Western NSW Local Health District for eight years.



Acting Chief Executive Brad Astill From April to November 2021

Executive Director System Performance Support Brad Astill was interim chief executive prior to Scott's appointment. Brad is an experienced health leader in both management and operations. 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.

Year in review

Central Coast Local Health District provided high quality, safe care for our local community, while managing the ongoing impacts of COVID-19. We displayed a commitment to growth, collaboration and improvement amid increased pressures and demands.

Innovative and safe ways of caring for our patients during the pandemic was a priority. Education and training ensured our staff remained protected and informed with the latest resources and advice.

Our nursing and midwifery directorate established a surge workforce team, rapidly onboarding 150 new staff. Many staff were also redeployed to support contact tracing teams and other COVID-19 response efforts.

Our public health unit supported and educated the broader community and staff on how to stay safe during the pandemic. They also supported the management of COVID-19 and influenza outbreaks in vulnerable community settings.

Nunyarra Aboriginal Health Unit celebrated 25 years of supporting the health and wellbeing of our Aboriginal community, and Woy Woy Hospital marked 50 years since its official opening.

We welcomed 153 nursing and midwifery graduates, 68 interns and had one of the state's largest intake of assistants in medicine, with 24 final-year students. There were a further 800 student placements in various fields.

Our teams demonstrated incredible dedication and resilience and we thank them for their unwavering efforts.

Central Coast Local Health District: Demographic summary

Size

1853 km*

Population size

349,249 residents

Projected to increase to 378,235 by 2032

Age

16% aged 70+

70+ age group predicted to increase to 70,226 by 2032

Culture

4.9% Aboriginal or Torres Strait Islander background

21% born overseas

More than 0.6% Central Coast residents reported having low English proficiency

Darkinyung (Darkinjung) people are the traditional custodians of the land

Health challenges

Ageing population

Demand for culturally safe Aboriginal services

Strong workforce to ensure safe, quality care

Mental health service demands

Chronic health conditions

Key achievements

- Completed major infrastructure projects including:
 - the \$200 million Wyong Hospital redevelopment, featuring a new and expanded emergency department, 13 additional treatment spaces and a modern intensive care unit
 - the \$72.5 million Central Coast Clinical School and Research Institute, with the University of Newcastle, bringing together world-class education and pioneering research.
- Installed a large-scale PV solar system (1.36MW) at Gosford Hospital to support the rollout of the first battery-powered electric vehicle fleet in NSW local health districts.
- Launched the Caring for our Community Plan 2021–2031, shifting towards community-based care and outlining the future direction for the health and wellbeing of the local community.
- Collaborated on the Healthy Jarjums Healthy Future initiative to provide access to children's health checks for Aboriginal and Torres Strait Islander children starting kindergarten.
- Progressed virtual healthcare initiatives including:
 - a virtual wellbeing program during COVID-19 for residents of the special health accommodation, in partnership with the Faculty of Social Work at the University of Newcastle, to reduce emotional and psychosocial impacts
 - a remote patient-monitoring program for patients in acute and post-acute care and those diagnosed with gestational diabetes mellitus (GDM).
- Implemented the Health Outcomes and Patient Experience (HOPE) platform across 13 services, giving clinicians access to real-time information, which improves understanding of what matters to patients and supports shared decision making about care, treatment and health interventions.
- Delivered more than 128,000 COVID-19 vaccinations across the region.
- Supported 147 early childhood education services as part of the Munch & Move program, including menu reviews for 19 services.
- Developed a hospital-acquired complications improvement and recovery plan to improve patient safety.
- Implemented Electronic Medical Record (eMR) solutions including:
 - Comprehensive Care, supporting clinicians in ensuring patient's healthcare is planned and informed by their clinical and personal needs
 - smoking cessation to standardise documentation and enhance interventions across NSW Health services through the inclusion of relevant questions, tools and prompts.

Far West Local Health District

2–4 Sulphide Street, Broken Hill NSW 2880

Telephone: (08) 8080 1333

Email: FWLHD-Feedback@health.nsw.gov.au

Website: www.fwlhd.health.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Umit Agis



Umit Agis was appointed chief executive in January 2020.

Umit's career in health service delivery spans more than 25 years, with the last 15 in senior management. His previous roles include executive roles at Country Health South Australia, and at Tasmanian Mental Health Services, Forensic Mental Health Services, Prison Health, Forensic Mental Health Services and the Drug and Alcohol Services.

Umit's qualifications include a Bachelor of Social Work, Graduate Diploma in Health Sciences and a Master of Management. He is a graduate and member of the Australian Institute of Company Directors and is halfway through completing a Doctor of Business Administration. He also holds an academic chair with the International Institute of Organisational Psychological Medicine.

Year in review

This year proved the resilience of Far West Local Health District staff and its communities. In August 2021, the far west succumbed to a major COVID-19 outbreak in our remote communities. With the help of key partner organisations and community members, the local health district provided safe alternate care and accommodation for people who were unable to isolate from their family members. The collaborative effort should be recognised for the outstanding outcomes achieved.

The Virtual Intensive Care Unit (vICU) was launched at the Broken Hill Health Service and Royal Prince Alfred Hospital. This technology enables the delivery of better healthcare for community members. It also provides opportunities for staff to enhance their skills in critical care medicine, both through real-time training and education opportunities via vICUlink and a series of exchange opportunities.

In addition, an Aboriginal Health NHARATJI (meaning together) logo was created by Aboriginal artists and Paakintji and Wilyakali man Corey Payne in 2021. In recognition of Reconciliation Week and NAIDOC Week 2022, staff wore the NHARATJI shirts and continue to wear the shirts to work daily.

Key achievements

- Confirmed funding of \$10 million for the redevelopment of the Broken Hill Health Service emergency department and mental health inpatient unit, as well as \$30 million for the Wentworth Health Service redevelopment.
- Established the COVID-19 community response team, made up of doctors, nurses, administration staff, Aboriginal health workers, adult and adolescent mental health services, as well as drug and alcohol services and violence, abuse and neglect services. The aim was to meet the needs of people who were in isolation and people who tested positive for COVID-19 or living with someone who tested positive for COVID-19.
- Broken Hill Health Service joined the statewide NSW Telestroke service to improve timely access to specialist stroke clinician care and remove barriers caused by geographical location.
- As part of a Closing the Gap initiative, the Aboriginal Health Workforce commissioned an Aboriginal logo to be used as part of the local health district's emblem and displayed on Aboriginal work shirts, to wear as part of the staff uniform.
- Exceeded NSW Ministry of Health targets for referrals to the Get Healthy information and coaching service. The results are:
 - Health professional Referral Goal
 - 204% of annual target reached (96/46 referrals)
 - Health Professional Enrolment Target
 - 112% of annual target reached (29/26 enrolments)
 - Get Healthy in Pregnancy Referral KPI
 - 123% of annual target reached (38/31 referrals).
- Local early childhood services exceeded the annual target for the Munch & Move program (65% of trained early childhood services adopt 80% of program practices), with around 71% of services adopting the program to the agreed standard. The program aims to increase healthy eating and physical activity of children in early childhood services settings.
- Implemented an alternative model to transition non-emergency nurses to emergency nursing, building capacity of the emergency nursing workforce in Broken Hill. This structured model has potential to improve recruitment and retention of emergency department nursing positions within the Broken Hill Health Service.
- The South Australia Commission on Excellence and Innovation in Health partnered with the Compassion Collaborative team to send local staff messages of support in recognition of the tough time experienced during the COVID-19 pandemic. The 228 messages of support were accessible between December 2021 and January 2022. More than 1,000 messages were accessed by staff, with the 'Loved' button used 96 times.
- Established a psychotherapy clinic for mental health drug and alcohol (MHDA) clinicians, focused on increasing the skill set of these clinicians and consumers. Staff develop essential clinical skills, while consumers receive a service which improves short- to medium-term outcomes.
- Launched a new website in June 2022, which was the first of the NSW Health websites developed under the NSW Government's website consolidation OneCX program. The contemporary website better connects local health services with the community, providing a refreshed look that is now easier to access and navigate, especially on a mobile device. The site makes it simple to find and understand health information published by the government, better meeting the needs of our diverse community. It provides a new single home for information for patients and carers and features improved search functionality.

Far West Local Health District: Demographic summary

Size

194,949 km*

Population size

28,717 residents

Projected to decrease to 24,743 by 2032

Age

16% aged 70+

70+ age group predicted to increase to 22% by 2032

Culture

13% Aboriginal or Torres Strait Islander background

5% born overseas

4% speak a language other than English

Barkandji, Wilyakali, Ngilyampaa, Muthi, Wadigali, Malyangaba and Wangkumara peoples are the traditional custodians of the land

Health challenges

Aboriginal health and wellbeing

Chronic disease, including diabetes, cardiovascular disease, chronic obstructive pulmonary disease and cancer

Smoking during pregnancy

Suicide

Childhood vulnerability

Hunter New England Local Health District

Lookout Road, New Lambton Heights NSW 2305

Telephone: (02) 4985 5522

Email: HNELHD-SRC@health.nsw.gov.au

Website: www.hnehealth.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Michael DiRienzo

Michael DiRienzo holds tertiary qualifications in commerce and economics. He held senior positions in a range of manufacturing organisations prior to entering the health field.



Michael has extensive experience in senior management roles within health support services and was senior operational leader of the district's major referral hospitals prior to becoming chief executive in January 2011.

Year in review

Our steadfast commitment to providing safe and quality healthcare to those across Hunter New England has not wavered, despite a challenging year in the ongoing fight against COVID-19.

We scaled up our testing, tracing and treating of COVID-19 twice due to the Omicron variant. This redirection of resources was possible because of an above-and-beyond commitment and we are extremely grateful to our staff.

Together, we converted community halls and a major hardware facility, built numerous pop-up clinics and transformed dozens of wards into vaccination centres. We also provided outreach services to the vulnerable in our community.

We delivered virtual care consultations and implemented several workforce development strategies to increase access to allied health professionals in regional communities.

New health infrastructure and redeveloping our existing facilities ensures we can meet the diverse needs of our population. We recently completed the redevelopment of Maitland, Murrurundi and Inverell hospitals, with more infrastructure planning underway.

We continue to turn our attention toward improving the care we provide to each patient; support infrastructure projects that will deliver enhanced health services and jobs closer to home; maintain our laser-sharp focus on sustainability in order to become carbon and waste neutral by 2030; and invest in digital technologies.

I want to thank our 17,000 staff across the district for their resilience, compassion and determination these past twelve months.

Key achievements

- Launched a new chemotherapy service in partnership with the community of Narrabri.
- Implemented a new ear, nose and throat service and dementia service for Tamworth and surrounding communities.
- Developed a shared care project with GPs to support management of children with attention deficit hyperactivity disorder (ADHD), increasing access to services and medication, and creating more capacity for children to be seen in the public health system.
- Opened Safe Haven suicide prevention hubs in Newcastle and Tamworth to support people feeling distressed or having suicidal thoughts.

Hunter New England Local Health District Demographic summary

Size

131,785km*

Population size

955,551 residents

Projected to increase to more than 1.1 million by 2032

Age

- 15% aged 70+

- 70+ age group predicted to increase to 18% by 2032

Culture

9.6% Aboriginal or Torres Strait Islander background

16.6% born overseas

5.4% speak a language other than English

The Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung peoples are the traditional custodians of the land

Health challenges

Stroke

Cancer

Gastrointestinal disease

Kidney disease

- Delivered a record number of telehealth consultations, helping patients receive timely, specialist care closer to home, while reducing travel and time away from family and friends.
- Implemented the Allied Health Rural Generalist Program, an innovative workforce development strategy to increase access to highly skilled allied health professionals for rural and regional communities.
- Achieved significant gains in our commitment to becoming carbon and waste neutral by 2030, including a 17% reduction in CO₂ emissions, 19% increase in water capture, 12% increase in waste diverted from landfill and 9% increase in water recycling. John Hunter Hospital was also the site of the world’s largest solar power installation on a health facility.
- Delivered COVID-19 Care in the Home services to around 90,000 adults and children, supporting those who tested positive but were well enough to stay home. The service provided dedicated medical and nursing support and equipment to monitor symptoms and support recovery.
- Completed multiple infrastructure projects for our communities, including new hospitals for Inverell, Murrurundi and Maitland; a new birthing suite for Singleton; and the Belmont vaccination hub. Progressed designs for stage 1 of the John Hunter Health and Innovation Precinct, eating disorder clinic, Banksia Mental Health, Moree, Glen Innes, Gunnedah, Manning and Muswellbrook hospitals.
- Made significant progress in introducing the single digital patient record initiative, which will provide holistic medical and patient information at the point of care whilst offering a consistent and high-quality experience for patients and clinicians.

Illawarra Shoalhaven Local Health District

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 Website: www.islhd.health.nsw.gov.au
 Business hours: 8:30am–5pm, Monday to Friday

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 in 2014. Margot has extensive health executive leadership and management experience at hospital and district level. She also holds a Bachelor of Laws. Margot has led the district through a significant period of change, including leadership reform and the COVID-19 pandemic, and has 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.



Year in review

Another significantly challenging period for all, which saw COVID-19 measures dominate the year. Our public health team worked on the immense task of contact tracing and outbreak management. We developed special health accommodation facilities to support safe isolation and commenced the vaccination program rollout, which saw the creation of a mass vaccination centre within a disused department store in just over a month.

Illawarra Shoalhaven Local Health District Demographic summary

Size	Culture	Health challenges
5620.2 km ²	4.34% Aboriginal or Torres Strait Islander background	Cancer
Population size	22.66% born overseas	Heart disease
428,500 residents	11.29% speak a language other than English	Injuries
Projected to increase to 489,100 by 2032	Dharawal and Yuin peoples are the traditional custodians of the land	Mental health conditions
Age		Respiratory disease
14.75% aged 70+		
70+ age group predicted to increase to 86,658 by 2032		

We further developed engineering solutions for safe air flow in our hospitals, created outdoor staff respite areas and developed innovative solutions to challenges, including new models of care.

Our dedicated staff delivered outstanding services while maintaining the strictest protocols. Their resilience and adaptability was wholeheartedly acknowledged during a week of thanks to mark their momentous and ongoing contribution.

The increased use of technology has been crucial. We supported thousands of COVID-19 patients in their homes and enabled inpatients to communicate virtually with their families. The NSW Telestroke service was implemented at Shoalhaven Hospital, enabling rapid virtual access to specialist stroke services.

Amidst COVID-19 we celebrated important milestones. This included the purchase of land at Dunmore for construction of the new Shellharbour Hospital, while land acquisition and planning continued for the much-anticipated redevelopment of Shoalhaven Hospital.

Key achievements

- Developed and implemented dedicated programs to manage ongoing COVID-19 measures, including creating a mass vaccination centre to deliver more than 200,000 doses of the COVID-19 vaccine. We also established accommodation facilities to support isolation measures, implemented outreach programs for vulnerable communities and escalated the public health response.
- Increased the district's telehealth capability to provide services for patients in their own home, including the Virtual Community Care service, which supported thousands of COVID-19 patients and those with chronic conditions.
- Implemented a new nursing care model within emergency departments, known as HIRAIID, to quickly identify patient deterioration. This has improved treatment times for patients and enabled immediate and measurable emergency nursing care for 150,000 patients annually. It has also been recognised by the National Health and Medical Research Council and implemented in 32 other Australian emergency departments.
- Established the region's first cardiothoracic surgery service in partnership with Wollongong Private Hospital. The collaboration has provided services to more than 100 patients, who otherwise would have required transfer to Sydney for treatment. It has enabled provision of other highly specialised cardiac procedures that were not available locally.
- Launched the Quick Access Therapy team to provide an intensive home-based program to support hospital discharge and reduce risk of readmission. Delivered by an interdisciplinary allied health team, it has prevented 438 unnecessary hospital admissions in the past year.
- Commenced the Mental Health Police and Ambulance Program to deliver an emergency response alternative for patients experiencing a mental health episode. It has provided specialised care options for more than 1,100 consumers, without the need to attend an emergency department.
- Delivered the Care to Connect initiative that provides structured support for hospital patients to virtually communicate with family during visitor restrictions or distance challenges. The program has reduced patient isolation, kept families informed and alleviated increased phone calls to wards.
- Designed a dietetics project dedicated to reducing hospital-acquired malnutrition, an issue that impacts patient outcomes and increases mortality. Through improved identification and coding practices, the project has resulted in an 82% decrease in the number of patients with this complication.
- Expanded the SEED workplace wellness program to further support staff during another challenging year. The program has worked to build resilience and enhance connectedness and wellbeing at work.
- Outstanding staff were recognised at state level, with five nominees in the Excellence in Nursing and Midwifery Awards. This included three Healing Heart Awards for Exceptional Care nominated by the community.

Mid North Coast Local Health District

Morton Street
Port Macquarie NSW 2444
Telephone: 1800 726 997
Email: MNCLHD-ConsumerRelations@health.nsw.gov.au
Website: www.mnclhd.health.nsw.gov.au
Business hours: 8:30am–5pm, Monday to Friday

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 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 partners working together. He holds a 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.



Year in review

Our teams have continued to respond to the COVID-19 pandemic, playing an integral role in protecting our community. Coordinating isolation accommodation, standing up testing clinics at showgrounds and sporting fields, leading the local vaccination program and establishing a COVID-19 Care in the Community service were all key to this response.

Major capital projects across the district reached important milestones, with a multistorey clinical service building opening at Coffs Harbour and new HealthOne centres becoming operational at Bowraville and Camden Haven.

Our team's achievements were recognised at the 2022 Health Innovation Awards, which showcased excellence across a range of clinical and non-clinical programs. We also celebrated the dedication of Coffs Harbour Pink Ladies President, Helen Mears, who was named the NSW Health Volunteer of the Year.

With our Aboriginal teams and partners, we paused across the local health district in acknowledgement of National Sorry Day and to witness the NSW Health apology to the survivors of the Stolen Generations.

We continued to embed the Aboriginal Cultural Safety and Security Framework and established an Aboriginal-led specialist wellbeing service. In addition, we launched a new district Aboriginal artwork representing the region's nations and partnerships, providing visual representation of local Aboriginal culture and collaborative relationships into the future.

We thank our healthcare team for their compassion, commitment and resilience.

Mid North Coast Local Health District Demographic summary

Size

11,335km*

Population size

228,420 residents

Projected to increase to 244,270 by 2032

Age

19% aged 70+

70+ age group predicted to increase to 57,844 by 2032

Culture

6.7% Aboriginal or Torres Strait Islander background

15.6% born overseas

6.3% speak a language other than English

Gumbaynggirr, Dughutti, Birpai and Nganyaywanapeoples are the traditional custodians of the land

Health challenges

Chronic disease

Ageing population with complex needs

High rates of cancer – melanoma, prostate

High Aboriginal population / Lower socio-economic communities

High rates of risky lifestyle behaviour and bio-medical risk: overweight/obese, inadequate physical exercise, high blood pressure, high blood glucose, smoking rates, alcohol rates

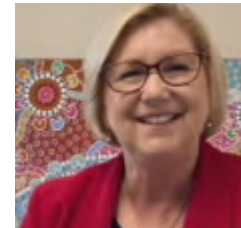
Key achievements

- Achieved district-wide accreditation.
- Supported vulnerable populations in COVID-19 response.
- Opened the new Coffs Harbour Health Campus Clinical Services Building, as part of the \$194 million expansion project.
- Implemented all four of the Towards Zero Suicides initiatives.
- Delivered Youth Well Fund through a regional leadership model to build capacity for preventive health.
- Achieved the prestigious World Stroke Organisation Angels Gold Status Awards at Port Macquarie Base Hospital and Coffs Harbour Health Campus.
- Launched a chronic care service located at Kempsey District Hospital, in collaboration with Durri Aboriginal Corporation Medical Service.
- Delivered a range of engagement programs to inform, support and empower staff.
- Achieved the first large-scale battery storage project at Port Macquarie Base Hospital to reduce emissions.
- Chief Co-Investigator on two Medical Research Futures Fund grants into musculoskeletal research.

Murrumbidgee Local Health District

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 Business hours: 8.30am–5pm, Monday to Friday

Chief Executive Jill Ludford



Jill Ludford leads a team of more than 3,500 staff who deliver healthcare across 47 health facilities in the Riverina Murray region. Having started her career as a registered nurse and midwife, Jill is passionate about improving access to essential healthcare in rural communities and advocates for digital clinical programs, including telehealth and electronic medical record systems.

Under Jill’s leadership, the district has sponsored new models of patient care, improved patient experience and introduced staff wellbeing programs. Jill has strong links with the regional community and has fostered partnerships with a range of stakeholders, including non-government organisations, Aboriginal services and tertiary institutions.

Year in review

Murrumbidgee Local Health District continues to build and sustain innovative healthcare models to support our communities and consumers. Strengthening our multidisciplinary approach in care delivery, while navigating the response to the pandemic was our focus.

Murrumbidgee Local Health District: Demographic summary

Size	Culture	Health challenges
125,243km*	5.8% Aboriginal or Torres Strait Islander background	Cancer
Population size	10% born overseas	Chronic disease
245,855 residents	7.5% speak a language other than English	Heart disease
Projected to increase to 256,883 by 2032	Wiradjuri, Wamba Wamba/Wemba Wemba, Perrepa Perrepa, Yorta Yorta, Nari Nari and Muthi Muthi peoples are the traditional custodians of the land	Mental health/suicide
Age		Health risk factors of smoking and above healthy weight
15% aged 70+		
70+ age group predicted to increase to 19% by 2032		

We progressed Living Well YourWay with the Murrumbidgee Primary Health Network. Co-designed with consumers and clinicians, the initiative uses technology to link patients from hospital to home to support them in managing their disease.

A new generation of junior doctors are being inspired by our Rural Generalist Training Pathway to choose a career in primary care and support rural hospitals with their advanced skills.

Our public health team responded to detection of Japanese encephalitis. Case interviews and clinician alerts were established quickly to keep our communities safe.

As proud partners of Ngunggiyalali, the Riverina Murray local decision-making accord, the alliance prepared a feasibility study and business case to establish an Aboriginal cultural rehabilitation and recovery centre in the region.

Major works continue at the Griffith Base Hospital with work commencing on the new clinical services building, a major component of the \$250 million redevelopment.

Our first Environmental Sustainability Strategy 2022–2024 was released and our Research Framework 2022–2027 refreshed to cultivate locally led research.

We acknowledge the contribution and compassion of our staff, volunteers, and community advocates. We share our heartfelt thanks with everyone who provides exceptional rural healthcare across all healthcare settings.

Key achievements

- Griffith Base Hospital was the first public hospital to introduce Magseed – a tiny, stainless steel ‘seed’ implanted in a cancerous breast tumour marking its location for surgery.
- Safe Havens opened in Wagga and Griffith for people experiencing suicidal distress. Offering an alternative to going to a busy, stressful emergency department, Safe Havens have provided support for 131 people, and the Suicide Prevention Outreach Team supported a further 618 people.
- Our local health district had its highest ever number of intake of new graduate nurses through the GradStart program, onboarding more than 140 early career nurses.
- Implemented the Emergency Department to Community program, providing care for people with complex chronic health and social care needs. The local health district reviewed 1,355 people and enrolled 72 into the program. Frequent emergency department presentations are identified early and consumers receive care from a multidisciplinary team in the community.
- Developed the Enhancing Paediatrics in Primary Care Model in partnership with Murrumbidgee Primary Health Network. Murrumbidgee Local Health District employed its first community paediatrician, supporting healthcare providers to better identify and respond to vulnerable children’s developmental and behavioural needs.
- The new \$50 million Tumut Hospital was opened in November 2021. Final works were completed in late 2022, including landscaping, a carpark and helipad.
- A public ophthalmology clinic commenced in Griffith, in partnership with Foresight Australia. The hospital is providing access to public outreach eye services and is targeting vulnerable communities.
- The innovative new professional development program, Mental Health Pathways in Practice is building the core capabilities of clinicians working in mental health services through knowledge acquisition and workplace activities in clinical practice.
- Joined the Southern Cluster Rural, Regional and Remote Clinical Trial Program, in partnership with ACT Health, Illawarra Shoalhaven Local Health District and Southern New South Wales Local Health District to grow the number of clinical trials and the capacity to conduct them in rural areas.
- We celebrated the collection of the 1,000th patient reported measure this financial year. Patient reported measures have been implemented across 26 services. They are a critical component in shifting our focus from measuring the volume of care, to measuring the value of care we provide from a patient and carer perspective.

Nepean Blue Mountains Local Health District

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Website: www.nbmlhd.health.nsw.gov.au
Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Kay Hyman



Kay Hyman has proudly held the role of chief executive for more than 10 years. Kay is passionate about addressing health needs of the local health district's communities and Closing the Gap for Aboriginal health.

Year in review

Of all our achievements, we are most proud of our staff's response to yet another challenging year. Their desire to excel and model superior care is evidenced by the number of statewide awards. This is not just because we compassionately look after our patients, community and one another, but also how we strive to create the best possible patient experiences.

Our staff were supported to pursue research and explore their passions in providing innovative care. The establishment of a post COVID-19 follow-up service and development of our research strategy will help guide even more achievements in this area.

Prioritising research and cultivating an enquiring workforce means better care for our patients and consumers. Strengthening our consumer contribution is highly valued so that improvements we make are positively received by our community, particularly through our newly established Disability Consumer Council.

The future health of our region is a firm focus: we continue to implement environmentally sustainable initiatives, prioritise programs to support Closing the Gap through our Aboriginal Health Plan and cater to our growing population with our new 14-storey clinical tower.

Key achievements

- Released the Aboriginal Health Plan 2021–2025 detailing our plans to improve the cultural safety of our services and health outcomes for Aboriginal people.
- Responded to disasters – pandemic and natural. Our COVID-19 response included vaccination, contact tracing, clinical care and support for residential aged care facilities. Floods and severe weather impacted Penrith, Hawkesbury and the Blue Mountains with ongoing support provided by our mental health disaster recovery.
- Opened the new 14-storey Nepean Hospital Clinical Tower as part of Nepean redevelopment, following extensive community consultation to guide design.
- Launched our first ever Disability Consumer Council to provide lived experience expertise into healthcare design, including development of our Disability Inclusion Action Plan.
- Received statewide recognition for Space Camp, a school-based child and youth mental health program, which won the Excellence in the Provision of Mental Health Services category in the 2021 NSW Health Awards.

Nepean Blue Mountains Local Health District Demographic summary

Size

9,179km*

Population size

383,834 residents

Projected to increase to 15% by 2032

Age

11% aged 70+

70+ age group predicted to increase to 62,748 by 2032

Culture

4.7% Aboriginal or Torres Strait Islander background

20% born overseas

14% speak a language other than English

Darug, Gundungarra and Wiradjuri peoples are the traditional custodians of the land

Health challenges

Cancer

Circulatory disease

Respiratory disease

Injury and poisoning

Mental disorders

- Established a post COVID-19 follow-up service, improving health outcomes for patients with a multidisciplinary team – the first service of this kind in NSW.
- Installed 3,579 energy-efficient LED lights across our five hospitals. Also installed 1,202 solar panels on Lithgow, Blue Mountains District ANZAC Memorial, Springwood and Portland Tabulam facilities. Both actions are part of our commitment to become more energy efficient and reduce energy-related expenditure.
- Produced A Healthy Start to Big School video which won the district's Keeping People Healthy Quality Award. It has more than 2,307 views and was used by the NSW Ministry of Health to promote healthy eating messages statewide.
- Celebrated our staff who received recognition in NSW awards:
 - Allied Health Assistant of the Year Sarah Gibson, and Allied Health Professional of the Year Anwar Hassan, in the inaugural NSW Health Excellence in Allied Health Awards.
 - Junior Medical Officer Manager Sharon Kuipers receiving the Judy Muller Award (Junior Medical Officer Manager of the Year).
 - NSW Health Excellence in Nursing and Midwifery Awards finalists, Kasey Wright from Blue Mountains Hospital for Aboriginal Nurse of the Year, and Midwifery Educator Richard Giffillan for the Judith Meppem Leadership Award category.
- Developed the inaugural Research Strategy and Implementation Plan, which articulates a vision and sets five strategic aims for district research activity and operations.

Northern NSW Local Health District

Crawford House
Hunter Street, Lismore NSW 2480
Telephone: (02) 6620 2100
Website: www.nnswlhd.health.nsw.gov.au
Business hours: 8:30am-5pm

Chief Executive Wayne Jones

Wayne Jones has nearly 40 years' experience in the public sector, starting in health more than 30 years ago with his generalist nursing training.



Wayne obtained multiple post-graduate nursing qualifications in areas including intensive care and cardiology, and he has also obtained a graduate qualification in health management.

Wayne then progressed into a variety of nursing management roles and eventually moved to the Northern Rivers as the executive officer at Lismore Base Hospital. Wayne held a variety of roles on the north coast including manager of planning, director of clinical streams and chief of staff, prior to his appointment as chief executive at Northern NSW Local Health District in 2016.

In 2021, Wayne was seconded to the NSW Ministry of Health as the deputy secretary for Patient Experience and System Performance, and has led aspects of NSW Health's operational management of the COVID-19 pandemic to support sustained hospital capacity. Recently, as the state health services functional area coordinator, he was responsible for leading NSW Health's response to the flooding in Northern NSW and flood affected parts of Sydney.

Northern NSW Local Health District: Demographic summary

Size

20,732 km*

Population size

311,177 residents

Projected to increase to 326,039 by 2032

Age

17.2% aged 70+

70+ age group predicted to increase to 22.7% by 2032

Culture

5.2% Aboriginal or Torres Strait Islander

12.9% born overseas

7.7% speak a language other than English at home

Bundjalung, Githabul, Gumbaynggirr, and Yaegl peoples are the traditional custodians of the land

Health challenges

Poor health behaviours, such as risky alcohol consumption, smoking during pregnancy, physical inactivity, overweight and obesity

Chronic disease and ageing-related conditions

High cancer incidence and mortality

High rates of hospitalisation for type 1 diabetes, intentional self-harm, and illicit drugs, along with high rates of suicide

Year in review

The COVID-19 pandemic significantly affected our district, with local cases and hospitalisations peaking in January 2022 as part of the Omicron wave. Staff continued to respond extremely well in hospital settings, in community and outpatient settings, and through our public health response.

In February, and then in March, our district was devastated by the worst flood event on record. The widespread damage, transport difficulties and telecommunications outages affected delivery of health services across the region.

The tireless work of our staff in caring for patients and attending evacuation sites to provide health services, mental health care and logistical support was amazing. Maintenance, transport and systems staff worked around the clock to keep health assets safe and functional.

Some staff suffered unimaginable personal loss and hardship, the effects of which will be felt for many years to come. Our employee assistance provider delivered onsite psychological first aid and counselling and we continue to support staff through their recovery.

With help from emergency agencies, Ballina District Hospital was evacuated to avoid rising floodwaters. Health staff established a fully functioning emergency department, along with inpatient areas, in a matter of hours.

The North Coast Public Health Unit COVID-19 Response Team reduced the risk of widespread outbreak in our most vulnerable, flood-affected communities, as well as protecting emergency workers and volunteers.

We strengthened collaboration between our Aboriginal health partnership members to deliver whole-of-population outreach COVID-19 vaccination clinics. Through this program, 3,452 doses of the COVID-19 vaccine were administered over 7 weeks.

Key achievements

- Increased COVID-19 double dose vaccination rates within Byron local government area from 38% to 83.5% over four months. This was achieved through a targeted, evidence-based campaign reaching those who were vaccine-hesitant, unconcerned or experiencing barriers to vaccine access.
- Embarked on establishing the Aboriginal Allied Health Academy, in partnership with Indigenous Allied Health Australia. The academy opened its doors in early 2022 at Southern Cross University. Students can gain an understanding of university life and, on completion of the two-year course, will hold their Higher School Certificate and Certificate III Allied Health Assistant.

- Delivered more than 125,000 COVID-19 vaccine doses and visited more than 50 locations across Northern NSW including hospitals, shopping centres, public parks, sporting fields and events through a fixed clinic and mobile vaccination program. At its peak, the program provided more than 4,600 vaccinations each week to the most vulnerable, in partnership with several government and non-government organisations.
- Recruited an environmental sustainability manager, ensuring greater environmental sustainability in the delivery of healthcare, specifically climate mitigation and adaptation within the local health district. A roof-mounted 720kW solar power system has been commissioned for Byron Central Hospital, expected to be operational by the end of 2022.
- Created and launched the Leadership Academy for Nursing and Midwifery Managers. This is a unique, interactive, research-informed and technologically optimised portal built to meet the resource, support and development needs of this group of leaders in a contemporary and sustainable way. The leadership academy is a first for Northern NSW and NSW Health.
- Established interdisciplinary person-centred, intervention-based programs for pressure injury prevention and management, falls prevention and management, nutrition and hydration management, as well as delirium, cognition and restraint management.
- The North Coast Public Health Unit COVID-19 Response Team implemented and continues to assess outcomes of a new care model. The model focuses on vulnerable community groups, including residential aged care facilities, Aboriginal and culturally and linguistically diverse (CALD) communities. The team leads the outbreak response and supports containment plans, testing regimes, line listing, source identification, risk assessments, isolation, and infection prevention and control.
- Commenced the Specialist Palliative Care Service (SPCS), an after-hours telephone service that is available seven days, as well as on weekends and public holidays. It is for all patients registered with our specialist palliative care service.
- Implemented the Virtual COVID Care service, supporting more than 3,713 patients from September 2021 to June 2022. The aim of the service is to provide home support to patients with COVID-19 prevent hospitalisation, support general practice and reduce the burden on the hospital system.
- Embedded the NSW Telestroke service in Tweed, Lismore and Grafton, providing a median door-to-needle time of 65 minutes, which is equitable to a metropolitan stroke service.

Northern Sydney Local Health District

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Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Deb Willcox

Deb Willcox became chief executive in November 2017. Her career has included roles in both government and non-government organisations.

Her experience spans clinical, corporate services, government departments, the research environment and senior government advisor roles.



Deb has held several senior executive and leadership positions within NSWHealth, including director of operations, Sydney Local Health District; general manager, Royal Prince Alfred Hospital; director customer service and corporate governance, HealthShare NSW; and director executive and ministerial services, NSW Ministry of Health.

Year in review

The COVID-19 pandemic set the course for our health services and hospitals this year. Staff from every corner of the district made a significant contribution to the NSW Health response.

While navigating the pandemic, we expanded our telehealth and virtual care services to ensure people accessed safe and timely care. We partnered with the Sydney North Health Network and GPs to provide a rapid response service to our elderly and frail residents in their home to avoid admission to hospital.

A dedicated youth response team cared for young people struggling with mental health issues, as construction continued on Australia's first adolescent and young adult hospice at the former Manly Hospital site.

We also focused on the wellbeing of our staff, including the establishment of a Diversity, Inclusion and Belonging Council.

I want to express gratitude to our staff and volunteers who did such an incredible job to provide high-quality care to the community, while continuing to respond to the unprecedented challenges of the COVID-19 pandemic.

Key achievements

- Opened Hornsby Ku-ring-gai Hospital's Clinical Services Building, after its completion as part of the hospital's \$265 million redevelopment. The new emergency department is now three times larger, with a dedicated paediatrics unit.
- Earned a highly commended at the 24th Annual Australian Council on Healthcare Standards Quality Improvement Awards for an initiative that involved working with the Aboriginal community to overcome barriers in accessing healthcare services. Mental Health Drug and Alcohol services' Hey You Mob, Tell Us You Are Here program has been adopted by five local health districts in NSW.
- Established the culturally and linguistically diverse (CALD) group and Women in Leadership Network, as part of the district's diversity, inclusion and belonging framework. The CALD network identified professional development opportunities for its members such as English courses available through TAFE. The Women in Leadership Network was involved in setting up domestic violence competency training for managers.

Northern Sydney Local Health District: Demographic summary

Size

900 km*

Population size

956,486 residents

Projected to increase to more than 1 million by 2032

Age

12.8% aged 70+

70+ age group predicted to increase to 164,509 by 2032

Culture

0.5% Aboriginal or Torres Strait Islander background

39.1% born overseas

29.8% speak a language other than English

Darug, Guringai, Cammeraygal, Wallumedegal peoples are the traditional custodians of the land

Health challenges

Alcohol-related harm

Vaping

Age-related conditions

Youth mental health

Inadequate physical activity in children

- Developed the St Leonards Health Campus – Health, Education and Research Precinct Plan, which will provide an environment for future investment, employment and innovation. The plan captures the vision to further develop public and private health services, education and research sectors into an integrated and innovative project.
- Progressed planning for the \$479 million redevelopment of Ryde Hospital. Established a community and consumer group to provide input into models of care and design of the hospital.
- Committed to reach net zero carbon emissions by 2035, with most of the reduction – 70% to 80% – to be achieved by 2030 as part of the district’s planetary health initiatives. Appointed a planetary health senior medical consultant, responsible for driving implementation of the Planetary Health Framework 2021–2023.
- Developed an \$11.2million program to keep the frail and elderly out of hospital. The program supports GPs to identify at-risk patients and provide them with faster access to specialists and social support in the community, as an alternative to an emergency department.
- Supported NSW Health’s whole-of-system pandemic response and assisted special health accommodation and Western Sydney hospitals to treat a high volume of patients due to COVID-19. Established the Virtual Hospital where patients with COVID-19 are treated in their home but receive care by a team of doctors and nurses.
- Expanded the co-design models of care with the district’s consumers and recruited 29 mental health peer worker consumers. The peer worker consumers work alongside clinicians as part of the care team to support mental health and drug and alcohol patients.

- Mona Vale Hospital’s new palliative care unit admitted 57% of patients directly from the community instead of the emergency department. The NSW average is 16%. Patients were admitted to the unit directly from home when their condition required it, rather than presenting to an emergency department. This minimised stress and provided symptom relief more rapidly.

South Eastern Sydney Local Health District

Sydney Hospital and Sydney Eye Hospital
8 Macquarie Street, Sydney NSW 2000

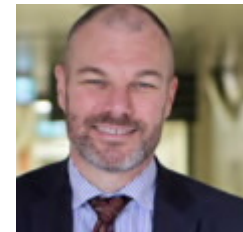
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Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Tobi Wilson



Tobi Wilson was appointed the chief executive in April 2019. He began his career as a physiotherapist before completing a Master of Health Science Management at the University of South Australia.

Tobi has a wealth of experience in health service management and has held various executive positions. Prior to his appointment as chief executive he held the role of general manager, Prince of Wales Hospital, Sydney Hospital and Sydney Eye Hospital. Prior to this he held senior roles in different jurisdictions, including chief operating officer roles at the Royal Melbourne Hospital and South Adelaide Local Health Network. In all the roles he has held, Tobi has demonstrated a proven ability to drive clinical change through redesign, including the delivery of capital redevelopments and large-scale transformational change.

South Eastern Sydney Local Health District Demographic summary

Size

468 km*

Population size

898,675 residents

Projected increase to 994,971 by 2032

Age

11.7% aged 70+

70+ age group projected to increase to 14.6% by 2032

Culture

42.2% born overseas

37.8% speak a language other than English

1.1% from Aboriginal and Torres Strait Islander background

Dharawal, Gadigal, Wangai, Gweagal and Bidjigal peoples are the traditional owners of the land

Health challenges

Diabetes

Hypertension

Cancer

Mental health

Ageing population

Tobi is passionate about innovation in healthcare. He has a strong history in external partnerships, leveraging the knowledge and experience of other sectors to resolve the challenges that confront healthcare delivery.

Year in review

It has been another challenging year for everyone that works in the health system; however, I remain to be in awe of our people who have continued to show care, empathy and resilience as they support our community through the COVID-19 pandemic.

We launched the district's new strategy Exceptional Care, Healthier Lives, which takes us to 2025 when our local population will have grown to more than one million people. The strategy has been shaped by staff, partners and communities, who contributed their vision and perspectives on what makes our district unique.

The district also launched its Virtual Health Strategy, building on our foundations of world-class innovation and research. The strategy builds on the rapid changes that have been made over the last two years, providing a strong framework for clinical teams to continue to innovate, ensuring we provide flexibility to our patients and consumers.

Milestones reached this year include the Aboriginal health unit's 25-year anniversary of providing culturally sensitive care and leadership across the district, and the celebration of 100 home births with The Royal Hospital for Women's home birth program.

I'm proud of the services we provide and thank staff, volunteers and our partners for their hard work and dedication in improving the health of our community.

Key achievements

- Provided life-saving treatment to more than 2,200 patients in regional and rural NSW through the NSW Telestroke service. Hosted by Prince of Wales Hospital, the service connects patients to rapid stroke assessment, treatment and management.
- Launched our integrated healthcare hub at Wollie Creek in collaboration with Karitane. Providing early intervention and prevention services for women, children and families means families feel empowered to provide their children with the best start in life.
- Delivered a new fertility treatment for women, involving less hormone injections than traditional IVF and at a significantly lower cost. The Royal Hospital for Women's Fertility and Research Centre is the fifth location in the world offering the new CAPA-IVM treatment.

- Opened the Dharawal Aboriginal Carers Lounge at Sutherland Hospital. A culturally appropriate space that celebrates Australia's Indigenous heritage, where patients, families and carers can wait while patients are treated.
- Received \$4 million in federal government funding for research into liver cancer at the University of NSW Microbiome Research Centre at St George Hospital.
- Provided district-wide virtual care services for COVID-19 patients isolating at home through the COVID-19 Community Management Centre. The centre works with COVID-19 Hospital in the Home teams at Prince of Wales, St George and Sutherland hospitals, who safely care for high risk COVID-19 patients in the community.
- The St George Hospital Prostate Cancer Institute celebrated 20 years of providing world-class health care to men with prostate cancer. It remains the only public facility in NSW providing seed brachytherapy for patients diagnosed with prostate cancer.
- Commenced work on the \$88.5 million operating theatres complex at Sutherland Hospital. The new building will provide more operating and procedures rooms, surgical short stay and recovery spaces, a Central Sterilising Services Department, and new MRI suite.
- The NSW Government announced an additional \$82.5 million for the Prince of Wales Hospital Integrated Acute Services Building fit out, bringing the total investment for this project to \$802.5 million. The new services building will deliver state-of-the-art infrastructure to support new and innovative approaches to acute health care.
- Appointed 10 wellbeing ambassadors for a 12-month period to make positive workplace cultural change and champion staff wellbeing and resilience. Wellbeing grants of up to \$10,000 were also awarded to support wellbeing in the workplace.

South Western Sydney Local Health District

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Chief Executive Amanda Larkin

Amanda Larkin has more than 25 years' 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.



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.

Year in review

South Western Sydney Local Health District was at the centre of the state's response to the Delta wave of COVID-19. Rising to the challenge, our people demonstrated agility, ingenuity and dedication to provide vital care and information to our diverse community.

Drawing on learnings from 2020, staff across the district were redeployed to cover frontline roles, join the emergency operations centre and participate in the historic vaccination effort.

As Delta subsided and Omicron became the dominant variant, our people faced a new set of challenges – resuming services while continuing to manage the demands of the pandemic. The number of COVID-19 patients in our hospitals peaked at 552 inpatients on 18 January, including 45 in intensive care.

While continuing to manage the COVID-19 response, our people have introduced new services and models of care, undertaken innovative research and led a range of improvement initiatives.

The depth and breadth of talent revealed through this challenging time places our district in a unique position to re-imagine healthcare into the future, continually improving the safe, high-quality care we provide to our community.

Key achievements

- Implemented an integrated COVID-19 community response team to collaborate with community partners and manage escalating cases, as well as establishing a clinical team, patient tracking, escalation pathways, and a referrals system including a general practitioner hotline.
- Provided COVID-19 vaccination across South Western Sydney at an accelerated rate during the Delta outbreak. With high case numbers in the community, we partnered with community leaders and the primary health network to deliver comprehensive, targeted, in-language campaigns and outreach to keep our diverse community healthy.

South Western Sydney Local Health District Demographic summary

Size

6,243 km*

Population size

More than 1.1 million residents

Projected increase to more than 1.2 million by 2023

Age

10% aged 70+

70+ age group projected to increase to 163,051 by 2032

Culture

35% born overseas

40% speak a language other than English

2% from Aboriginal and Torres Strait Islander background

Cabrogal clan of the Darug Nation, peoples of the Dharawal and Gundungurra Nations are the traditional owners of the land

Health challenges

Diabetes

Respiratory conditions

Circulatory diseases

Mental health

Malignant neoplasms (tumours)

- Launched the region’s first Safe Haven, an innovative service offering responsive care and support to people experiencing suicidal distress, as an alternative to attending the emergency department or not seeking any support. The community-based centre’s staff have lived experience of suicide.
- Connected patients with health services and loved ones through myVirtualCare technology, facilitating virtual visiting and consultations. Clinicians connect remotely with peers across the health network, offering patients access to expertise locally.
- Implemented targeted home visiting across the local health district, providing greater support and quality care to vulnerable families. Regular health care visits commence during pregnancy and continue for up to two years, supporting families and their babies.
- Established new partnerships – the Nursing Midwifery Research Alliance and the Allied Health Research Collaboration – to foster research between clinicians, Ingham Institute for Applied Medical Research, and seven participating universities.
- Successfully piloted Aboriginal GOT IT! A ground-breaking, collaborative, school-based program, led by a team of mental health workers. The program encompasses traditional healing practices and Aboriginal ways of being alongside western psychological practices, improving classroom behaviour and proving valuable for children and families.
- Completed the new 12-storey clinical services building as part of the \$632 million stage 2 redevelopment of Campbelltown Hospital. The building brings new health services to the area and is designed to service the 130,000 new residents expected to call the Macarthur region home over the next decade.

- Partnered with Ingham Institute for Applied Medical Research, Western Sydney University, University of New South Wales and funding partner Walker Corporation to develop a new, world-class \$47.5 million medical research centre in Campbelltown. To open in 2024, this collaborative partnership will create more research opportunities.
- Supported staff and patients using a range of Transforming Your Experience strategies at critical times during the pandemic. Wellness rounding supported staff wellbeing, while risk huddles and leader rounding facilitated the flow of rapidly changing information.

Southern NSW Local Health District

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Chief Executive Margaret Bennett



Margaret Bennett joined the district on 2 March 2020 after nine years as chief executive officer of Northeast Health in Wangaratta, Victoria. Her broad clinical background includes senior executive roles in health and hospital services in NSW, Victoria and Western Australia, with a proven track record as an experienced, capable and successful leader.

Southern NSW Local Health District: Demographic summary

Size	Culture	Health challenges
44,534 km*	4.12% Aboriginal or Torres Strait Islander background	Ageing population
Population size	12.5% born overseas	High rates of smoking/ smoking during pregnancy
217,168 residents	8% speak a language other than English	High oral health risk factors
Projected to increase to 240,662 by 2032	Ngambri, Ngarigo, Yuin, Gundungurra, Ngunnawal peoples are the traditional custodians of the land	Service access challenges including poor health literacy, internet access and network coverage, as well as lack of private health insurance and public transport
Age		
15.6% aged 70+		
70+ age group predicted to increase to 20% by 2032		

Margaret's leadership of significant and complex transformation includes successfully uniting 6 hospitals and 12 community health services across a large geographic area during her six-year tenure as inaugural general manager of Coffs Harbour Health Campus and the Coffs-Clarence Network of the (then) North Coast Area Health Service.

Year in review

The theme for Southern NSW Local Health District's Quality Awards this year was resilience. It is a word that captures the dedication and commitment of more than 3,000 staff who continued to prioritise excellence in care despite the ongoing challenges of natural disasters and COVID-19.

Employees were introduced to Elevate, the workplace culture and performance program based on the nine Studer principles. More than 1,300 staff responded to a wellbeing survey that is informing a range of actions to improve staff satisfaction and engagement.

Southern NSW Local Health District's commitment to rural and vulnerable communities was exemplified by its management of COVID-19, especially the local vaccination rollout. The vaccination team continue to run pop-up clinics in south east NSW and were immensely proud to be mentioned in parliament for the highest Aboriginal COVID-19 vaccination rates in NSW.

Southern NSW Local Health District's virtual care program rapidly responded to the need for home monitoring of COVID-19 patients. Virtual care transformed our ability to connect patients with specialists and services and is already reducing travel and wait times.

Capitalising on new and strengthened partnerships formed as part of local flood, bushfire and COVID-19 response work, we are now better connected with community groups, emergency services and local government regarding the healthcare needs of our residents.

Key achievements

- Expanded virtual care services across a range of areas, with a continued focus on high risk COVID-19 patients.
- Launched the NSW Telestroke service at South East Regional, Moruya, Goulburn and Cooma hospitals.
- Opened the new clinical services building at Goulburn Hospital and a new emergency department at Crookwell Hospital.
- Established clinical leads to advocate for best models of care within 13 specialty areas, enabling the delivery of quality healthcare to consumers.

- Launched the Aboriginal Mental Health and Wellbeing Plan and hosted the statewide Aboriginal Mental Health Forum at Narooma Golf Course.
- Launched Strategy 2026, Southern NSW Local Health District's five-year strategic plan.
- Launched *We Are Southern* internal and external quarterly magazine and monthly newsletter.
- Developed new patient feedback resources and new patient reported measures roles to enhance and improve consumer and patient experience.
- Established strong partnerships with local government, emergency services and community groups to manage the local COVID-19 response, vaccinations and care.
- Implemented workplace culture and performance framework, Elevate, including a workforce wellbeing survey, Studer leadership program and a Care and Kindness Charter.

Sydney Local Health District

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Chief Executive Dr Teresa Anderson AM FIPAA, B.App Science (Speech Pathology) PhD



Teresa Anderson is the chief executive for Sydney Local Health District, one of the leading public health organisations in Australia. Dr Anderson is an internationally recognised speech pathologist, with more than 40 years of experience as a clinician and health service executive. She was appointed a Member of the Order of Australia (AM) 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.

She is passionate about developing people, programs and services to support and improve the health and wellbeing of the community.

Year in review

I am immensely proud of our staff and our community who continue to work together to support our COVID-19 response. This year we have transitioned to living with COVID-19, managing and caring for those with COVID-19 while continuing to provide excellent health care for our communities.

More than 1.4 million people attended our outpatient services, almost 165,000 people presented to our emergency departments and more than 143,000 people were admitted and discharged at our hospitals.

Almost 40,000 operations were performed in our hospitals and almost 6,000 babies were born at Royal Prince Alfred (RPA) and Canterbury Hospitals.

Our staff joined the biggest vaccination campaign in history, giving more than 1.6 million COVID-19 vaccinations through our vaccination centres and our mobile vaccination program. We even received a Premier's Award for Putting Customers at the Centre for our NSW Health Vaccination Centre.

We are harnessing the incredible innovations and partnerships with our community and other government and non-government organisations from our COVID-19 response, introducing new ideas, changing practice and making plans for a brighter and sustainable future to enhance the experiences of our patients and staff.

I would like to thank our staff, volunteers, patients, partner organisations and our communities – we remained stronger together.

Key achievements

- Supported the NSW COVID-19 response by:
 - establishing a new long COVID clinic
 - caring for more than 2,800 patients with COVID-19 in our hospitals, 23,000 people in special health accommodation and almost 60,000 through our virtual care since January 2020
 - maintaining surveillance and screening programs in our hospitals and community, including at NSW ports
 - supporting the NSW Health Vaccination Program through vaccination centres, mobile outreach and Koori Vaccination Clinics
 - implementing an Australian-first COVID-19 vaccine closed-loop medication system for the safe storage and preparation of COVID-19 vaccines
 - delivering a dedicated outbreak management response for vulnerable communities, including a 24-hour cultural response team, ensuring equity of access for one of the most diverse communities in NSW.
- Celebrated 80 years of Concord Hospital and opened the \$341.2 million stage 1 redevelopment of Concord Hospital, including:
 - The Rusty Priest Centre for Rehabilitation and Aged Care
 - a comprehensive cancer centre
 - Australia's first National Centre for Veterans' Healthcare
 - Fussell House, a 19-room residential accommodation facility for Veterans and their families.
- Progressed the \$750 million redevelopment of RPA. This includes completing refurbishment of the paediatric ward and RPA Kidney Centre Dialysis works. We also commenced construction of RPA HealthOne at Green Square.

Sydney Local Health District: Demographic summary

Size

126km*

Population size

740,000 residents

Projected to increase to 855,351 by 2031

Age

8.8% aged 70+

70+ age group predicted to increase to 91,498 by 2031

Culture

1.1% Aboriginal or Torres Strait Islander background

45% born overseas

58% speak a language other than English

Gadigal, Wangal, Bediagal People of the Eora Nation are the traditional custodians of the land

Health challenges

Insecure housing and homelessness

Chronic conditions, such as cardiovascular disease, diabetes, obesity

Mental health

Infectious and communicable diseases, such as COVID-19, sexually transmitted infections and blood-borne viruses

- Progressed the redevelopment of the Camperdown Health Education and Research Precinct, a key part of Tech Central Innovation Precinct, including receiving funding for the state-of-the-art Sydney Biomedical Accelerator Complex at RPA in partnership with the University of Sydney and Centenary Institute.
- Progressed our Digital Health and Innovation Strategy through the Florence Digital Patient Portal and the Virtual Intensive Care Unit (vICU), in partnership with Far West Local Health District, linking care teams in far west NSW with clinicians and intensive care specialists at RPA.
- Opened the \$9.9 million Naamuru at RPA. This is the first parent and baby unit delivered as part of the statewide Mental Health Infrastructure Program, providing specialist multidisciplinary support for parents requiring acute care and their babies.
- Opened new Aboriginal Cultural Garden at Canterbury Hospital during National Reconciliation Week, acknowledging the Bediagal people of the Eora Nation.
- Recorded the highest Engagement (68%) and Culture Index (64%) in NSW Health in the NSW People Matter Employee Survey.
- Became the first employer in Australia to achieve level two accreditation as a carer-friendly organisation.
- Extended our focus on our LGBTIQ+ community – one of the largest in Australia – with the recruitment of the state’s first LGBTIQ+ program manager.

Western NSW Local Health District

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Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Mark Spittal



Mark Spittal was appointed chief executive in January 2022 and leads a passionate team committed to improving health outcomes for rural people through the delivery of high-quality care as close to home as possible.

Mark’s extensive leadership experience, spanning more than three decades in healthcare both in Australia and overseas, has shaped his dedication to improving standards of patient care and clinical safety through innovation, collaboration and effective community engagement.

Mark is committed to addressing the needs of the district’s proud Aboriginal and Torres Strait Islander communities by providing safe, culturally appropriate services, and to the continued development of services that meet the changing needs of the entire Western NSW population.

Year in review

It has been another year full of challenges for our health system, however our communities once again demonstrated their resilience and determination in the face of the pandemic, natural disasters and economic instability.

Western NSW Local Health District: Demographic summary

Size

247,000 km*

Population size

283,027 residents

Projected to increase to 298,519 by 2032

Age

14.2% aged 70+

70+ age group predicted to increase to 17.1% by 2032

Culture

13% Aboriginal or Torres Strait Islander background

17% born overseas

3.6% speak a language other than English

Barindji, Barrinbinja, Barundji, Gunu, Kamilaroi, Muruwari, Wailwan, Wiradjuri and Wongaibon peoples are the traditional custodians of the land

Health challenges

Cancer

Chronic obstructive pulmonary disease

Diabetes

Congestive heart failure

The COVID-19 pandemic reached an unmatched scale of severity and our teams continued to learn and react amid a changing situation, which placed unprecedented pressure and demand on the health system and our workforce.

Together with the community and partner agencies, we supported vaccination and care strategies through targeted and innovative delivery methods to ensure our communities were safe and their complex social, economic and cultural needs were appropriately met.

We also continued to develop strategies to support face-to-face care, including the expansion of our Virtual Rural Generalist and Virtual Clinical Pharmacy services, to ensure our communities could receive first-class care regardless of location or circumstances.

We remained focused on our priorities of improving Aboriginal health and wellbeing, implementing innovative workforce strategies and developing genuine collaborative opportunities across our district's entire footprint.

The resilience, adaptability and commitment of our healthcare team cannot be understated and in the past year their efforts have been unparalleled.

Key achievements

- Launched the Care Partnership – Diabetes program with Far West Local Health District, the Western NSW Primary Health Network and NSW Rural Doctor's Network. The program aims to provide consistent, accessible and targeted care for people living with type 2 diabetes by supporting service providers in local communities.
- Improved district-wide cancer care network services, including the delivery of the Western Cancer Centre in Dubbo and the only PET/CT scanner in the Western NSW Local Health District. We also continued development of clinical trials in Orange.

- Developed and implemented the COVID-19 Care in the Community and Remote In-Home Monitoring team. More than 9,000 patients were cared for, with almost 40% identifying as Aboriginal or Torres Strait Islander.
- Established the Western Clinical Trial Support Unit to cover both Western NSW and Far West Local Health Districts in the new financial year. This unit will increase the number of clinical trials and sites available across regional communities. It will also improve community awareness or trials, increase the number of participants and focus on trials being delivered using a range of different methods.
- Continued implementing Towards Zero Suicides initiatives, including delivering Safe Havens in Dubbo and Parkes, Suicide Prevention Outreach Teams (SPOT) in Orange and Dubbo, and establishing Safeguards teams, which are dedicated to child and adolescent mental health response.
- Completed stages 3 and 4 of the Dubbo Hospital redevelopment, commenced construction on new MRI service at Bathurst Health Service, and early preparation works on redevelopment plans for both Bathurst and Cowra Hospitals underway.
- Launched the Virtual Care Strategy 2021–2024 to deliver on our commitment to develop a district-wide approach to enhancing care through the provision of virtual health services, continuing to embed virtual care seamlessly throughout the entire district.
- Developed and supported numerous training pathways, including the development of Masters of Nursing Rural and Remote Specialisation course in partnership with Charles Sturt University. Implementing scholarships will help to support and develop rural generalist nursing network pathways.

Western Sydney Local Health District Demographic summary

Size	Culture	Health challenges
774.15km*	1.9%(Western Sydney) and 2.9% (Blacktown) Aboriginal or Torres Strait Islander background	Coronary heart disease
Population size	46.8% born overseas	Heart failure
More than 1 million residents	50.3% speak a language other than English	Asthma
Projected to increase to more than 1.2 million by 2032	Darug peoples are the traditional custodians of the land	Diabetes
Age		Mental illness
8.8% aged 70+		
70+ age group predicted to increase to 132,686 by 2032		

- Enhanced mental health services, including the launch of a virtual community mental health team, mental health emergency care service, two peer navigation roles in Warren and Coonabarabran and Moderate Online Social Therapy, which is a virtual pilot project in partnership with Orygen Digital.
- Launched new Collaborative Care program in partnership with Western NSW Primary Health Network, NSW Rural Doctors Network and local stakeholders to address primary care needs in Lachlan Valley and improve service provision across multiple service providers.

Western Sydney Local Health District

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Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Graeme Loy



During the past 18 years, Graeme Loy has held several executive roles, including chief executive of Northern Sydney Local Health District. He was appointed to the role of chief executive of Western Sydney Local Health District in 2019. His knowledge of both clinical and corporate services includes a strong focus on system performance through healthy relationships.

Graeme has accumulated significant experience in all aspects of leadership in both the public and private sectors, delivering highly complex clinical services and positive patient experiences through high-performing teams.

His breadth of knowledge spans facility, district and statewide environments and enables him to ensure optimal provision of safe, high-quality and timely clinical and community health services.

Year in review

The dedication, agility, responsiveness and resilience of our district was evident as we expanded our services, undertook new research and planned for the future of healthcare, all while continuing our efforts in responding to COVID-19 in Western Sydney.

We established the mass vaccination centre at Qudos Bank Arena in just 12 days with fully functional information and communication technology infrastructure and hospital network capacity. The vaccination hub was the largest in NSW with a workforce of 2,700 people, administering more than 360,000 COVID-19 vaccinations.

Our vaccination outreach and multicultural health teams worked tirelessly to vaccinate vulnerable and priority populations at churches, temples, homeless shelters and even meat-processing facilities.

We ran the inaugural Western Sydney Local Health District Culture Roadshow and established our new culture program Our Place Our People, with a focus on innovation and wellbeing.

The Westmead Health Precinct continues to grow as a leader in health innovation for the state. Consultation with our community has continued for the new \$300 million Rouse Hill Hospital, focusing on a design that works for our patients and ensuring we can connect with the community and take care out to them.

I am proud of our staff for the way they put the needs of the people of Western Sydney first and thank them for everything they do for our organisation.

Key achievements

- Developed the Western Sydney Local Health District communities of practice structure to support networking between clinicians, improve clinical practice, and build a culture of safety and continuous quality improvement. Since the establishment of the structure 56 communities of practice facilitators (over 9 workshops) have been trained.
- Launched a reward and recognition framework through our People and Culture team that integrated peer recognition, years of service, and iKindness. The Q1 awards received more than 800 nominations across the district.
- Co-designed an outreach vaccination model with 88 internal and external public, private and non-government partner organisations and local leaders to deliver culturally safe COVID-19 vaccinations to priority population groups. Priority groups included Aboriginal and Torres Strait Islander people, culturally and linguistically diverse (CALD) communities, people experiencing or at risk of homelessness, people with a disability and people with chronic and complex health conditions.
- Redeployed more than 300 staff to rapidly expand the inTouch COVID-19 Care in the Community telehealth service for more than 42,000 patients, which reduced hospital admissions and responded to NSW hotel quarantine by providing more than 134,000 phone-interpreting sessions in 88 languages.

- Collaborated with Nepean Blue Mountains Local Health District to develop and then implement a revised Falls Risk Assessment and Management Plan (FRAMP) to support the implementation of the new FRAMP tool and the overall Western Sydney Local Health District Falls Prevention and Management Policy.
- Launched the SMS discharged patients contact process known as My Experience Matters (MEM) at Blacktown, Mount Druitt, and Auburn hospitals. The aim is to enhance our understanding of patients, carers, as well as family experiences and care needs, with 16,263 surveys completed in 2021–22.
- Strengthened our accountability by enhancing clinical governance reporting processes, governed by the following new frameworks:
 - Clinical Audit Framework 2022
 - Hospital Acquired Complication and Safety Indicators Response Framework
 - Patient Experience Data Accountability Framework
 - Hospital Acquired Complication and Safety Indicators Response Framework (as part of the reporting cycle outlined within this framework a monthly Safety Indicator Report is generated for each facility/service).
- Partnered our patient experience coordinators with clinicians in the emergency departments to raise awareness and promote the NSW Health Towards Zero Suicides initiatives. This was done through the provision of information on our Suicide Prevention Outreach Team (SPOT) and Safe Haven to patients and carers.
- Progressed the Pathways to Community Living Initiative to facilitate the transition of long-stay mental health consumers into the community. A total of 158 consumers with a combined length of stay of more than 720 years have been discharged from district mental health units since the program's commencement in 2016.
- Developed one of the first system of engagement solutions built on a Microsoft platform in NSW Health with a real-time data flow integration with the Electronic Medical Record (eMR). In partnership with Microsoft, a foundational product was created that helps Integrated and Community Health enhance use of clinical systems to manage COVID-19 clinical workflows for care coordination and delivery, and patient experience.

Appendix

14

Appendix 1

Health statistics

Early disease management

Aboriginal and non-Aboriginal children fully vaccinated at five years of age

In 2021–22, 97.3% of Aboriginal and 94.2% of non-Aboriginal children aged five years were fully vaccinated. This is compared to 97.7% of Aboriginal and 94.8% of non-Aboriginal children aged five years in 2020–21.

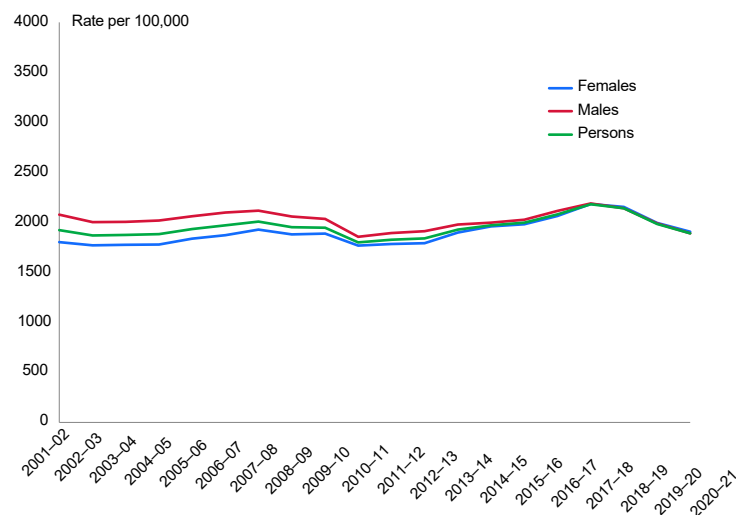
Children fully immunised at one year

In 2021–22, 94.3% of children were fully vaccinated at one year of age, compared to 94.8% in 2020–21.

Adults aged 65 years and over vaccinated against influenza in the last 12 months

The percentage of adults aged 65 years and over vaccinated against influenza for the period 1 March 2022 to 16 July 2022 was 65.9%.

Potentially preventable hospitalisations



Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

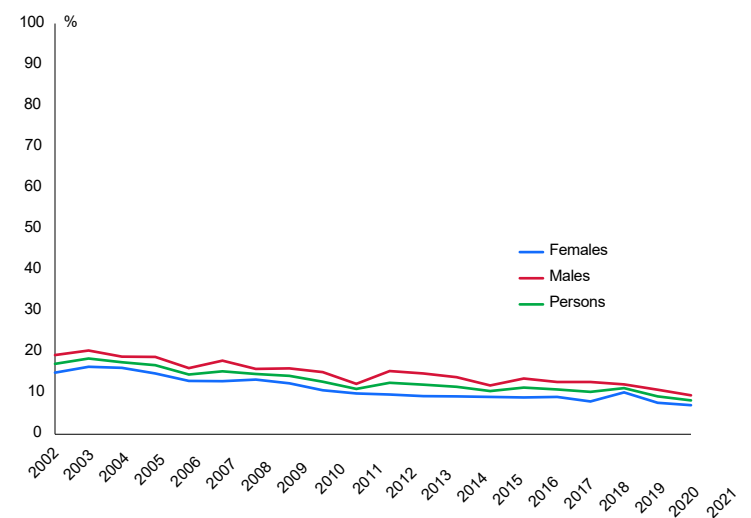
Potentially preventable hospitalisations (PPH) are those conditions for which hospitalisations are considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary health care.

The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based health care. Reducing hospitalisations might involve vaccination, early diagnosis and treatment, or good ongoing management of risk factors and conditions in community settings.

Rates of potentially preventable hospitalisations have been fairly stable over time, with rates for males and females converging in recent years. In 2020–21 in NSW, the rate of potentially preventable hospitalisations was 1,889 per 100,000 population for males and 1,906 per 100,000 for females or 172,578 hospital episodes in total.

Smoking

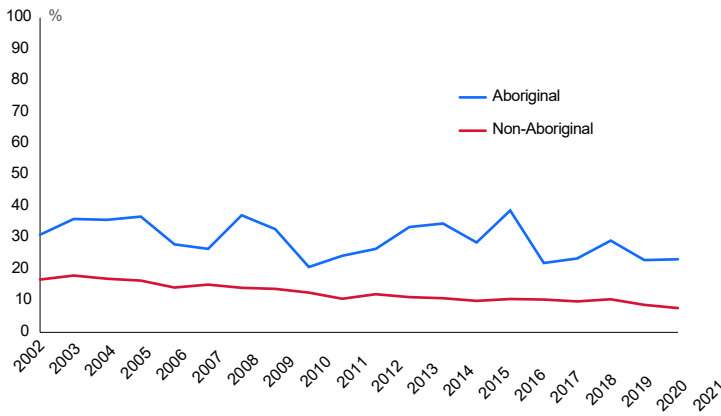
Tobacco is the leading contributor to the burden of illness and deaths in Australia, followed closely by high body mass and excessive alcohol consumption. Australia has one of the most comprehensive tobacco control policies and programs in the world. The aim of these tobacco control programs in NSW is to contribute to a continuing reduction of smoking prevalence rates in the community.



Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

There has been a long-term reduction in smoking over the last ten years, with 8.2% of adults (9.5% of males and 7.1% of females) in NSW reporting daily smoking in 2021.

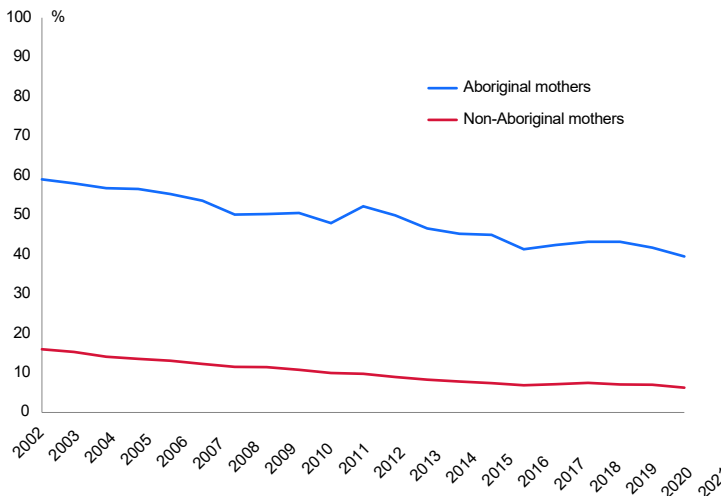
Daily smoking by Aboriginality in people aged 16 years and over



Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

Aboriginal people were three times more likely to be daily smokers compared with non-Aboriginal people. In NSW in 2021, the rate of daily smoking in adults was 23.1% among Aboriginal people, and 7.7% among non-Aboriginal people.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers

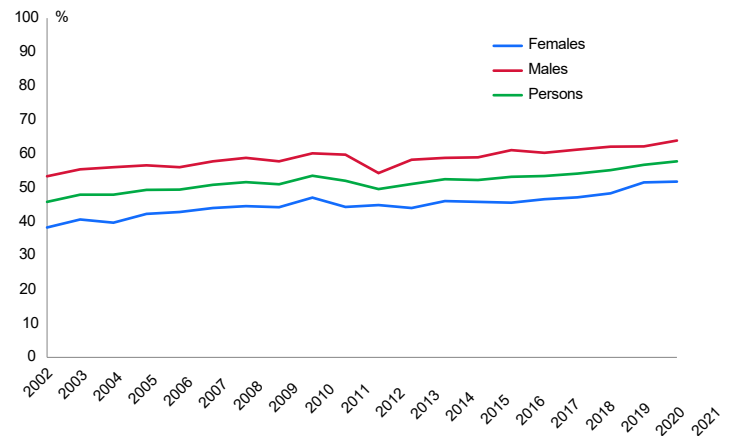


Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

The proportion of mothers that reported smoking at some time during pregnancy has remained stable in recent years at around 9%. In 2021, 39.5% of Aboriginal mothers reported smoking at some time during pregnancy compared to 6.3% of non-Aboriginal mothers. In 2021, 7.9% of mothers reported any smoking during pregnancy. Of those mothers who smoked during pregnancy in 2021, 25.3% stopped smoking in the first half of pregnancy (14% of Aboriginal mothers and 29.2% of non-Aboriginal mothers who smoked).

Overweight and obesity

Overweight or obesity in adults aged 16 years and over



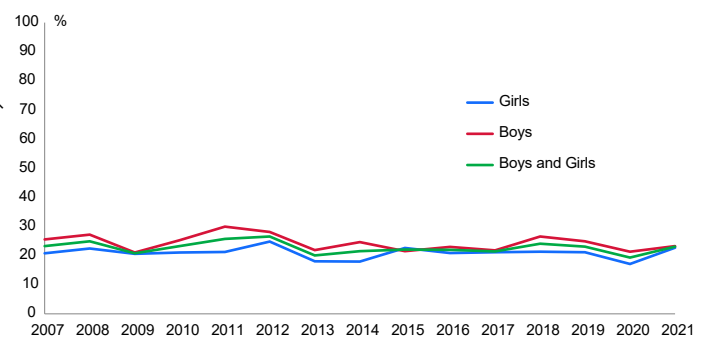
Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

In the 10 years between 2012 and 2021, the rate of overweight and obesity in the NSW population has gradually increased from 49.7% to 57.8% of adults. Underlying this trend, the rate of increase in overweight was lower than that of obesity (between 2012 and 2021, overweight rates increased from 31% to 34.6%, whereas obesity rates increased from 18.6% to 23.2%).

In 2021, 57.8% of adults aged 16 years and over (63.9% of men and 51.8% of women) were overweight or obese. Further, 34.6% of adults (41% of males and 28.4% of females) were overweight and 23.2% (22.9% of males and 23.4% of females) were obese.

Excess body weight is one of the main public health problems in Australia. The risk of developing chronic health conditions such as diabetes and heart disease increases with increasing levels of excess weight.

Overweight or obesity in children 5 to 16 years

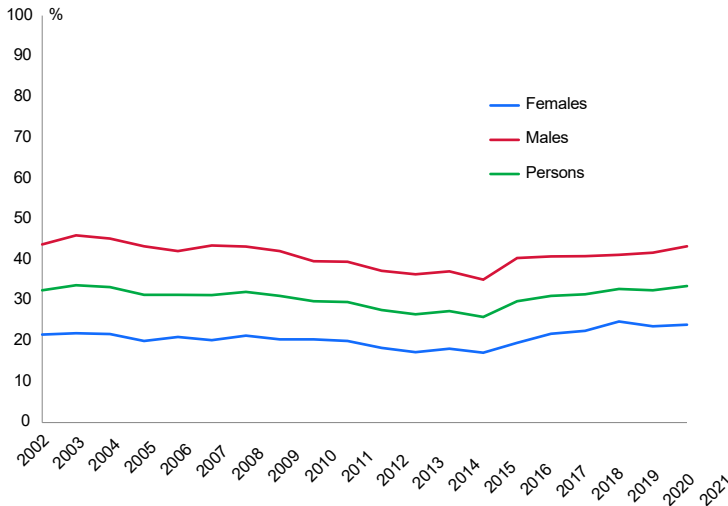


Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

In NSW, the prevalence of overweight and obesity in children has been relatively stable over the 10-year period 2012 to 2021. In 2021, 23% of children aged 5–16 years (23.2% of boys and 22.7% of girls) were overweight or obese. However, the prevalence remains high and is a cause for concern.

Alcohol

Alcohol consumption at levels posing a long-term risk to health, adults aged 16 years and over



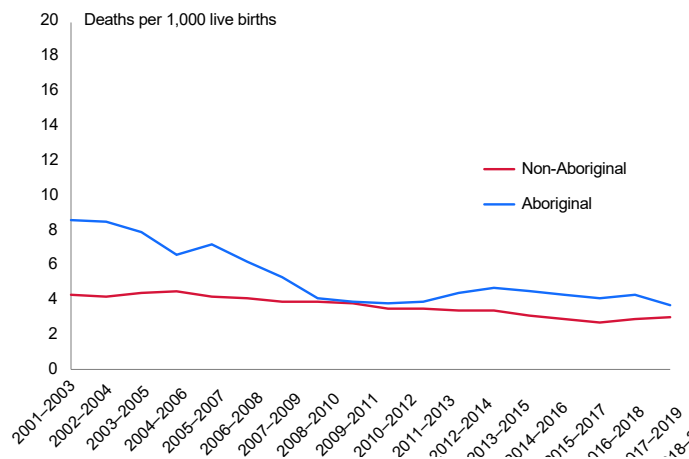
Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

In 2021 in NSW, 33.5% of adults (43.3% of men and 24% of women) consumed more than two standard alcoholic drinks a day when they drank alcohol, posing a long-term risk to their health. While alcohol consumption at levels that pose a long-term health risk has been in decline in NSW in the 10 years prior to 2015, rates have increased since then.

Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the third overall contributor to total burden of disease and illness for all ages, behind tobacco and high body mass.

Aboriginal health

Infant mortality rates by Aboriginality



Source Australian Bureau of Statistics, Deaths Catalogue number 3302.0, Canberra ABS and HealthStatsNSW, Centre for

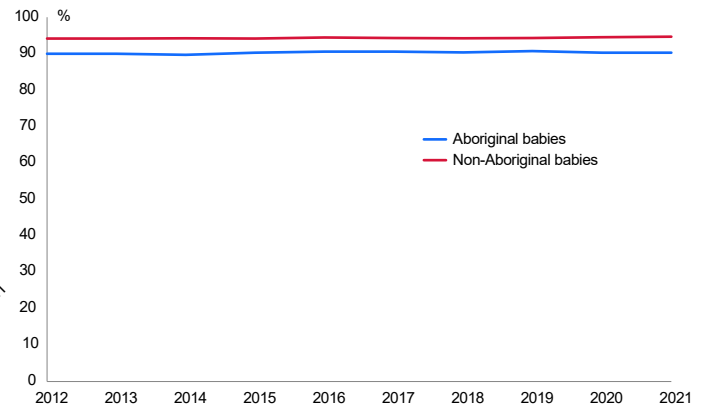
Epidemiology and Evidence NSW Ministry of Health

The infant mortality rate is the number of infant deaths (up to one year of age) per 1,000 births. During 2018–2020, there was an average of 28 deaths of Aboriginal infants under the age of one registered in NSW.

Over the period 2001–2003 to 2018–2020, the infant mortality rate among Aboriginal infants more than halved from 8.6 to 3.7 deaths per 1,000 births, while the rate among non-Aboriginal infants has reduced by just over one-third from 4.3 to 3 infant deaths per 1,000 births.

The mortality rate among Aboriginal infants in NSW is lower than in other Australian states and territories. In the 2018–2020 period, the infant mortality rate for all Aboriginal infants in Australia was 5.2 compared with a rate of 3.7 deaths per 1,000 births for Aboriginal infants in NSW.

Healthy birth weight babies by Aboriginality



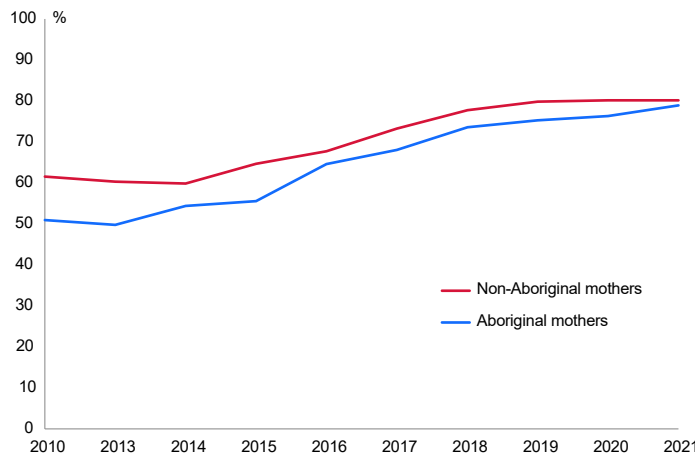
Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health

Healthy birth weight is an important indicator of an infant's future health and is defined as babies who weighed between 2,500 and 4,499 grams at birth. Based on the National Agreement on Closing the Gap, this indicator tracks the progress on the outcome—Aboriginal children are born healthy and strong. The target is that by 2031 the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight will increase to 91%.

In 2021, 90.3% of Aboriginal babies born in NSW were a healthy weight, compared with 94.6% of non-Aboriginal babies. This proportion has been relatively stable since 2015. Smoking in pregnancy is associated with an increased risk of having a low birth weight baby.

The proportion of Aboriginal mothers who reported not smoking at any time during pregnancy has increased from 40.9% in 2001 to 58.7% in 2021. In 2021, 14% of Aboriginal mothers who smoked quit during the first half of their pregnancy.

First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers



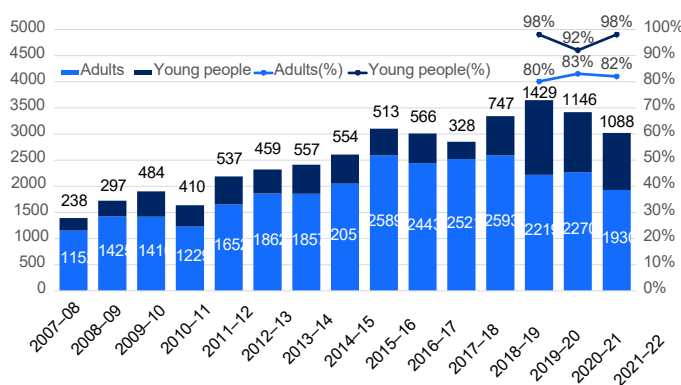
Source HealthStatsNSW, Centre for Epidemiology and Evidence NSW Ministry of Health.

The purpose of antenatal visits is to monitor the health of the mother and baby, provide advice to promote the health of the mother and baby, and identify antenatal complications so that appropriate intervention can be provided at the earliest time.

The first comprehensive antenatal assessment should be carried out as early as possible in pregnancy. In NSW in 2021, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 78.9%, compared to 80.2% of non-Aboriginal mothers.

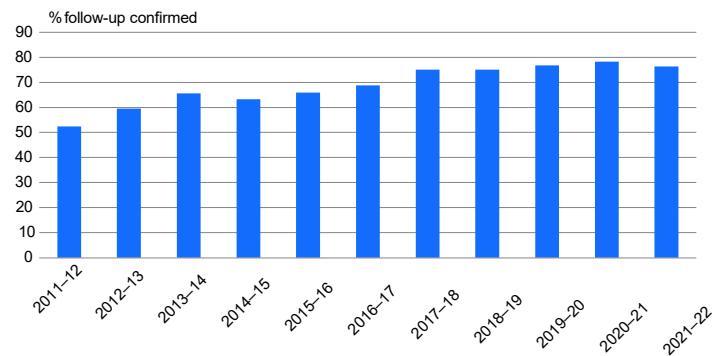
Mental health

Adults and young people with mental health illness or issues diverted into community-based treatment



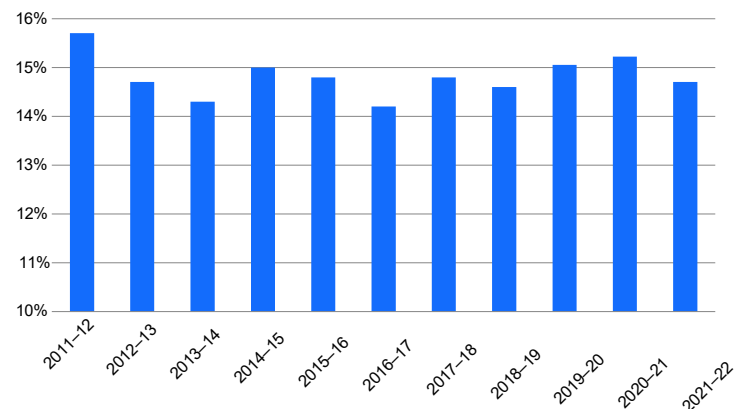
In 2021–22 adults in the criminal justice system with mental health illness who were diverted away from custody into community-based treatment by the Justice Health and Forensic Mental Health Network (excludes diversions by Hunter New England Local Health District) totalled 1,930 (82%). Over the same period, there were 1,088 (98%) young people in contact with the criminal justice system identified as having mental health issues and referred to community-based treatment.

Pan acute public mental health unit who were seen by a community mental health team within seven days of that discharge



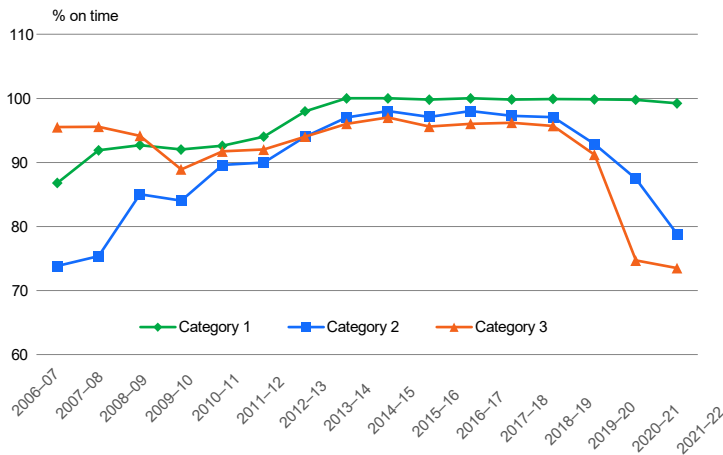
This indicator shows the proportion of clients discharged from an acute public mental health unit who are seen by a community mental health team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. In 2021–22 the rate of follow-up within seven days was 76.4%.

R acute service within 28 days



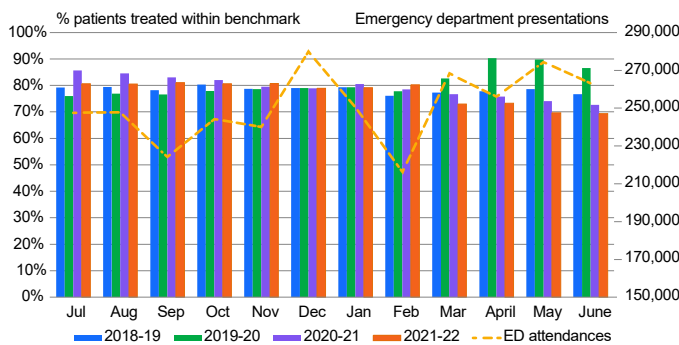
This indicator shows the proportion of separations from an Acute Public Mental Health Unit which were followed by a readmission within 28 days to any NSW Acute Public Mental Health Unit. The readmission rate decreased by 0.5% from 2020–21 to 14.7%.

NSW hospital performance



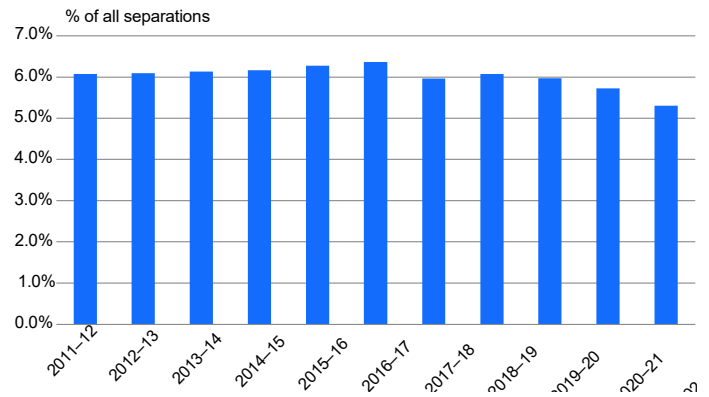
The percentage of patients who received their elective surgery within clinically recommended timeframes declined in NSW compared to the previous year. In 2021–22 the number of patients receiving their surgery on time was 99.2% for category 1 (urgent surgery) with category 2 (semi-urgent surgery) at 78.8% and category 3 (non-urgent surgery) at 73.5%. Elective surgery activity and performance have been impacted by COVID-19 with restrictions placed on non-urgent elective surgery between August and October 2021 and January and March 2022.

Percentage of emergency department patients treated within benchmark times across all triage categories



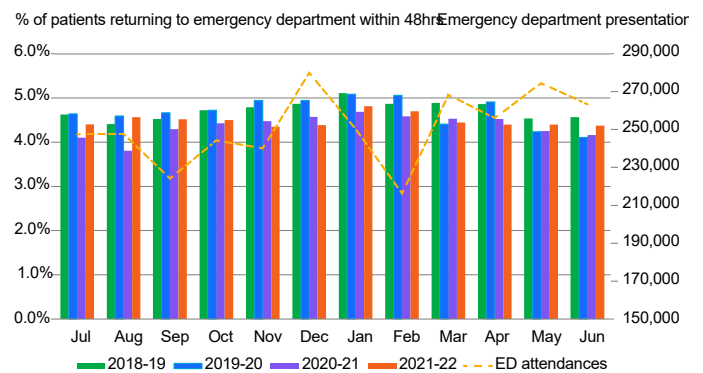
In 2021–22 more than 3 million patients attended a NSW public emergency department, slightly fewer than in 2020–21. Emergency department attendances peaked in December 2021 and May 2022. The percentage of patients seen within clinically appropriate timeframes across all triage categories decreased compared to 2020–21.

Unplanned hospital readmissions within 28 days of separation



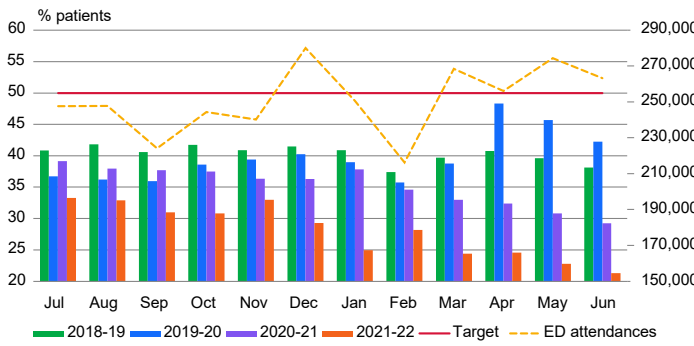
Unplanned readmission in 2021–22 decreased by 0.4 percentage point from the previous year. This rate is the lowest it has been in the last decade. This data reflects the volume of unplanned readmissions within 28 days but does not provide an indication of whether these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours



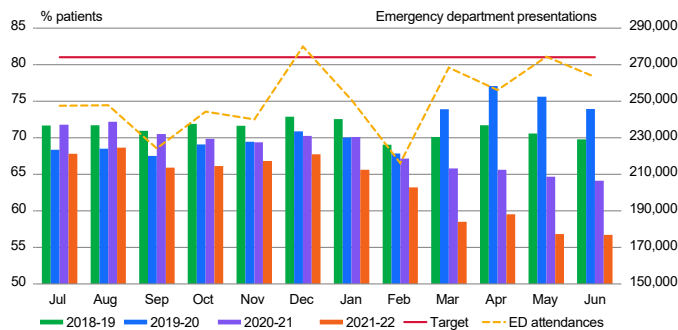
The percentage of re-presentations to emergency departments remained stable in 2021–22. Emergency departments are maintaining high levels of care while caring for fluctuating volumes of patients. Districts and networks continue their efforts towards improving patient flow in emergency departments and hospital wards despite the additional pressures brought on emergency departments by the COVID-19 pandemic.

Percentage of patients admitted from emergency departments with a total time in emergency department ≤ four hours



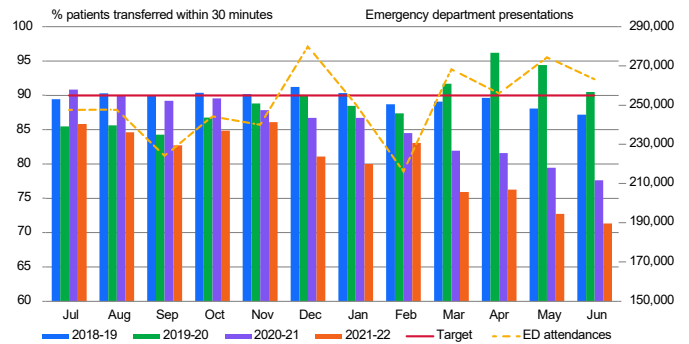
Emergency treatment performance for patients subsequently admitted to hospital decreased in 2021–22 as the health system experienced unpredictable activity levels and continued impacts of the pandemic as well as an early influenza season. The proportion of admitted patients in 2021–22 who spent four hours or less in the emergency department was 28.1%.

Emergency treatment performance – percentage of patients with total time in emergency department ≤ four hours



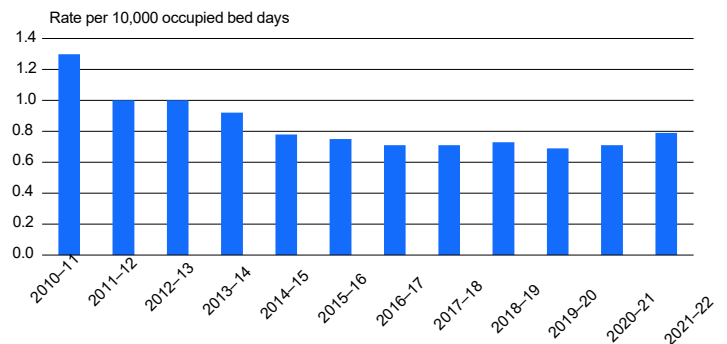
treatment in a timely and clinically appropriate manner. In 2021–22, additional clinical protocols brought on by the COVID-19 pandemic resulted in 1.5% of patients who presented to a NSW emergency department left within four hours following

Transfer of Care Performance – percentage of patients whose care was transferred from ambulance to emergency department care within 30 minutes



In 2021–22 NSW public hospitals experienced unpredictable volumes of patients attending the emergency department and the proportion of patients whose care was transferred from ambulance staff to hospital staff within 30 minutes followed a decreasing trend. Although the state target of 90% was not achieved more than 80% of patients were retransferred within benchmark times between July 2021 and February 2022.

Staphylococcus aureus bacteria bloodstream infections



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 per 10,000 occupied bed days in 2010–11 to 0.79 per 10,000 occupied bed days in 2021–22. The overall rate of SA-BSI in NSW has remained below the national benchmark of less than two cases per 10,000 bed days.

Appendix 2

Workforce statistics

Number of full-time equivalent (FTE) staff employed in the NSW public health system

	June 2022	
	Excludes overtime	Includes overtime
Medical	13,755	15,082
Nursing	51,533	53,129
Allied health	11,512	11,703
Other professional and paraprofessionals	3,159	3,216
Scientific and technical clinical support	6,821	6,942
Oral health practitioners and therapists	1,237	1,250
Ambulance officers	5,137	5,642
Sub-total clinical staff	93,153	96,964
Corporate services	5,424	5,455
Clinical support	19,246	19,414
Hotel services	8,579	8,847
Maintenance and trades	831	873
Other	312	313
Other staff	34,392	34,903
Total	127,545	131,866

Source: Corporate Analytics.

Notes: 1. For the FY2021/22 workforce FTE figures, overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of the COVID-19 pandemic response. Due to overtime inclusion, this year's FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports. 2. FTE calculated as the last fortnight in June paid productive, unproductive and overtime hours. 3. Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, Ambulance Service of New South Wales, eHealth and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded. 4. 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 Ministry of Health's Annual Report. 5. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 6. The COVID-19 pandemic may result in additional or alternate care delivery requirements which may affect the current reporting of NSW Health workforce numbers in lieu of normal variations.

Number of full-time equivalent (FTE) staff employed in other NSW Health organisations

	June 2022	
	Excludes overtime	Includes overtime
NSW Health organisations supporting the public health system*	2,206	2,208
Health Professionals Councils Authority	158	158
Mental Health Review Tribunal	32	32

*includes NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, Health Administration Corporation, Health Infrastructure, Health System Support Group and Cancer Institute.

Historical figures for the NSW public health system

Number of full-time equivalent (FTE) staff employed in the NSW public health system

Excludes overtime

	June 2019	June 2020	June 2021
Medical	12,503	12,997	13,350
Nursing	49,353	49,889	51,794
Allied health	10,697	11,084	11,462
Other professionals and paraprofessionals	3,093	3,064	3,179
Scientific and technical clinical support	6,758	6,909	6,810
Oral health practitioners and therapists	1,337	1,369	1,316
Ambulance officers	4,241	4,644	4,764
Sub-total clinical staff	87,983	89,956	92,675
Corporate services	5,219	5,428	5,441
Clinical support	17,118	17,389	19,170
Hotel services	8,271	8,579	8,681
Maintenance and trades	864	856	857
Other	330	329	332
Sub-total other staff	31,801	32,582	34,481
Total	119,784	122,538	127,156

Includes overtime

	June2019	June2020	June2021
Medical	13,727	14,052	14,520
Nursing	50,117	50,371	52,905
Allied health	10,866	11,244	11,613
Other professionals and paraprofessionals	3,129	3,081	3,222
Scientific and technical clinical support	6,630	6,762	6,913
Oral health practitioners and therapists	1,341	1,372	1,330
Ambulance officers	4,718	5,002	5,258
Sub-total clinical staff	90,528	91,884	95,761
Corporate services	5,393	5,477	5,472
Clinical support	17,319	17,691	19,315
Hotel services	8,446	8,718	8,895
Maintenance and trades	908	900	894
Other	330	330	333
Sub-total other staff	32,395	33,116	34,909
Total	122,924	125,000	130,670

Source Corporate Analytics.
– Data extracted in August 2022.

Notes:
1. FTE figures – Overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of the COVID-19 pandemic response from March 2020. Due to overtime inclusion this year's FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports.
2. FTE is last fortnight in June – paid productive, paid unproductive and paid overtime hours.
3. Includes full-time equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology HealthShare NSW, Ambulance Service of New South Wales, eHealth and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded.
4. 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 Ministry of Health's Annual Report.
5. Rounding of staff number to the nearest whole number in this table may cause minor differences in totals.

Number of full-time equivalent (FTE) staff employed in other NSW Health organisations**Excludes overtime**

	June2019	June2020	June2021
NSW Health organisations supporting the public health system*	1,787	1,797	2,071
Health Professional Councils Authority	134	143	168
Mental Health Review Tribunal	31	34	35

Includes overtime

	June2019	June2020	June2021
NSW Health organisations supporting the public health system*	1,790	1,888	2,088
Health Professional Councils Authority	133	143	168
Mental Health Review Tribunal	32	34	35

Source State Management Reporting Service (SMRS). Includes NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure, Health System Support Group and Cancer Institute NSW.

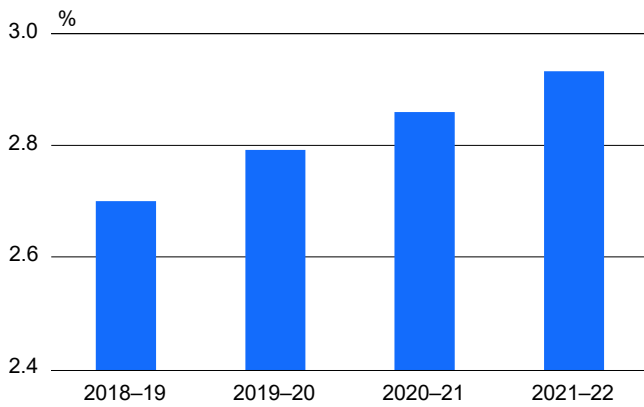
Registered practitioners

Profession	NSW ¹
Aboriginal and Torres Strait Islander health practitioner	208
Chinese medicine practitioner	1,941
Chiropractor	2,041
Dental practitioner	7,677
Medical practitioner	39,368
Medical radiation practitioner	6,148
Midwife	1,766
Nurse	117,168
Nurse and midwife ²	7,657
Occupational therapist	7,463
Optometrist	2,101
Osteopath	651
Paramedic	5,930
Pharmacist	10,440
Physiotherapist	11,586
Podiatrist ³	1,685
Psychologist	14,539

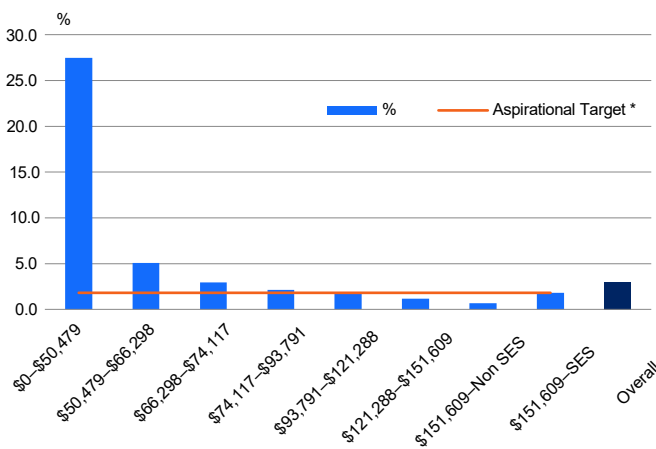
Source Australian Health Practitioner Regulation Agency, June 2022.

Notes:
1. Registrants who hold dual registrations as both a nurse and a midwife.
2. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.
3. The 2021–22 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic.

Aboriginal staff as a proportion of total percentage



Aboriginal staff by salary band



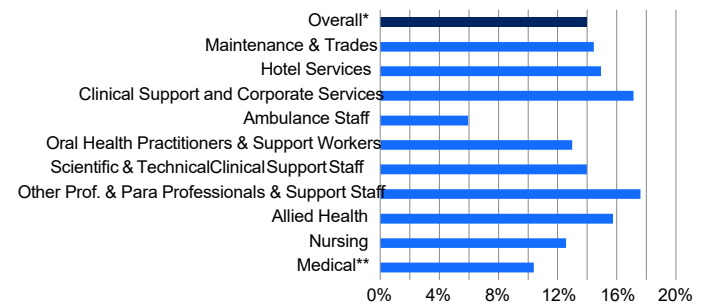
Source Public Service Commission data collection 2021–22.

Note: NSW public health system excludes Excludes Third Schedule facilities. *Note from the PSC Diversity Report 2020: The NSW Public Sector Aboriginal Employment Strategy 2014–17 introduced an aspiration target of 1.8% by 2021 for each of the sector's salary bands. If the aspiration target of 1.8% is achieved in salary bands not currently at or above 1.8% the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3% (original overall target is 2.6%).

Staff turnover

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2022, the staff turnover rate was 13.9%—an increase from 8.4% in June 2021. This increase in turnover was influenced greatly by changes to service delivery due to the COVID-19 pandemic response.

Non-causal staff turnover rate by treasury group in 2021–22



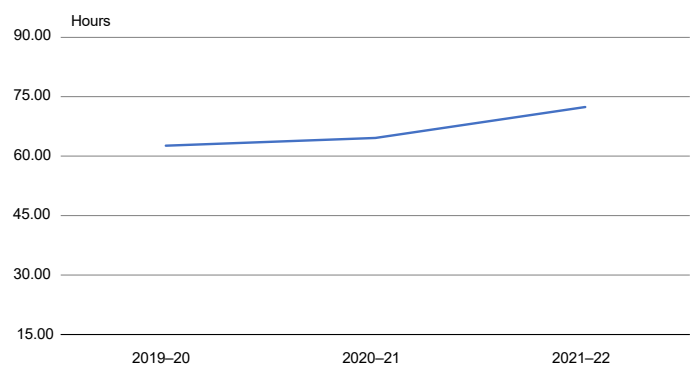
Source Public Service Commission data collection.

Note: * Excludes Third Schedule facilities, "Other" treasury group and junior medical officers (JMOs). * Excluding JMOs (they are on a term contract) Health system average inclusive of all health districts, NSW Ministry of Health, health pillars, HealthShare NSW, HealthNSW, Justice Health and Forensic Mental Health, NSW Health Pathology, Cancer Institute NSW, Albury Base Hospital and NSW Ambulance.

Sick leave

Sick leave per full-time equivalent increased slightly from 64.65 hours per full-time equivalent in 2020–21 to 72.49 hours per full-time equivalent in 2021–22.

Sick leave average hours per full-time equivalent



Source Corporate Analytics (CA).

Note: Excludes Third Schedule facilities and casual employees. Average inclusive of all health districts, NSW Ministry of Health, health pillars, HealthShare NSW, HealthNSW, Justice Health and Forensic Mental Health, NSW Health Pathology, Cancer Institute NSW, Albury Base Hospital and NSW Ambulance.

Key policies 2021–22

Security Audit Program (PD2001_37)

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2022, the staff turnover rate was 13.9%—an increase from 8.4% in June 2021. This increase in turnover was influenced greatly by changes to service delivery due to the COVID-19 pandemic response.

This provides procedures for NSW Health agencies to undertake security improvement audits across their facilities using the Security Improvement Audit Tool. This audit drives continuous improvements in security risk management performance.

NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies

This policy manual sets standards for effective security risk management across NSW Health, protecting people and property.

Leave Matters for the NSW Health Service (PD2022_006)

This policy summarises leave entitlements, administration and management for employees of the NSW Health service.

Overseas visits

Details of overseas visits by NSW Health employees travelling for ministry-related activities.

Position	Name	Reason for travel	2021–22
Chief Executive, Health NSW	Dr. Zoran Bolevich	Attending an Australian information industry business, government and trade delegation	United States of America
Director, Biobank NSW	Prof. Jennifer Byrne	Attending and presenting at the International Society for Biological and Environmental Repositories 2022 conference	United States of America
A/Chief Executive, Justice Health and Forensic Mental Health Network	Wendy Hoey	Attending the inaugural International Committee of the Red Cross World Conference on Health in Detention	Switzerland
Director, Enterprise and International Partnerships	Anne O'Neill	Attending the Biotechnology Innovation Organisation convention and conference. At the conclusion, Ms O'Neill joined a Ministerial delegation to attend meetings in Canada	United States of America and Canada
Senior Medical Advisor, Office for Health and Medical Research	Dr. Laura Collie	Attending the Biotechnology Innovation Organisation convention and conference	United States of America

Public service senior executives 2021–22

The table below details the number of public service senior executives employed, and those temporarily assigned, seconded or acting in a senior executive role at the end of the reporting year.

Band	2021		2022		Band	Range	Average remuneration	
	Female	Male	Female	Male			2021	2022
Band 4	1	0	1	1	Band 4	\$499,251–\$576,700	\$599,000	\$580,350
Band 3	2	4	3	2	Band 3	\$354,201–\$499,250	\$480,338	\$475,681
Band 2	15	11	13	12	Band 2	\$281,551–\$354,200	\$305,777	\$313,779
Band 1	44	25	54	25	Band 1	\$197,400–\$281,550	\$221,628	\$225,133
Totals	62	40	71	40				
	102		111					

Of the NSW Ministry of Health's employee-related expenditure in 2022, 19% was related to senior executives, compared with 20% in 2021*. *Total employee-related expenses have been calculated adjusting the expense for the Agency Performance Adjustment (APA) for Workers Compensation Insurance to reflect the NSW Ministry of Health portion only.

Workers compensation

NSW Ministry of Health – Categories of reportable workers compensation claims

Injury or illness	2012–13	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20	2020–21	2021–22
Body Stressing	8	2	3	1	0	0	0	2	2	1
Slip, Trip, Fall	2	3	3	1	2	0	6	3	0	0
Hitting objects	0	0	1	1	0	0	1	0	0	0
Psychological	2	0	2	5	2	0	6	4	6	2
Motor vehicle	0	0	0	0	0	0	0	1	0	0
Other	1	0	0	2	0	0	0	0	0	0
TOTAL	13	5	9	10	4	0	13	10	8	3

NSW Health – Categories of reportable workers compensation claims

Mechanism of injury	2019–20		2020–21		2021–22	
	No.	%	No.	%	No.	%
Body stressing	1872	42.4	2187	43.9	1720	34.3
Biological factors	70	1.6	25	0.5	878	17.5
Falls, trips and slips of a person	830	18.8	891	17.9	730	14.6
Mental stress	623	14.1	677	13.6	614	12.2
Being hit by moving objects	540	12.2	598	12	524	10.4
Hitting objects with a part of the body	191	4.3	253	5.1	187	3.7
Vehicle incidents and other	118	2.7	144	2.9	143	2.9
Chemicals and other substances	63	1.4	90	1.8	105	2.1
Sound and pressure	41	0.9	46	0.9	70	1.4
Heat, electricity and other environmental factors	62	1.4	67	1.3	46	0.9
TOTAL	4410	100	4978	100	5017	100

The increase in workers compensation claims recorded for 2021–22 for biological factors and chemical/other substances is mainly due to COVID-19 related claims. Claims against most mechanisms of injury were reduced for 2021–22.

Source: icare data warehouse – reportable claims by date reported.

Award changes and industrial relations claims

Wage Claims by NSW Health staff

The ministry conducted all industrial negotiations under the provisions of the NSW Public Sector Wages Policy 2021. The negotiations resulted in a 2.5% remuneration increase (including super) for NSW Health service employees for the period 1 July 2021 to 30 June 2022.

On 6 June 2022, the NSW Government announced a one-off payment of \$3,000 for NSW Health employees in recognition of their work on the frontline of the COVID-19 pandemic. On the same date, the NSW Government also announced a new wages policy providing a 3% remuneration increase per annum in 2022–23 and 2023–24, with a possible further 0.5% in 2023–24 for employees that make a substantial contribution to productivity-enhancing reforms. This provides for remuneration increases of up to 6.5% over two years under the new policy.

Broken Hill Award Application

In February 2022, the Industrial Relations Commission released the Broken Hill Health Employees (State) Award. It sets the wages and conditions of employment for employees of the Broken Hill Health Service and will remain in force until 30 June 2024. This new award replaces an outdated and disputed 1997 industrial agreement between the NSW Ministry of Health, the Health Services Union and the Barrier Industrial Council.

Changes to the conditions of employment resulting from this award continue to be implemented. A variation application has been made to apply the 2022–2023 pay increases to employees under this award.

Patient transport officer training arrangements

This dispute related to whether the award-required employment qualifications for patient transport officers should be considered mandatory training and occur in paid time at the employer's expense. In part settlement of this matter, the ministry made an application for the award to be varied to modernise and clarify its qualification and training requirements for patient transport officers. The variation was made in April 2022 with consent of both parties.

Restructuring processes with redundancy/ excess staff implications

Ongoing advice and management have been provided to districts and public health organisations relating to their workforce change proposals. Major change processes included the restructure at Maitland Hospital, Liverpool Hospital and the restructure in southern NSW.

Nursing hours per patient day

The NSW Government committed to increase the 'nursing hours per patient day' minimum award staffing requirements over four years from 2019–20. NSW Health implemented the third year of the commitment in 2021–22.

The Australian Salaried Medical Officers Federation of NSW claim for registrar classification dispute mechanism

The Australian Salaried Medical Officers Federation of NSW lodged a dispute in the NSW Industrial Relations Commission about the classification of registrars in local health districts. Australian Salaried Medical Officers Federation of NSW seek to vary the Medical Officers' Award to remove the requirement of three years' postgraduate experience for a medical officer to be classified as a registrar.

Australian Salaried Medical Officers Federation of NSW claim to maintain non-standard arrangements for Western Sydney Local Health District radiologists

NSW Ministry of Health is seeking to remove unauthorised industrial arrangements covering radiology staff specialists at Western Sydney Local Health District dating back to 1999.

The arrangements are being maintained until the matter is determined by the NSW Industrial Relations Commission as the status quo provisions of the award have been invoked. The Industrial Relations Commission is yet to determine this matter.

Paramedics claim for a new transitional benefits award

The NSW Industrial Relations Commission declined to grant the Health Services Union's application for a new award for paramedics. The proposed award would provide an allowance to compensate for reduced overtime as a result of enhanced staffing numbers.

Appeal of NSW Industrial Relations Commission decision in relation to on-call allowance

The full bench of the NSW Industrial Relations Commission declined to grant leave to consider a matter that related to whether an allowance that is provided outside delegated powers is a contractual term. The matter related to being paid an on-call allowance to staff that were not required to be on call as per the award.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2022 Part 1^{1,2}

Local health districts	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	1,105	93.4	65.2	70,172	13.0	192
Sydney Children's Hospitals Network	66,350	37.0	36.7	311,341	4.6	853
St Vincent's Health Network	41,896	51.3	55.9	177,791	3.5	487
Sydney Local Health District	141,152	47.5	47.2	585,591	3.3	1,604
South Western Sydney Local Health District	219,469	45.5	48.2	796,375	3.1	2,182
South Eastern Sydney Local Health District	173,417	41.9	44.6	670,202	3.2	1,836
Illawarra Shoalhaven Local Health District	93,180	37.3	43.8	395,619	3.2	1,084
Western Sydney Local Health District	157,409	45.8	47.4	613,815	3.3	1,682
Nepean Blue Mountains Local Health District	86,982	36.1	36.3	372,958	3.7	1,022
Northern Sydney Local Health District	136,621	33.8	41.4	577,779	3.7	1,582
Central Coast Local Health District	87,587	40.2	44.0	341,209	3.0	935
Hunter New England Local Health District	219,732	47.1	42.7	842,847	3.3	2,309
Northern NSW Local Health District	95,175	47.1	46.0	342,783	3.0	939
Mid North Coast Local Health District	76,883	45.6	49.1	257,731	2.8	706
Southern NSW Local Health District	47,948	54.1	51.0	143,894	2.4	394
Murrumbidgee Local Health District	64,452	55.6	44.6	212,953	2.7	583
Western NSW Local Health District	80,935	45.4	43.1	283,148	2.8	776
Far West Local Health District	8,079	53.3	51.5	25,654	2.3	70
Total NSW	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
Percentage change (%)	-5.4	-1.2	-1.1	6.7	13.2	6.7
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 2022 Part 2 ^{1,2,10}

Local health districts	Occupancy rate ⁵ June 22	Acute bed days ⁵	Acute overnight bed days ⁶	Non-admitted patient service events ⁷	Emergency department attendances
Justice Health and Forensic Mental Health Network	n/a	12,073	11,353	111,647	n/a
Sydney Children's Hospitals Network	91.6%	300,393	276,954	416,385	91,068
St Vincent's Health Network	109.3%	139,465	116,214	310,687	46,662
Sydney Local Health District	89.9%	446,754	380,658	2,776,851	164,169
South Western Sydney Local Health District	102.3%	642,732	537,323	1,453,839	295,872
South Eastern Sydney Local Health District	97.9%	522,133	447,438	1,530,733	224,009
Illawarra Shoalhaven Local Health District	95.5%	276,563	235,878	779,518	163,424
Western Sydney Local Health District	98.1%	488,899	414,757	1,469,980	198,089
Nepean Blue Mountains Local Health District	86.5%	304,772	273,277	809,937	129,515
Northern Sydney Local Health District	95.5%	470,926	403,845	1,283,880	265,134
Central Coast Local Health District	96.9%	249,368	211,079	801,918	147,848
Hunter New England Local Health District	78.0%	699,479	606,055	2,268,232	444,635
Northern NSW Local Health District	89.8%	272,548	228,879	662,515	209,994
Mid North Coast Local Health District	90.5%	201,768	164,166	683,227	138,221
Southern NSW Local Health District	80.4%	106,789	82,469	410,071	112,746
Murrumbidgee Local Health District	77.9%	161,330	132,648	578,641	145,681
Western NSW Local Health District	73.9%	214,837	180,108	929,894	214,130
Far West Local Health District	75.5%	17,693	13,574	121,578	20,949
Total NSW	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
Percentage change (%)⁸	2.1%	7.5	10.2	-5.7	-1.8
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

Note: 1. Data sourced from Health Information Exchange (HIE). The number of separations include care type changes. 2. Activity includes services contracted to private sector. Data reported are as at 12/09/2022. 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 data only. 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 or newborn. 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 submission for each non-admitted service/clinic. Pathology services are not included. Data for previous years is not comparable. Data as at 12/9/22. **Source:** EDWARD.

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 provides an overview of mental health activities and performance in mental health public hospitals for 2021–22 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 days 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, National Mental Health Report).

Table 1. Mental Health – hospital and community activity 2021–22

Public psychiatric hospitals, co-located psychiatric units in public hospitals and specialist mental health community team activity.

Local health districts and 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	230.6	204.4	4	516	352,590
Sydney Children's Hospitals Network	15.7	11.7	18	451	64,918
St Vincent's Health Network	47.3	43.4	47	1131	58,156
Sydney Local Health District	249.9	229.3	432	3281	290,252
South Western Sydney Local Health District	202.3	176.1	239	3877	605,265
South Eastern Sydney Local Health District	175.4	142.3	71	2609	693,968
Illawarra Shoalhaven Local Health District	118.0	82.9	45	2343	322,803
Western Sydney Local Health District	312.0	258.5	420	3584	375,155
Nepean Blue Mountains Local Health District	79.5	66.9	38	1888	146,905
Northern Sydney Local Health District	321.7	254.4	215	2735	808,658
Central Coast Local Health District	84.9	67.2	32	1483	431,772
Hunter New England Local Health District	312.7	239.7	132	4572	477,652
Northern NSW Local Health District	78.3	70.3	13	1530	298,192
Mid North Coast Local Health District	68.1	54.4	14	1320	195,496
Southern NSW Local Health District	68.2	40.8	95	1243	130,134
Murrumbidgee Local Health District	54.6	40.2	12	1005	207,840
Western NSW Local Health District	169.2	135.7	41	1614	279,227
Far West Local Health District	16.1	9.5	8	225	99,102
NSW – Total	2604.4	2127.5	1876	35407	5,838,085
2020–21 [†]	2,663	2,278	2,563	38,657	6,355,663
2019–20	2,683	2,282	2,613	38,048	5,936,566
2018–19	2,744	2,340	2,512	39,244	5,828,793
2017–18	2,782	2,409	3,511	40,254	5,676,819

Definition 1 “Average available beds” are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by the System Information and Analytics Branch, NSW Health. 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. **1, 2** Components may not add to total in NSW due to rounding error. **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. **6** Revised ambulatory contacts, NSW 2020–2021.

Table 2. Mental Health – Acute Indicators 2021–22

Rates of 28 days readmission, 7 days post discharge community care, seclusion rate, duration, and frequency in mental health service.

Local health district, 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	13.3	26.8	12.9	13.1	55.7
Forensic Hospital	16.0	44.0	12.9	13.1	55.7
Long Bay ⁶	7.0	31.6			
MRRC ⁶	16.3	23.0			
Silverwater Women's Correctional Centre ⁶	13.9	24.1			
Sydney Children's Hospitals Network	19.4	65.7	1.4	0.3	0.4
Children's Hospital at Westmead	20.8	63.5	0.4	0.7	0.4
Sydney Children's Hospital Randwick	17.7	68.5	2.2	0.2	0.4
St Vincent's Health Network	14.6	63.3	0.8	0.3	0.6
St Joseph's	8.5	78.0	0.0	0.0	0.0
St Vincent's	14.9	62.3	1.1	0.3	0.7
Sydney Local Health District	15.5	75.0	8.4	16.0	7.0
Concord	16.8	76.2	10.3	18.3	11.2
Royal Prince Alfred	14.4	73.9	5.2	7.9	3.1
South Western Sydney Local Health District	14.3	78.7	7.5	10.7	5.1
Bankstown	15.7	80.5	9.9	5.6	7.1
Braeside	13.1	71.4	0.0	0.0	0.0
Campbelltown	14.1	79.7	3.9	2.1	2.7
Liverpool	13.7	76.6	13.0	16.1	7.2
South Eastern Sydney Local Health District	16.9	86.8	2.6	5.1	1.9
Prince of Wales	17.1	82.3	2.4	8.9	1.9
St George	16.7	87.4	1.1	0.8	1.0
Sutherland	16.6	93.9	5.4	1.6	2.8
Illawarra Shoalhaven Local Health District	13.2	86.8	4.4	2.6	2.9
Shellharbour	14.6	85.2	4.0	2.6	2.7
Wollongong	11.3	89.1	4.7	2.6	3.1
Western Sydney Local Health District	15.6	83.9	8.0	16.9	5.8
Blacktown	15.3	85.3	7.5	5.1	3.0
Cumberland	16.4	81.3	10.6	19.8	8.4
Westmead	13.5	91.7	0.0	0.0	0.0
Nepean Blue Mountains Local Health District	18.3	68.3	4.7	11.2	3.4
Blue Mountains	15.2	74.1	1.1	2.3	1.5
Nepean	18.8	67.2	5.5	11.6	3.8
Northern Sydney Local Health District	13.7	88.1	1.5	13.4	1.5
Greenwich	6.2	90.8	0.0	0.0	0.0
Hornsby	16.5	85.6	2.9	17.0	3.0
Macquarie	8.2	90.7	0.9	2.5	1.9

Local health district, 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
Royal North Shore	12.1	90.8	0.6	9.6	0.5
Central Coast Local Health District	12.2	68.6	5.9	1.7	5.4
Gosford	8.2	57.8	5.8	1.5	6.1
Wyong	14.5	74.8	5.9	1.9	5.0
Hunter New England Local Health District	14.3	72.9	8.8	3.4	3.9
Armidale	12.6	91.1	0.0	0.0	0.0
HNE Mater	14.6	71.6	10.5	3.7	4.2
John Hunter	17.8	98.0	3.3	0.3	0.8
Maitland	13.6	55.1	14.6	3.1	7.6
Manning	11.6	73.1	0.3	9.5	0.3
Morisset	11.1	61.1	4.9	2.5	19.4
Tamworth	15.0	77.3	4.3	1.4	2.7
Northern NSW Local Health District	14.7	66.3	4.8	5.6	3.5
Lismore	11.8	66.3	6.2	5.2	4.4
Tweed	18.0	66.4	2.9	6.9	2.6
Mid North Coast Local Health District	16.1	74.0	3.4	8.8	2.4
Coffs Harbour	15.2	74.3	3.7	12.1	3.0
Kempsey	16.4	81.3	0.0	0.0	0.0
Port Macquarie	17.9	69.6	3.7	1.7	2.5
Southern NSW Local Health District	14.1	72.0	2.0	1.0	1.0
Goulburn	13.4	76.2	2.9	0.9	1.3
South East Regional	15.2	65.4	0.5	1.5	0.2
Murrumbidgee Local Health District	11.2	84.0	1.4	0.8	1.0
Wagga Wagga	11.2	84.0	1.4	0.8	1.0
Western NSW Local Health District	11.3	76.6	2.1	0.8	1.9
Dubbo	14.8	69.9	1.3	0.3	1.1
Orange Health Service	10.4	78.3	2.2	0.8	2.1
Far West Local Health District	11.2	91.2	0.7	1.0	0.5
Broken Hill	11.2	91.2	0.7	1.0	0.5
NSW – Total	14.7	76.4	5.5 (5.7)	10.0 (10.2)	3.7 (3.8)
2020–21	15.2	78.3	5.6 (6.1)	7.3 (7.8)	3.7 (3.8)
2019–20	15.0	76.9	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2018–19	14.6	75.1	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2017–18	14.8	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)

Definition 1. Overnight separation from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. **2.** Overnight separation 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: Averaged duration of acute seclusion episodes (hours per episode). **5.** Frequency: Percentage of acute mental health hospital stays where seclusion occurred.

Note 3, 4, 5. NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health. Figures in parentheses include Justice Health. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW.

Compliance and glossary

Compliance checklist

NSW annual reporting legislation requires all departments and statutory bodies 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 legislation *Annual Reports (Departments) Act 1985*, *Annual Reports (Departments) Regulation 2015*, *Annual Reports (Statutory Bodies) Act 1984* and *Annual Reports (Statutory Bodies) Regulation 2015*.

NSW Health's reporting obligations and disclosure requirements are met in this annual report at:

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Glossary

Activity Based Funding

Activity Based Funding is a management tool which helps plan and assess performance and clinical needs as part of the approach to the funding, purchasing and performance of health services. Activity Based Funding helps make public health funding more effective because health service management can allocate their share of available state and Commonwealth funding based on real levels of patient care. The Activity Based Funding tool allows public health planners, administrators, consumers and clinicians to see 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.

Antenatal

The period before birth.

Cardiovascular disease

Diseases of the heart and blood vessels.

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 disease is usually confined to non-communicable diseases.

Chronic heart failure

A complex clinical syndrome caused by an abnormality of cardiac structure or function. This impairs the ability of the heart to pump blood to meet the needs of other organs.

Chronic obstructive pulmonary disease

A progressive and disabling condition that limits airflow in the lungs.

Clinical communities of practice

Clinical communities of practice network and share strategies, local solutions and issues with respect to pandemic preparedness identify, prioritise and escalate issues and solutions related to COVID-19 that require a statewide or system response review and provide expert clinical advice on guidelines, resources and other information

share ministry-approved advice and resources on the response to COVID-19 that can be circulated within all districts and networks.

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.

Communicable disease

Illnesses caused by micro-organisms and transmitted from an infected person or animal to another person or animal.

Commissioning for Better Value

A statewide project to shift focus of non-clinical and clinical support projects from outputs to outcomes.

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.

CORE values

The values that underpin all NSW Health activity: Collaboration, Openness, Respect and Empowerment.

COVID-19 2019 Novel coronavirus

COVID-19 is caused by SARS-CoV2, a new strain of coronavirus that has not previously been identified in humans. It was first identified in Wuhan, Hubei Province, China in 2019, where it caused a large and ongoing outbreak. It has been declared a global pandemic. The COVID-19 virus is closely related to a bat coronavirus.

Delta variant

A 2020 variant of the COVID-19 virus. The Delta variant is estimated to spread more than twice as easily as the original virus.

Dementia

A general and worsening loss of brain power such as memory, understanding and reasoning.

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.

e-learning

Education and training undertaken in electronic media, especially over the internet.

Elective surgery

There are several categories of elective surgery.

- Category 1: Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 2: Admission within 90 days desirable for a condition which is not likely to deteriorate quickly or become an emergency.
- Category 3: Admission within 365 days acceptable for a condition which is unlikely to deteriorate quickly, and which has little potential to become an emergency.

Electronic Medical Record (eMR)

An online record that tracks and details a patient's care during the time spent in hospital. It is a single database where patient details are entered once and then become accessible to all treating clinicians, with authorised access, anywhere in the hospital.

Enrolled nurse

An enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Go4Fun

NSW Health's overweight and obesity treatment and information program for children above a healthy weight involving children aged seven to 13 years and their parents. Go4Fun focuses on developing healthy eating habits, building self-confidence and getting children more active.

HealthNet

The clinical portal that gives clinicians secure and immediate access to recent patient medical histories from across NSW local health districts and My Health Record.

HealthOne

An integrated care initiative, where general practice and various community health services are made available in a single location to work together for comprehensive patient care.

Hepatitis A

An acute form of viral hepatitis transmitted by ingesting food or drink that is contaminated with faecal matter.

Hepatitis B

A blood-borne viral disease that can result in serious liver diseases such as cirrhosis, liver failure and liver cancer. Hepatitis B is usually transmitted by parenteral means (such as injection of an illicit drug, exposure to blood or blood products), through sexual contact, or from mother to baby around the time of birth.

Hepatitis C

A blood-borne viral disease that can result in serious liver diseases 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

Delivers selected types of acute care to suitable patients at their home or clinic setting as an alternative to inpatient (hospital) care.

Hospital separation

Separation from a healthcare facility occurs anytime a patient (or resident) leaves because of death, patient discharge, sign-out against medical advice, take own leave, or transfer.

Hypofractionated radiotherapy

An external beam radiotherapy using a smaller number of doses, each providing a higher amount of radiation than standard external beam radiotherapy.

ims+

A new and improved incident management system replacing current incident reporting systems across NSW Health for reporting clinical, work health safety and corporate incidents.

Integrated care

Statewide strategies to coordinate care and processes within the health system and with other service providers.

In vitro fertilisation (IVF)

In vitro fertilisation (IVF) is a complex series of procedures used to help with fertility or prevent genetic problems and assist with the conception of a child.

Juniomedical officer

A medical graduate with at least two years' postgraduate experience, extending to a medical graduate working in a graduate training period of five to 10 years.

Key performance indicators

Indicators that measure agency effectiveness in achieving program objectives.

Leading Better Value Care

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.

Live Life Well @ School

A program that creates environments which enable children to eat healthily and be physically active.

Local health districts

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.

Multipurpose Services

A flexible service model for regional and rural communities, providing communities with access to a range of integrated health services such as acute care, subacute care, allied health, oral health, aged care, primary and community services.

Munch & Move

A community engagement and education program that aims to promote and encourage children's healthy eating and physical activity, as well as reduce small screen recreation. Munch & Move provides early childhood educators with resources and support to assist them in implementing fun, play-based approaches that support healthy eating and physical activity habits in young children.

My Health Learning

Statewide learning management system for NSW Health staff, managed by the Health Education and Training Institute.

My Health Record

The national digital health record system, providing healthcare providers, such as doctors and hospital staff, access to a patient's important health information from anywhere at any time.

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.

Neonate

An infant less than four weeks old.

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

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.

Omicron

In November 2021 B.1.1.529, known as the Omicron variant of the COVID-19 virus, was named a variant of concern by WHO. In the first months of 2022, an Omicron subvariant called BA.2 began to spread even faster than other Omicron variants. BA.4 and BA.5 are thought to be even more transmissible.

Oncology

The study and treatment of cancer and tumours.

Osteoarthritis

Occurs when the cartilage between joints breaks down. This can cause chronic pain and stiffness, physical disability, functional impairment and social and vocational difficulties.

Osteoporosis

A chronic disease that reduces bone density and strength causing ongoing pain, reduced mobility, loss of function and a lower quality of life.

Out of Hospital Care packages

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.

PACER

Police Ambulance and Clinical Early Response program.

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

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.

Perinatal

The period shortly before and after birth. The term generally describes the period between the 20th week of gestation and one to four weeks after birth.

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

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.

QIDS

The Clinical Excellence Commission's Quality Improvement Data System (QIDS) which provides a single point of access to information and tools for the purpose of improving the quality and safety of health service delivery.

Radiotherapy

The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.

REACH

A system that helps patients, their family and carers escalate concerns with staff about changes in a patient's condition. REACH – Recognise, Engage, Act, Call, Help is on its way – was developed by the Clinical Excellence Commission in collaboration with local health districts and consumers.

Safe Haven

Safe Havens are a drop-in alternative to the emergency department for people experiencing emotional and suicidal distress.

Specialty health networks

Two specialist networks operate across NSW with a focus on children's and paediatric services, and forensic mental health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health Network.

Take own leave

When an admitted or non-admitted patient leaves a hospital or healthcare setting before their treating provider has authorised discharge.

Telehealth

The delivery of health services using different forms of communications technology, such as videoconferencing, giving access to healthcare services to people in rural and remote areas and to people as a response to the COVID-19 pandemic.

Tranche 1

Eight initiatives were selected for Tranche 1 in 2016, as part of the Leading Better Value Care program, with implementation commencing in 2017–18. The eight Tranche 1 initiatives are: osteoarthritis chronic care program, osteoporosis refracture prevention, chronic heart failure, chronic obstructive pulmonary disease, diabetes mellitus, diabetic high risk foot services, falls in hospitals and renal supportive care.

Tranche 2

In 2017, local health districts nominated five more initiatives as part of Leading Better Value Care. These Tranche 2 initiatives commenced implementation in 2019–20 and are: hip fracture care, wound management, bronchiolitis, hypofractionated radiotherapy for breast cancer, and direct access colonoscopy.

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.

Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

Unwarranted clinical variation

Where patients with similar diagnoses are treated differently when there is no clinical reason for this to happen.

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.

Viral vector

Viral vectors are microscopic tools commonly used by molecular biologists to deliver healthy copies of genes to tissues and organs within patients or deliver the ability to correct the genetic error at its source. This process can be performed inside a living organism or in cell culture.

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.

NSW Health

2021-22
